**APPENDIX I: Informed Consent**

Dear Sir/Ma,

I hereby seek your consent to participate in this research.

I am a doctor at the Department of Family Medicine of a secondary care health centre. I intend to find out the pattern of blood pressure control and determine the factors affecting control of blood pressure in patients with essential hypertension with a view to improving control of blood pressure among patients with essential hypertension.

If you consent, a questionnaire will be administered on you followed by a physical examination. The procedure will last for about 20 minutes. The result of this project will be presented in a West African College of Physicians dissertation project.

Your participation is entirely of your own free will and you can withdraw from the study at any time you like without explanation. Refusal to participate in the study will not affect your treatment in anyway. You have the right to refuse to answer any question you don’t want to answer.

Please note that any information collected will remain confidential. Your name will not be attached to any published results. My supervising consultants and I will have access to the data.

Kindly indicate your decision by signing in the space below.

Thank you.

 ………………………… ………………….. Date and signature or thumbprint Date and signature or thumbprint

 of participant of witness