

## SELF-CARE OF HIGH BLOOD PRESSURE

V2.0 (March 2016)

*All answers are confidential.*

Think about how you have been feeling in the last month or since we last spoke as you complete these items.

### SECTION A:

Listed below are common instructions given to persons with high blood pressure. How routinely do you do the following? Circle one number for each item.

	Never or rarely	Sometimes	Frequently	Always or daily
1. Check your blood pressure?	1	2	3	4
2. Eat lots of fruits and vegetables?	1	2	3	4
3. Do some physical activity?	1	2	3	4
4. Keep doctor or nurse appointments?	1	2	3	4
5. Eat a low salt diet?	1	2	3	4
6. Exercise for 30 minutes?	1	2	3	4
7. Take medicines as prescribed?	1	2	3	4
8. Ask for low salt items when eating out or visiting others?	1	2	3	4
9. Use a system to help you remember your medicines? For example, use a pill box or reminders.	1	2	3	4
10. Eat a low fat diet?	1	2	3	4
11. Try to lose weight or control your body weight?	1	2	3	4

### SECTION B:

Many patients have difficulty controlling their blood pressure.

In the past month, has your blood pressure been high, even briefly? Circle one.

- 0) No
- 1) Yes

12. If you had trouble controlling your blood pressure in the past month...

(circle **one** number)

	Have not had this	I did not recognize it	Not Quickly	Somewhat Quickly	Quickly	Very Quickly
How <i>quickly</i> did you recognize that your blood pressure was up?	N/A	0	1	2	3	4

Listed below are actions that people use to control their blood pressure. If your blood pressure goes up, how likely are you to try one of these actions?

(circle **one** number for each remedy)

	Not Likely	Somewhat Likely	Likely	Very Likely
13. Reduce the salt in your diet	1	2	3	4
14. Reduce your stress level	1	2	3	4
15. Be careful to take your prescription medicines more regularly	1	2	3	4
16. Call your doctor/ nurse for guidance	1	2	3	4

17. Think of an action you tried the last time your blood pressure was up,

(circle **one** number)

	I did not try anything	Not Sure	Somewhat Sure	Sure	Very Sure
How <u>sure</u> were you that the action helped or did not help?	0	1	2	3	4

### SECTION C:

In general, how **confident** are you that you can:

	Not Confident	Somewhat Confident	Very Confident	Extremely Confident
18. Control your <u>blood pressure</u> ?	1	2	3	4
19. <u>Follow your treatment regimen</u> ?	1	2	3	4
20. <u>Recognize changes</u> in your health?	1	2	3	4
21. <u>Evaluate changes</u> in your blood pressure?	1	2	3	4
22. <u>Take action</u> that will control your blood pressure?	1	2	3	4
23. <u>Evaluate</u> how well an action works?	1	2	3	4

