

Appendix (Final Questionnaire)

Part I (Background Characteristics)

No	Variables					
1	Age					
2	Sex	Women <input type="checkbox"/>	Men <input type="checkbox"/>			
3	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widow <input type="checkbox"/>		
4	Education	Illiterate <input type="checkbox"/>	Primary school <input type="checkbox"/>	Secondary school <input type="checkbox"/>	High school <input type="checkbox"/>	Academic <input type="checkbox"/>
5	Family Member Size	1-2 number <input type="checkbox"/>	3-5 number <input type="checkbox"/>	More than 5 <input type="checkbox"/>		
6	Economic Status	Poor <input type="checkbox"/>	Middle <input type="checkbox"/>	Good <input type="checkbox"/>		

Part 2 (Hypertension Self-Management Behaviors)

No	Items
1	Do you follow the recommended physical activity (30 minutes a day for 5 days a week)?
2	How is your smoking status?
3	Do you control your weight regularly?
4	Do you take medications prescribed by your physician to control your blood pressure as recommended and on time?
5	Do you follow a proper diet for patients with high blood pressure?

Part 3 (Socio-cognitive Determinants)

No	Determinants	Very Little	Little	Somewhat	Much	Very Much
	Attitude					
	I believe that ... can help me for control my blood pressure.					
1	taking the medication prescribed at the specified time					
2	not smoking or quit smoking					
3	Adherence to the instructions of diet					
4	regular weight control					
5	regular physical activity					
	Outcome expectations					
	... it helps for control my blood pressure					
1	If I adherence to recommended physical activity, ...					
2	If I adhere to medication, ...					
3	If I adherence to the instructions of diet, ...					
4	If I don't smoking or quit smoking, ...					
5	If I adherence to regular weight control, ...					
	Perceived barriers					
1	I forget the correct time to take the medicine.					
2	I do not adherence physician instructions					

	for taking medicine.					
3	It is difficult for me to don't smoke.					
4	My family does not support me in adherence to the instructions of diet, ...					
5	I'm embarrassed if people see me doing physical activity.					
6	Regular weight control is annoying to me (I do not like it).					
7	I do not know what foods are suitable for patients with hypertension					
	Subjective norms					
1	My physician thinks that I should have regular physical activity.					
2	My physician thinks that I should follow a proper diet.					
3	If I don't smoke, my friends will confirm it.					
4	Most of the people who are important to me think that I should regular weight control.					
5	When taking medication for hypertension treatment and control exactly as prescribed, I would be approved by my family.					
6	When taking medication for hypertension treatment and control exactly as prescribed, I would be approved by my physician.					
7	My friends would approve my, if I follow a proper diet.					
8	How many among the hypertension patients important for you have a regular physical activity?					
	Perceived self-efficacy					
1	How confident are you that you can do the recommended physical activity (30 minutes a day for 5 days a week)?					
2	How confident are you that you cannot smoke?					
3	How confident are you that you can control your weight regularly?					
4	How confident are you that you can take the medication prescribed by your physician to control your blood pressure as recommended and on time?					
5	How confident are you that you can follow a proper diet for patients with high blood pressure?					

Good luck