**CVD/NCD RISK ASSESSMENT FORM**

For adults 25 years old and above

**Questionnaire to Determine Probable Angina, Heart Attack, Stroke or Transient Ischemic Attack**

**Angina or Heart Attack** Yes No

1. Have you had any pain or discomfort or any pressure or heaviness in your chest? *Nakakaramdam ka ba ng pananakit o kabigatan sa iyong dibdib?*

🞏 Yes/Oo 🞏 No/Hindi If NO, go to Question 8.

1. Do you get the pain in the center of the chest or left chest or left arm? *Ang sakit ba ay nasa gitna ng dibdib, sa kaliwang bahagi ng dibdib o sa kaliwang braso?*

🞏 Yes/Oo 🞏 No/Hindi If NO, go to Question 8.

1. Do you get it when you walk uphill or hurry? *Nararamdaman mo ba ito kung ikaw ay nagmamadali o naglalakad nang mabilis o paakyat?* 🞏 Yes/Oo 🞏 No/Hindi
2. Do you slowdown if you get the pain while walking? *Tumitigil ka ba sa paglalakad kapag sumakit ang iyong dibdib?* 🞏 Yes/Oo 🞏 No/Hindi
3. Does the pain go away if you stand still or if you take a tablet under the tongue? *Nawawala ba ang sakit kapag ikaw ay di kumilos o kapag naglagay ka ng gamot sa ilalim ng iyong dila?*  🞏 Yes/Oo 🞏 No/Hindi
4. Does the pain go away in less than 10 minutes? Nawawala ba ang sakit sa loob ng 10 minuto? 🞏 Yes/Oo 🞏 No/Hindi
5. Have you ever had a severe chest pain across the front of your chest lasting for half an hour or more? *Nakaramdam ka na ba ng pananakit ng dibdib na tumagal ng kalahating oras o higit pa?* 🞏 Yes/Oo 🞏 No/Hindi

IF the answer to Questions 3 or 4 or 5 or 6 or 7 is YES, patient may have angina or heart attack and needs to see the doctor.

**Stroke and TIA** Yes No

1. Have you ever had any of the following: difficulty in talking, weakness of arm and/or leg on one side of the body or numbness on one side of the body? *Nakaramdam ka na ba ng mga sumusunod: hirap sa pagsasalita, panghihina ng braso at/o ng binti o pamamanhid sa kalahating bahagi ng katawan?* 🞏 Yes/Oo 🞏 No/Hindi

If the answer to Question 8 is YES, the patient may have had a TIA or stroke and needs to see the doctor.

ID No.

|  |  |  |
| --- | --- | --- |
| Date of Assessment:  | Birth Date: | Age: |
| Name: | Civil Status:  S M W | Sex:  M F |
| Address:  | Contact Numbers: |
| Occupation: | Educational Attainment: |

**Family History**

Does patient have 1st degree

relative with:

Hypertension Yes No

Stroke Yes No

Heart Attack Yes No

Diabetes Yes No

Asthma Yes No

Cancer Yes No

Kidney Disease Yes No

**Smoking (Tobacco/Cigarette)**

 Never smoked Stopped > a year

 Current smoker Stopped < a year

 Passive Smoker

**Alcohol Intake**

 Never consumed Yes

**Excessive Alcohol Intake**

In the past month, had 5 drinks in one occasion Yes No

**High Fat/High Salt Food Intake**

Eats processed/fast foods (e.g. instant noodles, hamburgers, fries, fried chicken skin, etc.) and ihaw-ihaw (e.g. isaw, adidas, etc.) weekly Yes No

**Presence or absence of Diabetes**

1. Was patient diagnosed as having diabetes?

 Yes No Do not know

 with medications w/o medications

 If No or Do not know, proceed to question 2

1. Does patient have the following symptoms?

 Polyphagia Yes No

 Polydipsia Yes No

 Polyuria Yes No

If two or more of the above symptoms are present, perform a blood glucose test.

**Obesity** Yes No

 Ht (cm) BMI

 Wt (kg)

Wt (kg) ÷ Ht (cm) ÷ Ht (cm) x 10,000 = BMI

**Central Adiposity** Yes No

 Waist circumference (cm)

**Raised BP**  Yes No

 Systolic

 Diastolic

Always get the average of two readings obtained at least 2 minutes apart.

**Dietary Fiber Intake:**

3 servings of vegetables daily Yes No

2-3 servings of fruits daily Yes No

**Physical Activity**

Does at least 2 ½ hours a week of moderate-intensity physical activity Yes No

**Management:**  Lifestyle Modification Medications Date of Follow-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature

**Risk Level** : <10% 10% to <20% 20% to <30% ≥30% Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presence of Urine Protein** Yes No

Urine Protein Date taken\_\_\_\_\_\_\_\_\_\_\_

**Presence of Urine Ketones** (for newly diagnosed DM)Yes No N/A

Urine Ketones Date taken\_\_\_\_\_\_\_\_\_\_\_

**Raised Blood Glucose** Yes No

 FBS / RBS Date taken\_\_\_\_\_\_\_\_\_\_\_

**Raised Blood Lipids** Yes No

Total Cholesterol Date taken\_\_\_\_\_\_\_\_\_\_\_