

English Version Questionnaires

Part I: Socio-demography factors: This section is about socio-demographic characteristics of the respondent. Circle on the responses from the given alternatives.

No.	Questions	Category
101	Sex	1.Male 2.Female
102	Age of the respondents	-----Years
103	Religion	1= Orthodox 2 = Muslim 3 = Protestant 4 = Catholic 5 = Other --- (Specify)
104	Current Marital status	1= Single 2 = Married 3 = Divorced 4 = Widowed
105	Number of children	-----
106	Residence	1= Urban 2= Rural
107	Ethnicity	1= Oromo 2 = Amhara 3 = Tigrai 4 = Gurage 5 = Other (Specify)
108	Level of education	1= Can't read and write 2 = Read and write 3 = Primary 4 = Secondary 5 = College/University
109	Occupation	1=Farmer 2: Merchant 3: Governmental employee 4 = Daily labor 5 = Other (Specify) -----
1010	Monthly income	-----ETB
1011	Family history of hypertension	1. Yes 2. No

Part II: Clinical Factors: This section is about the general health condition of the respondent. Ask the questions and fill the given answer from the respondent on the space provided.

No.	Questions	Category
201	What was the respondent's blood pressure measurement today?	----- in mmHg
202	What is the respondent's BMI?	

203	How long has it been since you were diagnosed with hypertension?	-----months/years?
204	How often do you monitor your BP?	-----
205	At where you monitor your BP?	1.home 2.health care facility
206	How long have you been taking anti-hypertensive medications?	-----in month/years
207	How many types of anti-hypertensive medications do you take?	-----
208	How many antihypertensive medications you take per day?	1. One 2. Two-three 3. Four or above it
209	Is there any prescribed medication apart from anti-hypertensive medication?	1. Yes 2. No
2010	If you answered “yes” Q208, what types?	-----specify
2011	Do you have any of these co- morbidities?	1=No co morbidities 2=Diabetes mellitus 3 = CKD 4 = Stroke 5=CAD 6=Others (Specify)- --

Part III– Personal Factors (knowledge of hypertension and its treatment, physical activity, smoking and alcohol drinking): This section is about knowledge regarding hypertension, measurement of BP and its management. Circle on the number of alternatives that is given as an answer by the respondents.

No.	Questions	Category
301	Which of the following is true about hypertension?	1=Raised BP 2=Raised blood sugar 3=Increased stress 4= Don't know
302	A person is considered to have hypertension if either their systolic blood pressure is 130 or their diastolic is 80 or higher on two separate occasions.	1=True 2=False
303	Which of the following statements about taking blood pressure medicine is true?	1 = More than one type of blood pressure medicine can be taken at the same time 2 = Blood pressure medicine should be taken if a person drank alcohol that day 3 = Blood pressure medicine should always be taken with food 4 = Blood pressure medicine works best if it is taken at bedtime
304	Most people can tell when their blood pressure is high because they feel bad or severe headache	1=True 2=False
305	Which of the following increases your risk of having hypertension?	1=Family history of HTN 2=Aging 3= Overweight

		4= Eating high fat contents & salt
306	Hypertension is a treatable disease.	1=True 2=False
307	People with hypertension do not need to take medicine if they exercise regularly	1=True 2=False
308	Which one of the following changes to your diet is most likely to lower blood pressure?	1= Eat more fruits, vegetables, whole grains, and low-fat dairy products 2 = Eliminate spicy foods 3 = Drink one glass of red wine daily 4 = Drink herbal tea instead of coffee
309	Uncontrolled hypertension can lead to which of the following:	1= Stroke 2 = Lung cancer 3= Brain cancer 4= High cholesterol
3010	How many of the past 7 days did you do at least 30 minutes total physical activity?	_____
3011	How many of the past 7 days did you do specific exercise activity (such as walking, swimming or biking) other than what you do around the house or as part of your work?	_____
3012	How many of the past 7 days did you smoke a cigarette or cigar, even just one puff?	_____
3013	Did you drink any types of alcohol in the past 7 days?	1. Yes 2. No

Part IV: Organizational Factors: This section is about health care system and health care provider-patient relationships. Ask the questions and fill or circle the given answer from the respondents on the space provided.

NO.	Questionnaires	Responds
401	Are you a health insurance coverage user?	1=Yes 2=No
402	If not, what is the average cost of your hypertension medication per month?	-----_ETB
403	Are those drugs readily available in the hospital pharmacy?	1=Yes 2=No
404	Do you have good relationships with your health care provider?	1=Yes 2=No
405	Have the attending doctor ever changed your antihypertensive medication?	1=Yes 2= No
406	If yes, how many times?	-----
407	Have you ever been told by the attending Doctor/nurse about the importance of taking your high blood pressure medication?	1=Yes 2=No
408	Did you get the morning health education about self-management of hypertension?	1=Yes 2=No

409	How far is the nearest health facility from your house?	-----km
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Part V – Social Support Factors: This section is about support gained from family and non-family members. After stating the family or non-family member, tick on: -

None - if there is any support at all from the stated individual

Some – if there is minimal support from the stated individual

A lot – if the individual stated is very supportive.

NA – if there is no such family or non-family member

		None 0	Some 1	A lot 2	NA 0
No.	Questions				
	Do you get support from these family members?				
501	Your wife, husband, or significant another person				
502	Your children or grandchildren				
503	Your parents or grandparents				
504	Your brothers or sisters				
505	Your other blood relatives				
506	Your relatives by marriage (for example: in-laws, ex-wife, ex-husband)				
	Do you get support from these non-family members?				
507	Your neighbors				
508	Your co-workers				
509	Your religious peers				
510	Your other friends				
5011	Do you have one particular person whom you trust and to whom you can go with personal difficulties?	1= yes 2= no			
5012	Which of the above types of persons is he or she?	1= Family member 2= Non family member			

Part VI – Adherence to Medications: This section is concerned with the respondent's adherence to the prescribed anti – hypertensive medications. Circle on the number based on the respondent response

No.	Questions	Category
601	Do you ever forget to take your medicine?	1= Yes 0=No
602	In the last two weeks, is there any day when you did not take your high blood pressure medication?	1= Yes 0=No
603	Have you ever stopped taking your medications or decreased the dose without your doctor order, because you felt worse when you took them?	1= Yes 0=No
604	Do you forget to take your medications, when you travel or leave the house?	1=Yes 0=No

605	Did you take your high blood pressure medication yesterday?	1=Yes 0=No
606	Do you stop taking your medications, when you feel your blood pressure is controlled?	1=Yes 0=No
607	Have you ever felt distressed for strictly following your high blood pressure treatment?	1=Yes 0=No
608	How often do you have difficulty to remembering taking all you blood pressure medication?	1=Never 2=Once 3=Sometimes 4=Usually 5=Always