Primary Care Strategies to Reduce High Blood Pressure: A Cluster Randomized Trial in rural Bangladesh, Pakistan and Sri Lanka

CHW BP MONITORING and HOME HEALTH EDUCATION CHECKLIST

1	Date of interview (dd/mm/yyyy)		8	Number Assigned by CHW	
2	Country		9	Participant's name	
3	Cluster number		10	Gender	
4	Structure number		11	Visit Type (e.g. BL, 3m, 6m, 9m, …)	
5	Community household number		12	**Study ID (if applicable):** _ _ - _ _ - _ _ _ _ - _ _	
6	Family number				
7	Name of CHW				

Instructions: Please tick (✓) the box that corresponds to your response, indicate text answers on allotted space where applicable.

(1) A. BP measurement Preparation:	
a. Did the participant smoke in the past 30 minutes?	☐ 1. Yes ☐ 2. No
b. Did the participant have any caffeinated drink (e.g. coffee, tea) in the past 30 minutes?	☐ 1. Yes ☐ 2. No
c. Has the participant rested for at least 5 minutes prior to BP measurement?	☐ 1. Yes ☐ 2. No
Proceed to measure BP only if responses to questions a, b are "No" and for question c is "Yes"	

(1) B. Cuff selection:

Using the **medium-sized cuff** estimate if the
- bladder covers ≥ 80% of arm circumference: ☐ 1. Yes ☐ 2. No

OR
- Cuff width ≥ 40% of arm circumference: ☐ 1. Yes ☐ 2. No

If either of above "Yes", proceed to measure BP.

If both of above "No", measure arm circumference: _____ cm

Size of cuff used:
☐ 1. Medium ☐ 2. Large

Arm Circumference:

≤32 cm	Medium Cuff
>32 cm	Large Cuff

(1) C. BP measurement:

Ensure 1st and 2nd reading taken at least 3 minutes apart.

BP Readings	**1st Reading**	**2nd Reading**
Time of BP Reading (hh:mm):		
Systolic BP (SBP) (mm Hg):		
Diastolic BP (DBP) (mm Hg):		
PULSE/min:		

Are **both** BP readings equal to or more than **(systolic 160 mm Hg or diastolic 100 mm Hg)**?

☐ 1. Yes ☐ 2. No

(2) Has the participant consulted with a clinic healthcare provider since the last CHW visit?

☐ 1. Yes→Advice to follow-up with a clinic provider for 6-8 weeks later

☐ 2. No→ Advice to follow-up with a clinic provider for initiation of treatment **AND** flag for CHW Supervisor visit

CHW Supervisor Details
Name: _____
Position: _____
Date Notified (dd/mm/yyyy): _____
Method of Notification(e.g. phone, letter, personally): _____

(3) Is the participant currently taking any anti-hypertensive medication? ☐ 1. Yes ☐ 2. No

If **YES**, write down the details of the medication?

Generic Name: _____ **Dosage:** _____ mg/tab

Frequency: ☐ Once daily ☐ 2 times/day ☐ 3 times/day ☐ Other: specify_____

(4) HHE Session details

Date (dd/mm/yyyy): _____
Time Started (hh:mm): _____ Time Ended (hh:mm):_____
Number of participants during HHE: _____
Number of HHE Participants with elevated BP: _____

☐ 1. Advised on nutrition (↓Foods high on saturated fats, ↓Salt intake, ↑Fruit and vegetables)
☐ 2. Advised on maintaining ideal body weight
☐ 3. Advised on physical activity
☐ 4. Advised on smoking cessation
☐ 5. Advised on adherence to high blood pressure medications
☐ 6. Advised on stress management
☐ 8. Other: _____

(5) Any action taken during this home visit? ☐ 1. Yes ☐ 2. No (→ END)

If **YES**, what are they? (Tick ✓ all check boxes that apply)

☐ 1. Advised to proceed to referral hospital **(**If SBP **180 mm Hg or more**, DBP **120 mm Hg or more**, acute conditions: **chest pain, shortness of breath, or any other serious illness that the CHW deems as requiring urgent referral to a hospital (specify)):**

_____

☐ 2. Provided information about the participant to the referral hospital (list details of referral):

Referral Hospital: _____

Name of Healthcare Provider (if contacted):_____

Designation of Healthcare Provider (if contacted):_____

Manner Contacted: ☐ 1. Call ☐ 2. Personally ☐ 8. Others (specify)_____

☐ 3. Advised to consult/follow-up with a trained General Practitioner **[IN INTERVENTION CLUSTERS ONLY]**