ENGLISH

AFRICAN POPULATION AND HEALTH RESEARCH CENTRE - SCALE UP PROJECT
BASELINE SURVEY ON CARE SEEKING, MEDICAL HISTORY AND TREATMENT ADHERENCE
AMONG CLINIC ATTENDEEES

1.0 IDENTIFICATION INFORMATION and CONSENT

1.1 INTERVIEWER'S CODE

1.2 DATE OF INTERVIEW (DD/MM/YYYY)

1.3 RESPONDENT'S ID (DSS)

~~**(FW: IF RESPONDENT IS NOT IN DSS FILL IN 99999999999999)**~~

1.4 RESPONDENT'S DATE OF BIRTH (DD/MM/YYYY)

1.5 RESPONDENT'S SEX **(F=Female; M=Male)**

1.6 RESPONDENT'S FULL NAME

1.7 VILLAGE WHERE RESPONDENT LIVES

1.8 MOBILE NUMBER

1.9 DATA COLLECTION ROUND B=Baseline; O=1-Year Follow-up

INTRODUCTION AND CONSENT

Researcher	Title	Role	Affiliation
Dr. Catherine Kyobutungi	Senior Research Scientist	Principal Investigator	African Population and Health Research Center
Prof. dr. Joep Lange	Executive Scientific Director	Co-Principal Investigator	Amsterdam Institute for Global Health and Development
Dr. Steven van de Vijver	Senior Research Officer	Study Coordinator	African Population and Health Research Center
Dr. Samuel Oti	Senior Research Officer	Study Coordinator	African Population and Health Research Center

Hello, my name is _____ and I work with the African Population and Health Research Centre. We are conducting a survey with people who attend our cardiovascular disease clinics in this community. Your participation in this research is totally voluntary. The information we get from this research will help us in understanding how people who attend our clinics have been faring since they started receiving healthcare for management and control of hypertension and other related conditions. The results of this study will be given to those involved in decision making with the intension that this information will help improve care for cardiovascular diseases in the community and the country. If you agree to participate then we will proceed to interview you as regards your experiences at this clinic. Specifically we would like to know when and where you were diagnosed. In addition to that, we would also like to know about lifestyle changes if any that you may have experienced as a result of services you have been getting from this clinic especially knowledge acquired in control of your condition either through diet, increased physical activity or avoidance of risky health related behaviours. After this, we will then measure your height, weight and the width of your waist, and blood pressure. We might also take a few drops of blood and measure your blood sugar levels on the spot if necessary. This interview will take about one hour of your time.You will not receive any direct benefits from participating in this study. However, the information you provide us will help us in improving the quality of care you receive from the clinic. This interview is not expected to cause you any harm or discomfort, but you may feel a little pain if we take the blood drops. If you feel uncomfortable with certain questions you can choose not to answer them and also note that failure to participate in this study will not in any way disqualify you from receiving treatment from this clinic. We, however, hope you will participate in this survey since your views are very important to us. All your information will be treated with confidentiality. We have a secure system that will ensure that no one apart from the main researchers of this study will have access to your personal information.

If you have any questions about the study do not hesitate to contact Dr. Catherine Kyobutungi on this number: 020 400 1000.

If you have any questions about your rights of participation in this study you may contact the Secretary, KEMRI/NERC on any of these numbers: 020 272 2541, 0722 205 901, 0733 400003

You will not be paid for participating in the study.

1.10 Do you accept to participate in the study? **(Y=YES; N=NO; IF "NO" SKIP TO 1.12)**

1.11 IF THE RESPONDENT ACCEPTS TO BE INTERVIEWED: Thank you for agreeing to participate in our study. Could you please sign here to show that you have accepted to participate in the study.

Respondent's Signature……

0= REFUSES TO SIGN 1= SIGNS 2= WILLING BUT UNABLE TO SIGN

IF RESPONDENT IS ILLITERATE, ASK HIM/HER FOR A THUMBPRINT.

Witness Signature (for those giving a thumbprint only)…….

1.12 FINAL RESULT OF INTERVIEW (**CODE SHEET A7**) ☐

1.13 DATA ENTRY CLERK'S CODE ☐☐

2.0 MEDICAL HISTORY

2.10 When were you first diagnosed with High Blood Pressure?

D D M M Y Y Y Y

IF DAY IS UNKNOWN FILL IN 88 IN THE FIRST 2 BOXES
AND FILL IN THE MONTH AND YEAR. IF DAY AND MONTH ARE UNKNOWN, FILL IN 8888 IN THE FIRST 4 BOXES AND FILL IN THE YEAR;
IF YEAR IS UNKNOWN, CIRCLE 98 - "DON'T KNOW"

DON'T KNOW……98

2.11 For how long have you had High Blood Pressure (since you were diagnosed) ? UNITS ☐
(UNITS: D=Days, W=Weeks, M=Months, Y=Years)
NO. OF UNITS ☐☐

