Patient Survey: Blood Pressure

The Henry Ford Health System is involved in the “Measure Up, Pressure Down”® national blood pressure campaign. The goal for most people is a blood pressure reading less than 140/90.

There are a few things you can do to help:
- Take your blood pressure medicine as prescribed, including the day of a doctor visit
- Do not talk, eat or use a cellphone when your blood pressure is being checked
- Avoid caffeine and smoking 30 minutes before your blood pressure is taken
- If you do smoke, consider quitting
- Use the restroom if needed before your blood pressure is taken

To be sure you are getting the most accurate reading possible, please note the items below the healthcare team should do when checking your blood pressure. Let us know how we did by circling Yes or No below for all the things that were completed. Please turn this form in to the area provided at the clinic.

Circle one:
Yes / No 1. Were you seated for five minutes before your blood pressure was measured?
Yes / No 2. Did you remove clothing from the arm that the blood pressure was measured?
Yes / No 3. Were you seated with your back supported and feet flat on the ground?
Yes / No 4. Was your arm supported at heart level when your blood pressure was measured? (See photo below)
Yes / No 5. Did you avoid talking while your blood pressure was measured?
Yes / No 6. Were you told what your blood pressure measurement was?
Yes / No 7. Was your blood pressure measurement repeated if it was higher than 140 / 90?

**My blood pressure was taken by the ☐ Medical Assistant ☐ Nurse ☐ Doctor
☐ Midlevel Provider (Nurse Practitioner/Physician’s Assistant) Other: __________________________ **

Thank you for choosing the Henry Ford Health System and participating in your care. If you have any questions about managing your blood pressure, contact a member of your healthcare team. Feel free to comment in the section provided below. For more information on the campaign, go to www.measureuppressuredown.com.

Comments: _____________________________________________
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