Republic of the Philippines
PROVINCE OF LA UNION
City of San Fernando

OFFICE OF THE PROVINCIAL HEALTH OFFICER

History and Lifestyle Check

Department/Office		Date of Assessment
Name	Birthdate	Age
Sex	Civil Status	Contact Numbers
Address	Occupation/Designation	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

Obesity: □ Yes □ No BMI (YES if ≥23)
Height: _____ Weight: _____
Central Adiposity: □ Yes □ No
Waist circumference(cm): _____
(Yes if M≥ 90 cm; F: ≥ 90 cm.)
Raised BP: □ Yes □ No
(Yes if ≥ 140/90 mmHg)

Systolic 1st reading: _____
Diastolic 1st reading: _____
Systolic 2nd reading: _____
Diastolic 2nd reading: _____
Average Blood Pressure: _____

Smoking (Tobacco/Cigarette)
□ Never smoked □ Stopped > a year
□ Current smoker □ Stopped < a year
□ Passive Smoker

Alcohol Intake
□ Never consumed □ Yes, drinks alcohol
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

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

Assessed By:
Name:_____
Signature: _____

Presence or absence of Diabetes (YES/NO)
1. Was patient diagnosed as having diabetes?
□ Yes □ No □ Do Not Know

If YES, □ with medications
□ Without medications
and perform Urine Test for Ketones.
If NO, Proceed to Question 2

2. 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.

Raised Blood Glucose □ Yes □ No
_____ FBS / RBS Date Taken _____
If YES, perform Urine Test for Ketones

Raised Blood Lipids □ Yes □ No
_____ Total Cholesterol Date Taken _____

Presence of Urine Ketones
_____ Urine Ketone Date Taken _____

Presence of Urine Protein
_____ Urine Ketone Date Taken _____

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

Angina or Heart Attack □ Yes □ No

1. Have you any pain or discomfort or any pressure or heaviness in your chest?
Nakakaramdam ka ba ng pananakit o kabigatan sa iyong dibdib?
□ Yes □ No □ Do Not Know
2. 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 □ No □ Do Not Know
3. Do you get it when you walk uphill or hurry? *Nararamdaman mo ba ito kung ikaw ay nagmamadali or naglalakad nang mabilis o paakyat?*
□ Yes □ No □ Do Not Know
4. Do you slowdown if you get the pain while walking? *Tumitigil ka ba sa paglalakad kapag sumakit ang iyong dibdib?*
□ Yes □ No □ Do Not Know
5. Does the pain go away if you stand still or if you take a tablet under the tongue? *Nawawala ba and sakit kapag ikaw ay di kumilos o kapag naglalagay ka ng gamut sa ilalim ng iyong dila?*
□ Yes □ No □ Do Not Know
6. Does the pain go away in less than 10 minutes? *Nawawala ba ang sakit sa loob ng 10 minuto?*
□ Yes □ No □ Do Not Know
7. Have you ever had a severe chest pain across the front of your chest lasting for half an hour or more? *Nakakaramdam ka na ba ng pananakit ng dibdib na tumagal ng kalahating oras o higit pa?*
□ Yes □ No □ Do Not Know

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

8. Have you ever had any of the following: difficulty in talking, weakness of arm and/or leg 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 □ No

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