

DATA COLLECTION TOOL

SECTION A: Patient characteristics		
Sociodemographic (Note: data collected from patient interview)		
Year of birth:	.....
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Level of education:	<input type="checkbox"/> No <input type="checkbox"/> Primary level <input type="checkbox"/> Lower secondary level <input type="checkbox"/> Upper secondary <input type="checkbox"/> University level	
Occupation:	<input type="checkbox"/> Housewife <input type="checkbox"/> Civil servant <input type="checkbox"/> Private sector employee <input type="checkbox"/> Private employer <input type="checkbox"/> Not working	
Income:	<input type="checkbox"/> <1 million IDR <input type="checkbox"/> 1-2 million IDR <input type="checkbox"/> 2-3 million IDR <input type="checkbox"/> >3 million IDR	
Antihypertensive drug use (Note: data collected from patient prescription)		
Name of antihypertensive drug	Dose	Frequency
1.....	.....	.....
2.....	.....	.....
<i>(add more rows when needed)</i>		
SECTION B: Adherence		
(Note: data collected from patient interview)		
Q1: Do you ever forget to take your hypertensive medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q2: Do you ever have problems remembering to take your hypertensive medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q3: When you feel better, do you sometimes stop taking your hypertensive medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q4: Sometimes if you feel worse when you take your hypertensive medication, do you stop taking it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION C: Lifestyle modifications		
Salt intake behaviour (Note: data collected from patient interview)		
Q1: "In the past 7 days, how often did you eat salty foods (such as salted fish, processed meat, instant noodles or salty snack)?"	<input type="checkbox"/> Never/rarely <input type="checkbox"/> Occasionally	

		<input type="checkbox"/> Regularly
Q2: "In the past 7 days, how often did you use condiments/seasonings (such as sweet soy sauce, monosodium glutamate, premix seasoning, chili sauce or shrimp/fish paste) in your food?"		<input type="checkbox"/> Never/rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Regularly
Physical activity (Note: data collected from patient interview)		
Q1: In the past 7 days, how many times did you do physical activity (including what you do around the house or as part of your work)?		
Day	Type of Activity	Duration
1	1..... 2 (add more rows when needed)	..... min min min
2		
3		
4		
5		
6		
7		
Smoking (Note: data collected from patient interview)		
Q1: In the past 7 days, how many times did you smoke a cigarette, even just one puff?		..... times
Alcohol (Note: data collected from patient interview)		
Q1: In the past 7 days, how many times did you drink alcohol?		..... times
Body Mass Index (BMI) (Note: data collected from patient record)□		
Height: metres Weight: kilograms BMI = weight (kg)/ height (m) ²		..... kg/m ²
BP measurement		
Diastole:		..... mmHg
Systole :		..... mmHg
(Note: data collected from patient record)		