Client Identification

Program # ___ ___ ___

ID # ___ ___ ___ ___ ___ ___ ___ ___ ___

Assessment Date ___ ___ / ___ ___ / ___ ___ ___ ___ *(mm/dd/yyyy)*

Last Name _____ First Name _____ MI _____

Please PRINT *Please PRINT*

Client Medical History

1. Do you have high cholesterol?
   - ◯ 1. Yes →
   - ◯ 2. No
   - ◯ 3. Don't know/Not sure

1a. Do you take medication to lower your cholesterol?
   - ◯ 1. Yes—Statin →
   - ◯ 2 Yes—Other prescribed medication →
   - ◯ 3. No
   - ◯ 4. Don't know/Not sure

1b. During the past 7 days, on how many days did you take prescribed medication to lower your cholesterol?
   - ___ Days
   - ◯ Don't know/Not sure

2. Do you have hypertension (high blood pressure)?
   - ◯ 1. Yes →
   - ◯ 2. No
   - ◯ 3. Don't know/Not sure

2a. Do you take medication to lower your blood pressure?
   - ◯ 1. Yes →
   - ◯ 2 No
   - ◯ 3. Don't know/Not sure

2b. During the past 7 days, on how many days did you take prescribed medication (including diuretics/ water pills) to lower your blood pressure?
   - ___ Days
   - ◯ Don't know/Not sure

2c. Do you measure your blood pressure at home or using other calibrated sources?
   - ◯ 1. Yes →
   - ◯ 2. No—Was never told to measure
   - ◯ 3. No—Don't know how to measure
   - ◯ 4. No—Don't have equipment to measure
   - ◯ 5. Don't know/Not sure

2d. How often do you measure your blood pressure at home or using other calibrated sources?
   - ◯ 1. Multiple times per day
   - ◯ 2. Daily
   - ◯ 3. A few times per week
   - ◯ 4. Weekly
   - ◯ 5. Monthly
   - ◯ 6. Don't know/Not sure

2e. Do you regularly share blood pressure readings with a health care provider for feedback?
   - ◯ 1. Yes
   - ◯ 2. No
   - ◯ 3. Don't know/Not sure

3. Do you have diabetes? (either Type 1 or Type 2)
   - ◯ 1. Yes →
   - ◯ 2. No
   - ◯ 3. Don't know/Not sure

3a. Do you take medication to lower your blood sugar (for diabetes)?
   - ◯ 1. Yes →
   - ◯ 2 No
   - ◯ 3. Don't know/Not sure

3b. During the past 7 days, on how many days did you take prescribed medication to lower your blood sugar (for diabetes)?
   - ___ Days
   - ◯ Don't know/Not sure