

## RELATED INFORMATION

### Form 1. Large Survey

Participant ID: \_\_\_\_\_

Interviewer Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Clinic: \_\_\_\_\_

“Hello, my name is <name> and I work at <institution and location>. May I please speak to Ms./Mr. \_\_\_\_\_ (wait for response).

We are conducting a survey about patient experiences in managing and accessing care for high blood pressure. That’s why we have contacted you.

The survey takes about 30 minutes to complete and would take place over the phone. Would you be interested in participating in this survey?”

If yes, “Do you have time to complete the survey now?”

If yes, “Great, thank you. Now we will go through a consent document that will explain a little more about the study and your participation.”

If no, “That’s alright. Can I schedule a time that works for us to call you back?”

If no, “Thank you for your time. If you change your mind at any point or would like more information, please call back at \_\_\_\_\_.

### Personal questions and demographics

*First, I’d like to ask some questions about your personal background in order to understand better the experiences different people have..*

1. What was your age at your last birthday? \_\_\_\_\_ years

2. What is your biological sex?

☐ Female

☐ Male

3. What is your current union or marital status?

☐ Never married

☐ Married

☐ Common law

☐ Widowed

☐ Divorced

☐ Other; Specify \_\_\_\_\_

4. What is your highest level of education?

- ☐ Less than high school
- ☐ High school
- ☐ More than high school

5. Are you currently working (including self-employment)?

- ☐ Yes (If "yes," skip to question 6)
- ☐ No (If "No," continue with question 5a)

5a) If not employed are you (a)

- ☐ Student
- ☐ Retired
- ☐ Housewife
- ☐ Unemployed
- ☐ Not able to work due to disability

6. How do you pay for your health care costs (medications, doctor's visits, blood tests)? Please select all that apply.

- ☐ Insurance by employer (yours or a family member's)
- ☐ Private insurance purchased by yourself or spouse
- ☐ Government subsidy or program (ie. NHF, JADEP, Government of Jamaica Health Card, NI Gold)
- ☐ Out of pocket
- ☐ Family /Friends
- ☐ Charity organizations (including church or community organizations)

### Knowledge about hypertension

*The next few questions relate to high blood pressure.*

7. At what age were you first told by a doctor that you had hypertension/high blood pressure?  
\_\_\_\_\_ years

*The following questions ask about your knowledge of what causes high blood pressure.*

8. Do you believe that high blood pressure is caused by being overweight or obese (high body weight)?

- ☐ Yes

- ☐ No  
☐ Not sure
9. Do you believe that high blood pressure is caused by not exercising/ not being physically active?  
☐ Yes  
☐ No  
☐ Not sure
10. Do you believe that high blood pressure is caused by smoking?  
☐ Yes  
☐ No  
☐ Not sure
11. Do you believe that high blood pressure is caused by stress?  
☐ Yes  
☐ No  
☐ Not sure
12. Do you believe that high blood pressure is caused by being too emotional?  
☐ Yes  
☐ No  
☐ Not sure
13. Do you believe that high blood pressure is caused by sleep problems?  
☐ Yes  
☐ No  
☐ Not sure
14. Do you believe that high blood pressure is caused by family history of high blood pressure?  
☐ Yes  
☐ No  
☐ Not sure
15. Do you believe that high blood pressure is caused by too much salt in your diet?  
☐ Yes  
☐ No  
☐ Not sure
16. Do you believe that high blood pressure is caused by drinking too much alcohol?  
☐ Yes  
☐ No  
☐ Not sure
17. Do you believe that high blood pressure is caused by not eating fruits?  
☐ Yes

- ☐ No  
☐ Not sure

18. Do you believe that high blood pressure is caused by not eating vegetables?

- ☐ Yes  
☐ No  
☐ Not sure

*The following questions are about health conditions that may be caused by high blood pressure.*

