

Primary Healthcare Facilities' Clinical Capacity Survey - Hypertension

1. Your Name [Fill in the blank] *

2. Please enter your mobile number [Fill in the blank] *

3. Can you make a preliminary diagnosis of hypertension? [Single choice] *

☐ Yes

☐ No

4. Reasons for inability to make preliminary hypertension diagnosis [Fill in the blank] *

(Displayed only when "No" is selected in Q3)

5. Deficient areas in preliminary hypertension diagnosis skills [Multiple choice] *

☐ Inability to conduct proper medical history taking

☐ Inability to perform appropriate physical examinations and procedures

☐ Inability to order correct diagnostic tests

☐ Inability to provide proper preliminary diagnosis

☐ Other (please specify) _____

(Displayed only when "No" is selected in Q3)

6. Can you provide preliminary management for hypertension? (Referring to initial treatment that can be provided before referral to specialized institutions) [Single choice] *

☐ Yes

☐ No

7. Reasons for inability to provide preliminary hypertension management [Fill in the blank] *

(Displayed only when "No" is selected in Q6)

8. Deficient areas in preliminary hypertension management skills [Multiple choice] *

- ☐ Lack of proper clinical decision-making ability
- ☐ Inability to perform appropriate clinical interventions
- ☐ Absence of relevant specialty departments
- ☐ Specialty departments unable to perform required diagnostic tests
- ☐ Other (please specify) _____

(Displayed only when "No" is selected in Q6)

9. Can you confirm a definitive diagnosis of hypertension? [Single choice] *

- ☐ Yes
- ☐ No

(Displayed only when "Yes" is selected in Q3)

10. Reasons for inability to confirm hypertension diagnosis [Fill in the blank] *

(Displayed only when "No" is selected in Q9)

11. Deficient areas in hypertension diagnostic skills [Multiple choice] *

- ☐ Failing to make a correct diagnosis according to the clinical pathway
- ☐ Failing to correctly utilize or apply diagnostic-related scales and/or tools
- ☐ Failing to correctly interpret laboratory test results and/or imaging reports
- ☐ Other (please specify) _____

(Displayed only when "No" is selected in Q9)

12. Can you provide standardized treatment for hypertension? [Single choice] *

- ☐ Yes

☐No

(Displayed only when "Yes" is selected in both Q6 and Q9)

13. Reasons for inability to provide standardized treatment [Fill in the blank] *

(Displayed only when "No" is selected in Q12)

14. Deficient areas in standardized treatment skills [Multiple choice] *

- ☐Failure to administer medication according to standard clinical pathways
- ☐Failure to perform surgical procedures according to standard clinical pathways
- ☐Failure to conduct routine case management properly
- ☐Failure to properly transfer cases
- ☐Other (please specify) _____

(Displayed only when "No" is selected in Q12)

15. Can you perform 24-hour ambulatory blood pressure monitoring? [Single choice] *

☐Yes

☐No

16. Reasons for inability to perform 24-hour monitoring [Fill in the blank] *

(Displayed only when "No" is selected in Q15)

17. Which hypertension diagnostic/treatment equipment is lacking? [Multiple choice] *

- ☐Ambulatory blood pressure monitors
- ☐Biochemical analyzers
- ☐Other (please specify) _____

(Displayed when specific conditions are met in Q4/Q7/Q10/Q13/Q15)

18. How is the equipment shortage manifested? [Multiple choice] *

- ☐ Complete absence of equipment
- ☐ Aged but functional equipment
- ☐ Damaged/non-functional equipment
- ☐ Lack of consumables/supplies
- ☐ Other (please specify) _____

(Displayed when equipment is reported lacking in Q17)

19. Current status of available equipment [Multiple choice] *

- ☐ Fully functional
- ☐ Partially worn but usable
- ☐ Severely worn needing replacement
- ☐ Urgently requires replacement
- ☐ Other (please specify) _____

(Displayed when equipment is reported in Q17)

20. When equipment is lacking/needs replacement, is procurement timely? [Single choice]

*

- ☐ Yes
- ☐ No

(Displayed when specific conditions are met in Q4/Q7/Q10/Q13/Q15)

21. Reasons for delayed procurement/replacement [Fill in the blank] *

(Displayed only when "No" is selected in Q20)