HUNT 2 Questionnaire 3  
Supplementary form on hypertension

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By completing this questionnaire, you will help us to improve the treatment of high blood pressure. Please read the brochure ‘hunt-special’ that you received at the health examination.

Good luck!

**DIAGNOSIS**

When were you first told that you had high blood pressure? Year ____

When were you first prescribed medicine for high blood pressure? Year ____

Have you ever been examined at hospital because of your blood pressure? <Yes, No, Don’t know>

If YES, when were you last at hospital? Year ____

**MEDICAL EXAMINATIONS AND MEASUREMENTS**

When you go for an examination, who usually measures your blood pressure?  
Doctor  
Medical secretary or nurse

Think about the last 12 months:

How many times have you been to the doctor to have your blood pressure measured? Put 0 if you have not been to have it measured Times ____

How many times have you been to a medical secretary or nurse to have your blood pressure measured (without seeing the doctor)? No. of times ____

Do you think your blood pressure examinations have been too often, suitably often or not often enough? One X only

Too often

Suitably often

Not often enough

When your blood pressure was last measured (not including at this health study), were you told what blood pressure values were measured? <Yes, No, Don’t remember>

Have you ever measured your blood pressure yourself at home? <yes, no>

Do you have a blood pressure monitor at home? <yes, no>
MEDICINES

Are you currently taking medicine for high blood pressure? <yes, no>

If NO, go to ADVICE

What medicine(s) are you taking for your blood pressure?
Write the name of the medicine (see the box/bottle), the strength of the tablets and the number of tablets per day

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<tr>
<th>Name of the medicine</th>
<th>Strength of each tablet</th>
<th>Number of tablets per day</th>
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Have you had changes in your medication in the last 12 months? One X on each line <yes, no>

I started new medication(s)
I stopped taking a/some medication(s)
I increased the dose of one or more of my medications
I reduced the dose of one or more of my medications

If YES to one or more of the previous questions, answer the following questions.

Why was your medicine changed? One or more Xs
My blood pressure was too high
My blood pressure was too low
I had discomfort/side effects from the medicine(s)
I don’t know, the doctor made the decision
Other reasons

Do you use a tablet dispenser? <yes, no>

Have you ever experienced discomfort/side effects from the medicines? <Yes, No, Not sure>

If NO, go to ADVICE

Have you experienced discomfort/side effects from the medicines in the last week? <Yes, No, Not sure>

If YES, what kind of discomfort/side effects did you experience in the last week? Write on the lines below

How troublesome was the discomfort/were the side effects in the last week? One X only
Very troublesome
Quite troublesome
Somewhat troublesome
Not troublesome

How important do you think the blood pressure medicine actually is for you? One X only
Not so important
Somewhat important
Important
Very important

ADVICE
Has the doctor given you any advice regarding your high blood pressure? (Put an X in only one box) <Yes, No, Don’t remember>

If NO, go to POSSIBLE DISADVANTAGES

If YES, what was the advice? One X on each line <yes, no>
Lose weight
Smoke less or preferably quit smoking
Exercise more
Eat less sugar and fat
Use less salt in food
Live a calmer life (less stress)
Other___________

How important do you think the advice the doctor gave you are (in addition to the medicine)? One X only
Not so important
Somewhat important
Important
Very important

POSSIBLE DISADVANTAGES
What do you think is the greatest disadvantage associated with your blood pressure? One X only
Having to go for medical examinations
Having to take medicine
Having to smoke less/quit
Having to eat “correctly”/lose weight
Being regarded as a patient with something wrong with me
There are no disadvantages
Other____________________

Do you think that your blood pressure, as it has been in the last years, has been so high that it could lead to health problems? One X only
Yes, certainly
Yes, perhaps
No
Don’t know

If YES, how much does it worry you? One X only
Very little
A little
Much
Very much
THE HEALTH STUDY IN 1984-86

Did you take part in the previous Health Study in Nord-Trøndelag in 1984-86? <Yes, No, Don’t remember>

If YES, were you called in for an extra examination to the doctor after that health survey? <Yes, No, Don’t remember>

IF YOU NO LONGER TAKE MEDICINE FOR YOUR BLOOD PRESSURE

When did you stop taking medicine? Year _____

Why did you stop taking medicine?
Doctor's orders
I experienced side effects from the medicine
I didn't think that the medicine was necessary
I was afraid the medicine was bad for me
Other reason (write the reason below)

____________________

OTHER SUGGESTIONS

Do you have any suggestions for how blood pressure treatment can be improved?

Please put this questionnaire in the same envelope as the other questionnaires that you were given at the health examination and post them as soon as possible.

The postage is paid.

Many thanks for your help!