JSS ACADEMY OF HIGHER EDUCATION & RESEARCH

(Deemed to be University)

Sri Shivarathreeshwara Nagara, Mysuru – 570 015, Karnataka, India

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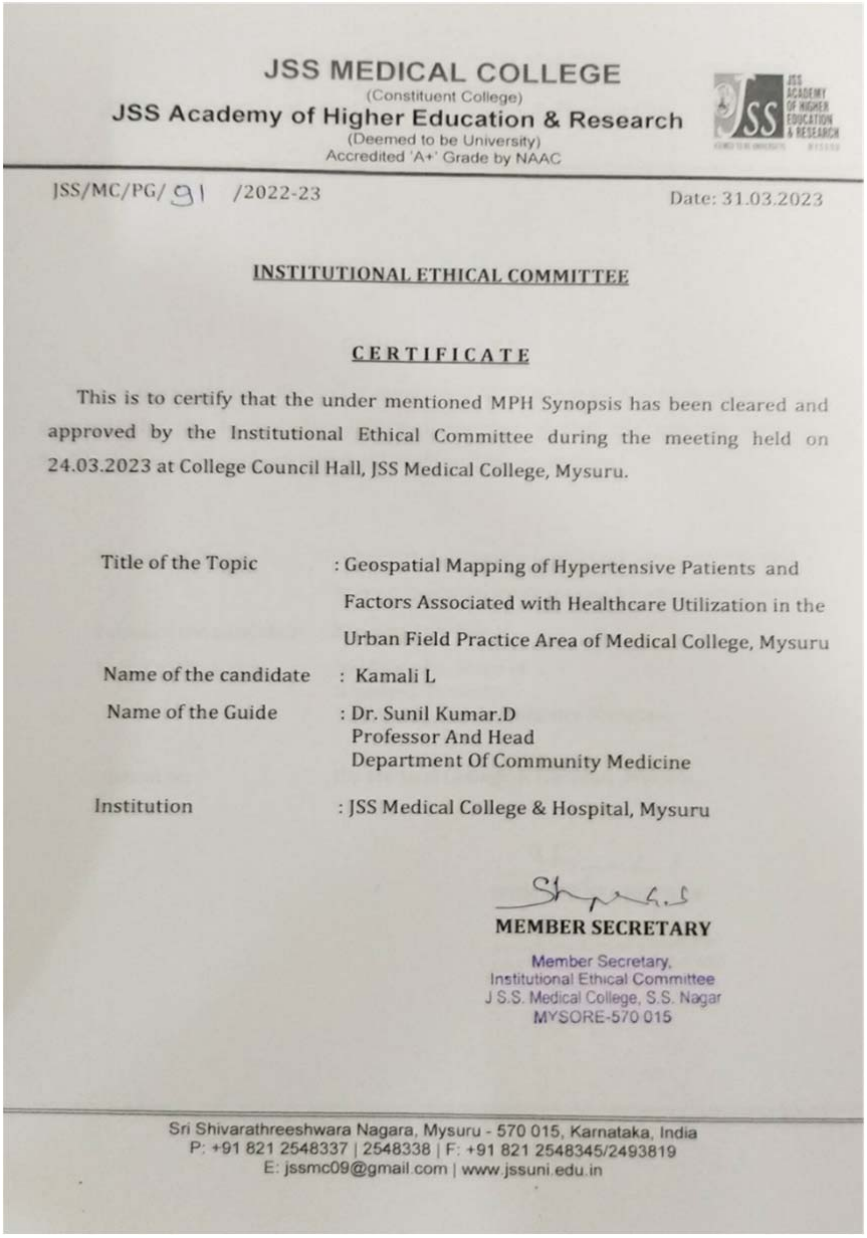

JSS MEDICAL COLLEGE
(Constituent College)
JSS Academy of Higher Education & Research
(Deemed to be University)
Accredited 'A+' Grade by NAAC

JSS/MC/PG/ 91 /2022-23 Date: 31.03.2023

INSTITUTIONAL ETHICAL COMMITTEE

CERTIFICATE

This is to certify that the under mentioned MPH Synopsis has been cleared and approved by the Institutional Ethical Committee during the meeting held on 24.03.2023 at College Council Hall, JSS Medical College, Mysuru.

