





2020 Blood Pressure Screening Form

Site ID # & Name:	Entered by:	Date:

Instructions: Mark an (x) under each corresponding category that pertains to the person being screened.

		1		2		3	-	4			5				6				7			1			
	Age Range					Gende	er	In what Zip Code does the respondent reside?		nty of Diego oyee?	Only	/ - Whi	ch Co	Emplo unty g ident v	roup	curr takir medi (non	eyou ently ng BP cation -CoSD yee only)	Normal	Pre- Hypertension	Hypertension Stage 1	Hypertension Stage 2	Hypertensive Urgency	Hypertensive Emergency	Ente int Sun	to vey nkey
#	18-24	25-44	45-64	+59	Female	Male	Decline to State	(Please enter Zip Code)	Yes	No	Community Services	Finance & Gen. Gov.	ННЅА	Land Use & Env.	Public Safety	Yes	NO N	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		No
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^{*}Please enter all paper data information into site-specific URL once access to internet or Wifi is established. Email LoveYourHeartSD@sdcounty.ca.gov if you need site-specific URL information or with any question







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