In this questionnaire, you must answer questions about your blood pressure, heart rate and weight. Please follow the instructions below.

Location of the cuff

- Blood pressure is measured on the same arm each time
- The cuff is placed around the bare arm and stretched around the upper arm, there must be no clothing tightening on the arm
- The cuff must not be tight. A finger must easily be placed between the cuff and the upper arm
- The cuff is placed on the upper arm a few centimetres above the elbow with the air tube to the middle and inwards

The measurement

- You should preferably measure your blood pressure in the morning before taking your morning medication
- You must sit comfortably reclined against the backrest in a chair WITHOUT crossed legs for 5 minutes and have the opportunity to sit undisturbed. Do not talk or move during the measurement
- You make 3 measurements at 2-minute intervals
- You must enter the last blood pressure you measured in the questionnaire

What is your blood pressure today?

Write the systolic blood pressure here: ___

Write the diastolic blood pressure here: ___

What is your heart rate today?

Write the answer here: ___

What is your weight today (without shoes)?

kg: ___

During the past 4 weeks, to what extent were you bothered by each of the following?

Lack of appetite	☐ Not at all	☐ Somewhat	☐ Moderately	☐ Very much	☐ Extremely
Aversion to food	☐ Not at all	☐ Somewhat	☐ Moderately	☐ Very much	☐ Extremely
Feeling of unease	☐ Not at all	☐ Somewhat	☐ Moderately	☐ Very much	☐ Extremely
Nausea	☐ Not at all	☐ Somewhat	☐ Moderately	☐ Very much	☐ Extremely
Vomiting	☐ Not at all	☐ Somewhat	☐ Moderately	☐ Very much	☐ Extremely
Itchy skin	☐ Not at all	☐ Somewhat	☐ Moderately	☐ Very much	☐ Extremely
Shortness of breath	☐ Not at all	☐ Somewhat	☐ Moderately	☐ Very much	☐ Extremely
Swollen legs	☐ Not at all	☐ Somewhat	☐ Moderately	☐ Very much	☐ Extremely
Dizziness	☐ Not at all	☐ Somewhat	☐ Moderately	☐ Very much	☐ Extremely
Difficulty remembering	☐ Not at all	☐ Somewhat	☐ Moderately	☐ Very much	☐ Extremely
Difficulty concentrating	☐ Not at all	☐ Somewhat	☐ Moderately	☐ Very much	☐ Extremely

How much of the time during the past 4 weeks did you feel restless legs discomfort?

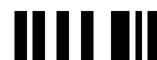
.	☐ All of the time	☐ Most of the time	☐ A good bit of the time	☐ Some of the time	☐ A little of the time	☐ None of the time

How much of the time during the past 4 weeks did you feel tired?

.	☐ All of the time	☐ Most of the time	☐ A good bit of the time	☐ Some of the time	☐ A little of the time	☐ None of the time

How much bodily pain have you had during the past 4 weeks?

.	☐ None	☐ Very mild	☐ Mild	☐ Moderate	☐ Severe	☐ Very severe



During the past week:

Were you limited in doing regular daily activities?	☐ Not at all	☐ A little	☐ Quite a bit	☐ Very much
Have you been constipated?	☐ Not at all	☐ A little	☐ Quite a bit	☐ Very much
Have you had diarrhoea?	☐ Not at all	☐ A little	☐ Quite a bit	☐ Very much
Have you had to urinate frequently at night?	☐ Not at all	☐ A little	☐ Quite a bit	☐ Very much
Have you had trouble sleeping at night?	☐ Not at all	☐ A little	☐ Quite a bit	☐ Very much
Were you worried about your future health?	☐ Not at all	☐ A little	☐ Quite a bit	☐ Very much

How often do you have difficulty remembering to take all your medication?

.	☐ Daily	☐ Weekly	☐ Monthly	☐ Never/Rarely

General health

In general, would you say your health is:	☐ Excellent	☐ Very good	☐ Good	☐ Fair	☐ Poor
Compared to one year ago, how would you rate your health in general now?	☐ Much better now than one year ago	☐ Somewhat better now than one year ago	☐ About the same as one year ago	☐ Somewhat worse now than one year ago	☐ Much worse now than one year ago

What is most important for you to discuss with your physician in the upcoming consultation? Up to 3 topics may be stated:

Topic 1: ______________

Topic 2: ______________

Topic 3: ______________