**Hypertension Health Status Questionnaire**

1. **Smoking Status**

[ ]  Never smoked tobacco

[ ]  Current smoker

[ ]  Ex-smoker

1. **Alcohol**

Please type in how many units of alcohol you consume per week:

Please click on the link below to check your units.

<https://count14.scot/#unit-calculator>

1. **Weight**

Please enter your weight in the box (kg)

1. **Height**

Please enter your height in the box (cm)

1. **Family history**

Any relevant family history? Please tick appropriate box:

Ischaemic heart disease over 60 years old Yes [ ]

 No [ ]

Relationship to you: ………………………………………………………………….

Ischaemic heart disease under 60 years old Yes [ ]

 No [ ]

Relationship to you: ………………………………………………………………….

Diabetes Yes [ ]

 No [ ]

Relationship to you: ………………………………………………………………….

Asthma Yes [ ]

 No [ ]

Relationship to you: ………………………………………………………………….

Stroke Yes [ ]

 No [ ]

Relationship to you: ………………………………………………………………….

Cancer Yes [ ]

 No [ ]

Relationship to you:………………………………………………………………….

High blood pressure Yes [ ]

 No [ ]

Relationship to you: ………………………………………………………………….

1. **Exercise**

**Question 1.** In the past week, on how many days have you been physically active for a total of 30 minutes or more?

Enter the number of days physically active in the box below:

Physically active

**Question 2.** If four days or less, have you been physically active for at least two and a half hours (150 minutes) over the course of the last week? Yes [ ]  No [ ]

If no, please go to Question 3.

**Question 3.** Are you interested in being more physically active? Yes [ ]  No [ ]

1. **Salt Intake**

Please click on the link below for more information on salt intake:

<https://www.nhsinform.scot/healthy-living/food-and-nutrition/eating-well/vitamins-and-minerals#salt>

1. **Medication**

Do you have any questions or problems relating to your hypertension medications, if you are taking any?

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1. Please let us know If there is anything in particular about your Blood Pressure that you would like to discuss with the practice Nurse: ……………………………………………………………………………………………………………………………………..

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