

HUNT 1

Questionnaire 2b Hypertension

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On the form you submitted at the medical examination, you wrote that you take or have taken medicine for high blood pressure.

Since 1980, a study on the treatment of blood pressure has been carried out in Nord-Trøndelag county. The purpose of the study is to improve treatment. An important part of the study is to gather information on how you and others suffering from high blood pressure feel and what you have experienced.

It is therefore very important that you complete this form as accurately as possible.

You may find that some of the questions may be difficult to answer. Nevertheless, please answer them to the best of your ability with answers based on what is normal or average for you.

All information will be treated in the strictest confidence.

Thank you

When was it first discovered that you have high blood pressure?

(Write the year in the box) <year, don't know>

19____

Where was it discovered?

(Place an X in only one box)

Office of a general practitioner (district medical officer, doctor in private practice, house physician)

Office of a military doctor

At a hospital

Don't know

Are you taking medicine for high blood pressure at this time? <yes, no>

(If NO, proceed to the two final questions on the bottom left hand side of the page)

If YES, when did you start taking medicine for high blood pressure?

(Write the year in the box) <year, don't know>

19____

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

Do you keep the list of medicine you take on a medication card? <yes, no>

Do you forget to take your medicine?

(Place an X in only one box)

Never

Rarely (about once a month)

Often

In your opinion, how important is it for you to take your blood pressure medicine exactly as prescribed?

(Place an X in only one box)

Not very important

Important

Very important

Do you know what your blood pressure was at your most recent examination?

(Place an X in only one box)

No

Yes

Not sure

If YES or NOT SURE, write what you think it was.

Write here: _____

If you have taken medicine for blood pressure in the past but no longer do so, when did you stop taking the medicine?

(Write the year in the box) <year, don't know>

19_____

Why did you stop taking the medicine?

(Place an X in one or more boxes)

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)

Write other reason here: _____

Has the doctor given you any other advice regarding your high blood pressure?

(Place an X in only one box)

No

Yes

Don't remember

If YES, what was the advice?

How do you feel about the blood pressure treatment you are receiving? Does it make you feel: (Place an X in one or more boxes)

Relieved, calm, secure

Tense, anxious, afraid, worried

In low spirits, depressed

No particular feelings

Do you feel there are disadvantages associated with receiving treatment for high blood pressure?

No, no disadvantages

Yes

If YES, what do you find unpleasant?

(Place an X in one or more boxes)

Having to take medicine every day

Having to go for medical examinations

Having to follow the doctor's advice

That the medicine makes me feel unwell

Worrying that something serious may be wrong with me

Being regarded as a patient

Other reasons