Hypertension History Core

Collection date of hypertension information:	
	(DD-MM-YYYY)
HYPERTENSION HISTORY	
Has a healthcare worker ever said the participant has high blood pressure or hypertension?	YesNo
(If Yes) At what age was the participant first told this?	
	(Provide age in years.)
(FOR Women): Was this during pregnancy only?	○ Yes ○ No
	O NO
Has the participant ever taken medication for	○ Yes now
hypertension/high blood pressure?	Yes not nowNo
(If Yes) At what age did they begin taking medicine for hypertension/high blood pressure?	
y	(Provide age in years.)

 $\label{thm:condition} \mbox{Hypertension History - Core Instrument Version 2.0 Released September 2022 H3ABioNet \& H3Africa Phenotype Standards}$

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