



Stroke HRA Questions

Questions	Potential Answers	Customization Info
Name & User Type Options	Myself Caregiver	Required - can customize whether you want to present caregiver field. Can also customize Page Introduction text, Myself selected text, and
Email Address		Optional - can toggle off email capture. Can also customize the page introduction text on this page.
Sex	Male Female	Required & Not Customizeable
Height		Required & Not Customizeable
Weight		Required - can customize whether you want BMI calculation shown on
Gender Pronouns Display & Text		Optional - be default this question is hidden
Ethnicity (Always available)	White Black or African American Hispanic or Latino Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Required - can customize the page introduction text that reads by default 'Methodologies for preventative screenings are determined, in part, by sex at birth, age, and ethnicity. Please provide the following information to increase the accuracy of your assessment:'
Race (Only populated if Detailed Race/Ethnic Origin option selected)	White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Other Unknown/no answer	Optional additional question
Ethnic Origin (Only populated if Detailed Race/Ethnic Origin option selected)	Not Hispanic or Latino Hispanic or Latino Unknown/no answer	Optional additional question
Do you use tobacco products?	No, never No, last used more than a year ago No, last used in the past year Yes	Required and not customizable
In a typical week, what types of physical activity do you engage in? Check all that apply.	Moderate activity (examples) Vigorous activity (examples) None of these	Required and not customizable
Describe your moderate activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(walking, biking, active yoga, dancing, recreational swimming)'
Describe your vigorous activity in a typical week.	x minutes per day x days a week	Required - can customize text in parentheses - default is '(running, hiking uphill, singles tennis, swimming laps)'
Do you have a (primary care name)? Default: primary care physician	(Not answered) Yes No I don't know	Required - can customize the wording of PCP ex/ 'primary care provider' vs 'primary care physician'

Do you have a (specialist name)? Default: cardiologist	(Not answered) Yes No I don't know	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name {label is customizable}	Provider Name	Optional additional question
Is your provider part of {ORGANIZATION_NAME}?	No Yes (not answered)	Optional additional question
Provider Name {label is customizable}	Physician Name	Optional additional question
Indicate if you have had any of these symptoms. (check all that apply)	Weakness, numbness, or drooping in: face, cheek, tongue, hand, arm or leg Difficulty speaking, garbled/slurred speech, or inability to speak Blurred, doubled, or decreased vision in one or both eyes None of these	Required and not customizable
Have you ever had any of these conditions?	Heart disease Heart attack Atrial Fibrillation Heart failure Transient ischemic attack (TIA or "mini-stroke") Stroke Angina or chest pain Peripheral artery disease (PAD) None of these	Required and not customizable
Has anyone in your immediate family (mother, father, sister, brother, or child) had a stroke?	(Not Answered) Yes No I don't know	Required and not customizable
Do you have diabetes?	(Not Answered) No diabetes Prediabetes Diabetes (Type 1) Diabetes (Type 2) I don't know	Required and not customizable
Have you ever been told by a health care professional that your blood pressure was high?	(Not Answered) No Yes I don't know	Required and not customizable
If you had to describe your most recent systolic blood pressure (the first or top number), how would you describe it?	(Not Answered) Good - Less than 120 Elevated - 120-129 Moderately High - 130-139 High - 140-149 Concerningly High - 150-159	Required and not customizable

	Very High - 160+ I don't know	
If you had to describe your most recent diastolic blood pressure (the second or bottom number), how would you describe it?	(Not Answered) Good - Less than 80 Moderately High - 80-89 High - 90-99 Very High - 100+ I don't know	Required and not customizable
Have you ever been told by a health care professional that your cholesterol was high?	(Not Answered) No Yes I don't know	Required and not customizable
If you had to describe your most recent total cholesterol number, how would you describe it?	(Not Answered) Very Good - 40-159 Good - 160-199 Moderately high - 200-239 High - 240-279 Very High - 280+ I don't know	Required and not customizable