

1. Demographic data1.1 Gender 0.Male 1.Female

1.2 Age _____ years old

1.3 Height _____ cm Weight _____ kg

1.4 Marital Status 0.Single 1.Married 2.Divorced1.5 Nationality 0.Thai 1.Other _____1.6 Religion 0.Buddhism 1.Other _____1.7 Educational level 0.Primary school 1. Secondary school 2. Voluntary school
 3. Bachelor's degree or higher 4. Other _____1.8 Health insurance 0. Yes 1. No1.9 Occupation 0. None 1. Government employee
 2. Private company employee 3.Other _____**1.9 Involvement of caregiver in medication management** 0.None 1.Yes Relation _____**1.10 Family history of hypertension** 0.None 1.Yes Relation _____**1.11 Cerebrovascular/Cardiovascular disease in family** 0.None 1.Yes Relation _____**2. Health information**2.1 Another health issues 0. None 1. Diabetes mellitus 2. Hyperlipidemia
 3. Other _____**3. Health behaviors**

3.1 Have you exercised (Ex. Power walking, swimming, cycling, aerobic dancing) more than 150 minutes/week in the past 3 months?

 0.No 1. Yes

3.2 Have you add sodium to your food (fish sauce, soy sauce, tomato/chili sauce)?

 0. No 1. Add \geq 1 meal/day

3.3 Have you drunk alcohol in the past 3 months?

 0.No 1.Yes

3.4 Have you smoked in the past 3 months?

 0.No 1.Yes

4. Antihypertensive drugs usage

4.1 Number of years diagnosed with hypertension _____

4.2 Number of years taking anti-hypertensive drugs _____

4.3 Class of drugs currently taken (review from medical record)

0. ACEI 1. ARB 2. CCB 3. BB 4. Other _____

4.4 Types of medication taken per day _____

4.5 Number of times taken per day _____

4.6 Any combination drug used? 0. No 1. Yes

4.7 Have you experienced antihypertensive drug's side effect? 0.No 1.Yes symptom _____

5. Morisky Green Levine Test (MGL)

	Yes	No
1. Do you ever forget to take your medicine?		
2. Are you careless at times about taking your medicine?		
3. When you feel better do you sometimes stop taking your medicine?		
4. Sometimes if you feel worse, when you take the medicine, do you stop taking it?		