



CVD/NCD RISK ASSESSMENT FORM

For adults 20 years and above

Patient no.:

Age: _____ Gender: Male Female Weight (kg): _____ Height (cm): _____ Blood pressure: _____

History of heart attack Yes No

History of heart attack/stroke in first degree relative Yes No

Hypertension Yes No I don't know

If yes, taking medications? Yes No

Diabetes mellitus Yes No I don't know

If yes, taking medications? Yes No

High cholesterol Yes No I don't know

If yes, taking medications? Yes No

Blood pressure (with use of digital device)

1st recording: _____ mmHg

2nd recording: _____ mmHg

* BP taken 2 minutes apart

Smoking history

Current smoker: Yes No

If yes, how many years smoking: Less than 1 year More than 5 years
 1-5 years

'Previous smoker but subsequently discontinued: Yes No

Intake of >1 standard alcoholic drink per day?** Yes No

** One standard drink is equivalent to 14 g of pure alcohol, which can be found in either 12 oz of regular beer, 5 oz of wine or 1.5 oz of distilled spirits (whiskey, gin, vodka or rum).

Physical exercise?

Yes No

How often is physical exercise done? <3x a week ≥3x a week

Intake of well-balanced diet (vegetables, fruits, meat, fish)? Yes No

Do you sleep >6 hours per day? Yes No

If available

HbA1c (within the last 3 months)

FBS (within the last month)

Total cholesterol (within the last 12 months)

LDL-cholesterol (within the last 12 months)

HDL- cholesterol (within the last 12 months)

Microalbuminuria