

May Measurement Month – 2026 Participant Questionnaire

Participants should not include any personal information in the open-ended questions to protect their anonymity.

Date: (DD/MM/YY)

About the Participant

By completing this form, you are consenting to share your information for academic research purposes. Please answer all questions; if you do not know the answer leave it blank. Do not record any personal information (ie. your name, address, phone number)

1. How old are you in years?

- _____
- Prefer not to answer

2. What is your sex?

- Male
- Female
- Other
- Prefer not to answer

3. Ethnicity (self-declared):

- Black
- White
- South Asian*
- East/South East Asian**
- Middle Eastern
- Mixed
- Other
- Prefer not to answer

*South Asian: with origins from India, Pakistan, Bangladesh, Nepal, Bhutan, Maldives, and Sri Lanka

**East/South East Asian: with origins from any countries east of the Indian sub-continent

4. Immigration status:

- Born in Canada
- Immigrated to Canada <10 years ago
- Immigrated to Canada ≥10 years ago
- Prefer not to answer

5. Were you born at term or prematurely?

- Born at pre-term (<37 weeks' gestation)
- Born at term (≥ 37 weeks' gestation)
- I don't know
- Prefer not to answer

6. What was your birth weight?

- ___ kgs
- ___ lbs
- I don't know
- Prefer not to answer

7. When did you last have your blood pressure (BP) measured?

- Never
- Over 12 months ago
- Within the last 12 months
- Prefer not to answer

8. Have you ever been diagnosed with high BP by a health professional (except in pregnancy)?

- Yes
- No
- Prefer not to answer

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9. Are you taking any BP medication?

- a. Yes
- b. No
- c. Prefer not to answer

10. If you answered yes, how many different types of BP medication are you taking?

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5+
- f. I don't know
- g. Prefer not to answer

11. What type of BP meds are you taking? (the pharmacist can help you answer this question if you are unsure)

- a. ACE inhibitors
- b. ARBs
- c. Thiazide diuretics
- d. Calcium channel blockers
- e. Beta-blockers
- f. Prefer not to answer

12. Are you currently pregnant?

- a. Yes
- b. No
- c. Prefer not to answer

13. Do you use tobacco or nicotine products, including chewing tobacco, cigars, pipes?

- a. Yes
- b. No, but I did in the past
- c. Never
- d. Prefer not to answer

14. Do you vape (e-cigarettes)?

- a. Yes
- b. No, but I did in the past
- c. Never
- d. Prefer not to answer

15. Do you consume alcohol?

- a. Never/rarely
- b. 1-3 times per month
- c. 1-6 time per week
- d. Daily
- e. Prefer not to answer

16. How often do you drink high caffeine drinks? (ie. coffee, energy drinks, caffeinated pop)?

- a. Never, or <4 units per month
- b. 1-6 units per week
- c. 1-3 units per day
- d. 4+ units per day
- e. Prefer not to answer

17. Have you ever experienced or been diagnosed as having...

a. Heart Attack

- i. Yes
- ii. No
- iii. Prefer not to answer

b. Stroke

- i. Yes
- ii. No
- iii. Prefer not to answer

c. Heart Failure

- i. Yes
- ii. No
- iii. Prefer not to answer

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d. Irregular heartbeat

- i. Yes
- ii. No
- iii. Prefer not to answer

e. Diabetes

- i. Yes
- ii. No
- iii. Prefer not to answer

f. Kidney failure

- i. Yes
- ii. No
- iii. Prefer not to answer

18. Do you have a parent, brother, or sister diagnosed with...

a. High blood pressure

- i. Yes
- ii. No
- iii. I don't know
- iv. Prefer not to answer

b. Diabetes

- i. Yes
- ii. No
- iii. I don't know
- iv. Prefer not to answer

19. Do you take part in at least 150 minutes of moderate exercise (brisk walking) or 75 minutes of more vigorous exercise per week?

- a. Yes
- b. No
- c. Prefer not to answer

20. Do you use a blood pressure monitor at home?

- a. Yes
- b. No
- c. Prefer not to answer

21. If yes, how often do you use this monitor?

- a. <1 time per month
- b. 1-3 times per month
- c. 1-6 times per week
- d. ≥ 1+ time(s) per day
- e. Prefer not to answer

22. What is your weight?

- a. __kg, __lbs
- b. Check box if estimated

23. What is your height?

- a. __kg, __lbs
- b. Check box if estimated

You are invited to take part in a study exploring patient experiences and satisfaction with the **Measure More, Miss Less: A Community-Based Blood Pressure Screening Program in Canada 2026** in community settings.

You will be asked to complete a brief 10–15-minute survey about your experiences as well as some questions about you (e.g., age, gender). If you are interested, please kindly note your email address below:

Participant email address:

Parent email address (if parental consent required):

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For Pharmacy Use:

24. What is the manufacturer of the BP machine being used?

- a. Omron
- b. A&D Medical
- c. Bios
- d. Other

25. Blood pressure readings:

1st measurement: (BP and HR)

_____mmHg _____bpm

2nd measurement: (BP and HR)

_____mmHg _____bpm

3rd measurement: (BP and HR)

_____mmHg _____bpm

26. Actions taken by pharmacist upon review of blood pressure measurements:

a. Referral to Urgent Care of Emergency Services.

- i. Yes
- ii. No
- iii. Not applicable

b. Referral to Primary Care Provider (MD or NP).

- i. Yes
- ii. No
- iii. Not applicable

c. Pharmacist adjusted current antihypertensive therapy.

- i. Yes
- ii. No
- iii. Not applicable

d. Scheduled follow-up at pharmacy to repeat BP measurement and/or review home BP readings.

- i. Yes
- ii. No
- iii. Not applicable

e. Provided education on lifestyle changes to support lowering BP.

- i. Yes
- ii. No
- iii. Not applicable

Screening Site

27. Where is your screening site:

- Community Pharmacy
- Community site
- Hospital/Clinic
- Public area (indoors)
- Public area (outdoors)
- Workplace
- Prefer not to answer