APPENDIX 5 - ESSENTIAL NCD HEALTH INTERVENTION PROJECT – HYPERTENSION FOLLOW-UP FORM

Patient number ⎕⎕⎕⎕ Village _____

Name _____

Sex Male ☐ Female ☐

Age (years) ⎕⎕⎕ DOB (dd/mm/yy) ⎕⎕/⎕⎕/⎕⎕ Family Head

ASSESSMENT	Follow-up # vvv	Follow-up # vvv	Follow-up # vvv
Date	⎕⎕/⎕⎕/⎕⎕	⎕⎕/⎕⎕/⎕⎕	⎕⎕/⎕⎕/⎕⎕
Weight (Kg)	⎕⎕⎕	⎕⎕⎕	⎕⎕⎕
Life style assessed this year?	Yes Y No Y	Yes Y No Y	Yes Y No Y
Blood pressure (mmHg)	⎕⎕⎕/⎕⎕⎕	⎕⎕⎕/⎕⎕⎕	⎕⎕⎕/⎕⎕⎕
Does patient have diabetes?	Yes Y No Y	Yes Y No Y	Yes Y No Y
Current medication			
Impression			

CONCLUSION (choose 1 action only)		ACTION TO BE TAKEN	# vvv	# vvv	# vvv
Patient has diabetes and:					
▸ BP ≥ 140/90	⇐	Establish control using drugs	Y	Y	Y
▸ BP < 140/90	⇐	Target blood pressure reached, continue current therapy	Y	Y	Y
Patient does not have diabetes and:					
▸ BP > 180/110	⇐	Establish control using drugs	Y	Y	Y
▸ BP 160-179/95-109	⇐	Establish control - try non-pharmacological methods first	Y	Y	Y
▸ BP 140-159/90-95	⇐	Advise long-term non-pharmacological methods	Y	Y	Y
▸ BP < 159/95	⇐	Target blood pressure reached, continue on current therapy	Y	Y	Y

ESTABLISH CONTROL (choose 1 method only)		METHOD	# vvv	# vvv	# vvv
Has the patient:		If no, then:			
▸ … completed a 3-month trial of non-pharmacological measures	⇐	Try a 3-month trial of non-pharmacological measures	Y	Y	Y
▸ … already started anti-hypertensive treatment?	⇐	Start on lowest dose of first drug	Y	Y	Y
▸ … already reached the maximum dose?	⇐	Increase dose	Y	Y	Y
▸ … already started using 2 drugs?	⇐	Add a second drug	Y	Y	Y
▸ … already started using 3 drugs?	⇐	Add a third drug (seek medical advice first)	Y	Y	Y
Otherwise	⇐	Refer to hospital	Y	Y	Y

NON-PHARMACOLOGICAL METHODS	# vvv	# vvv	# vvv
Dietary advice given?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Exercise advice given?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Smoking advice given?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Alcohol advice given?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

DRUGS PRESCRIBED	Mg	Times/day	mg	Times/day	mg	Times/day
Bendrofluazide	⎕⎕⎕	⎕	⎕⎕⎕	⎕	⎕⎕⎕	⎕
Propranolol	⎕⎕⎕	⎕	⎕⎕⎕	⎕	⎕⎕⎕	⎕
Methyl Dopa	⎕⎕⎕	⎕	⎕⎕⎕	⎕	⎕⎕⎕	⎕
Hydrallazine	⎕⎕⎕	⎕	⎕⎕⎕	⎕	⎕⎕⎕	⎕
Other	⎕⎕⎕	⎕	⎕⎕⎕	⎕	⎕⎕⎕	⎕

DATE OF NEXT APPOINTMENT	# vvv	# vvv	# vvv
One or 3 months from today	⎕⎕/⎕⎕/⎕⎕	⎕⎕/⎕⎕/⎕⎕	⎕⎕/⎕⎕/⎕⎕

APPENDIX 6 - ESSENTIAL NCD HEALTH INTERVENTION PROJECT – HYPERTENSION ANNUAL EVALUATION FORM

Patient number ☐☐☐☐ Village _____

Name _____

Sex Male ☐ Female ☐

Age (years) ☐☐☐ DOB (dd/mm/yy) ☐☐/☐☐/☐☐ Family Head

ANNUAL LIFE-STYLE ASSESSMENT (do this once a year)

☐☐/☐☐/☐☐

Date

How many hours moderate or intense physical activity do you take in a week
(e.g. brisk walking, cycling, running, heavy labour - include work and leisure)? **<0.5** ☐ **0.5-1.5** ☐ **>1.5-5** ☐ **>5** ☐

Salt added to prepared food? Yes ☐ No ☐

Do you drink (alcoholic drinks)? Yes ☐ No ☐

How many bottles or shots of...	Day	week	month	Year
bottled beer	☐☐	☐☐	☐☐	☐☐
shots of spirits	☐☐	☐☐	☐☐	☐☐
glasses of wine	☐☐	☐☐	☐☐	☐☐
traditional alcoholic drinks	☐☐	☐☐	☐☐	☐☐

Do you smoke? Yes ☐ No ☐

How often?	Per wk	<10/d	10-20/d	>20/d
Manufactured cigarettes	☐☐	☐	☐	☐
Home-made cigarettes	☐☐	☐	☐	☐
pipe	☐☐	☐	☐	☐

ANNUAL LIFE-STYLE ASSESSMENT (do this once a year)

☐☐/☐☐/☐☐

Date

How many hours moderate or intense physical activity do you take in a week
(e.g. brisk walking, cycling, running, heavy labour - include work and leisure)? **<0.5** ☐ **0.5-1.5** ☐ **>1.5-5** ☐ **>5** ☐

Salt added to prepared food? Yes ☐ No ☐

Do you drink (alcoholic drinks)? Yes ☐ No ☐

How many bottles or shots of...	Day	week	month	Year
bottled beer	☐☐	☐☐	☐☐	☐☐
shots of spirits	☐☐	☐☐	☐☐	☐☐
glasses of wine	☐☐	☐☐	☐☐	☐☐
traditional alcoholic drinks	☐☐	☐☐	☐☐	☐☐

Do you smoke? Yes ☐ No ☐

How often?	Per wk	<10/d	10-20/d	>20/d
manufactured cigarettes	☐☐	☐	☐	☐
Home-made cigarettes	☐☐	☐	☐	☐
pipe	☐☐	☐	☐	☐

ANNUAL LIFE-STYLE ASSESSMENT (do this once a year)

☐☐/☐☐/☐☐

Date

How many hours moderate or intense physical activity do you take in a week
(e.g. brisk walking, cycling, running, heavy labour - include work and leisure)? **<0.5** ☐ **0.5-1.5** ☐ **>1.5-5** ☐ **>5** ☐

Salt added to prepared food? Yes ☐ No ☐

Do you drink (alcoholic drinks)? Yes ☐ No ☐

How many bottles or shots of...	Day	week	month	Year
bottled beer	☐☐	☐☐	☐☐	☐☐
shots of spirits	☐☐	☐☐	☐☐	☐☐
glasses of wine	☐☐	☐☐	☐☐	☐☐
traditional alcoholic drinks	☐☐	☐☐	☐☐	☐☐

Do you smoke? Yes ☐ No ☐

How often?	Per wk	<10/d	10-20/d	>20/d
manufactured cigarettes	☐☐	☐	☐	☐
Home-made cigarettes	☐☐	☐	☐	☐
pipe	☐☐	☐	☐	☐