Title of the Topic	: Geospatial Mapping of Hypertensive Patients and Factors Associated with Healthcare Utilization in the Urban Field Practice Area of Medical College, Mysuru
Name of the candidate	: Kamali L
Name of the Guide	: Dr. Sunil Kumar.D Professor And Head Department Of Community Medicine
Institution	: JSS Medical College & Hospital, Mysuru

MEMBER SECRETARY

Member Secretary,
Institutional Ethical Committee
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QUESTIONNAIRE

Geospatial Mapping of Hypertensive Patients and Factors associated with Healthcare Utilization in the urban field practice area of medical college, Mysuru.

1. NAME:
2. AGE:
3. GENDER:
a) Male:
b) Female:
c) Others:
4. MARITAL STATUS:
A) Married
B) Unmarried
C) Divorced
D) Widowed
E) Widower
F) Separated
5. Complete address:
6. LEVEL OF EDUCATION:
A) Illiterate
B) Primary School
C) Middle School
D) High school
E) Intermediate/Diploma
F) Graduate
G) Professional Degree
7. OCCUPATION
A) Professional
B) Semi profession
C) Clerical/shops/farm
E) Skilled worker
F) Semiskilled worker
G) Unskilled work
H) Unemployed
8. Type of family
A) Nuclear
B) Joint
9. Number of Family members
10. Monthly income of family
11. Means of transportation used for utilization of healthcare facilities.
11.1. If Own/ public specify
A) Own (Walking/ Cycle/ Two-wheeler/ Car/ Auto/ Bus/ Train)
B) Public (Walking/ Cycle/ Two-wheeler/ Car/ Auto/ Bus/ Train)

DETAILS REGARDING THE DISEASE TREATMENT AND FOLLOW-UP

12. How long are you diagnosed with Hypertension.
A) One year
B) More than a year

13. Do you have any family history of hypertension
A) Yes
B) No
13.1. If yes, specify the family member
A) Parents
B) Grandparents
14. Are you on regular hypertension medication
A) Yes
B) No
14.1. If no what's the reason?
15. Are you on regular follow-up?
A) Yes
B) No
15.1. If yes, how often do you go for a follow-up?
15.2. If No, Specify
16. Do you follow the advice of your doctor regarding hypertensive diet?
A) Always
B) Sometimes
C) Never
17. Time required to finish follow-up
A) Half an hour
B) One hour
C) More than one hour
18. Do you have any other chronic disease?
A) Yes
B) No
18.1. If yes, specify
19. Do you follow the advice of your doctor regarding Tests (ECG, ECHO...)
A) Always
B) Sometimes
C) Never
20. Do you have stress
A) Yes
B) No
21. Do you do physical activity
A) Yes
B) No
21.1. If yes what type of physical activity
21.2. How long will you do the physical activity per day
21.3. If no reason
A) Life style
B) lack of time
C) Health issues
D) Lack of awareness
E) Age factor
22. Do you currently use any tobacco products
A) Yes
B) No
22.1. If yes Which tobacco products
A) Smoking tobacco

B) Smokeless tobacco
C) chewable tobacco
22.2. How frequently do you use the tobacco product
A) Once a day
B) Twice a day
C) Thrice a day
D) Weekly
E) Monthly
F) Occasionally
23. Have you ever consumed any alcohol such as beer, wine, or spirits?
A) Yes
B) No
23.1. How frequently do you consume alcohol?
A) Once a day
B) Twice a day
C) Thrice a day
D) Weekly
E) Monthly
F) Occasionally
24. How many hours do you sleep in a day
A) Less than 6 hours
B) 6 to 8 hours
C) 8 hours & above

MAPPING OF HYPERTENSION PATIENT AND HEALTHCARE FACILITES UTLIZED BY THEM FOT TREATMENT

25. Which healthcare facility, do you primarily visit for the management of your hypertension
A) Government
B) Private
26. Name of Government health care
27. Name of Private health care
28. Health care Complete address
29. Distance travelled to the health care facility
A) less than 1 KM
B) More than 1 km
C) More than 5 KM
D) More than 10 KM
30. Time required to travel to health care facility
A) Within 10 minutes
B) 30 minutes
C) 1 hour
D) More than 1 hour
31. What service do you typically receive at these health care services
A) Consultation
B) Medication
C) Laboratory test
32. Reason for choosing particular healthcare service Centre
33. Is there transport facility available nearby hospital?
A) Yes
B) No

