



**CHCC ASTHO Hypertension Program
Participant Weekly Interview Form**



Participant # _____

Participant Name _____ Date _____ Time _____

1. Is patient taking their medication according to schedule? _____
2. When does patient take medication? _____ How often? _____
3. Any side effects from taking medication? If yes, what are they?

4. Have you been to the hospital/clinic recently _____ If yes, where and why? _____

5. Have you been monitoring your blood pressure? _____ If yes, when do you take the
measurements? _____ What are the measurements? _____

6. How stressed are you? (On a scale of 1-10) _____ What are your stressors, if any? _____

7. Are you dieting properly? _____ What have you been eating/doing to diet properly? _____

8. Are you doing physical activity regularly? _____ What kind of physical activity you have
doing? _____

9. Are you smoking _____ If yes, have you reduced/completely stopped smoking _____

10. Are you drinking _____ If yes, how much in a weekly basis? _____

11. Next scheduled appointment with physician _____
12. Next scheduled phone call with us _____

Additional Notes
