

## **Study on primary care for hypertension in urban poor population Household survey questionnaire and guide**

### **Information Sheet**

Your house has been chosen to take part in the study on primary care for hypertension in urban poor population, being conducted by the State Health Resource Centre, Chhattisgarh. This research aims to inform us about the screening and treatment for hypertension among the population in age of 30 to 79 years. Our interviewer will ask questions about you and your family. Questions are about household, individuals, screening for hypertension, treatment of individuals diagnosed with hypertension and their follow-up. The questions will take about 20 to 30 minutes. We may contact you to check the work of your interviewer. We may contact you again for further information. We are bound by guidelines to use your information for statistical research only and to keep it confidential. The guidelines prohibit us from giving anyone any information that may identify you or your family without your consent. You have all liberty to either participate or withdraw from the study at any point of time.

## **Informed Consent:**

**(To be obtained from each individual participating in the survey)**

### **Declaration (To be obtained from each individual participating in the survey)**

I (Title).....(Name) \_\_\_\_\_ declare that I have been informed regarding the nature of the study in my own language and I am voluntarily agreeing to participate in the study

Signature of the Participant (or the legal representative in case of an illiterate respondent): \_\_\_\_\_

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

Place: \_\_\_\_\_

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

Interviewer Signature: \_\_\_\_\_

## **Section-A**

### **Descriptive household information**

***(Please fill for each household in the sample urban slum allocated to you)***

A1. City \_\_\_\_\_ ID \_\_\_\_\_

A2. Ward No. \_\_\_\_\_ ID \_\_\_\_\_

A3. Name of urban slum \_\_\_\_\_ ID \_\_\_\_\_

A4. Household ID \_\_\_\_\_

A5. Surveyor's Name \_\_\_\_\_ ID \_\_\_\_\_

A6. Date of Survey (dd/mm/yy) \_\_\_\_\_

A7. Name of the Household head \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

A8. Name of respondent answering Section A \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

A9. Distance of nearest public health facility (in km) \_\_\_\_\_

A10. Social group (caste) of the household

i) Scheduled Tribes (ST)

ii) Scheduled Castes (SC)

iii) Other Backward Classes (OBC)

iv) Others