34. Is there a lab facility available there?
A) Yes
B) No
35. How do you rate the satisfaction level of healthcare Centre

	Very satisfied	Satisfied	Not satisfied
Healthcare facility			
Financial management			
Doctor availability			
Transport			

36. Have you ever faced any challenges or barriers in assessing healthcare facilities for your hypertension management?
A) Yes
B) No
37. If yes please describe

QUALITY OF LIFE

38. How would you rate your quality of life?
A) Very poor
B) Poor
C) Neither poor nor good
D) Good
E) Very good
39. How satisfied are you with your health?
A) Very dissatisfied
B) Dissatisfied
C) Neither satisfied nor dissatisfied
D) Satisfied
E) Very satisfied
40. To what extent do you feel that physical pain prevents you from doing what you need to do?
A) Not at all
B) A little
C) A moderate amount
D) very much
E) An extreme amount
41. How much do you need any medical treatment to function in your life?
A) Not at all
B) A little
C) A moderate amount
D) very much
E) An extreme amount
42. How much do you enjoy life?
A) Not at all
B) A little

C) A moderate amount
D) very much
E) An extreme amount
43. To what extent do you feel your life to be meaningful?
A) Not at all
B) A little
C) A moderate amount
D) very much
E) An extreme amount
44. How well are you able to concentrate?
A) Not at all
B) A little
C) A moderate amount
D) very much
E) An extreme amount
45. How safe do you feel in your daily life?
A) Not at all
B) Slightly
C) A moderate amount
D) very much
E) Extremely
46. How healthy is your physical environment?
A) Not at all
B) Slightly
C) A moderate amount
D) very much
E) Extremely
47. Do you have enough energy for everyday life?
A) Not at all
B) A little
C) Moderately
D) Mostly
E) Completely
48. Are you able to accept your bodily appearance?
A) Not at all
B) A little
C) Moderately
D) Mostly
E) Completely
49. Have you enough money to meet your needs?
A) Not at all
B) A little
C) Moderately
D) Mostly
E) Completely
50. How available to you is the information that you need in your day-to-day life?
A) Not at all
B) A little
C) Moderately
D) Mostly

E) Completely
51. To what extent do you have the opportunity for leisure activities?
A) Not at all
B) A little
C) Moderately
D) Mostly
E) Completely
52. How well are you able to get around?
A) Very poor
B) Poor
C) Neither poor nor well
D) Well
E) Very well
53. How satisfied are you with your sleep?
A) Very dissatisfied
B) Dissatisfied
C) Neither satisfied nor dissatisfied
D) Satisfied
E) Very satisfied
54. How satisfied are you with your ability to perform your daily living activities.
A) Very dissatisfied
B) Dissatisfied
C) Neither satisfied nor dissatisfied
D) Satisfied
E) Very satisfied
55. How satisfied are you with your capacity for work?
A) Very dissatisfied
B) Dissatisfied
C) Neither satisfied nor dissatisfied
D) Satisfied
E) Very satisfied
56. How satisfied are you with yourself?
A) Very dissatisfied
B) Dissatisfied
C) Neither satisfied nor dissatisfied
D) Satisfied
E) Very satisfied
57. How satisfied are you with your personal relationships?
A) Very dissatisfied
B) Dissatisfied
C) Neither satisfied nor dissatisfied
D) Satisfied
E) Very satisfied
58. How satisfied are you with your sex life?
A) Very dissatisfied
B) Dissatisfied
C) Neither satisfied nor dissatisfied
D) Satisfied
E) Very satisfied
59. How satisfied are you with the support you get from your friends?