19. Do you believe that high blood pressure causes the following diseases?

19a) Stroke

- ☐ Yes  
☐ No  
☐ Not sure

19b) Amputations

- ☐ Yes  
☐ No  
☐ Not sure

19c) Heart attack

- ☐ Yes  
☐ No  
☐ Not sure

19d) Heart failure

- ☐ Yes  
☐ No  
☐ Not sure

19e) Kidney disease requiring dialysis

- ☐ Yes  
☐ No  
☐ Not sure

19f) Dementia/memory issues

- ☐ Yes  
☐ No  
☐ Not sure

20. Do you believe high blood pressure requires treatment with tablets or medications?

- ☐ Yes (If "Yes," continue to question 20a)

- ☐ No (If "No," skip to question 21)
- ☐ Not sure (If "Not sure," continue to question 20a)

20a) Do you believe high blood pressure requires long term treatment?

- ☐ Yes
- ☐ No
- ☐ Not sure

### Lifestyle Factors and Modification

The following questions are about things you may be doing to control your high blood pressure.

21. Has your doctor encouraged you to lose weight?

- ☐ Yes (If "Yes," then continue with question 21a)
- ☐ No (If "No," skip to question 22)

21a. Are you currently trying to lose weight?

- ☐ Yes (If "Yes," skip to question 22)
- ☐ No (If "No," continue with question 21b)

21b) Is this something you would be willing to do?

- ☐ Yes
- ☐ No

22. Are you currently eating less salt?

- ☐ Yes (If "Yes," skip to question 23)
- ☐ No (If "No," continue with question 22a)

22a) Is this something you would be willing to do?

- ☐ Yes
- ☐ No

23. Are you currently exercising regularly?

- ☐ Yes (If "Yes," skip to question 24)
- ☐ No (If "No," continue with question 23a)

23a) Is this something you would be willing to do?

- ☐ Yes
- ☐ No

24. Are you currently decreasing alcohol consumption?

- ☐ I do not drink alcohol (*If "I do not drink alcohol," skip to question 25*)
- ☐ Yes (*If "Yes," skip to question 25*)
- ☐ No (*If "No," continue with question 24a*)

24a) Is this something you would be willing to do?

- ☐ Yes
- ☐ No

25. Do you currently smoke?

- ☐ Yes (*If "Yes," continue with question 25a*)
- ☐ No (*If "No," skip to question 26*)

25a) Would you be willing to quit smoking?

- ☐ Yes
- ☐ No

26. Are you currently eating at least 2 servings of fruits per day?

- ☐ Yes (*If "Yes," skip to question 27*)
- ☐ No (*If "No," continue with question 26a*)

26a) Are you willing to eat more fruits?

- ☐ Yes
- ☐ No

27. Are you currently eating at least 3 servings of vegetables per day?

- ☐ Yes (*If "Yes," skip to question 28*)
- ☐ No (*If "No," continue with question 27a*)

27a) Are you willing to eat more vegetables?

- ☐ Yes
- ☐ No

28. Which of these meals do you or your family prepare at home most of the time?

28a) Breakfast

- ☐ Yes
- ☐ No

28b) Lunch

☐ Yes

☐ No

28c) Dinner

☐ Yes

☐ No

*Now, I am going to read you two statements that people have made about their food situation. For these statements, please tell me whether the statement is true most of the time, some of the time, or never.*

29. The food that we bought just didn't last, and we didn't have money to get more.

☐ True most of the time

☐ True some of the time

☐ Never true

30. We couldn't afford to eat healthy meals with more fruits and vegetables.

☐ True most of the time

☐ True some of the time

☐ Never true

### **Social Support**

*The following questions ask about support you may receive from family members, friends, healthcare workers, or any other person in your community. Respond to each statement with one of the following options: always, sometimes, never, or I don't need help with this.*

31. How often do you get the help you need with transportation to your medical appointments?

☐ Always

☐ Sometimes

☐ Never

☐ I don't need help with this

*(If "Always" or "Sometimes" continue with question 31a; If "Never" or "I don't need help with this," skip to question 32)*

31a) Is this support mostly from healthcare staff or family and friends?

