

Hypertension PIM Chart Questions

| No. | Question Text | Responses |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | The patient identifier below is for your reference only. Some physicians choose to enter a medical record number or patient initials. Any combination of letters and numbers that are meaningful to you may be used. | N/A |
| 2 | Patient ID | N/A |
| 3 | NOTE: For the Patient Visit Date below, enter the most recent visit date. | N/A |
| 4 | Patient Visit Date | N/A |
| 5 | Gender: | [1] Male [2] Female |
| 6 | Age at the most recent visit: | N/A |
| 7 | Is the zip code of the patient's primary residence documented in the medical record? | [1] Yes [2] No |
| 8 | 5-digit zip code: | N/A |
| 9 | Patient is Hispanic or of Latino origin or descent: | [1] Yes [2] No [3] Unknown |
| 10 | Race (check all that apply): | [1] White [2] Black or African American [3] Asian [4] Native Hawaiian or other Pacific Islander [5] American Indian or Alaska Native [6] Other [7] Unknown |
| 11 | Length of your relationship with the patient: | [1] Less than 12 months [2] 12 months or longer |
| 12 | What is the patient's expected source(s) of payment at the most recent visit, which is listed above? Check all that apply. | [1] Private insurance [2] Traditional Medicare (Part B) [3] Medicare Advantage/HMO (Part C) [4] Medicare - type unknown [5] Medicaid/SCHIP [6] Worker's compensation [7] VA, military, or other government [8] Self-pay (not counting co-payment) [9] No charge or charity care [10] Other [11] Unknown |
| 13 | Physical Findings | N/A |
| 14 | Is the patient's weight documented in the medical record? | [1] Yes, in pounds [2] Yes, in kilograms [3] No |
| 15 | Weight in pounds: | N/A |

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| 16 | Weight in kilograms: | N/A |
| 17 | Is the patient's height (from any visit) documented in the medical record? | [1] Yes, in inches [2] Yes, in centimeters [3] No |
| 18 | Height in inches: | N/A |
| 19 | Height in centimeters: | N/A |
| 20 | If both weight and height are not available, what is the patient's body habitus? | [1] Underweight (BMI < 18.5) [2] Normal (BMI 18.5 - 24.9) [3] Overweight (BMI 25 - 29.9) [4] Obese (BMI >= 30) [5] Not documented |
| 21 | Is the date of the most recent blood pressure measurement documented in the medical record? | [1] Yes, it's the patient visit date above [2] Yes, it's a date prior to the patient visit date [3] No, the date is not documented, but results are available [4] No, neither the date nor results are documented |
| 22 | Date of BP measurement: | N/A |
| 23 | Systolic reading (mm Hg): | N/A |
| 24 | Diastolic reading (mm Hg): | N/A |
| 25 | When was this patient diagnosed with hypertension? | [1] Within the past 12 months [2] At least 12 months ago |
| 26 | Complications | N/A |
| 27 | Does this patient have any evidence of target organ damage? | N/A |
| 28 | Coronary heart disease (CHD) | [1] Yes [2] No |
| 29 | Heart failure | [1] Yes [2] No |
| 30 | Left ventricular hypertrophy | [1] Yes [2] No |
| 31 | Stroke or transient ischemic attack | [1] Yes [2] No |
| 32 | Chronic kidney disease | [1] Yes [2] No |
| 33 | Peripheral artery disease | [1] Yes [2] No |
| 34 | Retinopathy | [1] Yes [2] No |

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| 35 | Does this patient have any of the following risk factors for future coronary heart disease (CHD) events? | N/A |
| 36 | Diabetes mellitus | [1] Yes [2] No [3] Not documented |
| 37 | Current cigarette smoking | [1] Yes [2] No [3] Not documented |
| 38 | Elevated LDL cholesterol or on lipid-lowering medication | [1] Yes [2] No [3] Not documented |
| 39 | Low HDL cholesterol (< 40 mg/dL) or on HDL-raising medication | [1] Yes [2] No [3] Not documented |
| 40 | Family history of premature CHD | [1] Yes [2] No [3] Not documented |
| 41 | Physical inactivity | [1] Yes [2] No [3] Not documented |
| 42 | Age (men >= 45 years; women >= 55 years) | [1] Yes [2] No |
| 43 | Does the patient do home blood pressure monitoring | [1] Yes [2] No [3] Not documented |
| 44 | Tests and Results | N/A |
| 45 | Are the date and result of serum creatinine documented in the medical record? | [1] Yes [2] No |
| 46 | Serum creatinine date: | N/A |
| 47 | Serum creatinine result (mg/dL): | N/A |
| 48 | Were lipid results obtained for this patient? | [1] Yes, as part of a lipid panel [2] Yes, as an individual test or tests (cholesterol, triglycerides, HDL and/or LDL) [3] No, lipid results were not obtained or not documented |
| 49 | Date of the most recent lipid panel: | N/A |
| 50 | Was total cholesterol obtained? | [1] Yes [2] No |
| 51 | Total cholesterol date: | N/A |
| 52 | Total cholesterol (mg/dL): | N/A |
| 53 | Was LDL cholesterol level obtained? | [1] Yes [2] No |