A) Very dissatisfied
B) Dissatisfied
C) Neither satisfied nor dissatisfied
D) Satisfied
E) Very satisfied

60. How satisfied are you with the conditions of your living place?
A) Very dissatisfied
B) Dissatisfied
C) Neither satisfied nor dissatisfied
D) Satisfied
E) Very satisfied

61. How satisfied are you with your access to health services?
A) Very dissatisfied
B) Dissatisfied
C) Neither satisfied nor dissatisfied
D) Satisfied
E) Very satisfied

62. How satisfied are you with your mode of transportation?
A) Very dissatisfied
B) Dissatisfied
C) Neither satisfied nor dissatisfied
D) Satisfied
E) Very satisfied

63. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?
A) Never
B) Seldom
C) Quite often
D) Very often
E) Always

64. How long did it take you to fill out this form?

JSS ACADEMY OF HIGHER EDUCATION & RESEARCH

JSS MEDICAL COLLEGE, MYSURU – 15

DEPARTMENT OF COMMUNITY MEDICINE

INFORMED CONSENT FORM

Study Title: GEOSPATIAL MAPPING OF HYPERTENSIVE PATIENTS AND FACTORS ASSOCIATED WITH HEALTHCARE UTILIZATION IN THE URBAN FIELD PRACTICE AREA OF MEDICAL COLLEGE MYSURU ".

Name of Investigator: KAMALI.L

Guide: DR.SUNIL KUMAR

KAMALI ಎಂಬ ಹೆಸರಿನ ನಾನು. **R.LAKSHMIPATHI** .ಇವರ ಮಗ/ಮಗಳು/ಹೆಂಡತಿ ಇಲ್ಲಿ **NO:32&33 IYYAR GARDEN ,2ND STREET, PONNIAMMANMEDU, CHENNAI 600110**ವಾಸವಾಗಿರುವ ನನಗೆ ನನ್ನ ಮಾತೃ ಭಾಷೆಯಲ್ಲಿ: **"GEOSPATIAL MAPPING OF HYPERTENSIVE PATIENTS AND FACTORS ASSOCIATED WITH HEALTHCARE UTILIZATION IN THE URBAN FIELD PRACTICE AREA OF MEDICAL COLLEGE MYSURU ".** ಅಧ್ಯಯನದ ಸ್ವರೂಪ ಹಾಗೂ ಲಕ್ಷಣಗಳನ್ನು ಸವಿಸ್ತಾರವಾಗಿ ತಿಳಿಸಿರುತ್ತಾರೆ. ನಾನು ಇವರ ಅಧ್ಯಯನದಲ್ಲಿ ಪಾಲ್ಗೊಳ್ಳಲು ಮನಸಾರೆ ಇಚ್ಛಿಸಿದ್ದು, ನನ್ನ ಸಂಪೂರ್ಣ ಸಹಕಾರವನ್ನು ಹಾಗೂ ಅಧ್ಯತನದ ಅವಧಿಯಲ್ಲಿ ಬೇಕಾದ ವಿವರಗಳನ್ನು ದೊರಕಿಸಿಕೊಡಲು ಸಹಕರಿಸುತ್ತೇನೆ. ಈ ಅಧ್ಯಯನದ ವಿವರಗಳನ್ನು ಸಂಶೋಧನ ಉದ್ದೇಶಗಳಿಗೆ ಮತ್ತು ವೈದ್ಯಕೀಯ ನಿಯತಕಾಲಿಕಗಳಲ್ಲಿ ಪ್ರಕಟಿಸಲು ಒಪ್ಪಿಕೊಂಡಿರುತ್ತೇನೆ. ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಮಾಹಿತಿ ನೀಡಲು ನನಗೆ ಯಾವುದೇ ರೀತಿಯ ಆಮಿಷಗಳನ್ನು ಸಂಶೋಧಕರು ನೀಡಿರುವುದಿಲ್ಲ ಎಂದು ದೃಢೀಕರಿಸುತ್ತೇನೆ.

ಸಹಿ | ಎಡಗೈ ಹೆಬ್ಬೆರಳಿನ ಗುರುತು

ದಿನಾಂಕ:

ಸ್ಥಳ:MYSURU

ಹೆಚ್ಚಿನ ವಿವರಗಳಿಗೆ ಸಂಪರ್ಕಿಸಿ:

ಮೊಬೈಲ್ ನಂ.:9789851551