☐ Healthcare staff

☐ Family and friends

32. How often do you get the help you need to take your medications correctly?

- ☐ Always
- ☐ Sometimes
- ☐ Never
- ☐ I don't need help with this

*(If "Always" or "Sometimes" continue with question 32a; If "Never" or "I don't need help with this," skip to question 33)*

32a) Is this support mostly from healthcare staff or family and friends?

- ☐ Healthcare staff
- ☐ Family and friends

33. How often do you get the help you need with using your cell phone, internet, or computer?

- ☐ Always
- ☐ Sometimes
- ☐ Never
- ☐ I don't need help with this

*(If "Always" or "Sometimes" continue with question 33a; If "Never" or "I don't need help with this," skip to question 34)*

33a) Is this support mostly from healthcare staff or family and friends?

- ☐ Healthcare staff
- ☐ Family and friends

34. How often do you get the help you need preparing healthy foods?

- ☐ Always
- ☐ Sometimes
- ☐ Never
- ☐ I don't need help with this

*(If "Always" or "Sometimes" continue with question 34a; If "Never" or "I don't need help with this," skip to question 35)*

34a) Is this support mostly from healthcare staff or family and friends?

- ☐ Healthcare staff
- ☐ Family and friends



35. How often do you get the support you need to exercise?

- ☐ Always  
☐ Sometimes  
☐ Never  
☐ I don't need help with this

*(If "Always" or "Sometimes" continue with question 35a; If "Never" or "I don't need help with this," skip to question 36)*

35a) Is this support mostly from healthcare staff or family and friends?

- ☐ Healthcare staff  
☐ Family and friends

### **Barriers to managing high blood pressure**

*The following section is about your experiences in managing your high blood pressure.*

#### **Access to care**

36. Do you regularly see the same doctor for your high blood pressure?

- ☐ Yes  
☐ No

37. Do you regularly go to the same health facility for your high blood pressure?

- ☐ Yes, I usually go to **ONE** health facility  
☐ Yes, but I usually go to **MORE THAN ONE** health facility  
☐ No

*The next set of questions asks about reasons why you may have missed a regularly scheduled doctor's appointment. Please answer yes or no.*

38. Have you ever missed your regular doctor's appointment because of long waiting times?

- ☐ Yes  
☐ No

39. Because of a lack of affordable transportation?

- ☐ Yes  
☐ No

40. Because of the distance to the clinic?

- ☐ Yes  
☐ No

41. Because there was no one available to assist you with getting to clinic?

- ☐ Yes

☐ No

42. Because you had no money for doctor or medications?

☐ Yes

☐ No

43. Have you ever missed your regular doctor's appointment because the hours when the clinic is open are not convenient?

☐ Yes

☐ No

44. Because you were feeling well and had no symptoms?

☐ Yes

☐ No

45. Because you were too busy with work or other commitments?

☐ Yes

☐ No

46. Because of past bad experiences at the clinic?

☐ Yes

☐ No

47. Because you don't trust the healthcare system?

☐ Yes

☐ No

### **Medication availability and adherence**

*We are about halfway through the survey. Thank you very much for your time. The next few questions are about your high blood pressure medications.*

48. Have you ever taken medication for hypertension/high blood pressure?

☐ Yes (If "Yes," continue with question 48a)

☐ No (If "No," skip to question 61)

48a) Are you currently taking your medication?

☐ Yes (If "Yes," continue with question 49)

☐ No (If "No," skip to question 61)

49. How often do you have difficulty remembering to take all of your high blood pressure medication?

☐ Never/rarely

☐ Once in a while

☐ Sometimes

☐ Usually

☐ All of the time

50. Over the last 7 days, on how many days did you not take any blood pressure pills?

☐ 0 days

☐ 1-2 days

☐ 3-4 days

☐ 5-6 days

☐ 7 days

51. Over the last 7 days, on how many days did you cut back (or not take the full dose) of your blood pressure pills?

☐ 0 days

☐ 1-2 days

☐ 3-4 days

☐ 5-6 days

☐ 7 days

*(If the answers to question #50 and 51 are "0 days," skip to question 57)*

52. On the days you did not take all of your blood pressure pills, was one reason because you forgot to take them?

☐ Yes

☐ No

53. On the days you did not take all of your blood pressure pills, was one reason because you feel worse when you take them?

