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**PATIENT-PHYSICIAN
PARTNERSHIP TO IMPROVE HBP ADHERENCE
12-MONTH PATIENT QUESTIONNAIRE**

Date (mm/dd/yyyy)

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Pt Study # (PID)

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This questionnaire asks for your views about health and how well you are able to do your usual activities. Please circle your responses to each question.

1. In general would you say your health is: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

The following items are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf ☐ Yes, limited a lot ☐ Yes, limited a little ☐ No, not limited at all
3. Climbing several flights of stairs. ☐ Yes, limited a lot ☐ Yes, limited a little ☐ No, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

4. Accomplished less than you would like? ☐ Yes ☐ No
5. Were limited in the kind of work or other activities? ☐ Yes ☐ No

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

6. Accomplished less than you would like? ☐ Yes ☐ No
7. Didn't do work or other activities as carefully as usual? ☐ Yes ☐ No



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8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

☐ Not at all ☐ a little bit ☐ Moderately ☐ Quite a bit ☐ Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks:

9. Have you felt calm and peaceful?

☐ All of the time ☐ Most of the time ☐ A good bit of the time ☐ Some of the time ☐ A little of the time ☐ None of the time

10. Did you have a lot of energy?

☐ All of the time ☐ Most of the time ☐ A good bit of the time ☐ Some of the time ☐ A little of the time ☐ None of the time

11. Have you felt downhearted and blue?

☐ All of the time ☐ Most of the time ☐ A good bit of the time ☐ Some of the time ☐ A little of the time ☐ None of the time

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ A little of the time ☐ None of the time

Now, we would like to know some other general information about you.

13. What role would you like to play when seeing your doctor? (Read all 4 statements)

- ☐ The doctor takes the initiative and decides what is best for me
- ☐ The doctor considers some of my ideas but still makes most, if not all of the final decisions
- ☐ The doctor and I make the final decisions together
- ☐ I make all the final decisions



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14. In the past 3 months, have you done anything differently to take care of your blood pressure?

- | | | | |
|-------------------------|---------------------------|--------------------------|---------------------------|
| a. changed your diet? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| b. lost weight? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| c. cut back on salt? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| d. exercised more? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| e. cut back on alcohol? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| f. quit smoking? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |

People often have difficulty taking their pills, or following other treatment recommendations, for one reason or another. We are interested in finding out any problems that occur so we can better understand them. These questions will help us to understand those reasons.

(For HBP, say high blood pressure)

15. Are you following the HBP treatment recommended by the doctor?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

16. Are you keeping track of your blood pressure level to see if it is under control?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

17. Are you taking care of problems that get in the way of controlling your HBP?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

18. How often do you forget to take your HBP medicine?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

19. How often do you decide NOT to take your HBP medicine?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

20. How often do you eat salty food?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know



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21. How often do you shake salt on your food before you eat it?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

22. How often do you eat fast food?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

23. How often do you make the next appointment before you leave the doctor's office?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

24. How often do you miss scheduled appointments?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

25. How often do you forget to get prescriptions filled?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

26. Did your doctor prescribe HBP medicine for you within the last 6 months?

- ☐ Yes ☐ No

27. Did you get this prescription filled?

- ☐ Yes ☐ No

28. How often do you run out of HBP pills?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

29. How often do you skip your HBP medicine before you go to the doctor?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know



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30. How often do you skip your medicine when you are drinking alcohol?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

31. How often do you miss taking your HBP pills when you feel better?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

32. How often do you miss your HBP pills when you feel sick?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

33. How often do you miss taking your HBP pills because you are careless?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

34. How often do you miss taking your HBP pills because of financial concerns (cost, co-payment)?

- ☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time ☐ N/A ☐ Don't know

35. In the NEXT 3 months, how confident are you that you will start or continue doing the following things?

- | | | | | |
|-------------------------|----------------------------------|--------------------------------|----------------------------------|---------------------------|
| a. change your diet? | <input type="radio"/> Not at all | <input type="radio"/> Somewhat | <input type="radio"/> Completely | <input type="radio"/> N/A |
| b. lose weight? | <input type="radio"/> Not at all | <input type="radio"/> Somewhat | <input type="radio"/> Completely | <input type="radio"/> N/A |
| c. cut back on salt? | <input type="radio"/> Not at all | <input type="radio"/> Somewhat | <input type="radio"/> Completely | <input type="radio"/> N/A |
| d. exercise more? | <input type="radio"/> Not at all | <input type="radio"/> Somewhat | <input type="radio"/> Completely | <input type="radio"/> N/A |
| e. cut back on alcohol? | <input type="radio"/> Not at all | <input type="radio"/> Somewhat | <input type="radio"/> Completely | <input type="radio"/> N/A |
| f. quit smoking? | <input type="radio"/> Not at all | <input type="radio"/> Somewhat | <input type="radio"/> Completely | <input type="radio"/> N/A |



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36. Out of every 10 appointments, on average, how many do you miss?

Avg. # of Missed Appts.

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37. If greater than 0, what are the reasons you miss appointments?

a. Trouble affording them?

☐ Yes ☐ No

b. Trouble with transportation?

☐ Yes ☐ No

c. Feeling like the appointments are not helpful?

☐ Yes ☐ No

d. Forgetting?

☐ Yes ☐ No

e. Any other reasons? _____

☐ Yes ☐ No

38. How many times have you been admitted to the hospital in the last 5 years? (If zero, skip to #40)

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39. How many hospital admissions were related to high blood pressure?

--	--

40. How many times in the past year have you been to the emergency room? (If zero, skip to #42)

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41. How many of these emergency room visits were related to high blood pressure?

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Please look at the label or container for each medication to answer the next few questions. Skip to question #52 after going through the list of hypertension medications that you have been taking.

42. Medication #1

a. what is the name of this medication?

DRUG NAME :

--	--	--	--	--	--	--	--	--	--

b. During the past 30 days, on how many days did you actually take this medication?

--	--

 Days

c. How many pills (capsules or other measures of this medication) do you usually take each day?

--	--

 Number / Day

d. During the past 3 months, how many months did you take this medication?

- ☐ Less than one month
☐ one month
☐ two months
☐ three months

e. In the past 3 months, did you stop taking any of these medications on your own without the doctor telling you to do that?

☐ yes ☐ no

f. Where did you last have this medication refilled?



32400

43. Medication #2

a. what is the name of this medication?

DRUG NAME :

--	--	--	--	--	--	--	--	--	--

b. During the past 30 days, on how many days did you actually take this medication?

--	--

 Days

c. How many pills (capsules or other measures of this medication) do you usually take each day?

--	--

 Number / Day

d. During the past 3 months, how many months did you take this medication?

- ☐ Less than one month
- ☐ one month
- ☐ two months
- ☐ three months

e. In the past 3 months, did you stop taking any of these medications on your own without the doctor telling you to do that?

☐ yes ☐ no

f. Where did you last have this medication refilled?



32400

44. Medication #3

a. what is the name of this medication?

DRUG NAME :

--	--	--	--	--	--	--	--	--	--

b. During the past 30 days, on how many days did you actually take this medication?

--	--

 Days

c. How many pills (capsules or other measures of this medication) do you usually take each day?

--	--

 Number / Day

d. During the past 3 months, how many months did you take this medication?

- ☐ Less than one month
- ☐ one month
- ☐ two months
- ☐ three months

e. In the past 3 months, did you stop taking any of these medications on your own without the doctor telling you to do that?

☐ yes ☐ no

f. Where did you last have this medication refilled?



32400

45. Medication #4

a. what is the name of this medication?

DRUG NAME :

--	--	--	--	--	--	--	--	--	--

b. During the past 30 days, on how many days did you actually take this medication?

--	--

 Days

c. How many pills (capsules or other measures of this medication) do you usually take each day?

--	--

 Number / Day

d. During the past 3 months, how many months did you take this medication?

- ☐ Less than one month
- ☐ one month
- ☐ two months
- ☐ three months

e. In the past 3 months, did you stop taking any of these medications on your own without the doctor telling you to do that?

☐ yes ☐ no

f. Where did you last have this medication refilled?



32400

46. Medication #5

a. what is the name of this medication?

DRUG NAME :

--	--	--	--	--	--	--	--	--	--

b. During the past 30 days, on how many days did you actually take this medication?

--	--

 Days

c. How many pills (capsules or other measures of this medication) do you usually take each day?

--	--

 Number / Day

d. During the past 3 months, how many months did you take this medication?

- ☐ Less than one month
- ☐ one month
- ☐ two months
- ☐ three months

e. In the past 3 months, did you stop taking any of these medications on your own without the doctor telling you to do that?

☐ yes ☐ no

f. Where did you last have this medication refilled?



32400

47. Medication #6

a. what is the name of this medication?

DRUG NAME :

--	--	--	--	--	--	--	--	--	--

b. During the past 30 days, on how many days did you actually take this medication?

--	--

 Days

c. How many pills (capsules or other measures of this medication) do you usually take each day?

--	--

 Number / Day

d. During the past 3 months, how many months did you take this medication?

- ☐ Less than one month
- ☐ one month
- ☐ two months
- ☐ three months

e. In the past 3 months, did you stop taking any of these medications on your own without the doctor telling you to do that?

☐ yes ☐ no

f. Where did you last have this medication refilled?



32400

48. Medication #7

a. what is the name of this medication?

DRUG NAME :

--	--	--	--	--	--	--	--	--	--

b. During the past 30 days, on how many days did you actually take this medication?

--	--

 Days

c. How many pills (capsules or other measures of this medication) do you usually take each day?

--	--

 Number / Day

d. During the past 3 months, how many months did you take this medication?

- ☐ Less than one month
- ☐ one month
- ☐ two months
- ☐ three months

e. In the past 3 months, did you stop taking any of these medications on your own without the doctor telling you to do that?

☐ yes ☐ no

f. Where did you last have this medication refilled?



32400

49. Medication #8

a. what is the name of this medication?

DRUG NAME :

--	--	--	--	--	--	--	--	--	--

b. During the past 30 days, on how many days did you actually take this medication?

--	--

 Days

c. How many pills (capsules or other measures of this medication) do you usually take each day?

--	--

 Number / Day

d. During the past 3 months, how many months did you take this medication?

- ☐ Less than one month
- ☐ one month
- ☐ two months
- ☐ three months

e. In the past 3 months, did you stop taking any of these medications on your own without the doctor telling you to do that?

☐ yes ☐ no

f. Where did you last have this medication refilled?

50. Medication #9

a. what is the name of this medication?

DRUG NAME :

--	--	--	--	--	--	--	--	--	--

b. During the past 30 days, on how many days did you actually take this medication?

--	--

 Days

c. How many pills (capsules or other measures of this medication) do you usually take each day?

--	--

 Number / Day

d. During the past 3 months, how many months did you take this medication?

- ☐ Less than one month
- ☐ one month
- ☐ two months
- ☐ three months

e. In the past 3 months, did you stop taking any of these medications on your own without the doctor telling you to do that?

☐ yes ☐ no

f. Where did you last have this medication refilled?



32400

51. Medication #10

a. what is the name of this medication?

DRUG NAME :

--	--	--	--	--	--	--	--	--	--

b. During the past 30 days, on how many days did you actually take this medication?

--	--

 Days

c. How many pills (capsules or other measures of this medication) do you usually take each day?

--	--

 Number / Day

d. During the past 3 months, how many months did you take this medication?

- ☐ Less than one month
- ☐ one month
- ☐ two months
- ☐ three months

e. In the past 3 months, did you stop taking any of these medications on your own without the doctor telling you to do that?

☐ yes ☐ no

f. Where did you last have this medication refilled?

.....

Now I would like to ask you some questions about visits you have made to doctors and other health care professionals.

52. During the past 6 months, how many total nights have you stayed in a hospital or other treatment facility for treatment of physical problems?

--	--	--

 Nights

53. Have you ever been an overnight patient in a hospital for any emotional or personal problems?

- ☐ Yes, in the past 6 months
- ☐ Yes, but not in the past 6 months (go to question #49)
- ☐ No (go to question #49)

54. During the past 6 months, how many total nights did you stay in a hospital or other treatment facility for any personal or emotional problems? Please count all overnight stays?

--	--	--

 Nights

55. During the past 6 months, how many visits did you make to a hospital emergency room?

--	--	--

 Visits

56. During the past 6 months, how many visits did you make to medical providers such as primary care or family doctors, internists, surgeons or medical specialists, physician's assistants or medical nurse practitioners? This question refers to office or clinic visits. Please do not include visits to a hospital emergency room, overnight stays in a hospital, nursing home, or other health care facility.

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 Visits

57. How dissatisfied or satisfied were you with the overall health care available to you during the past 6 months - very dissatisfied, dissatisfied, neither dissatisfied nor satisfied, satisfied, or very satisfied?

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neither dissatisfied nor satisfied
- ☐ Satisfied
- ☐ Very satisfied
- ☐ Don't know



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In this next group of questions, I am going to ask you about the doctor you usually see and the place you usually go to get your medicines filled.

58. How do you generally get to your usual health care provider - do you walk, drive yourself, or does a friend or family member drive you, or do you take a taxi, take a bus, or other?

- ☐ I walk
- ☐ I drive myself
- ☐ A friend or family member drives me
- ☐ I take a taxi
- ☐ I take the bus
- ☐ Other (specify) _____

59. How long does it usually take you to get there?

<table border="1"><tr><td></td><td></td><td></td></tr></table> Minutes				or	<table border="1"><tr><td></td><td></td></tr></table> hours			or	<input type="radio"/> Don't know

60. After you arrive for a scheduled appointment, about how long do you usually wait before you are seen? Please include time you spend waiting in both the waiting room and the exam room.

<table border="1"><tr><td></td><td></td><td></td></tr></table> Minutes				or	<table border="1"><tr><td></td><td></td></tr></table> hours			or	<input type="radio"/> Don't know

61. If you had to visit your health care provider, would you first need to find someone to take care of a child or other family member while you were gone?

☐ Yes ☐ No



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In the next set of questions, I will ask you about the place where you usually get your medication prescriptions filled.

62. Do you fill your prescriptions for medications at the same location you see your usual provider?

- ☐ Yes (Skip to question #65)
- ☐ No
- ☐ I am not taking any prescribed medication

63. How do you generally get to the place you usually get your medication prescriptions filled?

- ☐ I walk
- ☐ I drive myself
- ☐ A friend or family member drives me
- ☐ I take a taxi
- ☐ I take a bus
- ☐ Get medication delivered
- ☐ Other (specify) _____

64. How long does it usually take you to get there?

--	--	--

Minutes

or

--	--

hours

or

☐ Don't know

65. Do you generally pick up the medication the same trip you drop off the prescription or do you make a second trip to pick up the medication?

- ☐ Pick up medication the same trip
- ☐ Make a second trip to pick up the medication
- ☐ Doctor calls prescription in
- ☐ Other _____



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66. About how long do you usually wait between the time you drop off the prescription and the time you pick up the medication?

--	--	--

Minutes

or

--	--

hours

or

☐ Don't know

Now, we have a few questions about the newsletters we have sent to all patients.

