**APPENDIX II: QUESTIONNAIRE**

RESEARCH PROFORMA ON AN APPRAISAL OF BLOOD PRESSURE CONTROL AND ITS DETERMINANTS AMONG PATIENTS WITH PRIMARY HYPERTENSION SEEN AT A PRIMARY CARE SETTING IN WESTERN NIGERIA.

Good day Sir/Ma,

Thank you for consenting to participate in this study. This research is about finding out the factors influencing blood pressure control. It will help us serve you better. Your cooperation is needed to truthfully answer the questions below. All information will be strictly confidential and it will take only a few minutes. Thank you.

Serial Number.........................................

Hospital number......................................

Date ........................................................

**A SOCIO- DEMOGRAPHIC VARIABLES**

1) **Age ………..…** years

2) **Gender:** (i) Male (ii) Female

3) **Marital status:** (i) Single (ii) Married (iii) Divorced

 (iv) Separated (v) Widowed

4) **Religion:** (i) Islam (ii) Christianity (iii) Traditional belief

 (iv) Others

5) **Ethnic group:** (i) Yoruba (ii) Hausa (iii) Igbo (iv) Others

6) **Marriage type**: (i) Monogamy (ii) Polygamy

7) **If polygamy, number of wives** …………………..

8**) Household size** …………………..

**B SOCIO-ECONOMIC DATA**

9) Level of education completed by subject: (i) No formal education (ii) Primary

 (iii) Secondary (iv) Tertiary

10) What do you do for a living? …………………..?

11) What is your average monthly income……….....?

**C SOCIAL HISTORY**

12) Are you currently smoking? (i) Yes (ii) No

13) Are you currently drinking alcohol? (i) Yes (ii) No

14) Do you exercise? (i) Yes (ii) No

15) If yes to question 26, which of these exercises do you do?

 (i) Cycling (ii) Basketball (iii) Jogging (iv) Swimming (v) Soccer

 (vi) Walking (fast) (vii) Others

16) How frequently do you do the exercise stated above?

 (i) Every two weeks (ii) Once per week (iii) 1-2 days/ week (iv) ≥ 3 days/ week

17) How long does the exercise last? (i) < 30minutes (ii) > 30 minutes

**D**  **CLINICAL FACTORS**

18) How long ago were you diagnosed as hypertensive? ...................................

19) How long ago have you been on antihypertensive? ……………………..

20) How often do you take your drugs? (i) Regularly (ii) Not regularly

21) If not regularly, why?

(i) Often forget (ii) High cost of drugs (iii) Religious practices and cultural beliefs

(iv) Poor knowledge of disease and ignorance on long term treatment (v) Use of alternative

 therapy (vi) Adverse drug reaction (vii) Too many drugs (viii) Inadequate access to

 medical care

22) Do you keep your clinic appointment? (i) Yes (ii) No

23) If no, why?

(i) Tight job schedule (ii) Long distance (iii) Financial reasons (iv) Other reasons

24) Do you have access to health care insurance? (i) Yes (ii) No

25) Is any member of your family hypertensive? (i) Yes (ii) No (iii) I don’t know

26) If yes, state relationship to you…………………..

27) Do you have diabetes?

28A) Knowledge on hypertension

|  |  |  |
| --- | --- | --- |
| **QUESTION** | **ADEQUATE RESPONSE** | **INADEQUATE RESPONSE** |
| What is hypertension? |  |  |
| What causes it? |  |  |
| Do you know the names of your drugs? |  |  |
| What is good blood pressure control? |  |  |
| What are the consequences of poor blood pressure control? |  |  |
| Do you think hypertension can be cured? |  |  |

28B) What is the effect of any of these on blood pressure?

|  |  |  |
| --- | --- | --- |
|  | **Increase**  | **Decrease** |
| Salt |  |  |
| Overweight |  |  |
| Exercise |  |  |
| Tobacco |  |  |
| Alcohol |  |  |

**E)** **PHYSICAL** **EXAMINATION**

29) Systolic blood pressure ……………

30) Diastolic blood pressure……………

31) Waist circumference (cm)…………