☐ Yes

☐ No

54. On the days you did not take all of your blood pressure pills, was one reason because you felt good and didn't believe you needed to take them?

☐ Yes

☐ No

55. On the days you did not take all of your blood pressure pills, was one reason because you did not have access to the pills (they were not in your house, you ran out of medications, not available for any other reason)?

☐ Yes

☐ No

56. On the days you did not take all of your blood pressure pills, was one reason because you received a generic, or substituted cheaper version, of the drug instead of the brand name?

☐ Yes

☐ No

57. How often are all your blood pressure medications available at your regular pharmacy?

☐ Always

☐ Sometimes

☐ Never

58. Do you have trouble getting your medications?

☐ Yes (If "Yes" continue with question 58a)

☐ No (If "No," skip to question 59)

58a) Why do you have trouble getting your medication?

☐ Cost of medication

☐ No transportation to the pharmacy

☐ Need to go to multiple pharmacies

☐ Medications out of stock

☐ Other; Please specify \_\_\_\_\_

59. Including any government assistance, can you currently afford your blood pressure medication?

☐ Always

☐ Sometimes

☐ Never

60. How often do you have to purchase your prescribed medications outside of your regular pharmacy?

☐ Always

☐ Sometimes

☐ Never

#### Alternative medicine

61. Have you seen a traditional healer or alternative medicine practitioner in the past three years to treat your blood pressure?

☐ Yes

☐ No

62. Have you used any herbal or traditional methods (herbs, bush teas, acupuncture, etc.) or supplements in the past three years to improve your blood pressure?

☐ Yes

☐ No

63. Does your faith or religious beliefs play an important part in managing your blood pressure?

☐ Yes

☐ No

### Comorbidities

Have you ever been diagnosed with any of the following conditions?

64. Diabetes/sugar

☐ Yes (If "Yes," continue with question 64a)

☐ No (If "No," skip to question 65)

64a) Are you taking any medications for this?

☐ Yes

☐ No

65. High cholesterol

☐ Yes (If "Yes," continue with question 65a)

☐ No (If "No," skip to question 66)

65a) Are you taking any medications for this?

☐ Yes

☐ No

66. Depression

☐ Yes (If "Yes," continue with question 66a)

☐ No (If "No," skip to question 67)

66a) Are you taking any medications for this?

☐ Yes

☐ No

67. Anxiety

☐ Yes (If "Yes," continue with question 67a)

☐ No (If "No," skip to question 68)

67a) Are you taking any medications for this?

☐ Yes

☐ No

68. Chronic kidney disease/kidney problems (not including urinary infections, problems holding your urine or prostate problems)

☐ Yes

☐ No

69. Stroke

☐ Yes

☐ No

70. Heart attack

☐ Yes

☐ No

71. Obesity/overweight

☐ Yes

☐ No

**Experiences with healthcare**

*This next set of questions asks about your experiences receiving care for your high blood pressure.*

72. Has your doctor ever discussed your blood pressure treatment plan with you?

☐ Yes

☐ No

73. Does your doctor discuss with you when they make changes to your blood pressure medications?

☐ Yes

☐ No

☐ Medications don't change

74. Does your pharmacist discuss with you when they have to substitute your blood pressure medications?

☐ Yes

☐ No

☐ Medications aren't substituted

*Thinking about your last visit to the health center:*

75. How long after arriving at the clinic (in minutes) did you wait until you were registered to be seen at the clinic?

☐ <30 minutes

☐ 30-60 minutes

☐ >60 minutes

76. How long after registering (in minutes) did you wait until you saw the nurse to get your vital checks?

☐ Did not see nurse before seeing the doctor

☐ <30 minutes

☐ 30-60 minutes

☐ >60 minutes

77. How long after having your vital checks done by the nurse (in minutes) did you wait until you saw the doctor to get your prescriptions?

