

Patient Survey of Knowledge, Attitudes, and Beliefs About Treatment of High Blood Pressure

Appendix to: Kaboli, P.J., Shivapour, D.M., Henderson, M.S., Barnett, M.J., Ishani, A., Carter, B.L. Patient and Provider Perceptions of Hypertension Treatment: Do They Agree? *Journal of Clinical Hypertension*, Vol. 9, No. 6, June 2007

Knowledge of hypertension domain

1. "Are you currently being treated with medications for HBP?"

Yes No

1a. If No, *why not?* (may check more than one)

I no longer have HBP

My doctor told me to stop taking it

I am using non-drug treatment

I choose not to be treated

Don't know

Other _____

(If No, Skip to question 4)

2. "Can you tell me what medications are you currently taking for your HBP? If not, I can look them up on the computer." If the patient can give you the medication names, record them. Otherwise take them off the computer chart.

Patient Report (name only)	Confirmation with Chart (include dose)

3. "Have you taken any other medications in the past for HBP, but had to stop them due to side effects or they were not effective enough? YES NO [If YES, get the name]"

Patient Report (name only) and reason for stopping	Confirmation with Chart (include dose and reason for stopping)

If patient does not know, skip to next question

4. "Overall, how frequently is your blood pressure checked?"

Daily	Weekly	Monthly	5-10 times a year	1-4 times a year	Never
-------	--------	---------	-------------------	------------------	-------

5. "Besides the VA clinic, what other places do you have your blood pressure checked?"

(Check all that apply)

At a non-VA clinic

At a pharmacy

Home blood pressure cuff

24-hour blood pressure monitor

Patient Survey of Knowledge, Attitudes, and Beliefs About Treatment of High Blood Pressure

6. “When treating HBP, we try to target the BP below a certain point for the systolic, or top number, and diastolic, or bottom number. Do you know what recommended blood pressure is being used for you?”
 _____/_____ or Don’t Know (they may know one, so DK can apply to either)

7. “The target blood pressure is usually 140/90 or 130/80. Has your blood pressure been consistently below this number?”
 Yes No Don’t Know

8. “I am going to read to you a list of medications that some people with high blood pressure take. You may or may not be taking any of these medications, but we want to know if you are familiar with, or have heard of, these medications.”

(For each class, if they answer “Yes”, ask where they heard of the medication.)

Name of Drug or Drug Class	Yes	No
Diuretics (also called water pills) such as hydrochlorothiazide		
Beta-blockers such as atenolol (Tenormin) or metoprolol (Lopresser)		
Calcium channel blockers such as amlodipine (Norvasc), felodipine (Plendil), or diltiazem (Cardizem)		
ACE Inhibitors such as lisinopril (Zestril), or benazepril (Lotensin)		

Attitudes towards patient education preferences domain

9. “People learn about medications from various sources. I am going to read a list of potential sources and ask if you have ever received information about your blood pressure medications from this source.”

	Yes	No
Your doctor	<input type="radio"/>	<input type="radio"/>
Pharmacist	<input type="radio"/>	<input type="radio"/>
Nurses	<input type="radio"/>	<input type="radio"/>
Family or friends	<input type="radio"/>	<input type="radio"/>
Advertising such as TV or magazines	<input type="radio"/>	<input type="radio"/>
The Internet	<input type="radio"/>	<input type="radio"/>
Educational brochures from the VA	<input type="radio"/>	<input type="radio"/>
Educational brochures from another source	<input type="radio"/>	<input type="radio"/>

Patient Survey of Knowledge, Attitudes, and Beliefs About Treatment of High Blood Pressure

10. *“I am going to read through the list again and for each source of information, I want you to tell me how helpful it would be to you to learn about your blood pressure medications.”*

	Not at all useful (1)	Slightly useful (2)	Moderately useful (3)	Very useful (4)	Extremely useful (5)
Your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advertising such as TV or magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational brochures from the VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational brochures from another source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Prescribing factors domain

11. *“There are many factors that determine which medications are prescribed for patients with high blood pressure. I am going to read through a list of potential reasons and ask how important they are to you.”*

	Not at all important (1)	Slightly important (2)	Moderately important (3)	Very important (4)	Extremely important (5)
The cost of the medication to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of the medication to the VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of doses you take per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The likelihood of achieving normal blood pressure with just one medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Side effects of the medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing strokes or heart attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National guidelines based on research recommending the medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient Survey of Knowledge, Attitudes, and Beliefs About Treatment of High Blood Pressure

Acceptance of intervention domain

“These next questions will focus on ways we can work with patients to educate them and improve their care.”

12. *“How interested are you in knowing whether your blood pressure is controlled?”*

1. Not at all	2. Slightly	3. Moderately	4. Very	5. Extremely
---------------	-------------	---------------	---------	--------------

13. *“High blood pressure is one of the main causes of strokes and heart attacks. If you were given information describing how you could reduce your risk of strokes and heart attacks by controlling your blood pressure, how helpful would this be to you.*

1. Not at all	2. Slightly	3. Moderately	4. Very	5. Extremely
---------------	-------------	---------------	---------	--------------

14. *“If the VA were to send you information about ways to improve the management of your high blood pressure by changing a medication, how likely would you be to take it to your doctor to discuss the change with him?”*

1. Not at all	2. Slightly	3. Moderately	4. Very	5. Extremely
---------------	-------------	---------------	---------	--------------

15. *“If the VA were to send you information giving you a **reduced co-pay or cash rebate** on blood pressure medications to switch to a different medication, how much would this influence you to talk to your doctor about switching your medication?”*

1. Not at all	2. Slightly	3. Moderately	4. Very	5. Extremely
---------------	-------------	---------------	---------	--------------

16. *“How comfortable are you in asking your doctor about the possibility of adding or changing one of your medications?”*

1. Not at all	2. Slightly	3. Moderately	4. Very	5. Extremely
---------------	-------------	---------------	---------	--------------

17. *“How important to you is the reduced price of prescriptions at the VA?”*

1. Not at all	2. Slightly	3. Moderately	4. Very	5. Extremely
---------------	-------------	---------------	---------	--------------

18. *Have you ever received information from advertisements or other sources that you took to your doctor to discuss or request specific medications?*

___ Yes ___ No (If Yes, then how frequently?) Rarely Sometimes Often

Patient Survey of Knowledge, Attitudes, and Beliefs About Treatment of High Blood Pressure

Patient-Provider Orientation Scale (PPOS) Domain

“The following questions ask about your opinions about patient-physician interactions. Please indicate the degree to which you agree/disagree with these opinions using the 1 to 6 scale shown here, with 1 being ‘strongly disagree’ and 6 being ‘strongly agree’.”

<i>Strongly disagree (1)</i>	<i>Moderately disagree (2)</i>	<i>Disagree a little (3)</i>	<i>Agree a little (4)</i>	<i>Moderately agree (5)</i>	<i>Strongly agree (6)</i>
------------------------------	--------------------------------	------------------------------	---------------------------	-----------------------------	---------------------------

19. *“Most patients want to get in and out of the doctor’s office as quickly as possible.”*
1 2 3 4 5 6
20. *“The doctor is the one who should decide what gets talked about during a visit.”*
1 2 3 4 5 6
21. *“It is often best for patients if they do not have a full explanation of their medical condition.”*
1 2 3 4 5 6
22. *“When patients disagree with their doctor, this is a sign that the doctor does not have the patient’s respect and trust.”*
1 2 3 4 5 6
23. *“Patients should rely on their doctors’ knowledge, and not try to find out about their conditions on their own.”*
1 2 3 4 5 6
24. *“Many patients continue asking questions even though they are not learning anything new.”*
1 2 3 4 5 6
25. *“Patients should be treated as if they were partners with the doctor, equal in power and status.”*
1 2 3 4 5 6
26. *“The patient must always be aware that the doctor is in charge.”*
1 2 3 4 5 6
27. *“When patients look up medical information on their own, this usually confuses more than it helps.”*
1 2 3 4 5 6

Associated factors that may influence attitudes and beliefs domain

“We are almost finished.”

28. *“At home, do you manage your own medications, or do you get help?”*
 I manage them myself
 I get help from a family member
 I get help from a visiting nurse
 Other _____

Patient Survey of Knowledge, Attitudes, and Beliefs About Treatment of High Blood Pressure

29. "What is the highest level of education you completed?"

- Grade school
- Some high school
- High school graduate
- Some college or junior college
- College graduate
- Graduate or professional school

Dual Utilization Domain

30. "Of all your prescriptions, how many do you fill at the VA pharmacy?"

- All 3 out of 4 (or 75%) Half 1 out of 4 (or 25%) None

31. "Do you have to make a co-pay for your medications?"

Yes No

[If Yes, "Is this co-pay a significant financial burden to you?" Yes No]

32. "Have you ever NOT filled a prescription because of the cost of the medication?"

Yes No

33. "Is the reduced price of prescriptions at the VA the only or main reason you come to the VA for care?"

Yes No

34. "Outside of the VA, do you have a primary care provider such as an internist or family doctor that you see on a regular basis?"

Yes No [If NO, then END]

If YES, what kind of provider are they? (circle one) Internist, FP, NP, PA, other___

35. "Which of your providers prescribes and manages your blood pressure medications?"

(Check all that apply)

- Your VA primary care provider
- Your VA specialist, such as a cardiologist or kidney specialist
- Your non-VA primary care provider
- Your non-VA specialist, such as a cardiologist or kidney specialist

36. "Which of your providers do you feel most comfortable talking to about your blood pressure medications?" (Check all that apply)

- Your VA primary care provider
- Your VA specialist, such as a cardiologist or kidney specialist
- Your non-VA primary care provider
- Your non-VA specialist, such as a cardiologist or kidney specialist

"This concludes the survey. We sincerely appreciate your time today to help us out. Here is a gift certificate for the VA Canteen as a token of our appreciation.

Patient Survey of Knowledge, Attitudes, and Beliefs About Treatment of High Blood Pressure

Notes to interviewer: Was this survey proxy assisted? ___ No ___ Yes Who? _____

Gender: M F Race: White Black Hispanic Asian Other _____

The following information should be obtained from the CPRS Chart.

- ___ All clinic notes from the past **12 months**
- ___ Current BP medications into table for Questions 3 and 4
- ___ Recorded allergies or adverse drug reactions.

Medication	Reaction

Clinic Blood Pressures (BP) from the past **12 months**, including date. If more than one on a given date, record lowest value. If more than one in a month, record lowest and highest. Do not include inpatient vitals.

Date	BP	Pulse	Date	BP	Pulse

Weight _____ (lbs) **Height** _____ (inches)

Presence of Co-morbid illnesses (Circle if present)

CHF	Yes	Hyperthyroidism	Yes	Renal Insufficiency	Yes
Diabetes	Yes	BPH	Yes	Atrial fibrillation	Yes
Acute MI	Yes	Depression	Yes	Smoking	Yes
CAD/IHD	Yes	COPD/Asthma	Yes/	Sleep apnea	Yes
High cholesterol	Yes	Stroke/TIAs	Yes	Gout	Yes

Is the patient at their BP goal? **Yes No**

If not at goal, what should be done? _____

Is the patient on guideline concordant anti-hypertensive therapy? **Yes No**

If not on guideline-concordant therapy, what should they be on? _____