

Cardiovascular (CVD) Risk and Diabetes Assessment for Auxiliary Staff/Lay Providers: Screening then Clinical Health Worker Verification				
UNIT		REGISTRATION NO:		
NAME:		ADDRESS or DISTRICT/SUBCOUNTY/VILLAGE		
1. Fill what you can and send form with patient to next step. DATE:		2. Health worker verification DATE:		
Sex (circle)	M	F	New Results	
Age (fill in)				
History of smoking in last year? (circle)	Yes	No		
Take Blood Pressure (BP) X 2 (5 minutes between measurements)*	BP1			Repeat BP?
	BP2			
On hypertensive medicine? (circle)	Yes	No		verified?
History of diabetes (DM)			verified?	
Or on DM medicine? (circle)	Yes	No	verified?	
Measure Height		cm		
Take Weight		kg		
Calculate BMI (from table)				
Screen for DM, if status not known. Check fasting blood glucose (FBG). Repeat for DM diagnosis.	FBG		FBG	
History of heart attack, stroke, chronic kidney problem? (circle)	Yes	No	Verified? Also ask re TIA, angina, PVD; CKD, including diabetes with overt nephropathy	
<b>IF YES, STOP HERE. High risk from <u>prior CVD</u> or <u>chronic kidney problem</u> (circle)</b>			<b>High risk from <u>prior CVD</u> or <u>chronic kidney problem</u> (circle)</b>	
CVD risk % (from WHO/ISH CVD risk chart) (circle)	< 10 %	< 10 %		
	10 to < 20 %	10 to < 20 %		
	20 to <30%	20 to <30%		
	≥30%	≥30%		
Follow-up *If SBP>180/100, to see health worker immediately.				
NAME/SIGNATURE:		NAME/SIGNATURE:		

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