



## MMM22 DATA CAPTURE FORM (page 2/2)

PLEASE COMPLETE IN BLOCK CAPITALS ONLY, IN BLACK INK AND INSERT ONLY X IN THE CHECKBOX FIELDS

BY COMPLETING THIS FORM YOU ARE CONSENTING TO SHARE YOUR INFORMATION FOR ACADEMIC RESEARCH PURPOSES.  
IF YOU DO NOT KNOW THE ANSWER LEAVE BLANK. DO NOT RECORD ANY PERSONAL DATA THAT WOULD IDENTIFY THE PATIENT E.G NAME,  
ADDRESS

33	Do you take BP medications that contain two or three drugs in a single pill?	<input type="checkbox"/> Yes, 2 drugs in one pill <input type="checkbox"/> No	<input type="checkbox"/> Yes, 3 drugs in one pill <input type="checkbox"/> Don't know
34	Have you ever been diagnosed as having periodontitis by a dentist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Do you have any of the following? (Tick all that apply)	<input type="checkbox"/> Gingival bleeding on brushing <input type="checkbox"/> Teeth mobility	<input type="checkbox"/> Long-looking teeth
36	Your height ..... centimeters (cm)	<input type="checkbox"/> Mark with X if estimated	

**XVIII Giornata Mondiale dell'ipertensione Arteriosa - anno 2022**