LOVE YOUR HEART

# 2019 Blood Pressure Screening Form

**Site ID # & Name:** _____ **Date:**_____

**Instructions**: Mark an (x) under each corresponding category that pertains to the person being screened. **If respondent is a county employee SKIP question 6.**

| | 1 | | | | 2 | | | 3 | 4 | | 5 | | | | | 6 | | 7 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Age Range | | | | Gender | | | In what Zip Code does the respondent reside? | County of San Diego Employee? | | Which County group does the respondent work for? | | | | | Is the ind. currently taking BP medication | | **Normal** | **Pre-Hypertension** | **Hypertension Stage 1** | **Hypertension Stage 2** | **Hypertensive Urgency** | **Hypertensive Emergency** | Entered into Survey Monkey | |
| # | 18-24 | 25-44 | 45-64 | 65+ | Female | Male | Decline to State | (Please enter Zip Code) | Yes | No | Community Services | Finance & Gen. Gov. | HHSA | Land Use & Env. | Public Safety | Yes | No | Syst <120 and Diast <80 | Syst 120-129 AND Diast <80 | Syst 130-139 OR Diast 80-89 | Syst ≥ 140 OR Diast ≥ 90 | Syst ≥ 180 AND OR Diast ≥ 120 | Syst ≥ 180 AND OR Diast ≥ 120 w/ Symptoms | Yes | No |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | |