

HCP KAP Survey

Study No

Your age:

(In complete years)

Your gender:

☐ Female ☐ Male

Your profession

- ☐ Specialist Doctor
☐ General Doctor
☐ Nurse
☐ Pharmacist
☐ Clinical officer
☐ HIV peer counsellor
☐ Other

Other profession

Your number of years in practice:

Your work place:

- ☐ Tertiary/Regional/National Referral Hospital
☐ General Hospital
☐ Faith based Hospital
☐ Health center IV
☐ Health center III
☐ Others

Work place other

Your title at work:

- ☐ medical officer
☐ nursing officer
☐ midwife,
☐ clinical officer
☐ lab technician
☐ pharmacy technician
☐ Other

Work title Other

KNOWLEDGE QUESTIONS

1 Do you use hypertension guidelines?

☐ Yes ☐ No

b.If yes name the guidelines

2 If you have received training on the hypertension guidelines when was your most recent training? Mark or circle one

- ☐ Received no training
☐ Within the last 12 months.
☐ Between 1 and 2 years.
☐ Between 2 and 5 years.
☐ More than 5 year ago.

3. What specific training(s) on hypertension have you received?

4. What is the lowest level of usual systolic blood pressure you consider to be 'hypertensive' in adults? Fill in number

5. What is the lowest level of usual diastolic blood pressure you consider to be 'hypertensive' in adults? Fill in number

6. What is the recommended time for physical activity per week that people with hypertension should obtain? Mark or chose one

- ☐ < 30 minutes
☐ 31-60 minutes
☐ 61-90 minutes
☐ 91-120 minutes
☐ >120 minutes

7. Lower than what usual level of systolic blood pressure represents blood pressure control in most adult patients?

(MmHg)

8. Lower than what usual level of diastolic blood pressure represents blood pressure control in most adult patients?

(MmHg)

9. It is recommended that men with hypertension restrict alcohol intake equal to or less than 2 drinks (equivalent to two bottles of beer) a day. Mark or circle one

☐ True ☐ False ☐ Not sure

10. It is recommended that women with hypertension restrict alcohol equal to or less than 1 drink (equivalent to one bottles of beer) a day. Mark or circle one

☐ True ☐ False ☐ Not sure

11. It is recommended that people with hypertension consume fresh vegetables or fruit a day.

☐ True ☐ False ☐ Not sure

12. What are some of the risk factors for high blood pressure? Tick all that apply

- ☐ I don't know any risk factor
☐ Genetics / family related
☐ Eating excessive salt
☐ Excessive alcohol consumption
☐ Physical inactivity
☐ High blood sugar levels
☐ Overweight/obesity
☐ Excessive body fats
☐ Stress
☐ Chronic kidney diseases
☐ Others, specify

b. Specify other risk factors

13. Are there special circumstances where you use a lower blood pressure target (Cut off)?

☐ Yes ☐ No

14. What are the circumstances that require a lower blood pressure target (Mark or circle all that apply)

- ☐ Diabetes mellitus.
- ☐ Ischemic heart disease.
- ☐ Chronic kidney disease with proteinuria (>1 g/day).
- ☐ Prior heart attack.
- ☐ Cardiovascular risk more than 20%.
- ☐ Prior stroke.
- ☐ I dont know
- ☐ Others, specify

b. Others,specify

15.What are the possible serious complications of chronic, untreated high blood pressure?

- ☐ Ischemic heart disease
- ☐ Stroke
- ☐ Chronic kidney disease
- ☐ Heart attack
- ☐ Left ventricular hypertrophy
- ☐ Others, specify
- ☐ Idont know

b.Others, specify

16.In patients with hypertension, medications can be stopped as soon as the blood pressure is normal. (Mark or circle one)

- ☐ True
- ☐ False
- ☐ I don't know

ATTITUDE QUESTIONS

1. In one follow-up examination, how much time does your clinic usually spend for a typical patient with hypertension? (Mark or circle one)

- ☐ < 2 min
- ☐ 2-< 4 min
- ☐ 4-< 6 min
- ☐ 6-< 8 min
- ☐ 8-10 min
- ☐ 10-< 12 min
- ☐ 12-< 14 min
- ☐ 14-< 16 min
- ☐ 16-< 18 min
- ☐ >20min

2. Is it acceptable or desirable that someone other than a doctor or Clinical officer can perform the following tasks if they had appropriate training?

2.1 Measure blood pressure.

- ☐ Not acceptable
- ☐ Possible but not desired
- ☐ Desired
- ☐ Only with doctor or clinical officer supervision
- ☐ Uncertain

2.2 Counsel about lifestyle interventions to prevent and control hypertension.

- ☐ Not acceptable
- ☐ Possible but not desired
- ☐ Desired
- ☐ Only with doctor or clinical officer supervision
- ☐ Uncertain

2.3 Prescribe or change antihypertensive drugs according to a doctor approved algorithm.

- ☐ Not acceptable
☐ Possible but not desired
☐ Desired
☐ Only with doctor or clinical officer supervision
☐ Uncertain

3.0 What are the major barriers you face in improving hypertension management in your clinic? Mark one column for each question.

