PRINTED READINGS FORM

PLEASE COMPLETE IN BLOCK ONLY CAPITALS, IN BLACK INK AND INSERT ONLY X IN THE CHECKBOX FIELDS X

ABOUT THE SCREENING SITE

*1	Country	
*2	City/Town/Village name	
3	Site ID and/or email address	
4	Where is your screening site?	☐ Hospital/clinic ☐ Pharmacy ☐ Workplace ☐ Public area (outdoors) ☐ Public area (indoors) ☐ Other
*5	Date of measurement (dd/mm/yy)	/ /
*6	Time of measurement in 24hr clock format (e.g. 14:25)	:
7	Temperature at the site of screening	☐ °C ☐ °F

ABOUT THE PARTICIPANT

*8	Please confirm that you understand that the data recorded is anonymous and you give your permission for your readings to be used for academic research purposes		☐ Yes ☐ No
9	Ethnicity** (self-declared)	☐ Black ☐ White ☐ South Asian ☐ East Asian ☐ South-East Asian ☐ Arabic ☐ Hispanic (US ONLY) ☐ Mixed ☐ Other	
10	Have you ever had your blood pressure measured?		☐ Yes ☐ No
11	If so, have you had your blood pressure measured in the last 12 months?		☐ Yes ☐ No
12	Did you participate in May Measurement Month 2017?		☐ Yes ☐ No
13	Have you ever been diagnosed with high blood pressure by a health professional (except in pregnancy)?		☐ Yes ☐ No
*14	Are you currently taking prescribed medication to treat high blood pressure?		☐ Yes ☐ No ☐ Don't know
*15	How old are you in years? (Estimate if unknown)		☐ Tick if estimated
16	What is your sex?		☐ Male ☐ Female ☐ Other
17	Are you pregnant?		☐ Yes ☐ No
18	Are you currently fasting?		☐ Yes ☐ No
19	Do you have diabetes?		☐ Yes ☐ No ☐ Don't know
20	Do you use tobacco?		☐ Yes ☐ No
21	Do you consume alcohol?		☐ Never / rarely ☐ 1-3 times per month ☐ At least once per week
22	Have you had a heart attack in the past?		☐ Yes ☐ No ☐ Don't know
23	Have you had a stroke in the past?		☐ Yes ☐ No ☐ Don't know

MEASUREMENTS

24	Weight (estimate if not measured)	Kilograms (kg) **OR** Pounds (lbs)		☐ Tick if estimated
25	Height (estimate if not measured)	' " Feet & inches **OR** Centimeters (cm)		☐ Tick if estimated
26	What type of BP machine is being used to take the readings?		☐ Automated ☐ Not automated	
27	What is the manufacturer name and model type?			
28	Which arm is being used to take the blood pressure?		☐ Left ☐ Right	

		Systolic Blood Pressure (SBP)	Diastolic Blood Pressure (DBP)	Heart rate
*29	**1st measurement**			
30	**2nd measurement**			
31	**3rd measurement**			

* These questions must be answered in order to be submitted for May Measurement Month

NB: Do not record any personal data that would identify the patient e.g. name, address.

** South Asian – with origins of: India, Pakistan, Bangladesh, Nepal, Bhutan, Maldives and Sri Lanka
East Asian – with origins of: Mainland China, Hong Kong, Macau, Taiwan, Japan, Mongolia, North Korea and South Korea, China, Hong Kong, Japan, Macau, Mongolia, North Korea, South Korea, Taiwan
South-East Asian – with origins of: Cambodia, Laos, Myanmar (Burma), Thailand, Vietnam and Malaysia, Brunei (on the island of Borneo), Indonesia, the Philippines, Singapore and East Timor