MMM21 DATA CAPTURE FORM

PLEASE COMPLETE IN BLOCK CAPITALS ONLY, IN BLACK INK AND INSERT ONLY X IN THE CHECKBOX FIELDS X

ABOUT THE SCREENING SITE

*1a	**Name of Country:**	***1b. Name of City/Town/Village:**
2	**Site ID and / or investigator email address:**	
3	**Where is your screening site?**	☐ Hospital/Clinic/Pharmacy ☐ Workplace ☐ Public area (indoors) ☐ Public area (outdoors) ☐ Home ☐ Other
*4	**Date of measurement**	……../……. /…….

ABOUT THE PARTICIPANT

BY COMPLETING THIS FORM YOU ARE CONSENTING TO SHARE YOUR INFORMATION FOR ACADEMIC RESEARCH PURPOSES
IF YOU DO NOT KNOW THE ANSWER LEAVE BLANK

5	**Ethnicity** (self-declared)**	☐ Black ☐ White ☐ South Asian ☐ East/South East Asian ☐ Middle Eastern ☐ Mixed ☐ Other
6	**When did you last have your blood pressure (BP) measured?**	☐ Never ☐ Over 12 months ago ☐ Within the last 12 months
7	**Which years have you participated in MMM before today? (Tick all that apply)**	☐ Never ☐ 2017 ☐ 2018 ☐ 2019
*8	**Have you ever been diagnosed with high BP by a health professional (except in pregnancy)?**	☐ Yes ☐ No
9	**How many drug classes are you currently taking for your BP?*** **	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 + ☐ Don't know
10	**Do you usually pay fees for your consultations and/or medications when you get your BP treated?**	☐ Pay nothing ☐ Pay part ☐ Pay fully ☐ Not sure if part or fully paid
11	**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
12	**Are you currently taking the following medications?**	**a)** Statin ☐ Yes ☐ No ☐ Don't know **b)** Aspirin ☐ Yes ☐ No ☐ Don't know
*13	**How old are you in years? (Estimate if unknown)**	yrs ☐ Mark with X if estimated
*14	**What is your sex?**	☐ Male ☐ Female ☐ Other
15	**If female, are you pregnant?**	☐ Yes ☐ No
16	**If female, have you had raised BP in this or a previous pregnancy?**	☐ Yes ☐ No
17	**If female, are you currently taking….** **a)** Hormonal contraception ☐ Yes ☐ No	**b)** Hormone replacement treatment (HRT) ☐ Yes ☐ No
18	**Do you use tobacco?**	☐ Yes ☐ No – but I did in the past ☐ Never
19	**Do you consume alcohol?**	☐ Never/rarely ☐ 1-3 times per month ☐ 1-6 times per week ☐ Daily
20	**Have you been diagnosed as having diabetes by a health professional (except in pregnancy)?**	☐ Yes ☐ No
21	**Have you ever suffered from a….**	**a)** Heart attack ☐ Yes ☐ No **b)** Stroke ☐ Yes ☐ No
22	**Have you had a positive test for COVID-19 (Coronavirus)?**	☐ Yes ☐ No
23	**How was your BP treatment affected by COVID-19 (Coronavirus)?**	☐ Not at all or N/A‡ ☐ Usual drug(s) unavailable ☐ Old drug(s) changed ☐ New drug(s) added ☐ Began drug(s) for the first time ☐ Stopped my drugs ☐ Unable to access health care provider
24	**Have you received the COVID-19 vaccination?**	☐ Yes ☐ No
25	**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
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	**What was your birthweight?**	Kilograms (kg) **OR**	Pounds (lbs)	☐ Don't know
29	**What is the manufacturer of the BP machine being used?**	☐ OMRON ☐ Other		

*30		**Systolic Blood Pressure (SBP)**	**Diastolic Blood Pressure (DBP)**	**Pulse**
	1st measurement			
	2nd measurement			
	3rd measurement			

*These questions must be answered in order to be submitted for May Measurement Month

NB: Do not record any personal data that would identify the patient e.g. name, address.

** **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).

‡ **N/A =** Not applicable