

**Multimedia appendix 4.** Behavioral change evaluation questionnaire.

Questions	5	4	3	2	1
1. How many days do you eat fruits in a week?	Everyday/week	5-6 days/week	3-4 days/week	1-2 days/week	0 day/week
2. How many days do you eat vegetables in a week?	Everyday/week	5-6 days/week	3-4 days/week	1-2 days/week	0 day/week
3. How much salt do you take per day in a week (goal is <6g/day)?	Everyday/week (<6g daily intake)	5-6 days/week (approx. 7-8g daily intake)	3-4 days/week (approx. 9-10g daily intake)	1-2 days/week (approx. 11-12g daily intake)	0 day/week (approx. 13-14g daily intake)
4. How many days do you do 30 minutes physical activity/exercise in a week?	Everyday/week	5-6 days/week	3-4 days/week	1-2 days/week	0 day/week
5. How frequently do you check your blood pressure in a month?	8 times/month	6 times/month	4 times/month	2 times/month	Never/ month
6. How frequently do you monitor your body weight in a month?	8 times/month	6 times/month	4 times/month	2 times/month	Never/ month