PanAfrican Medical Journal

Annex 1: cardiovascular risk factor assessment form

i. Demographic Information

Patient code:	Year of birth/age:	Date:	
State of origin:	Place of residence:	Village:	
Civil status:	Sex:		

ii. Non-modifiable risk factors

Do you have a family history of;	Yes	No
Hypertension		
Cardiovascular diseases		
Diabetes mellitus		

iii. Modifiable risk factors

Cigarette/tobacco smoking
[ ] Never smoked
[ ] Passive smoker
[ ] Current smoker
[ ] Smoked and stopped

Why:

Av no of cigarette per day: _____

Av no of years smoked: _____

Alcohol drinking
[ ] Never
[ ] Current drinker
[ ] Drank and stopped

Why:

Type of alcohol:

How often did/do you drink
[ ] Daily [ ]1-2/wk [ ]3-4/wk [ ]1-2/month
[ ]DK

Physical activity
Type of work/occupation:_____
Means of travel to work:_____
Activities other than work:_____
_____
[ ]Sedentary
[ ]Active

Intake of high fat/high salt food
How often do you take high fat/high salt food like noodles,
[ ]Always[ ]Usually[ ]Often[ ]Sometimes [ ]Never

Dietary fiber intake
How often do you take fruits per day
[ ]Always[ ]Usually[ ]Often[ ]Sometimes[ ]Never

How often do you take vegetables per day
[ ]Always[ ]Usually[ ]Often[ ]Sometimes[ ]Never

Stress
Do you often feel stressed [ ]Yes [ ]No

What is/are your sources of stress?

Diabetes
Have you been diagnosed of diabetes mellitus?
[ ]Yes [ ]No

Did you follow a specific type of diet for your diabetes?
[ ]Yes [ ]No

How long have you been on diabetes medication

Hypertension
Have you been diagnosed of hypertension?
[ ]Yes [ ]No

How long have you been taking medication for hypertension?
[ ]Yes [ ]No

How often do you monitor your blood pressure?
[ ] Never[ ]Per day[ ]Per week[ ]Per month

Hypercholesterolemia
Have you been told by a physician that you have a high cholesterol?
[ ]Yes [ ]No

Has your doctor placed you on a low cholesterol/low fat diet?
[ ]Yes [ ]No

Measurement

Blood		
Pressure		
Blood glucose		
Total cholesterol		

Do you take medication for the high cholesterol? [ ]Yes [ ]No			HDL-C		
iv. Anthropometric measurement					
Height (cm)	**Weight** (kg)	**BMI**	**Waist** (cm)	**Hip** (cm)	**W/H Ratio**