Annex III. English Version Questionnaire

A questionnaire designed to identify Determinants of uncontrolled blood pressure among adult hypertensive patients on follow-up at Negelle and Adola hospitals, southern Ethiopia, 2023.

General information	
Code No	
Name of the facility	1. NGH 2. AGH
Name of The Data Collector	
Date of Data collection	
Starting time	
Finishing time	

Part I. Socio-demographic Characteristics of the patients		
No	**Question**	**Responses**
101	How old are you?	_____Years
102	Sex	Male 2. Female
103	What is your marital status?	1. Married 2.Separated 3. Divorce 4. Widowed 5.Single
104	What is your Religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other_____
105	What is your educational level?	1.No formal education 2.Primary School(1-8) 3. Secondary school (9-12) 4. Collage/university
106	What is your Occupation?	1. Housewife 2. Government employer 3. Un-employed 4. retired 5. merchant

		6. Farmer								
		7. Daily laborer								
		8. Student								
		9. Other(s) [Specify]:_____								
107	How much is your estimated family income level in Birr?	_____								
108	Where are you Residence?	1. Urban 2.Rural								

Part II. Hypertension—Self-care Activity Level Effects (H-SCALE) Items

201	**Medication Adherence:** How many of the past 7 days did you:	0	1	2	3	4	5	6	7
	Take your blood pressure pills?								
	Take your blood pressure pills at the same time every day?								
	Take the recommended number of blood pressure pills.								
202	**Low-salt diet:** How many of the past 7 days did you…	0	1	2	3	4	5	6	7
	Follow a healthy eating plan (Frequent eating of vegetables, low saturated fat)?								
	Ate 5 fruits and vegetables a day?								
	Ate packaged bakery goods?								
	Ate potato chips, potato or bread?								
	Ate fried foods such as chicken, roosted Meat, or fish?								
	Avoid eating fatty foods and salt items.								
	Salt your food at the table?								
	Added salt when cooking								
	Ate pizza?								
	Ate processed meats?								
	Eat smoked dry beef?								
	Ate pickles, or other vegetables in brine?								
203	**Physical Activity:** How many of the past 7 days did you	0	1	2	3	4	5	6	7
	Do at least 30 minutes total of physical activity?								

	Do a specific exercise activity (such as swimming, walking, or biking) other than what you do around thehouse or as part of your work?									
204	**Cigarette smoking**: How many of the past 7 days did you	0	1	2	3	4	5	6	7	
	Smoke a cigarette or cigar, even just one puff?									
113	**Alcohol:** A drink of alcohol is defined as one 354.89 ml can or bottle of beer, one 118.29 ml glass of wine, 354.89ml can or bottle of wine cooler, 1 mixed drink or cocktail, or 1 shot of hard liquor.	0	1	2	3	4	5	6	7	
	On average, how many days per week do you drink alcohol?									

	Weight Management: to lose weight or maintain my weight…	Strongly Disagree	disagree	Neutral	Agree		Strongly agree
114							
	I am careful about what I eat.						
	I read food labels when I grocery shop.						
	I exercise to lose or maintain weight.						
	I have cut out drinking sugary sodas and sweet tea.						
	I eat smaller portions or eat fewer portions.						
	I have stopped buying or bringing unhealthy foods into my home.						
	I have cut out of limit some foods that I like but that is not good for me.						
	I eat at restaurants or fast food places less often.						
	I substitute healthier foods for things that I used to eat.						
	I have modified my recipes when I cook						

Part III. hypertension knowledge of the respondents: Hypertension Knowledge-Level Scale (HK-LS*)

