

Supplement 2 The questionnaire used in the interviews with doctors.



Introduction

5 min

- Introduction of the moderator and the Cognosco company
- Introduction of the interview topic: experiences in managing patients with hypertension (HT), working on adherence, and materials supporting compliance with therapeutic recommendations
- Information about recording and anonymity
- Respondent's self-introduction: specialization, years of experience and workplace, specifics of the clinic/practice

A. Patient pathway

30 min

1. Approximately how many HT patients do you see during an average week? What percentage of your weekly patients does this represent?
2. How would you describe typical patient profiles / how would you group them?
Moderator: Encourage spontaneous responses. If not mentioned, ask about:
 - Age, gender
 - Employment status, socioeconomic status
 - General health condition; comorbidities
 - Main reason for the visit
 - Main needs related to HT therapy – medical (effectiveness/safety/interactions with other medications) and non-medical (convenience/high quality/low cost/modernity, etc.)
 - Suggested name for the profile – *to be used later in the interview*
 - Personality profile/character traits that may affect the doctor-patient relationship and approach to treatment (e.g., emotion-focused vs task-focused; submissive/anxious vs demanding/assertive)
3. Where do patients come from to your clinic/practice? Who initiates the visit?
4. *[For cardiologists]* What proportion of your patients are referred by GPs, and how many come on their own initiative (private healthcare)?
5. Do you see patients participating in various preventive programs (e.g., 40+ packages)? If so, please describe...
6. Do you refer HT patients to other specialists? If so, please describe...
 - a. Specific clinical situations
 - b. Specialist: another medical specialty – which one; clinical dietitian; other professionals
 - c. *[For GPs]* – reasons/situations in which you refer HT patients to cardiologists/hypertension specialists
7. What does the typical diagnostic process for HT patients look like?

- a. In what circumstances is HT usually diagnosed?
 - b. Which specialists are involved?
 - c. How would you describe the process and its duration?
 - d. What difficulties are associated with this process, what causes them, and how can they be addressed?
8. How do you inform patients about the HT diagnosis? What does that conversation look like?
9. What are the most common patient reactions (based on previously discussed profiles)?
 - a. What do they ask about/request/what matters most to them?
 - b. What do they expect from you and the therapy?
 - c. What do they want to avoid/fear/reject?

Moderator: Discuss each stage of therapy – initiation; modification/intensification; continuation. Ask about:

- People involved
 - Frequency of follow-up visits
 - Key difficulties
10. To summarize this part of the conversation, please identify the most important diagnostic and therapeutic challenges in managing HT patients.

Moderator: Encourage spontaneous responses. If not mentioned, ask specifically about: Adherence/compliance with medical recommendations – both pharmacological and non-pharmacological (diet, physical activity, etc.)

Clarify how the respondent understands the term “adherence”, and if needed, define it accordingly.

 - Typical problematic situations
 - Connection to patient profile
 - Specific stage of the patient pathway
 - Respondent’s coping strategies – how the conversation goes; what arguments or materials are used
 11. How does your collaboration with other doctors work in the context of adherence (especially GP–cardiologist)?
 12. How about with other professionals – pharmacists/nurses?

Moderator: Be cautious not to steer the conversation toward unrelated topics like conflicts or competence disputes.

13. Let’s now look at the diagnostic and therapeutic pathway from the patient’s perspective. What are the main critical points along this pathway?

Moderator: For each critical point, ask about:

- Main needs and perceived level of fulfillment – especially informational and educational needs
 - What specific information/knowledge/skills are especially needed at that moment
 - Solutions/tools that support patients
- (Adherence-supporting materials/tools will be discussed in detail later; here we ask more generally.)*
- If not mentioned, include:
- Moment of diagnosis/therapy initiation
 - Treatment modification/intensification

- Critical points during treatment continuation

Thank you for your time and the conversation.