3.1 Lack of time

- ☐ Not at all
☐ Some of the time
☐ Often
☐ All the time
☐ Not applicable

3.2 Lack of interest

- ☐ Not at all
☐ Some of the time
☐ Often
☐ All the time
☐ Not applicable

3.3 It is not important enough compared to other services that need to be provided

- ☐ Not at all
☐ Some of the time
☐ Often
☐ All the time
☐ Not applicable

3.4 The patients do not think it is important

- ☐ Not at all
☐ Some of the time
☐ Often
☐ All the time
☐ Not applicable

3.5 There are too many people with hypertension. Excessive workload.

- ☐ Not at all
☐ Some of the time
☐ Often
☐ All the time
☐ Not applicable

3.6 Lack of adequate training

- ☐ Not at all
☐ Some of the time
☐ Often
☐ All the time
☐ Not applicable

3.7 Lack of resources (e.g. blood pressure cuffs)

- ☐ Not at all
☐ Some of the time
☐ Often
☐ All the time
☐ Not applicable

3.8 Lack of medications (irregular supply of medicines)

- ☐ Not at all
☐ Some of the time
☐ Often
☐ All the time
☐ Not applicable

3.9 Patients cannot afford lifestyle treatment

☐ Not at all
☐ Some of the time
☐ Often
☐ All the time
☐ Not applicable

3.10 Patients cannot afford drug treatment

☐ Not at all
☐ Some of the time
☐ Often
☐ All the time
☐ Not applicable

3.11 Patients have difficulty accessing the clinic.

☐ Not at all
☐ Some of the time
☐ Often
☐ All the time
☐ Not applicable

3.12 Other

☐ Not at all
☐ Some of the time
☐ Often
☐ All the time
☐ Not applicable

b.specify other barriers

4.Please indicate if the following statements about controlling hypertension are true or false for most of your hypertension patients.

4.1 In blood pressure of less or equal to 160/100mmHg , medications should be initiated

☐ True
☐ False
☐ Not Sure

4.2 The patient should agree with the blood pressure target and treatment plan.

☐ True
☐ False
☐ Not Sure

4.3 Drug therapy should only be used if the patient is willing to change their lifestyle.

☐ True
☐ False
☐ Not Sure

4.4 Counseling about lifestyle interventions to prevent and control hypertension should be advised in all patients.

☐ True
☐ False
☐ Not Sure

4.5 All the health care professionals assisting the patient should try to achieve the same target blood pressure.

☐ True
☐ False
☐ Not Sure

4.6 If the blood pressure target is not achieved, more drug treatment should be sequentially added.

☐ True
☐ False
☐ Not Sure

HYPERTENSION PRACTICES

1.How often do you personally manage patients with hypertension? Mark or circle one

- ☐ Most days
☐ At least weekly
☐ At least monthly
☐ Less than monthly

2.If patient with HIV is diagnosed with hypertension, how do you manage them? Mark or circle one

- ☐ Provide clinical assessment and treatment for HIV related illness only
☐ Provide clinical assessment and treatment for both HIV and hypertension within HIV clinic
☐ Provide clinical assessment and treatment for HIV, and refer patient to hypertension clinic within the same health facility
☐ Provide clinical assessment and treatment for HIV, and refer patient to another health facility for hypertension treatment
☐ Others, specify

b.Specify Other

3.For patients who are receiving treatment for HIV and Hypertension at this facility, do you usually synchronise their clinic visits Mark or circle one

- ☐ Yes
☐ No
☐ I dont know

4.Who measures blood pressure in the clinic where you work? Mark all that apply

- ☐ A doctor does
☐ A nurse does
☐ Clinical officer does
☐ HIV counsellors
☐ Other (please specify)

b.Others specify

5. What type of blood pressure device do you use? Mark all the apply.

- ☐ Mercury
☐ Aneroid
☐ Validated* electronic device
☐ Electronic device that has not been validated*
☐ Electronic device uncertain about validation
☐ The clinic has no device that works

6.During a clinic visit for hypertension and/or HIV, which of the following activities do you usually perform for patients with hypertension? Mark all that apply

- ☐ Counsel about hypertension, its complications, and the need for treatment in people with hypertension.
☐ Counsel about lifestyle interventions to prevent and control hypertension.
☐ Prescribe antihypertensive drugs in people with hypertension.
☐ Counsel for antihypertensive drug therapy and adherence to drugs in people with hypertension.
☐ Assess adherence to antihypertensive drug therapy at all visits in people with hypertension.
☐ Provide Antiretroviral therapy, treat HIV related illness and refer to another clinic to manage hypertension
☐ Others specify

b.Specify Other

7.What lifestyle changes do you recommend or discuss with patients with hypertension at during clinic visit? Mark all that apply

- ☐ Eating fresh fruit or vegetables a day.
- ☐ Getting regular physical activity.
- ☐ Reducing excessive alcohol consumption.
- ☐ Reducing the amount of salt in the diet.
- ☐ Having a healthy body weight.
- ☐ Smoking cessation for patients who smoke.
- ☐ Others specify

b.Others specify

Initials of staff completing the survey

Date survey completed
