The Quality of Patients’ Self-Blood Pressure Measurements.

1. **Gender**  Female/ Male/ Prefer not to disclose  
2. **Age** ...... years  

3. **Education:**  
   - □ elementary school  
   - □ secondary school  
   - □ high education  

4. **Place of living:**  
   - □ Village or town of less than 50,000 inhabitants  
   - □ City of more than 50,000 inhabitants  

5. **Time of hypertension diagnosis (years)**  

6. **Family history of hypertension YES/NO**  
   - □ parent  
   - □ both parents  
   - □ siblings  
   - □ children  

7. **Recommended hypertension medications are taken:**  
   - □ at all  
   - □ regularly  
   - □ irregularly  

8. **Chronic comorbidities:**  
   - □ diabetes  
   - □ orthostatic hypotension  
   - □ arrhythmia (eg. Atrial fibrillation)  
   - □ renal insufficiency  
   - □ other comorbidities— what kind?  
   - ........................................  

9. **Sources of information** (more than one answer possible)  
   - □ primary care doctor  
   - □ cardiologist  
   - □ other specialist  
   - □ nurse  
   - □ pharmacist  
   - □ patient is a medical staff  
   - □ internet  
   - □ sphygmomanometer user manual  
   - □ family/friends with hypertension  
   - □ family/friends without hypertension  
   - □ no source  

10. **How were the instruction given on how to measure the blood pressure?** (more than one answer possible)  
    - □ oral  
    - □ written  
    - □ live demonstration  
    - □ no instruction