

This form is being used to evaluate and improve the care you receive from your doctor. It is also meant to help you talk with your doctor about your health. Please take a few minutes to answer the first set of questions on this form and then hand it to your doctor or a member of his or her staff. Your doctor will answer the second set of questions. Please answer honestly. Your responses will be kept completely confidential.

### Hypertension Patient Indicators Instrument

1. When you see your doctor, is your blood pressure checked? Select Yes or No.

- Yes
- No

Do you know your goal blood pressure (the blood pressure you should have for good health)?

- Yes
- No

2. Have you had your cholesterol checked in the last 5 years? Select Yes or No.

- Yes
- No

3. Has your doctor talked to you about an exercise plan? Select Yes or No.

- Yes
- No

4. Has your doctor talked to you about a low salt diet? Select Yes or No.

- Yes
- No

5. Do you smoke? Select Yes or No.

- Yes
- No

If you selected yes, has your doctor talked to you about quitting? Select the appropriate answer.

- Yes
- No
- Not Applicable

6. Has your doctor talked to you about a complete plan to keep you healthy? Select Yes or No.

- Yes
- No
- I Don't Know

## Hypertension Physician Indicators Instrument

1. Have you measured the patient's systolic and diastolic blood pressure today? Select Yes or No.

- Yes
- No

If you selected yes, what is the patient's blood pressure?

Systolic \_\_\_\_\_

Diastolic \_\_\_\_\_

2. Have you tested the patient's HDL and LDL in the past 5 years? Select Yes or No.

- Yes
- No

If you selected yes, what are the patient's latest HDL and LDL levels?

HDL \_\_\_\_\_

LDL \_\_\_\_\_

3. Have you counseled the patient regarding exercise or given the patient an exercise prescription? Select Yes or No.

- Yes
- No

4. Have you counseled the patient regarding a low sodium diet or given the patient a diet prescription? Select Yes or No.

- Yes
- No

5. Have you counseled the patient in smoking cessation? Select the appropriate response.

- Yes
- No
- Not Applicable

6. Have you discussed an overall plan of care with the patient? Select Yes or No.

- Yes
- No