

FORM C: QUESTIONNAIRE (HYPERTENSION GROUP)

- Study ID Number:** _____
1. Sex
 - i. Male
 - ii. Female
 2. DOB _____
 3. Age (years) _____
 4. Home region _____
 5. How long have you been in Dar es Salaam?
 - i. < 1 year
 - ii. 1-5 years
 - iii. > 5 years
 - iv. All my life
 - v. Just came for treatment
 6. Address in Dar es Salaam _____
 7. Tel number _____
 8. Next of Kin Tel no _____
 9. Referred from
 - i. Fast track clinic
 - ii. Normal clinic
 - iii. District
 - iv. Others _____
 10. Marital status
 - i. Single
 - ii. Cohabiting
 - iii. Married
 - iv. Separated
 - v. Divorced
 - vi. Widowed
 11. Employment status
 - i. Employed
 - ii. Self employed
 - iii. Petty business
 - iv. Housewife
 - v. Peasant
 - vi. Others _____
 12. Level of education
 - i. No formal education
 - ii. Primary education
 - iii. O-level education
 - iv. A-level education
 - v. University education
 13. When were you diagnosed to have Hypertension?
 - i. <1 month
 - ii. 1 month – 1 year
 - iii. >1 year ago
 14. Have you ever suffered from any of the following conditions?
 - i. Diabetes Mellitus
 - ii. High Cholesterol
 - iii. Angina
 - iv. TIA/Stroke
 - v. Intermittent claudication
 - vi. Poor vision

- vii. Kidney disease
 - viii. None of the above
 - ix. Not sure
15. Have you ever smoked cigarette?
- i. Yes
 - ii. No
16. If the answer is yes, tell us at what age did you start smoking?
- i. _____years
17. On average how many cigarettes are you/have you been taking in a day?
- i. 1-9
 - ii. 10-19
 - iii. 20 or >
18. Are you a current smoker?
- i. Yes
 - ii. No
19. If the answer is no, when did you quit smoking?
- i. _____
20. Smoking time in total (to be calculated by the interviewer) _____
21. Are you taking alcohol?
- i. Yes
 - ii. No
22. If the answer is yes, how many units/week on average are you taking?
- i. 0-1
 - ii. 1-3
 - iii. 4-6
 - iv. 7-12
 - v. >12
23. Average number of days taking alcohol/month
- i. _____/months
24. What level of physical activities do you have while at work?
- i. Light
 - ii. Moderate
 - iii. Active
25. What level of physical activities do you have while commuting to and from work?
- i. Using motorized transportation, or no work (0min of walking or cycling)
 - ii. Walking or cycling 1-29min
 - iii. Walking or cycling >30min
26. What level of activities do you have during your leisure time?
- i. Low
 - ii. Moderate
 - iii. High
27. How often do you consume fruits and vegetables of all kinds (fresh, canned, frozen, cooked, raw and juices)?
- i. <1time /day
 - ii. 1 time/day
 - iii. 2 times/day
 - iv. >3times/day
28. Do you have any close relative who is/was suffering from hypertension?
- i. Yes
 - ii. No
29. If the answer is yes, who is this person?
- i. Father
 - ii. Mother
 - iii. Sibling

- iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
30. Do you have any close relative who is/was suffering from DM?
- i. Yes
 - ii. No
 - iii. Not sure
31. If yes, was it type 1 or type 2 DM?
- i. Type 1
 - ii. Type 2
 - iii. Not sure
32. If the answer is yes, who is this person?
- i. Father
 - ii. Mother
 - iii. Sibling
 - iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
33. Do you have any close relative who is /was suffering from Angina/Hear attack?
- i. Yes
 - ii. No
 - iii. Not sure
34. If the answer is yes, who is this person?
- i. Father
 - ii. Mother
 - iii. Sibling
 - iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
35. Do you have any close relative who has suffered from Stroke/TIA?
- i. Yes
 - ii. No
 - iii. Not sure
36. If the answer is yes, who is this person?
- i. Father
 - ii. Mother
 - iii. Sibling
 - iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
37. Do you have any close relative who has died of any of the following conditions? (Heart attack, Stroke)
- i. Yes
 - ii. No