	Hypertension Knowledge-Level Scale (HK-LS	Yes	No	I don't know	
	Definition	1	0	2	

301	Increased diastolic blood pressure also indicates increased blood pressure.			
302	High diastolic or systolic blood pressure indicates increased blood pressure.			
	Medical Treatment			
303	Drugs for increased blood pressure must be taken every day.			
304	Individuals with increased blood pressure must not take their medication only when they feel ill.			
305	Individuals with increased blood pressure must take their medication throughout their life			
306	Individuals with increased blood pressure should not take their medication in a manner that makes them feel good.			
	Drug Compliance			
307	Even if the medication for increased blood pressure can control blood pressure, there is a need to change lifestyles.			
308	Increased blood pressure is the result of aging, so treatment is unnecessary.			
309	Even if individuals with increased blood pressure change their lifestyles, there is a need for treatment.			
310	Individuals with increased blood pressure can eat salty foods as long as they take their drugs regularly.			
	Lifestyle			
311	Individuals with increased blood pressure shouldn't drink alcoholic beverages.			
312	Individuals with increased blood pressure must not smoke.			
313	Individuals with increased blood pressure must eat fruits and vegetables frequently.			
314	For individuals with increased blood pressure, the best the cooking method is frying.			

315	For individuals with increased blood pressure, the best cooking method is boiling or grilling.			
	Diet			
316	The best type of meat for individuals with increased blood pressure is white meat.			
317	The best type of meat for individuals with increased blood pressure is red meat			
	Complications			
318	Increased blood pressure can cause premature death if left untreated.			
319	Increased blood pressure can cause heart diseases, such as heart attack, if left untreated.			
320	Increased blood pressure can cause strokes if left untreated.			
321	Increased blood pressure can cause kidney failure if left untreated.			
322	Increased blood pressure can cause visual disturbances if left untreated			

Part IV. Clinical and medication-related questionnaires.

401	Do you have a Family History of hypertension	1. Yes, 2. No
402	How long has it been since you were diagnosed with hypertension?	_____
403	What is your frequency of follow-up at the hospital?	1. Weekly 2. Every two weeks 3. Monthly 4 Every two months 5 Every three months 6. Every six Months 7. Other specify____
404	How do you get your medications?	1. Health insurance

		2. Free of charge 3. self-sponsored
405	Did you miss the appointments?	Yes, 2. No
406	How often do you Measure your Blood pressure?	1. Weekly 2. Every two weeksMonthly 3. Every two Month 4. Every three month 5. Every six Month 6. Other specify_ ___
407	Do you currently use traditional medicine along with or in place of modern antihypertensive drugs?	1. Yes, 2. No

Part V. Psychosocial-related questionnaire factors:

Anxiety: The generalized anxiety disorder 7-item (GAD-7) scale

	Have ever been bothered by any of the following problems in thelast two weeks?	Not at all	Several	More than Half a day	Nearly Every Day
		0	1	2	3
501	Feeling nervous, anxious, or on edge?				
502	Not being able to stop or control worrying?				
503	Worrying too much about different things?				
504	Trouble relaxing?				
505	Being so restless that it is hard to sit still?				
506	Becoming easily annoyed or irritable?				
507	Feeling afraid as if something awful might happen?				

Depression: Patient Health Questionnaire-9 (PHQ-9) scale

	Have ever been bothered by any of the following problems in the last two weeks?	0	1	2	3
508	Little interest or pleasure in doing things				

509	Feeling down, depressed, or hopeless				
510	Trouble feeling or staying asleep, or sleeping too much				
511	Feeling tired or having little energy				
512	Poor appetite or overeating				
513	Feeling bad about yourself or that you are a failure				
514	Trouble concentrating on things, such as reading the newspaper or watching television				
515	Moving or speaking so slowly that other people could have noticed.				
516	Thoughts that you would be better off dead, or hurting yourself				

Social support: Standardization of the Oslo Social Support Scale (OSSS-3)

517	How many people are so close to you that you can count on them if you have great personal problems?	1. None 2. 1-2 3. 3-5 4. 5+
518	How much interest and concern do people show in what you do?	1. None 2. little 3.Uncertain 4. Some 5. A lot
519	How easy is it to get practical help from neighbors if you should need it?	Very difficult Difficult Possible Easy very easy

Part VI: Client's chart reviewed

601	**Visits**	**date**	**BP(mmHg)**

602	**Comorbid Conditions**		1. Diabetes 2. Chronic Kidney disease 3. Myocardial infarction 4. Stroke 5. Heart failure 6. Hyperlipide mia 7. Other (Specify)_____
603	**Anthropometric Measurements**		Current Weight_____Kg Height_____m BMI_____Kg/m2