67. How many of the newsletters have you read?

☐ None

☐ All

☐ Some

☐ N/A

68. Please rate the helpfulness of the monthly newsletter

☐ Not at all helpful

☐ Somewhat helpful

☐ Very helpful

☐ Extremely helpful

☐ N/A

The next few questions are about the coach (Romel, Sylvia or Dwyan), the patient diary and the comic book parts of the hypertension program. Not everyone in the study has used these parts of the program. If you do not have a coach or if you have not been given the diary or comic book, you may just say the question does not apply to you.

69. How dissatisfied or satisfied were you with the overall coaching available to you during this study?

☐ Very dissatisfied

☐ Dissatisfied

☐ Neither dissatisfied nor satisfied

☐ Satisfied

☐ Very satisfied

☐ N/A (I don't have a coach) Skip to Question #66

☐ Don't know

70. Describe how helpful the coach (Romel, Sylvia, or Dwyan) was in:

a. Helping you to identify your concerns

☐ Not at all helpful

☐ Somewhat helpful

☐ Very helpful

☐ Extremely helpful



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b. Encouraging you to talk to your doctor

- ☐ Not at all helpful
- ☐ Somewhat helpful
- ☐ Very helpful
- ☐ Extremely helpful

c. Helping you to prepare questions or concerns to discuss with your doctor

- ☐ Not at all helpful
- ☐ Somewhat helpful
- ☐ Very helpful
- ☐ Extremely helpful

d. Helping you to practice what you want to say to your doctor

- ☐ Not at all helpful
- ☐ Somewhat helpful
- ☐ Very helpful
- ☐ Extremely helpful

71. How important was it to know that the coach (Romel, Sylvia, or Dwyan):

a. Supports and care about you

- ☐ Not at all important
- ☐ Somewhat important
- ☐ Very important
- ☐ Extremely important

b. Was available to you at anytime. (i.e. you can phone the coach at any time)

- ☐ Not at all important
- ☐ Somewhat important
- ☐ Very important
- ☐ Extremely important
- ☐ N/A

The next few questions are about your relationship with your doctor.

72. I trust this doctor to look out for my best interests.

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Mostly
- ☐ Completely

73. I have confidence in this doctor's knowledge and skills.

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Mostly
- ☐ Completely

74. I trust (PCP's name) to tell the truth about my health.

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Mostly
- ☐ Completely

75. I trust this doctor to keep what I tell him or her confidential.

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Mostly
- ☐ Completely

76. I trust this doctor to put my medical needs above all other considerations when treating my medical problems.

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Mostly
- ☐ Completely

77. I trust (health plan name, e.g., JHCP, BMSI, etc.) to put my medical needs above all other considerations when treating my medical problems.

- ☐ Not at all
- ☐ A little
- ☐ Somewhat
- ☐ Mostly
- ☐ Completely



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78. If there were a choice between treatments, how often would this doctor ask you to help make the decision?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

79. How often does this doctor make an effort to give you some control over your treatment?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

80. How often does your doctor ask you to take responsibility for your treatment?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

81. How often does this doctor discuss pros and cons of each choice with you?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

82. How often does this doctor get you to state which choice or option you prefer?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

83. How often does this doctor take your preferences into account when making treatment decisions?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Very often

84. When you go to (site name) for care how often do you see the same doctor?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ None of the time

a. During the past year when you went to (site name), how many of your visits for high blood pressure were with Dr. _____? (all of my visits, most, some, none)

☐ All of my visits ☐ Most of my visits ☐ Some of my visits ☐ None of my visits

b. Have you seen Dr. _____ since we last spoke to you 9 months ago?
If no, skip to question #110.

☐ yes ☐ no

The following statements summarize things people sometimes say about doctors and medical care. There are no right or wrong answers; we just want your opinion. Based on your LAST VISIT, please give the answer which best reflects your feelings. Your answers will not be shown to the doctor or his/her staff and they will in no way affect your care.

85. Overall, I was satisfied with this visit.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree



86. My doctor seemed to be in a hurry.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

87. My doctor seems to care about me as an individual

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

88. My doctor has a great deal of respect for me.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

89. My doctor addresses me by the name that I prefer.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

90. My doctor acknowledges my presence when talking about me.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

91. My doctor respects my privacy when examining me or when asking me questions.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

92. My doctor likes me (liking means, warmth and enthusiasm for seeing).

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

93. My doctor was friendly and warm.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

94. I like this doctor.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

95. My doctor asked me whether I agree with his/her decisions.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

96. My doctor gave me a complete examination for my medical symptoms or treatment.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree



97. My doctor asked me what I believe is causing my medical symptoms.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

98. My doctor encouraged me to talk about personal concerns related to my medical symptoms.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

99. My doctor encouraged me to give my opinion about my medical treatment.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

100. I asked my doctor to explain the treatment or procedure to me in greater detail.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

101. I asked my doctor for recommendations about my medical symptoms.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

102. I went into great detail about my medical symptoms.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

103. I asked my doctor a lot of questions about my medical symptoms.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

104. I suggested a certain kind of medical treatment to my doctor.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

105. I insisted on a particular kind of test or treatment for my symptoms.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree



106. I expressed doubts about the tests or treatment that my doctor recommended.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

107. I gave my opinion (agreement or disagreement) about the types of test or treatment that my doctor ordered.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

Now we want to ask specifically about the amount of time spent on personal issues.

108. How much time do you think you and your doctor spent discussing your family, important relationships in your life, work or personal problems today?

☐ None ☐ 1 minute or less ☐ 1-5 minutes ☐ 6-10 minutes ☐ 10 minutes or more

109. Was the amount of time spent talking about these things:

☐ Too much ☐ Too little ☐ Just right

The next questions are about your opinion of hospitals and the health care system in general. When we refer to the health care system, we mean hospitals, health insurance companies, and medical research. For each statement below, please check how strongly you agree or disagree.

110. Patients have sometimes been deceived or misled at hospitals.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

111. Hospitals often want to know more about your personal affairs or business than they really need to know.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

112. Medical experiments can be done on me without my knowing about it.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

113. My medical records are kept private.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree



114. When they take my blood, they do tests they don't tell me about.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

115. Some medicines have things in them that they don't tell you about.

☐ Strongly disagree ☐ Disagree ☐ Neither agree or disagree ☐ Agree ☐ Strongly agree

Do Not Duplicate



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The next few questions are about how similar or different you and your doctor are to each other. I will ask you to complete the sentence.

116. The way my doctor and I speak is _____. Would you say,

☐ Very Similar ☐ Moderately Similar ☐ Slightly Similar ☐ Slightly Different ☐ Moderately Different ☐ Very Different

117. The way the doctor and I reason about problems is _____. Would you say,

☐ Very Similar ☐ Moderately Similar ☐ Slightly Similar ☐ Slightly Different ☐ Moderately Different ☐ Very Different

118. My doctor and I have _____ styles of communication. Would you say,

☐ Very Similar ☐ Moderately Similar ☐ Slightly Similar ☐ Slightly Different ☐ Moderately Different ☐ Very Different

119. My doctor and I have _____ general values in life. Would you say,

☐ Very Similar ☐ Moderately Similar ☐ Slightly Similar ☐ Slightly Different ☐ Moderately Different ☐ Very Different

120. My doctor and I have _____ spiritual beliefs. Would you say,

☐ Very Similar ☐ Moderately Similar ☐ Slightly Similar ☐ Slightly Different ☐ Moderately Different ☐ Very Different

121. My doctor and I have _____ ethnic backgrounds. Would you say,

☐ Very Similar ☐ Moderately Similar ☐ Slightly Similar ☐ Slightly Different ☐ Moderately Different ☐ Very Different

122. The types of people I spend my free time with and the types of people my doctor spends his/her free time with are _____. Would you say,

☐ Very Similar ☐ Moderately Similar ☐ Slightly Similar ☐ Slightly Different ☐ Moderately Different ☐ Very Different