- iii. Not sure
38. If the answer is yes, who is this person?
- i. Father
 - ii. Mother
 - iii. Sibling
 - iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
39. At what age, if you can recall did he/she die? (pse refer to the youngest age if there are more than one deaths from the above conditions) _____years

FORM C: QUESTIONNAIRE (DIABETIC GROUP)

- Study ID Number:** _____
1. Sex _____
 - i. Male
 - ii. Female
 2. DOB _____
 3. Age (years) _____
 4. Home region _____
 5. How long have you been in Dar es Salaam?
 - i. < 1 year
 - ii. 1-5 years
 - iii. > 5 years
 - iv. All my life
 - v. Just came for treatment
 6. Address in Dar es Salaam _____
 7. Tel number _____
 8. Next of Kin Tel no _____
 9. Marital status
 - i. Single
 - ii. Cohabiting
 - iii. Married
 - iv. Separated
 - v. Divorced
 - vi. Widowed
 10. Employment status
 - i. Employed
 - ii. Self employed
 - iii. Petty business
 - iv. Housewife
 - v. Peasant
 - vi. Student
 - vii. Others _____
 11. Level of education
 - i. No formal education
 - ii. Primary education
 - iii. O-level education
 - iv. A-level education
 - v. University education
 12. When were you diagnosed to have Diabetes Mellitus? _____
 13. Are you Type 1 or Type2 Diabetic?
 - i. Type 1
 - ii. Type2
 14. What medications are you on?
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____
 15. Have you ever suffered from any of the following conditions?
 - i. Hypertension
 - ii. High Cholesterol
 - iii. Angina
 - iv. TIA/Stroke
 - v. Intermittent claudication
 - vi. Poor vision

- vii. Kidney disease
 - viii. None of the above
 - ix. Not sure
16. Have you ever smoked cigarette?
- i. Yes
 - ii. No
17. If the answer is yes, tell us at what age did you start smoking?
- i. _____years
18. On average how many cigarettes are you/have you been taking in a day?
- i. 1-9
 - ii. 10-19
 - iii. 20 or >
19. Are you a current smoker?
- i. Yes
 - ii. No
20. If the answer is no, when did you quit smoking?
- i. _____
21. Smoking time in total (to be calculated by the interviewer) _____
22. Are you taking alcohol?
- i. Yes
 - ii. No
23. If the answer is yes, how many units/week on average are you taking?
- i. 0-1
 - ii. 1-3
 - iii. 4-6
 - iv. 7-12
 - v. >12
24. Average number of days taking alcohol/month
- i. _____/months
25. What level of physical activities do you have while at work/school?
- i. Light
 - ii. Moderate
 - iii. Active
26. What level of physical activities do you have while commuting to and from work/school?
- i. Using motorized transportation, or no work (0min of walking or cycling)
 - ii. Walking or cycling 1-29min
 - iii. Walking or cycling >30min
27. What level of activities do you have during your leisure time?
- i. Low
 - ii. Moderate
 - iii. High
28. How often do you consume fruits and vegetables of all kinds (fresh, canned, frozen, cooked, raw and juices)?
- i. <1time /day
 - ii. 1 time/day
 - iii. 2 times/day
 - iv. >3times/day
29. Do you have any close relative who is/was suffering from hypertension?
- i. Yes
 - ii. No
 - iii. Not sure
30. If the answer is yes, who is this person?
- i. Father
 - ii. Mother
 - iii. Sibling

- iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
31. Do you have any close relative who is/was suffering from DM?
- i. Yes
 - ii. No
 - iii. Not sure
32. If yes, was it type 1 or 2 DM?
- i. Type 1
 - ii. Type 2
 - iii. Not sure
33. If the answer is yes, who is this person?
- i. Father
 - ii. Mother
 - iii. Sibling
 - iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
34. Do you have any close relative who is /was suffering from Angina/Hear attack?
- i. Yes
 - ii. No
 - iii. Not sure
35. If the answer is yes, who is this person?
- i. Father
 - ii. Mother
 - iii. Sibling
 - iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
36. Do you have any close relative who has suffered from Stroke/TIA?
- i. Yes
 - ii. No
 - iii. Not sure
37. If the answer is yes, who is this person?
- i. Father
 - ii. Mother
 - iii. Sibling
 - iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
38. Do you have any close relative who has died of any of the following conditions? (Heart attack, Stroke)
- i. Yes
 - ii. No

- iii. Not sure
39. If the answer is yes, who is this person?
- i. Father
 - ii. Mother
 - iii. Sibling
 - iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
40. At what age, if you can recall did he/she die? (pse refer to the youngest age if there are more than one deaths from the above conditions) _____years

FORM C: QUESTIONNAIRE (CONTROL GROUP)**Study ID Number:** _____

1. Sex
 - i. Male
 - ii. Female
2. DOB _____
3. Age (years) _____
4. Home region _____
5. How long have you been in Dar es Salaam?
 - i. < 1 year
 - ii. 1-5 years
 - iii. > 5 years
 - iv. All my life
6. Address in Dar es Salaam _____
7. Tel number _____
8. Next of Kin Tel no _____
9. Referred from
 - i. MNH staff
 - ii. Prospective donor
 - iii. Patient's relative
 - iv. Others _____
10. Marital status
 - i. Single
 - ii. Cohabiting
 - iii. Married
 - iv. Separated
 - v. Divorced
 - vi. Widowed
11. Employment status
 - i. Employed
 - ii. Self employed
 - iii. Petty business
 - iv. Housewife
 - v. Peasant
 - vi. Others _____
12. Level of education
 - i. No formal education
 - ii. Primary education
 - iii. O-level education
 - iv. A-level education
 - v. University education
13. Have you ever suffered from any of the following conditions?
 - i. Hypertension
 - ii. Diabetes Mellitus
 - iii. High Cholesterol
 - iv. Angina
 - v. TIA/Stroke
 - vi. Intermittent claudication
 - vii. Poor vision
 - viii. Kidney disease
 - ix. None of the above
 - x. Not sure

14. Have you ever smoked cigarette?
 - i. Yes
 - ii. No
15. If the answer is yes, tell us at what age did you start smoking?
 - i. _____years
16. On average how many cigarettes are you/have you been taking in a day?
 - i. 1-9
 - ii. 10-19
 - iii. 20 or >
17. Are you a current smoker?
 - i. Yes
 - ii. No
18. If the answer is no, when did you quit smoking?
 - i. _____
19. Smoking time in total (to be calculated by the interviewer) _____
20. Are you taking alcohol?
 - i. Yes
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21. If the answer is yes, how many units/week on average are you taking?
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 - i. _____/months
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 - i. Light
 - ii. Moderate
 - iii. Active
24. What level of physical activities do you have while commuting to and from work?
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 - i. <1time /day
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 - iii. 2 times/day
 - iv. >3times/day
27. Do you have any close relative who is/was suffering from hypertension?
 - i. Yes
 - ii. No
28. If the answer is yes, who is this person?
 - i. Father
 - ii. Mother
 - iii. Sibling
 - iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents

- viii. Mother's parents
 - ix. Sibling's child
29. Do you have any close relative who is/was suffering from DM?
- i. Yes
 - ii. No
 - iii. Not sure
30. If yes, was it type 1 or type 2 DM?
- i. Type 1
 - ii. Type 2
 - iii. Not sure
31. If the answer is yes, who is this person?
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 - ii. Mother
 - iii. Sibling
 - iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
32. Do you have any close relative who is /was suffering from Angina/Hear attack?
- i. Yes
 - ii. No
 - iii. Not sure
33. If the answer is yes, who is this person?
- i. Father
 - ii. Mother
 - iii. Sibling
 - iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
34. Do you have any close relative who has suffered from Stroke/TIA?
- i. Yes
 - ii. No
 - iii. Not sure
35. If the answer is yes, who is this person?
- i. Father
 - ii. Mother
 - iii. Sibling
 - iv. Father's sibling
 - v. Mother's sibling
 - vi. Child
 - vii. Father's parents
 - viii. Mother's parents
 - ix. Sibling's child
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- i. Yes
 - ii. No
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 - ii. Mother

