



Società Italiana dell'Ipertensione Arteriosa
Lega Italiana contro l'Ipertensione Arteriosa

Centre:	1° BP measurement ____/____	2° BP measurement ____/____	3° BP measurement ____/____
Progressive number:	mmHg HR b/min	mmHg HR b/min	mmHg HR b/min

Tabella formattata

General information	Age (y):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> No answer
	Weight: <input type="checkbox"/> Kg <input type="checkbox"/> lbs	Height: <input type="checkbox"/> cm <input type="checkbox"/> in
About your health: tick all that apply (personal medical history)	<input type="checkbox"/> arterial hypertension (i.e. high blood pressure) <input type="checkbox"/> high cholesterol (high fat level in the blood) <input type="checkbox"/> ischemic heart disease (e.g. heart attack or coronary stenting or coronary by-pass in the past) <input type="checkbox"/> ischemic cerebral disease (e.g. I had a TIA/stroke in the past) <input type="checkbox"/> At least one of my family members is affected by an ischemic heart condition (Who? _____)	
About your drug therapy: Tick all that apply (if any)	<input type="checkbox"/> ACE inhibitors (e.g.: ramipril, enalapril, perindopril...) <input type="checkbox"/> ARB blockers - sartans (e.g.: irbesartan, olmesartan, candesartan...) <input type="checkbox"/> Beta-blockers (e.g.: nebivolol, carvedilolol, bisoprolol...) <input type="checkbox"/> I don't remember	
Have you had COVID-19 (confirmed by swab or blood tests)?	<input type="checkbox"/> No <input type="checkbox"/> Yes, without symptoms	
Did you undergo flu vaccination in 2019?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
BEFORE lock-down for COVID-19, your blood pressure measured at home...	<input type="checkbox"/> Was on average lower than 135/85mmHg <input type="checkbox"/> Was on average higher than 135/85mmHg <input type="checkbox"/> I do not know	
DURING lock-down, your blood pressure measured at home...	<input type="checkbox"/> Was on average lower than 135/85mmHg <input type="checkbox"/> Was on average higher than 135/85mmHg <input type="checkbox"/> I do not know	
How many times a month do you measure your blood pressure?	<input type="checkbox"/> 0 <input type="checkbox"/> 4-8 <input type="checkbox"/> 1-4 <input type="checkbox"/> >9	
During lock down, your night sleep was ...	<input type="checkbox"/> As usual <input type="checkbox"/> Better than usual <input type="checkbox"/> Worse than usual	