Urban-Rural Disparities in the Prevalence, Awareness, Treatment, and Control of Hypertension among Adult Diabetic Patients in Northern State, Sudan: A cross sectional Analytical Community-based Study, 2026

Questionnaire

Section 1: Consent

Do you agree to participate in this study?

☐ Yes ☐ No

Section 2: Socio-demographic Data

Household ID:

Household size (number of family members):

Number of family members diagnosed with diabetes:

Gender:

☐ Male ☐ Female

Age:

Residence:

☐ Rural ☐ Urban

Occupation:

☐ Public sector

☐ Private sector

☐ Self-employed

☐ Housewife

☐ Unemployed

Level of education:

☐ Illiterate

☐ Primary

☐ Secondary

☐ University

☐ Postgraduate

Marital status:

☐ Married ☐ Unmarried

Income Level

☐ High

☐ Middle

☐ Low

Section 3: Diabetes History

Type of diabetes diagnosed:

☐ Type 1

☐ Type 2

☐ Not sure

Duration since diagnosis (years):

Current treatment:

☐ Dietary control

☐ Oral medications

☐ Insulin

Compliance with treatment:

☐ Yes ☐ No

How do you monitor blood sugar?

☐ Random blood glucose

☐ HbA1c

☐ I do not monitor

Last HbA1c reading:

Section 4: Lifestyle

Do you exercise regularly?

☐ Yes ☐ No

Do you consume fruits and vegetables regularly?

☐ Yes ☐ No

Do you consume foods high in salt/sodium?

☐ Yes ☐ No

Do you smoke?

☐ Yes ☐ No

If yes:

Number of cigarettes per day:

Duration of smoking:

☐ <1 year

☐ 1–5 years

☐ 6–11 years

☐ 12–15 years

☐ >15 years

Do you consume alcohol?

☐ Yes ☐ No

Section 5: Knowledge about Diabetes & Hypertension

Do you know about the relationship between diabetes and hypertension?

☐ Yes ☐ No

Section 6: Hypertension Status

Do you have family member with hypertension?

☐ Yes ☐ No

Are you diagnosed with hypertension?

☐ Yes ☐ No

If (yes)

By whom you are diagnosed?

☐ Doctor ☐ others

Duration since HTN diagnosis (Years):

Current treatment methods:

☐ Diet Control

☐ One type of medication

☐ Two type of medications

☐ Three type of medications or more

The name(s) of medication(s) (generic name):

Compliant with prescribed HTN treatments:

☐ Yes ☐ No

Last BP measurement:

☐ 1-6 days

☐ 1-3 weeks

☐ 1-11 months

Last reading (Systolic/Diastolic):

Do you suffer from any complications related to HTN?

☐ Yes ☐ No

If yes (regarding complications) specify the complication:

Section 7: Measurements

BP measurement 1:

BP measurement 2:

BP measurement 3:

Average BP:

Weight (kg):

Height (m):

BMI: