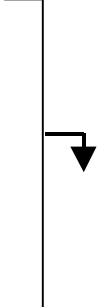


Section 6: Hypertension

Questionnaire

| | | | | | | |
|-----|---|---|---------------------------|----------------|-----------------------------|------------------------------|
| 6.1 | <i>Before this interview, has a health professional ever measured (taken, checked) your blood pressure?</i> | 1. Yes | <input type="checkbox"/> | } ↓ | 6.3 | |
| | | 2. No | <input type="checkbox"/> | | | |
| | | 3. Do not recall / Not certain | <input type="checkbox"/> | | | |
| 6.2 | <i>When was the last time your blood pressure was checked?</i> | 1. Within the past year | <input type="checkbox"/> | | | |
| | | 2. 1-2 years ago | <input type="checkbox"/> | | | |
| | | 3. More than 2 years ago | <input type="checkbox"/> | | | |
| | | 4. Do not recall / Not certain | <input type="checkbox"/> | | | |
| 6.3 | <i>Has a physician, nurse, or other health professional ever told you that you have had, have, or suffer from high blood pressure?</i> | 1. Yes, only once | <input type="checkbox"/> | } ↓ | 7.1 | |
| | | 2. Yes, more than once | <input type="checkbox"/> | | | |
| | | 3. No, no one has ever said this to me | <input type="checkbox"/> | | | |
| | | 4. Do not recall / Not certain | <input type="checkbox"/> | | | |
| 6.4 | <i>Are you presently following any program or treatment that a health professional has recommended to control your blood pressure?</i> | 1. Yes | <input type="checkbox"/> | | | |
| | | 2. No | <input type="checkbox"/> | | | |
| 6.5 | <i>What type of treatment are you receiving?</i> | 1. Drugs | <input type="checkbox"/> | | | |
| | | 2. Treatment without drugs (diet, exercise, weight reduction) | <input type="checkbox"/> | | | |
| 6.6 | <p><i>Show me the drug or drugs that you are taking for high blood pressure. Now, tell me how often you take them each day or each week. In order to evaluate the drugs the participant is taking, it is necessary to visually confirm which ones they are..</i></p> <p><i>The interviewer asks the participant to show the drugs that he reports taking. In the space below this paragraph, the names of each drug exactly are copied as written on the container (the trade and generic names) along with the dosage (number of mg, g, etc.). A trained analyst will then classify the drugs by group</i></p> <p><i>The following will be completed by a designated and duly certified individual.</i></p> <ol style="list-style-type: none"> 1. Diuretics 2. Beta-blockers 3. Calcium channel antagonists 4. Inhibitors of the renin-angiotensin system 5. Other antihypertensive drugs 6. Other drugs that do NOT have any recognized antihypertensive effect | No. | Generic name (Trade name) | Dosage (mg, g) | Taken how many times a day? | Taken how many times a week? |
| | | 1. | | | | |
| | | 2. | | | | |
| | | 3. | | | | |
| | | 4. | | | | |
| | | 5. | | | | |
| | | 6. | | | | |



| | | | | |
|-----|---|---|--------------------------|---|
| 6.7 | ¿ What type of <u>treatment without drugs</u> are you following to lower or control your blood pressure? | 1. Eat no salt or less salt than before | <input type="checkbox"/> |  |
| | | 2. Get regular physical exercise | <input type="checkbox"/> | |
| | | 3. Reduce or maintain body weight | <input type="checkbox"/> | |
| | | 4. Eat more vegetables and fruits | <input type="checkbox"/> | |
| | | 5. Other | <input type="checkbox"/> | |
| | | 6. None | <input type="checkbox"/> | |
| 6.8 | Are the drugs recommended by your physician usually available for sale? | 1. Yes, always | <input type="checkbox"/> | 7.1 |
| | | 2. Yes, but with a little difficulty | <input type="checkbox"/> | |
| | | 3. Yes, but with a great deal of difficulty | <input type="checkbox"/> | |
| | | 4. Never or almost never find them | <input type="checkbox"/> | |
| 6.9 | Do you usually have the money to buy, or do you have another way of obtaining, the drugs recommended by your physician? | 5. Yes, always | <input type="checkbox"/> | |
| | | 6. Yes, but with a little difficulty | <input type="checkbox"/> | |
| | | 7. Yes, but with a great deal of difficulty | <input type="checkbox"/> | |
| | | 8. Never or almost never find them | <input type="checkbox"/> | |

