

## Prescreening Answers

Q1: Have you experienced any recent changes in your health that may have led to this symptom?

Answer: yes

Q2: Do you have a history of high blood pressure or heart conditions that could be contributing to these vital signs?

Answer: no

Q3: Have you noticed any other symptoms such as chest pain, shortness of breath, or dizziness along with these symptoms?

Answer: yes

Q4: Are you currently taking any medications that could be affecting your blood pressure or heart rate?

Answer: yes

Q5: Have you recently been under any significant stress or experienced a traumatic event that could be impacting your health?

Answer: no