- iii. Sibling
- iv. Father's sibling
- v. Mother's sibling
- vi. Child
- vii. Father's parents
- viii. Mother's parents
- ix. Sibling's child

38. At what age, if you can recall did he/she die? (pse refer to the youngest age if there are more than one deaths from the above conditions) _____years

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Ref.No.MU/RP/AEC/Vol.XII/18

27th May, 2008

Dr. Pilly Chillo
MUHAS.

**RE: APPROVAL FOR ETHICAL CLEARANCE FOR A STUDY TITLED
"CARDIAC FUNCTION AMONG HYPERTENSIVE PATIENTS
ATTENDING MUHIMBILI NATIONAL HOSPITAL"**

Reference is made to the above heading.

I am pleased to inform you that the Chairman, has on behalf of the Senate, approved ethical clearance of the above mentioned study, as recommended by the Expedited Review Sub- committee on its meeting held on 14th of May 2008.

By this letter ethical clearance is granted for you to proceed with your activities. This clearance will last for one year from 28th May, 2008 to 27th May, 2009. You will be expected to provide progress reports every 6 months and project report upon completion.

Prof. S. Massawe

Ag: CHAIRPERSON, SENATE RESEARCH & PUBLICATIONS COMMITTEE

c.c. Vice Chancellor - MUHAS
c.c. Deputy Vice Chancellor (ARC)- MUHAS
c.c. Dean School of Medicine- MUHAS

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Ref.No.MU/RP/AEC/Vol.XIII

08th November 2011

Dr. Pilly Chilo
Department of Internal Medicine
School of Medicine
MUHAS


**Re: Approval for Renewal of Ethical Clearance and Amendment of a Study
Titled " Cardiac Function Among Hypertensive Patients Attending
Muhimbili National Hospital"**

Reference is made to the above heading.

I am pleased to inform you that the Chairman, has on behalf of the Senate, approved renewal of ethical clearance of the above mentioned study, on recommendation of the Expedited Review Sub committee of the Senate Research and Publications Committee meeting held on 27th October, 2011. The committee has also approved the proposed amendment of addition of control group.

By this letter ethical clearance is granted to proceed with your activities from 27th October 2011 – 26th October 2012. You will therefore be required to apply for renewal of ethical clearance on a yearly basis if the study is not completed at the end of this clearance.

You will also be expected to provide adverse events reports where applicable, six monthly progress report and final project report upon completion of your study.


Prof. M. Aboud

CHAIRPERSON, SENATE RESEARCH & PUBLICATIONS COMMITTEE

- c.c. Vice Chancellor, MUHAS - Your letter Ref. No. MU/01/1022/0122/90
- c.c. Deputy Vice Chancellor, Academics, Research & Consultancy (MUHAS)
- c.c. Dean School of Medicine

FOMU A: MAKUBALIANO YA HIARI KUSHIRIKI KATIKA UTAFITI

Jina la Utafiti: “Cardiac Function among Tanzanian Hypertensive and Diabetic Patients”

Mtafiti Mkuu: Dk. Pilly Chillo

Maelezo kuhusu utafiti:

Salaam! Jina langu ni Dk Pilly Chillo, Daktari Bingwa wa Magonjwa ya Tiba na ni mtafiti mkuu katika utafiti huu. Kabla ya kukubali kushiriki katika utafiti, ni muhimu usome na uelewe maelezo yafuatayo:

Unaombwa kushiriki katika utafiti wa kuangalia kiwango cha ufanyaji kazi wa mioyo ya watu wenye kisukari na shinikizo la damu. Lengo letu ni kushirikisha jumla ya wagonjwa 444. Utafiti utahusisha ujibuji wa maswali, utafiti katika damu, mkojo na vipimo vya moyo ambavyo ni ECG na ECHO. Leo, utajibu maswali ambayo ni 30 na yatachukua kama dakika 10-15. Baada ya hapo utapewa tarehe ya kuja kwa ajili ya kufanya vipimo vya damu na mkojo, ambavyo vitafanyika wakati wa asubuhi. Utapewa tarehe nyingine ya kuja kuchukua majibu ya vipimo vyako. Hii itakuwa baada ya siku mbili za kazi.

Madhara na maumivu:

Hakutarajiwi kuwepo madhara yoyote kufuatia damu yako kuchukuliwa kwa kipimo au wakati wa kufanya ECG na ECHO. Maumivu kidogo yaweza kutokea wakati wa kutoa damu, haya yataisha baada ya dakika chache.

Faida:

Hakuna faida za mara moja ambazo zitakupata kutokana na kuhusika katika utafiti huu, hata hivyo matokeo ya utafiti yataongeza uelewa zaidi kuhusu ugonjwa wa shinikizo la damu hapa nchini na hivyo kupelekea kuboresha huduma zitolewazo kwa wagonjwa wenye shinikizo la damu na kisukari.

Kujitoa:

Kushiriki katika utafiti huu ni kwa hiari, kukataa kushiriki hakutaleta wewe kuadhibiwa au kukosa huduma unazostahili. Kila mshiriki yuko huru kujitoa kwenye utafiti wakati wowote anapojiskia kufanya hivyo.

Usiri:

Maelezo yote yanayotolewa katika utafiti huu yatakuwa ya siri. Matokeo ya utafiti mzima yatachapishwa kwenye majarida ya kisayansi, na hakutakuwa na majina ya wahusika yatakayoanishwa.

Gharama na malipo kwa washiriki:

Hakutakuwa na gharama za ziada kufuatia kushiriki kwako katika utafiti huu. Hali kadhalika washiriki hawatalipwa kutokana na kushiriki kwao.

Kama ajali/madhara yatatokea:

Hatutegemei madhara yoyote yatokee kutokana na kushiriki kwako katika utafiti huu. Hata hivyo, kama madhara yoyote yatatokea kutokana na kushiriki kwako katika utafiti, tutakuhudumia kama viwango vya matibabu hapa Tanzania vinavyoeleza. Hakutakuwa na malipo yoyote ya fidia kwako.

Nani wa kuwasiliana naye:

Kama una maswali yoyote kuhusu utafiti huu, inabidi uwasiliane na mtafiti mkuu, Dk. Pilly Chillo wa hospitali ya Taifa Muhimbili, Idara ya Tiba, SLP 65000 Dar es Salaam. Kama una maswali kuhusu haki zako kama mshiriki katika utafiti huu, unaweza kuwasiliana na Prof E.F. Lyamuya, Mwenyekiti wa Seneti ya Utafiti na Utaoaji Makala, SLP 65001, Dar es Salaam. Simu: 2150302-6.

Kukubali na Sahihi:

Je unakubali?

Mshiriki anakubali _____ Mshiriki hakubali _____

Makubaliano haya yanaeleza kwamba umepokea kivuli cha karatasi hii ya kukubali. Sahihi yako hapa chini inaonyesha kwamba umekubali kushiriki katika utafiti huu.

Mimi, _____ nimesoma maelezo yaliyomo katika fomu hii. Maswali yangu yamejibiwa. Ninakubali kushiriki katika utafiti huu.

Sahihi ya Mshiriki: _____

Sahihi ya Shuhuda: _____
(Kama mshiriki hajui kusoma/kuandika)

Sahihi ya Mtafiti: _____

Tarehe ya Makubaliano ya hiari: _____