MMM23 DATA CAPTURE FORM

PLEASE COMPLETE IN BLOCK CAPITALS ONLY, IN BLACK INK AND INSERT ONLY X IN THE CHECKBOX FIELDS PLEASE ANSWER EVERY QUESTION ☒

SCREENING SITE	1a	**Name of Country:**	**1b. Name of City/Town/Village:**
	2	**Site ID (country code and site number) :** ___/___	
	3	**Where is your screening site?**	☐ Hospital/Clinic/Pharmacy ☐ Workplace ☐ Public area (indoors) ☐ Public area (outdoors) ☐ Home ☐ Other
	4	**Date of measurement**	…DD…/…MM…/…YY…

BY COMPLETING THIS FORM YOU ARE CONSENTING TO SHARE YOUR INFORMATION FOR ACADEMIC RESEARCH PURPOSES. PLEASE ANSWER ALL QUESTIONS BUT IF YOU DO NOT KNOW THE ANSWER LEAVE BLANK. DO NOT RECORD ANY PERSONAL DATA THAT WOULD IDENTIFY THE PATIENT E.G NAME, ADDRESS, PHONE NO.

ABOUT THE PARTICIPANT	5	**How old are you in years? (Estimate if unknown)**	Yrs ☐ Mark with X if estimated
	6	**What is your sex?**	☐ Male ☐ Female ☐ Other
	7	**Ethnicity* (self-declared)**	☐ Black ☐ White ☐ South Asian ☐ East/South East Asian ☐ Middle Eastern ☐ Mixed ☐ Other
	8	**When did you last have your blood pressure (BP) measured?**	☐ Never ☐ Over 12 months ago ☐ Within the last 12 months
	9	**Have you participated in MMM at least once before?**	☐ Yes ☐ No
	10	**Have you ever been diagnosed with high BP by a health professional (except in pregnancy)?**	☐ Yes ☐ No
	10a	**If yes, at what age were you diagnosed?**	Yrs
	11	**Are you taking any BP medication?**	☐ Yes ☐ No
	11a	**If you answered YES to Q11, how many different types of BP medication are you taking?****	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 + ☐ Don't know
	12	**Do you usually pay fees for your consultations when you get your BP treated?**	☐ Pay nothing ☐ Pay part ☐ Pay fully ☐ Not sure if part or fully paid
	13	**Do you usually pay fees for your medications when you get your BP treated?**	☐ Pay nothing ☐ Pay part ☐ Pay fully ☐ Not sure if part or fully paid
	14	**Do you take your BP medication regularly? If not - why? (Tick all that apply)**	☐ I do ☐ Too expensive ☐ Not easily available ☐ Side effects ☐ Only take them when I need them ☐ Prefer alternative medicine ☐ I forget
	15	**Are you currently taking the following medications?**	**a)** Statin ☐ Yes ☐ No ☐ Don't know **b)** Aspirin ☐ Yes ☐ No ☐ Don't know **c)** Warfarin/oral anticoagulant (blood thinners) ☐ Yes ☐ No ☐ Don't know
	16	**If female, are you pregnant?**	☐ Yes ☐ No
	17	**If female, have you had raised BP in this pregnancy?** ☐ Yes ☐ No **And/or in a previous pregnancy?** ☒ Yes ☐ No	
	18	**If female, are you currently taking….**	**a)** Hormonal contraception ☐ Yes ☐ No **b)** Hormone replacement treatment (HRT) ☐ Yes ☐ No
	19	**Do you use tobacco/nicotine? (including chewing tobacco, cigars and pipes)**	☐ Yes ☐ No – but I did in the past ☐ Never
	20	**Do you vape?**	☐ Yes ☐ No – but I did in the past ☐ Never
	21	**Do you consume alcohol?**	☐ Never/rarely ☐ 1-3 times per month ☐ 1-6 times per week ☐ Daily
	22	**Have you ever experienced or been diagnosed as having…**	**a)** Heart attack ☐ Yes ☐ No **b)** Stroke ☐ Yes ☐ No **c)** Heart failure ☐ Yes ☐ No **d)** Irregular heartbeat ☐ Yes ☐ No **e)** Diabetes ☐ Yes ☐ No **f)** Kidney failure ☐ Yes ☐ No
	23	**Have you had a positive test for COVID-19?** ☐ Yes ☐ No	**If so, how long ago?** ☐ 0-3 mths ☐ 3 – 6mths ☐ 6 – 12mths ☐ >12 mths
	23a	**If you answered YES to Q23, do you still have COVID-19 symptoms?**	☐ Yes ☐ No
	24	**Do you take part in at least 150 mins of moderate exercise (brisk walking) or 75 mins of more vigorous exercise per week?**	☐ Yes ☐ No
	25	**What type of diet do you eat?** Omnivore*** ☐ Vegetarian ☐ Pescetarian (fish but no other meat) ☐ Vegan (no meat, fish or animal products) ☐	
	26	**How many years of education do you have?**	☐ 0 ☐ 1-6 years ☐ 7-12 years ☐ over 12 years
MEASUREMENTS	27	**Weight (estimate if not measured)**	Kilograms (kg) **OR** Pounds (lbs) ☐ Mark with X if estimated
	28	**Height**	Metres (m) **OR** Feet/Inches ☐ Mark with X if estimated
	29	**What was your birthweight?**	Kilograms (kg) **OR** Pounds (lbs) ☐ Don't know
	30	**What is the manufacturer of the BP machine being used?**	☐ OMRON ☐ Other

		Systolic Blood Pressure (SBP)	Diastolic Blood Pressure (DBP)	Pulse	Was the pulse regular?
31	1st measurement				☐ Yes ☐ No
	2nd measurement				☐ Yes ☐ No
	3rd measurement				☐ Yes ☐ No

*** South Asian** – with origins from: India, Pakistan, Bangladesh, Nepal, Bhutan, Maldives and Sri Lanka. **East and South-East Asian** – With Origins from any countries east of the Indian sub-continent.

** This means how many types of medications are being taken i.e. – ACE-inhibitors, ARBs, diuretics, beta-blockers, calcium channel blockers, alpha-blockers, others. If you are unsure, please enter the number of different tablets each day. (If you are taking 1 tablet twice a day, this counts as 1).

*** A person that eats a variety of food of both plant and animal origin