☐ Did not see doctor

☐ <30 minutes

☐ 30-60 minutes

☐ >60 minutes

78. If you filled your prescription at the clinic on the day of your doctor's visit, how long after seeing the doctor (in minutes) did it take to get your medicine from the pharmacy?

☐ There is no pharmacy at the clinic or you chose not to use the clinic pharmacy

☐ <30 minutes

☐ 30-60 minutes

☐ >60 minutes

79. What is the maximum amount of time you are willing to spend in the clinic on the day of your appointment?

☐ Less than 1 hour

☐ 1-2 hours

☐ 2-3 hours

☐ more than 3 hours

### Experiences with the COVID-19 pandemic

*"Since the COVID-19 pandemic began, have you experienced any of the following life events?"*

80. Testing positive for COVID-19?

☐ Yes

☐ No

81. Family member or close friend testing positive for COVID-19?

☐ Yes

☐ No

82. Loss of a family member or close friend due to COVID-19?

☐ Yes

☐ No

83. "Were you not able to see a doctor or get prescription medications due to any of the following reasons?"

	Yes	No
83a. Clinics or hospitals closed?		
83b. Pharmacy closed?		
83c. Less time to see a doctor or get medications due to curfew restrictions?		
83d. Fear of contracting coronavirus if you leave the house?		
83e. Loss of insurance or government assistance?		
83f. Trouble affording medications or healthcare costs?		

84. Have you been vaccinated against COVID-19?

- ☐ Yes (If "Yes," skip to question 85)
- ☐ No (If "No," continue with question 84a)

84a. Are you willing to be vaccinated when the vaccine becomes available to you?

- ☐ Yes
- ☐ No

#### Perceived challenges and willingness to adopt intervention

*Thank you again for your patience. This is the last section of questions. We're thinking of starting a program to help improve blood pressure management. It would include spending more time with your doctor, measuring blood pressure at home using a provided device, making sure that you see the same doctor at each visit, and reducing medication costs. In addition, a health coach would teach you about diet, exercise, and taking your medication correctly. They will also provide encouragement and discuss possible changes to better manage your high blood pressure.*

85. Do you like the idea of spending more time with a doctor?

- ☐ Yes
- ☐ No

86. Do you think spending more time with your doctor seems appropriate for you?

- ☐ Yes
- ☐ No

87. Do you think spending more time with your doctor is possible for you?

- ☐ Yes
- ☐ No

88. Do you like the idea of measuring blood pressure at home using a provided device?

- ☐ Yes
- ☐ No



89. Do you think measuring blood pressure at home using a provided device seems appropriate for you?

☐ Yes

☐ No

90. Do you think measuring blood pressure at home using a provided device is possible for you?

☐ Yes

☐ No

91. Do you like the idea of seeing the same doctor at each visit?

☐ Yes

☐ No

92. Do you think seeing the same doctor at each visit seems appropriate for you?

☐ Yes

☐ No

93. Do you think seeing the same doctor at each visit is possible for you?

☐ Yes

☐ No

94. Do you like the idea of reducing medication costs?

☐ Yes

☐ No

95. Do you think reducing medication costs seems appropriate for you?

☐ Yes

☐ No

96. Do you think reducing medication costs is possible for you?

☐ Yes

☐ No

97. Do you like the idea of working with a health coach to learn about diet, exercise, and taking your medication correctly and receiving encouragement to better manage your high blood pressure?

☐ Yes

☐ No

98. Do you think receiving health coaching seems appropriate for you?

☐ Yes

☐ No

99. Do you think receiving health coaching is possible for you?

☐ Yes

☐ No



100. Do you have any other suggestions about what would be helpful in improving blood pressure?

- ☐ Yes; Specify \_\_\_\_\_
- ☐ No

Sample script: "That is the end of our survey. Thank you so much for your participation. Do you have any other questions or comments?"

If no, "Thank you again and please feel free to reach out if you think of anything."

If yes, address them as appropriate, then proceed with the above.