

b. To what extent did you actually use the feedback about your patients' blood pressure?

<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> 5	<input type="text"/> 6	<input type="text"/> 7
<i>significant use</i>		<i>some use</i>		<i>brief review</i>		<i>did not use at all</i>

c. What did you do with the feedback? (Check all that apply)

- Kept it together in batches
- Filed it in patient charts
- Used individual patient forms or lists to call patients for follow-up
- Other: _____

Please share additional comments/explanations:

4. Impact of Program

a. Have you made any changes in hypertension management in your practice as a result of participating in CHAP? YES NO
What kinds of changes? (Check all that apply)

- Recall of patients for follow-up, based on feedback
- More routine screening for high blood pressure
- More monitoring of blood pressure
 - For all patients
 - Among patients who attended a CHAP session
 - Among patients who attended and were identified as higher risk
- Filing of feedback in patient charts
- Improving working relationships with local community pharmacists
- Reassessment of antihypertensive medications
 - For all patients
 - Among patients who attended a CHAP session
 - Among patients who attended and were identified as higher risk
- More discussions of cardiovascular risk
 - For all patients
 - Among patients who attended a CHAP session
 - Among patients who attended and were identified as higher risk
- Other: _____

Please share additional comments/explanations:

b. What actual CHAP benefits have you identified, if any? (Check all that apply.)

- Additional accurate blood pressure readings
- Improved treatment and control
- Increased coverage of older people
- Identification of white coat or masked hypertension
- Recall of patients for follow-up
- Other: _____

Please share additional comments/explanations:
