

## English version questionnaire

I) Socio demographic related questions				
S.No	Question	Response	Code	Skip
100	Sex	1. Male 2. Female		
101	Age (in complete years)			
102	Current Marital status	1. Married 2. Single 3. Divorced 4. Widowed		
103	Residence area	1. Urban 2. Rural		
104	Religion	1. Orthodox 2. Catholic 3. Protestant 4. Muslim 5. Other		
105	Occupational status	1. Employed 2. Unemployed		
106	Educational status	1. Illiterate 2. primary (1-8) 3. Secondary (9-12) 4. College and above		
<b>Wealth index items</b>				
107.1	<b>Does your household have the following assets?</b>			
1.	Satellite dish	1.Yes 0.No		
2.	Radio	1.Yes 0.No		
3.	Television	1.Yes 0.No		
4.	Non mobile telephone	1.Yes 0.No		
5.	Refrigerator	1.Yes 0.No		
6.	A bed with cotton or sponge or spring mattress	1.Yes 0.No		
7.	Sofa set	1.Yes 0.No		
8.	Shelf for storing goods	1.Yes 0.No		
9.	Private car	1.Yes 0.No		
10.	An electric mitad	1. Yes		

		0.No		
11.	Bicycle	1.Yes 0.No		
12.	Animal drawn cater	1.Yes 0.No		
13.	Motor cycle	1.Yes 0.No		
14.	A car or truck	1.Yes 0.No		
15.	Bajaj	1.Yes 0.No		
16.	Washing machine	1.Yes 0.No		
17.	Micro oven	1.Yes 0.No		
<b>Housing condition</b>				
107.2	What kind of toilet facility your households usually use?	1. Flush to septic tank 1. Flush to somewhere else 1. Pit latrine with slab 1. Composting toilet 0. Hanging toilet 1. Flush to pit latrine 1. Ventilated improved pit latrine 1. Pit latrine without slab 0. Bucket toilet 0. No facility		
107.3	Do you share this facility with others?	1.Yes 0.No		
107.4	On what basis do your ousehold occupy the dwelling house?	1. Privately owned 0. Free of rent 0. Rented		
107.5	How many rooms (excluding kitchen, toilet and bath room) do your household Occupy?	_____		
107.6	How many sleeping room do your house hold occupy?			
107.7	Do your household have indoor bathroom?	1.Yes 0.No		
107.8	What is the main source of energy for cooking fuel?	0. Collecting fire wood 0. Purchase fire wood 0. Charcoal 0. Crop residual 0. Dung or manure 0. Kerosene		

		1.Electricity 1.Biogas 0.None		
<b>Source of Finance and related property</b>				
107.9	How much do you earn per month?	_____ Ethiopian Birr		
107.10	Does any member of your house hold have a bank or microfinance saving account?	1.Yes 0.No		

<b>II. Knowledge about hypertension questions</b>				
S/n	Question	Responses	Code	Skip
201	Which of the following increases your risk of having hypertension of coffee	1.Weight lifting 2.drinking more than 2 cups of coffe 3.Smoking a pack of cigarettes 4.gaining 15 pounds		
202	A person is considered to have hypertension if either their systolic blood pressure is 140 or their diastolic is 90 or higher on two separate occasions	1.True 2.False		
203	Most of people can tell when their blood pressure is rised because they feel bad	1.True 2.False		
204	Uncontrolled hypertension can lead to which of the following	1.Lung cancer 2.kidney failure 3.High cholesterol 4.Diabetes		
205	People with hypertension do not need to take medicine if they practice regular exercise	1.True 2.False		
206	Which of the following statement about taking blood pressure medicine is true	1. blood pressure medication should always be taken with food 2. more than one blood pressure medicine can be taken at one time 3. blood pressure medicine works at best if it is taken at bed time 4. Blood pressure medicine does not taken if a person drank alcohol that day		
207	Which of the following statements about exercise and blood pressure is true?	1. People who are on their feet most of day will not benefit from more exercise 2. Exercising for 30 minutes every day lowers blood pressure more than		

		exercising for 30 minutes, 3 days a week. 3. Weight lifting should be avoided by people with high blood pressure 4. When exercising, you must raise your heart rate to at least 100 beats per minute to improve blood pressure		
208	An overweight 60 year old has hypertension he drinks one bottle of beer four cups of regular coffee a day he adds regular table salt to his food at most meals which one of the following changes is to lower his blood pressure	1. Lose 5 kg 2. Stop drinking alcohol 3. Switch to decaffeinated coffee 4. Switch to sea salt		
209	Which one of the following changes to your diet is most likely to lower blood pressure?	1. Eat more fruit, vegetables, whole grains low fat dairy products 2. Eliminate spicy food 3. Drink one glass of red wine 4. Drink herbal tea instead of coffee		
210	Blood pressure is measured with two numbers, an upper number and lower number. it is usually written as upper or lower if someone is told that their goal blood pressure is 126/76 when have they reached that goal?	1. when the upper is <126 and lower is >76 2. when upper is <126, even if lower is >76 3. when lower is <76 even if upper is >126 4. when average of upper and lower is <100		

<b>IV. Social Support questions</b>				
s/n	How supportive are these people now	Responses	Code	Skip
301	Your wife, husband, or significant other person	1. None 2. Some 3. A lot 4. There is no such person		
302	Your children or grandchildren	1. None 2. Some 3. A lot 4. There is no such person		
303	Your parents or grandparents	1. None 2. Some 3. A lot 4. There is no such person		
304	Your brothers or sisters	1. None 2. Some 3. A lot 4. There is no such person		
305	Your other blood relatives	1. None		

		2.Some 3.A lot 4.There is no such person		
306	Your relatives by marriage (for example: in-laws, ex-wife ex husband)	1.None 2.Some 3.A lot 4.There is no such person		
307	Your neighbors	1.None 2.Some 3.A lot 4.There is no such person		
308	Your co-workers	1.None 2.Some 3.A lot 4.There is no such person		
309	Your church members	1.None 2.Some 3.A lot 4.There is no such person		
310	Your other friends	1.None 2.Some 3.A lot 4.There is no such person		
311	Do you have one particular person whom you trust and to whom you can go with personal Difficulties?	1.Yes 2.No		

<b>V. Co-morbidity and time of since diagnosis</b>				
S/n	Question	Responses	Code	Skip
400	Do you have other chronic disease rather than HTN? (like diabetes, heart disease stroke and chronic kidney disease)	1.Yes 2.No		
401	How long it has been since you are diagnosed with hypertension (by years)	_____ years		

<b>VI. question related with khat chewing (1)</b>				
S.No	Question	Responses	Code	Skip
400	Did you chew in the last seven days or do you currently chew khat?	1.Yes (how many days _____) 2.No		

S/N	VII. self-care practice question											
<p>The following questions ask about your hypertension (high blood pressure) self-care activities during the past 7 days. For each question, <u>circle</u> the number of days that you performed that activity.</p>												
	<b><i>Medication Usage</i></b>											
	<b><i>How many of the past 7 days did you:</i></b>				<b><u>Number of Days</u></b>							
501	Take your blood pressure pills?				0	1	2	3	4	5	6	7
<input type="checkbox"/> I have not been prescribed blood pressure pills.												
502	Take your blood pressure pills at the same time everyday?				0	1	2	3	4	5	6	7
<input type="checkbox"/> I have not been prescribed blood pressure pills.												
503	Take the recommended number of blood pressure pills?				0	1	2	3	4	5	6	7
<input type="checkbox"/> I have not been prescribed blood pressure pills.												
	<b><i>Diet</i></b>											
	<b><i>How many of the past 7 days did you:</i></b>				<b><u>Number of Days</u></b>							
504	Eat nuts or peanut butter?				0	1	2	3	4	5	6	7
<input type="checkbox"/> I am allergic to nuts.												
505	Eat beans, peas, or lentils?				0	1	2	3	4	5	6	7
506	Eat eggs?				0	1	2	3	4	5	6	7
507	Eat pickles, olives, or other vegetables in brine?				0	1	2	3	4	5	6	7
508	Eat five or more servings of fruits and vegetables?				0	1	2	3	4	5	6	7
509	Eat more than one serving of fruit (fresh, frozen, canned or fruit juice)?				0	1	2	3	4	5	6	7
510	Eat more than one serving of vegetables?				0	1	2	3	4	5	6	7

<b><i>Diet</i></b> <b><i>How many of the past 7 days did you:</i></b>		<b><u>Number of Days</u></b>							
511	Drink milk (in a glass, with cereal, or in coffee, tea or cocoa)?	0	1	2	3	4	5	6	7
512	Eat broccoli, collard greens, spinach, potatoes, squash or sweet potatoes?	0	1	2	3	4	5	6	7
513	Eat apples, bananas, oranges, melon or raisins?	0	1	2	3	4	5	6	7
514	Eat whole grain breads, cereals, grits, oatmeal or brown rice?	0	1	2	3	4	5	6	7
<b><i>Physical Activity</i></b> <b><i>How many of the past 7 days did you:</i></b>		<b><u>Number of Days</u></b>							
515	Do at least 30 minutes total of physical activity?	0	1	2	3	4	5	6	7
516	Do a specific exercise activity (such as swimming, walking, or biking) other than what you do around the house or as part of your work?	0	1	2	3	4	5	6	7
517	Engage in weight lifting or strength training (other than what you do around house or as part of your work)?	0	1	2	3	4	5	6	7
518	Do any repeated heavy lifting or pushing/pulling of heavy items either for your job or around house or garden?	0	1	2	3	4	5	6	7
<b><i>Smoking</i></b> <b><i>How many of the past 7 days did you:</i></b>		<b><u>Number of Days</u></b>							
519	Smoke a cigarette, e-cigarette, vape, cigar or hookah, even just one puff?	0	1	2	3	4	5	6	7
520	Stay in a room or ride in an enclosed vehicle while someone was smoking?	0	1	2	3	4	5	6	7

The following questions ask about your efforts to manage your weight during the last 30 days. If you were sick during the past month, please think back to the previous month that you were not sick. Circle the one answer that best describes what you do to lose weight or maintain your weight.

<i>Weight management In order to lose weight or maintain my weight...</i>		Strongly Disagree	Disagree	Not-Sure	Agree	Strongly-Agree
521	I am careful about what I eat.	1	2	3	4	5
522	I read food labels when I grocery shop.	1	2	3	4	5
523	I exercise in order to lose or maintain weight.	1	2	3	4	5
524	I have cut out drinking sugary sodas and sweet tea.	1	2	3	4	5
525	I eat smaller portions or eat fewer portions.	1	2	3	4	5
526	I have stopped buying or bringing unhealthy foods into my home.	1	2	3	4	5
527	I have cut out or limit some foods that I like but that are not good for me.	1	2	3	4	5
528	I eat at restaurants or fast food places less often.	1	2	3	4	5
529	I substitute healthier foods for things that I used to eat.	1	2	3	4	5
530	I have modified my recipes when I cook.	1	2	3	4	5



	<b>Alcohol Consumption</b>	
	<i>The next three questions are about alcohol consumption. A drink of alcohol is defined as: One, 12 oz. can or bottle of beer; One, 4 ounce glass of wine, One, 12 oz. can or bottle of wine cooler; One mixed drink or cocktail; Or 1 shot of hard liquor</i>	
531	On average, how many days per week do you drink alcohol?	0 1 2 3 4 5 6 7
532	On a typical day that you drink alcohol, how many drinks do you have?	0 write in # _____
533	What is the largest number of drinks that you've had on any given day within the last month?	0 write in # _____

END! Thank You

Supplementary File 1