2.12 Where was the diagnosis of High BP made?
CIRCLE ONLY 1 RESPONSE

GOVERNMENT HOSPITAL	1
GOVERNMENT HEALTH CENTRE	2
GOVERNMENT DISP/CLINIC	3
PRIVATE FOR PROFIT	4
PRIVATE NON PROFIT	5
FREE MEDICAL CAMP	6
CHW VISIT AT HOME	7
DON'T REMEMBER	98

2.13 Were you on any form of medication for high BP anytime before attending this clinic?
YES……1
NO……2 → 2.25

2.14 Where were you getting medication for High BP before you came to this clinic?

CIRCLE ALL THAT APPLY

GOVERNMENT HEALTH FACILITY WITHIN SLUM	1
GOVERNMENT HEALTH FACILITY OUTSIDE SLUM	2
PRIVATE FOR PROFIT	3
PRIVATE NOT FOR PROFIT	4
CHEMIST/PHARMACY	5
TRADITIONAL OR FAITH BASED HEALER	6
OTHER(SPECIFY_____	7

2.15 What kind of medication were you taking to treat the Hypertension?

CIRCLE ALL **THAT APPLY**

TABLETS **PRESCRIBED** BY A HEALTH WORKER.....	A
TABLETS I GOT **FROM A DRUG STORE** WITHOUT A PRESCRIPTION.....	B
TABLETS I GOT **FROM RELATIVES**/FRIENDS W/O PRESCRIPTION.....	C
HERBAL MEDICINE TOGETHER WITH TABS/INSULIN.....	D
HERBAL MEDICINE ONLY.....	E
OTHER (SPECIFY)_____	F

2.16 How often were you taking the medication for high BP?

CIRCLE ONLY ONE RESPONSE

I WAS TAKING MEDICATION **DAILY**	1
I WAS TAKING MEDICATION ON **MOST BUT NOT ALL** DAYS	2
I WAS TAKING MEDICATION ON **SOME DAYS**	3
I ONLY TOOK MEDICINE **WHEN I FELT BAD**	4
I DID NOT NEED MEDICATION - WAS USING **DIET & EXERCISE**	5

2.17 Have you had any of the following problems since you started taking the medication?

CIRCLE ALL **THAT APPLY**

	YES	**NO**	**DK**
NAUSEA, VOMITTING OR DIARHHEA	1	2	9
DIZZINESS OR FAINTNESS	1	2	9
SKIN RASHES, ITCHING, DISCOLORATION	1	2	9
SWELLINGS (FACE, LIPS, TONGUE)	1	2	9
DIFFICULTY IN BREATHING, CHEST PAIN	1	2	9
SEXUAL DYSFUNCTION	1	2	9
OTHER(SPECIFY)	1	2	9

_____

2.18 How much did it cost you each month on average to get medication for high BP?

CIRCLE ONLY ONE RESPONSE

No cost. Free	A
less than 100KES	B
100 to 299KES	C
300 to 499KES	D
500 to 699KES	E
700 to 899KES	F
900 to 1099KES	G
>1100KES	H

2.19 In addition to what you may spend on medication, are there any other additional costs that you incurr seeking treatment for high BP?
YES……1
NO……2 → **2.22**

2.20	What are these additional costs for? **CIRCLE** ALL **THAT APPLY** _____	TRANSPORTATION A CHANGE OF DIET B OTHER SPECIFY C	
2.21	How much would you estimate that you spend monthly on these additional costs? **CIRCLE ONLY** **ONE RESPONSE**	Less than 100KES 1 100 to 499KES 2 500 to 999KES 3 1000 to 1499KES 4 1500 to 1999KES 5 More than 2000KES 6	
2.22	Are you currently taking the above medication for high BP?	YES……1 → **2.25** NO……..2	
2.23	How long ago did you stop taking treatment? (UNITS: D=Days, W=Weeks, M=Months, Y=Years)	UNITS ☐ NO. OF UNITS ☐☐	
2.24	Why did you stop taking the treatment?	Could no longer afford the medication 1 I felt better so did not need further treatment 2 My illness was not improving 3 The distance to the source of treatment was far 4 The medication was having a bad effect on my body 5 Other (specify) 6	
2.25	When did you start attending this clinic for High BP? FW; CROSS CHECK DATES FROM PATIENT'S RECORDS IF AVAILABLE **IF DAY IS UNKNOWN FILL IN 88 IN THE FIRST 2 BOXES AND FILL IN THE MONTH AND YEAR. IF DAY AND MONTH ARE UNKNOWN, FILL IN 8888 IN THE FIRST 4 BOXES AND FILL IN THE YEAR; IF YEAR IS UNKNOWN, CIRCLE 98 - "DON'T KNOW"** **IF THIS IS HIS OR HER FIRST TIME TO ATTEND ENTER TODAYS DATE**	D D M M Y Y Y Y ☐☐☐☐☐☐☐☐ DON'T KNOW……98	
2.26	After the CHW visited you at home to screen you, did he/she contact you again before you visted this clinic for the first time?	YES……1 NO……..2 → **2.30**	
2.27	How did the CHW contact you? **CIRCLE ALL THAT APPLY** _____	**Yes** **No** Sent me a text message 1 2 Called me on the phone 1 2 Home visit 1 2 Sent a message through my friend/neigbour 1 2 Other (Specify) 1 2	

2.28 How many times did the CHW contact you before you came to this clinic ☐☐

2.29 Did the CHW's effort to contact you influence your decision to come to this clinic?

CIRCLE ONLY ONE RESPONSE

Yes but to a small extent	1
Yes to a moderate extent	2
Yes, I wouldnt have come if the CHW did not contact me	3
No, not at all	4

2.30 Did you recieve a free voucher to attend this clinic for the first time?

YES……1
NO……..2 → **2.34**

2.31 If you had not recieved a voucher, would you still have come to this clinic for treatment?

YES……1 → **2.34**
NO……..2

2.32 Where would you have gone to seek treatment if you did not receive a voucher?

CIRCLE ONLY ONE RESPONSE

GOVERNMENT HEALTH FACILITY	1
PRIVATE FOR-PROFIT HEALTH FACILITY	2
PRIVATE NOT-FOR-PROFIT HEALTH FACILITY	3
CHEMIST/PHARMACY	4
TRADITIONAL OR FAITH BASED HEALER	5
OTHER (SPECIFY)_____	6
NONE	7

2.33 Have you ever been diagnosed with any of the following **If YES**, when were you diagnosed (Year)?

	Yes	No	Y Y Y Y
DIABETES	1	2	
HEART DISEASE - HEART ATTACK	1	2	
HEART DISEASE - ANGINA	1	2	
HEART DISEASE - ANY OTHER	1	2	
KIDNEY DISEASE	1	2	
STROKE	1	2	
LIVER DISEASE	1	2	
CANCER OF ANY TYPE	1	2	
TUBERCULOSIS	1	2	
HIV	1	2	

2.34 **FW: DOES THE PATIENT CURRENTLY HAVE ANY OF THE FOLLOWING COMPLICATIONS?**

	YES	NO	DK
PERIPHERAL NEUROPATHY	1	2	9
POOR VISION	1	2	9
AMPUTATION	1	2	9
KIDNEY PROBLEMS	1	2	9
CHEST PAIN	1	2	9
BODY SWELLING (ABDOMINAL OR PEDAL OEDEMA)	1	2	9
OTHER COMPLICATION (SPECIFY)	1	2	9

_____

3.0 FOLLOW UP INFORMATION

3.10 Would you like to receive sms reminders about your next clinic appointment and other health information?

YES……1
NO……..2 → 3.12

3.11 Do you own a functioning mobile phone where you can be reached ?

Yes, I do	1
No, but someone in my household does through whom I can be reached	2
No, but you can reach me through my neigbour's mobile	3
None at all	4

3.12 Would you like to be part of a support group of hypertensives from your community?

YES……1
NO……..2 → 4.0

3.13 What activities should this support group engage in?

CIRCLE ALL THAT APPLY

	YES	NO	DK
HEALTH PROMOTION DISCUSSIONS	1	2	9
INCOME GENERATING ACTIVITIES	1	2	9
SENSITIZING COMMUNITY ABOUT CVD	1	2	9
SAVINGS AND COOPERATIVES	1	2	9
OTHER(SPECIFY)	1	2	9

_____

3.14	How often should the group meet? **CIRCLE ONLY** ONE RESPONSE	Daily Once a week Every other week Once a month Every quarter Twice a year or less	1 2 3 4 5 6	
4.0	**ANTHROPOMETRICS AND BIOMARKERS**			
	Now, we would like to measure a few things, like your general health, blood pressure, your weight and height.			
	General examination			
4.10	**FW: Is the patient anaemic? (CHECK PALMS, EYES, TONGUE)**	Yes…… 1 No…… 2		
4.11	**FW: Is the patient dehydrated? (CHECK EYES, SKIN, LIPS, TONGUE)**	Yes…… 1 No…… 2		
4.12	**FW: Does the patient have pedal oedema?**	Yes…… 1 No…… 2 →		**4.20**
4.13	**FW: What is the level of oedema?** 1= Mild, 2=Moderate, 3=Severe		☐	
	Blood Pressure			
4.20	**1st Blood Pressure reading**	a Systolic b Diastolic c Pulse rate	☐☐☐ ☐☐☐ ☐☐☐	
4.21	**2nd Blood Pressure reading**	a Systolic b Diastolic c Pulse rate	☐☐☐ ☐☐☐ ☐☐☐	
	Anthoropometric measurements			
4.3	**FW: Can respondent stand up?** **IF NO, SKIP TO 4.40**	YES……1 NO……2 →		**4.40**
4.31	Measured height in cm a 1st Reading b 2nd Reading		☐☐☐.☐ ☐☐☐.☐	
4.32	Weight in Kg a 1st Reading b 2nd Reading		☐☐☐.☐ ☐☐☐.☐	
4.33	Waist circumference a 1st Reading b 2nd Reading		☐☐☐.☐ ☐☐☐.☐	
4.34	Hip Circumference a 1st Reading b 2nd Reading		☐☐☐.☐ ☐☐☐.☐	
	Blood measurements			
4.40	Blood glucose		☐☐☐☐ mg/100ml or mmol/L	
	END THE INTERVIEW BY THANKING THE RESPONDENT			