

## HYPERTENSION QUESTIONNAIRE

(To be completed by the Medical Attendant)

Name, First name: \_\_\_\_\_

Dated: \_\_\_\_\_

This questionnaire will form part of the application.

1. How long have you attended the applicant? \_\_\_\_\_
2. When did you first discover the applicant's blood pressure was raised? Is this essential hypertension or is it due to another medical condition? \_\_\_\_\_  
If due to another condition, please give details \_\_\_\_\_  
\_\_\_\_\_
3. What were the blood pressure readings at that time? (Please give highest and lowest pre-treatment figures) \_\_\_\_\_  
\_\_\_\_\_
4. Were any funduscopic abnormalities noted?
  - No
  - Yes – please provide details:
    - When was anti-hypertensive treatment instituted? \_\_\_\_\_
    - What type of treatment was given? \_\_\_\_\_
      - diet
      - drugs – please provide details, including dosage \_\_\_\_\_  
(If different drugs were used at different periods, please indicate these particulars for each period and state reason for change) \_\_\_\_\_  
\_\_\_\_\_
      - others – please provide details \_\_\_\_\_
        - What effect did treatment have on blood pressure? \_\_\_\_\_
        - Please give representative readings \_\_\_\_\_
        - Is the applicant still on treatment? \_\_\_\_\_
          - No – when was the treatment discontinued? \_\_\_\_\_
          - Yes
5. What are the applicant's most recent blood pressure levels? \_\_\_\_\_
6. If applicable, has pregnancy been complicated by hypertension?
  - No
  - Yes – please provide details \_\_\_\_\_  
\_\_\_\_\_
7. Have any complications of hypertension ever been noted?
  - No
  - Yes – please provide details \_\_\_\_\_
8. Please give date(s) and result(s) of any electrocardiographic, radiological or other investigations which may have been carried out. Original ECG tracings should be attached. These will be returned in due course \_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date (day/month/year): \_\_\_\_\_