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| 54 | LDL date: | N/A |
| 55 | LDL cholesterol (mg/dL): | N/A |
| 56 | Was HDL cholesterol level obtained? | [1] Yes [2] No |
| 57 | HDL date: | N/A |
| 58 | HDL cholesterol (mg/dL): | N/A |
| 59 | Were triglycerides obtained? | [1] Yes [2] No |
| 60 | Triglycerides date: | N/A |
| 61 | Triglycerides (mg/dL): | N/A |
| 62 | Other Screenings/Tests | N/A |
| 63 | Has a screening test for type 2 diabetes been done? | [1] Yes [2] No |
| 64 | Has an electrocardiogram been done? | [1] Yes [2] No |
| 65 | Has a test for urine protein been done? | [1] Yes [2] No |
| 66 | Treatment and/or Interventions | N/A |
| 67 | Have any of the following lifestyle modifications been prescribed for this patient? | [1] Yes [2] No |
| 68 | Indicate which lifestyle modifications have been prescribed by checking all that apply. | [1] DASH eating plan [2] Dietary sodium restriction [3] Dietary saturated fat and cholesterol restriction [4] Increased fruits, vegetables and/or soluble fiber [5] Calorie restriction as part of weight reduction program [6] Increased exercise or physical activity [7] Avoiding excess alcohol |
| 69 | Have any of the following antihypertensive and/or other medications been prescribed for this patient? | [1] Yes [2] No |

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| 70 | Indicate the medications prescribed by checking all that apply. For combination drugs, check both categories. | [1] Diuretic [2] Beta blocker [3] ACE inhibitor [4] ARB [5] Calcium channel blocker [6] Combined alpha- and beta-blocker [7] Aldosterone receptor blocker [8] Alpha1 blocker [9] Centrally acting drugs [10] Direct vasodilators [11] HMG-CoA reductase inhibitor (statin) or other lipid-lowering therapy [12] Aspirin or other antiplatelet or anticoagulant therapy |
| 71 | Medication Side Effects | N/A |
| 72 | Is the patient experiencing medication side effects related to antihypertensives? | [1] Yes [2] No [3] Not documented |
| 73 | Smoking Cessation Support | N/A |
| 74 | Is there documentation of smoking cessation counseling? | [1] Yes [2] No |
| 75 | Date of the most recently documented smoking cessation counseling: | N/A |
| 76 | During the past 12 months, what type of smoking-cessation support has been offered? (Check all that apply.) | [1] Brief advice to stop smoking [2] Support within the office practice [3] Referral to a smoking-cessation program [4] Medication (e.g., nicotine replacement therapy, bupropion, varenicline) [5] No support has been offered during the past 12 months [6] Other |
| 77 | Functional Status | N/A |
| 78 | Which of the following best describes this patient's current physical functional status (e.g., physical ability)? | [1] Fully active; able to carry on all performance without restriction. [2] Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature (e.g., light house work, office work). [3] Ambulatory and capable of self-care but unable to carry out any work activities. Up and about more than 50% of waking hours. [4] Capable of only limited self-care; confined to bed or chair more than 50% of waking hours. [5] Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair. |
| 79 | Is the patient independent in instrumental activities of daily living (IADLs)? | [1] Yes [2] No [3] Not documented |
| 80 | Is the patient independent in activities of daily living (ADLs)? | [1] Yes [2] No [3] Not documented |

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| 81 | Barriers to Self Care | N/A |
| 82 | Is there evidence in this patient's medical record suggesting that one or more of the following factors limits the patient's ability to engage in self-care? | N/A |
| 83 | Psychiatric illness or cognitive impairment | [1] Yes [2] No |
| 84 | Problems with adherence | [1] Yes [2] No |
| 85 | Other medical conditions | [1] Yes [2] No |
| 86 | Social factors | [1] Yes [2] No |
| 87 | Has the patient's health insurance status affected the choices of care you made for this patient? | [1] Not at all [2] Somewhat [3] Greatly |
| 88 | Have language barriers affected your ability to care for this patient? | [1] Not at all [2] Somewhat [3] Greatly |