

Have the nature and risks of this study been explained to the patient and written informed consent obtained?  Yes  No If 'No', do not proceed.

Date informed consent was signed:  year  month  day

Inclusion criteria		
All answers must be 'YES' for the patient to be included in the study.	Yes	No
1 Patients must be males or females $\geq 35$ years of age.	<input type="checkbox"/>	<input type="checkbox"/>
2 Duration of hypertension $\geq 12$ months		
3 Patients must be able to communicate effectively with the study personnel.	<input type="checkbox"/>	<input type="checkbox"/>
4 Patients must be adequately informed of the nature and risks of the study and give written informed consent prior to screening.	<input type="checkbox"/>	<input type="checkbox"/>
Exclusion criteria		
All answers must be 'NO' for the patient to be included in the study.	Yes	No
1 Patients with any history of alcohol abuse, illicit drug use, significant mental illness, physical dependence to any opioid in the past year, or any history of drug use or addiction in the past year.	<input type="checkbox"/>	<input type="checkbox"/>
2 Women who are pregnant or breast-feeding.	<input type="checkbox"/>	<input type="checkbox"/>
3 Inability to complete the interview	<input type="checkbox"/>	<input type="checkbox"/>
4 Patients who, in the opinion of the Investigator, have any other medical condition which renders the patient unable to complete the study or which would interfere with optimal participation in the study or produce significant risk to the patient.	<input type="checkbox"/>	<input type="checkbox"/>

Was the subject included in the study?  Yes  No  
**If 'No', stop interview.**

## Demographics

- 1 Age:  years
- 2 Race:  Han  Other, please specify \_\_\_\_\_
- 3 Gender:  Male  Female
- 4 Education:  years
- 5 Marital status:  Single  Married/co-habiting  Divorced/separated  
 Widowed
- 6 Occupation:  Farmer  Driver  Shop keeper  Worker  
 Education/art/community service  Office occupations  
 Unemployed  Retirement
- 7 How many of every week (7days) did you smoke on average  days
- 8 How many of every week (7days) did you drink any alcohol on average  days
- 9 Home income:  Less than 50,000yuan  50,000yuan ~
- 10 Medical insurance:  Yes  No
- 11 How you rate your present health:  Very good  Good  Fair  
 Poor  Very poor

## Hypertension/Diabetes history

- 12 Date hypertension was diagnosed:  /  /
- 13 Readings hypertension was diagnosed: Systolic: \_\_\_\_\_ mmHg  
Diastolic: \_\_\_\_\_ mmHg
- 14 Hypertension type:  Primary  Secondary  Unknown

15 Family history of hypertension  Father  Mother  Siblings  
 Children  Spouse  None

16 Did patient have Diabetes?  Yes  No If 'Yes', complete below.

17 Diabetes Type:  Type  Type

### Vital signs

18 Height:  cm 19 Weight:   kg

20 Heart rate:  bpm 21 Waist circumference:  •  cm

### Blood pressure measurement

Please take BP measurements after resting for 5 minutes and take 3 readings 2 minutes apart

Systolic Diastolic  
22 Seated BP: Reading 1:  /  mmHg

Reading 2:  /  mmHg

Reading 3 :  /  mmHg

23 Frequency BP measurement:  per week  per month  per year  
 rarely  never

24 Place BP measurement:  home  community  clinical center  
 hospital  other

25 Reason for BP is **rarely** (or **never**) measured:

Economic difficulty  Far to get to hospital  
 Not important for him  Other, please specify \_\_\_\_\_

### Home Blood pressure monitoring

26 Are you taking your own measurements of BP within the home

Yes  No

27 If so, how often do you take the measurement of BP at home

Frequency use monitor:  per week  per month  rarely

28 Reason for home BP monitor:

1 Advised by doctor

- 2 Felt unwell concerned
- 3 For monitoring
- 4 Already had access
- 5 Other, please specify \_\_\_\_\_

29 Type of monitor:

- 1 Manual sphygmomanometers
- 2 Electronic sphygmomanometers

30 Source of monitor:

- 1 Pharmacies    2 Postal ordered    3 Internet    4 Family members
- 5 Friends        6 Other, please specify \_\_\_\_\_

31 Reason for no home BP monitoring:

- 1 Economic difficulty    2 Do not understand or know how
- 3 Not important for him    4 Other, please specify \_\_\_\_\_

**Adherence to medication**

32 Do you take anti hypertension medications now?  Yes  No

33 How many kinds of medication used now

- 1. One    2. Two    3. Three    4. More than three

34 Adherence to medication:

Drug name	Drug type	Cost per month	Suggested frequency		Suggested dosage	frequency		dosage	Reasons for non-adherence
			day	week		day	week		

35 Main reason for no medication

- 1 Side effects    2 Not important for him    3 Economic difficulty
- 4 Far to get to hospital    5 Do not believe western medication
- 6 Other, please specify \_\_\_\_\_

**Salt restriction**

36 Hypertension patients should restrict salt intake to less than 5 grams of table salt per day:  Yes  No  Unknown

37 Do you restrict table salt intake:  Yes  No

38 How you restrict table salt intake: Salt spoon Visual assessment Other

39 Main reason for salt restriction:

1 Advised by doctor 2 For my own health 3 Advised by family members

4 Other, please specify \_\_\_\_\_

40 How you feel your blood pressure control after salt restriction:

1 Better 2 No change 3 Worse

41 Main reason for no salt intake restriction:

1 Do not understand or know how 2 Not important for him

3 I like high salt foods 4 Family members like high salt food

5 Other, please specify \_\_\_\_\_

**Leisure time physical activity**

42 Do you have leisure time physical activity?  Yes  No

43 How many of the past 7 days did you do at least 30 minutes total of physical exercise?  Days