### PATIENT QUESTIONNAIRE

**Questionnaire for Hypertensive patients**

**DIAGNOSIS OF HYPERTENSION: Q 1-4, 6,7**

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| 1. **How did you come to know about your hypertension?**               | 1. in a routine medical control  
  2. screening programme  
  3. emergency service  
  4. other (specify:______________)  
  5. I do not know |
| 2. **When were you diagnosed?**                                         | 1. First time  
  2. < 5 years  
  3. > 5 years |
| 3. **Where were you first diagnosed as having hypertension?**           | 1. This primary health centre  
  2. Other primary care clinic/physician  
  3. Secondary care hospital*  
  4. Tertiary care hospital*  
  5. at a pharmacy/drugstore  
  6. other (specify)  
  7. I do not know |
| 4. **Was the clinic or hospital where you were first diagnosed run by the** | 1. Public  
  2. Private  
  3. Non-governmental Organization/Charity organization |
| **government, a charitable organization or was it privately run?**     | *(Please mark only one option)* |
| 6. **Where do you regularly go for routine follow up to check you blood pressure?** | 1. Diagnosis on this visit  
  2. This health centre  
  3. Nearby primary health care clinic  
  4. Nearby hospital (secondary facility)  
  5. Tertiary hospital  
  6. I do not do any routine follow up→ Why? |
| 7. **Do you have to pay fees for consultation and/or drugs at the facility that you regularly go to for the treatment of your hypertension?** | 1. Paid nothing  
  2. Paid part  
  3. Paid fully  
  4. Paid (I do not know if part or fully)  
  5. I do not know |

*manual explains what it is meant*
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| 5. Have you been told by a doctor or nurse or someone by this health centre to control your blood pressure? | 1. Yes  
2. No |
| 8. When do you go for your routine blood pressure check? | 1. Diagnosis on this visit  
2. As advised by the doctor  
3. When I do not feel well  
4. Both  
5. Other (specify)___________ |
| 9. Beside a primary health centre, how else do you get your blood pressure measured (checked)? | 1. Secondary care hospital*  
2. Tertiary care hospital*  
3. Neighbour/family member  
4. Myself  
5. Check in a nearby pharmacy/ market place  
6. Other (specify)______________  
7. I only check my blood pressure in the primary health centre |
| 11. Compared to 12 months ago, is your blood pressure: | 1. better  
2. same  
3. worse  
4. I do not know  
5. I didn’t get my blood pressure measurement 12 months ago |
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| 10. Do you have blood relatives with history of hypertension?           | 1. Yes  
2. No  
3. I do not know                                                                             |
| 12. Over the last year have you been admitted to the hospital?         | 1. Yes  
2. No → **Go to Q16**                                      |
| 13. Do you know why?                                                   | 1. No  
2. Yes  
(specify)________________________________________________________ |
| 14. Was it related to hypertension?                                     | 1. Yes  
2. No  
3. I do not know                                                                             |
| 15. Was your blood pressure controlled at your admission to the hospital? | 4. Yes  
5. No  
6. I do not know                                                                             |
| 20. Have you had any complications from your hypertension?             | 1. No  
2. renal disease  
3. stroke  
4. retinopathy  
5. cardiovascular  
6. other_________________  
7. I do not know |
## MEDICATIONS AND ADHRENCE: Q16-19

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| 16. Have you been prescribed any medication to lower your blood pressure? | 1. Yes  
2. No  
3. I do not know            |
| 17. Do you take all your prescribed medications?                        | 1. Yes  
2. No            |
| 18. How many different medicines a day are you taking (approximate number)? | [ ] [ ]                  |
| 19. If you don’t take your medication regularly, why don’t you take them as directed? | 1. I cannot afford the cost  
2. Medication are not easily available  
3. I do not like to take medications  
4. I only take them when I feel that I need them.  
5. I do not like the side effects of the medication.  
6. I prefer alternative medicine  
7. I forget  
8. I do not know  
9. Other______________________ |
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<td>22. If you are aware, have you been informed by the doctor or nurses or</td>
<td>1. Yes</td>
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<td>someone by the health centre about these complications?</td>
<td>2. No → <strong>Go to Q23</strong></td>
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<tr>
<td>23. Have been told that stroke is related to hypertension?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td>2. No</td>
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