123. My doctor and I are _____ in terms of race. Would you say,

☐ Very Similar ☐ Moderately Similar ☐ Slightly Similar ☐ Slightly Different ☐ Moderately Different ☐ Very Different



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124. My doctor and I are _____ in terms of culture. Would you say,

☐ Very Similar ☐ Moderately Similar ☐ Slightly Similar ☐ Slightly Different ☐ Moderately Different ☐ Very Different

125. My doctor and I are _____ in terms of color. Would you say,

☐ Very Similar ☐ Moderately Similar ☐ Slightly Similar ☐ Slightly Different ☐ Moderately Different ☐ Very Different

Please state your level of agreement or disagreement with the following statement:

126. Overall, my doctor and I are similar in many ways.

☐ Strongly Agree ☐ Agree ☐ Neither Agree nor Disagree ☐ Disagree ☐ Strongly Disagree

We have just a few more questions for you. These questions are about the way you deal with problems and decisions in your life.

127. I wait to see if a problem will resolve itself first, before trying to solve it myself.

☐ Not at all True of Me ☐ Slightly True of Me ☐ Moderately True of Me ☐ Very True of Me

128. I go out of my way to avoid having to deal with problems in my life.

☐ Not at all True of Me ☐ Slightly True of Me ☐ Moderately True of Me ☐ Very True of Me

129. When I have a decision to make, I try to predict the positive and negative consequences of each option.

☐ Not at all True of Me ☐ Slightly True of Me ☐ Moderately True of Me ☐ Very True of Me

130. When I have a problem to solve, one of the first things I do is try to get as many facts about the problem as possible.

☐ Not at all True of Me ☐ Slightly True of Me ☐ Moderately True of Me ☐ Very True of Me

131. When a problem occurs in my life, I put off trying to solve it for as long as possible.

☐ Not at all True of Me ☐ Slightly True of Me ☐ Moderately True of Me ☐ Very True of Me

132. I spend more time avoiding my problems than solving them.

☐ Not at all True of Me ☐ Slightly True of Me ☐ Moderately True of Me ☐ Very True of Me



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133. Before I try to solve a problem, I set a specific goal so that I know exactly what I want to accomplish.

☐ Not at all True of Me ☐ Slightly True of Me ☐ Moderately True of Me ☐ Very True of Me

134. After carrying out a solution to a problem, I try to evaluate as carefully as possible how much the situation has changed for the better.

☐ Not at all True of Me ☐ Slightly True of Me ☐ Moderately True of Me ☐ Very True of Me

135. I put off solving problems until it is too late to do anything about them.

☐ Not at all True of Me ☐ Slightly True of Me ☐ Moderately True of Me ☐ Very True of Me

136. When I am trying to solve a problem, I think of as many options as possible until I cannot come up with any more ideas.

☐ Not at all True of Me ☐ Slightly True of Me ☐ Moderately True of Me ☐ Very True of Me

The next few questions are about your beliefs about certain health conditions.

137. How likely do you think it is that you could develop **eye or vision problems** in the next 10 years?

☐ Not Likely at all ☐ Slightly Likely ☐ Moderately Likely ☐ Very Likely

138. How concerned are you about developing **eye or vision problems** in the next 10 years?

☐ Not Concerned at all ☐ Slightly Concerned ☐ Moderately Concerned ☐ Very Concerned

139. How likely do you think it is that you could develop **kidney problems or kidney failure** in the next 10 years?

☐ Not Likely at all ☐ Slightly Likely ☐ Moderately Likely ☐ Very Likely

140. How concerned are you about developing **kidney problems or kidney failure** in the next 10 years?

☐ Not Concerned at all ☐ Slightly Concerned ☐ Moderately Concerned ☐ Very Concerned

141. How likely do you think it is that you could develop **heart disease (heart attack or heart failure)** in the next 10 years?

☐ Not Likely at all ☐ Slightly Likely ☐ Moderately Likely ☐ Very Likely

142. How concerned are you about developing **heart disease (heart attack or heart failure)** in the next 10 years?

☐ Not Concerned at all ☐ Slightly Concerned ☐ Moderately Concerned ☐ Very Concerned

143. How likely do you think it is that you could have a **stroke** in the next 10 years?

☐ Not Likely at all ☐ Slightly Likely ☐ Moderately Likely ☐ Very Likely

144. How concerned are you about having a **stroke** in the next 10 years?

☐ Not Concerned at all ☐ Slightly Concerned ☐ Moderately Concerned ☐ Very Concerned

145. How likely do you think it is that you could develop **cancer** in the next 10 years?

☐ Not Likely at all ☐ Slightly Likely ☐ Moderately Likely ☐ Very Likely

146. How concerned are you about developing **cancer** in the next 10 years?

☐ Not Concerned at all ☐ Slightly Concerned ☐ Moderately Concerned ☐ Very Concerned

147. How likely do you think it is that you could **be seriously hurt in an automobile accident** in the next 10 years?

☐ Not Likely at all ☐ Slightly Likely ☐ Moderately Likely ☐ Very Likely

148. How concerned are you about **being seriously hurt in an automobile accident** in the next 10 years?

☐ Not Concerned at all ☐ Slightly Concerned ☐ Moderately Concerned ☐ Very Concerned

The last set of questions are about how you check your blood pressure at home.

149. Do you have equipment at home that you use to take your blood pressure? (If yes, please answer the following. If no, skip to question# 150.)

☐ Yes ☐ No

a. How often do you take your blood pressure at home?

☐ 1-2 Times a Week ☐ 1-2 Times a Month ☐ Once a Month ☐ Once Every 2-3 Months ☐ Not at All

b. Do you keep track of your numbers by writing them down?

☐ Yes ☐ No ☐ Sometimes

c. Do you take the measurements to your (HBP) doctor appointments?

☐ Yes ☐ No ☐ Sometimes

d. Do you take your own or is someone at home helping you?

☐ I do it myself ☐ I get a friend or family member to help

Answers to the following questions are for study purposes only and will not be reported to your physician.

150. Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race or color?

- a. ☐ At School
- b. ☐ Getting a job
- c. ☐ At work
- d. ☐ Getting housing
- e. ☐ Getting medical care
- f. ☐ From the police or in the courts

(If yes to any of #150 (a-f), then go to #151; if no to all, go to #153.)

151. If you feel you have been treated unfairly, how do you usually respond - do you:

- ☐ Accept it as a fact of life?
- ☐ Try to do something about it?
- ☐ Do not feel treated unfairly or N/A

152. If you feel you have been treated unfairly, how do you usually respond - do you:

- ☐ Talk to other people about it?
- ☐ Keep it to yourself?
- ☐ Do not feel treated unfairly or N/A

153. How often do you think about your race? Would you say:

- ☐ Never
- ☐ At least once a year
- ☐ At least once a month
- ☐ At least once a week
- ☐ At least once a day
- ☐ At least once an hour
- ☐ Constantly
- ☐ Don't know/not sure

154. Within the past 12 months, on average, how do you think you were treated compared to people of other races?

- ☐ Better
- ☐ Worse
- ☐ The same
- ☐ Don't know/not sure



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155. Do you think there was ever a time when you would have gotten better medical care if you had belonged to a different race or ethnic group?

☐ Yes ☐ No

156. Thinking about all of the experiences you have had with health care visits in the last year, have you ever felt that the doctor you saw treated you with disrespect because of your race or ethnic background?

☐ Yes ☐ No

157. What about other medical staff?

☐ Yes ☐ No

158. Is there anything else about your visit you would like to tell us?

**Thank you very much for your time and your help today.
It is only with the help of patients like yourself that we can learn to improve medical
care. On behalf of the Patient-Physician Partnership Team, I would also like to thank
you for your continued participation in our program.**