

SELF-CARE OF HIGH BLOOD PRESSURE INVENTORY

(SC-HI V3)

All answers are confidential.

Think about how you have been feeling in the last month 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?

	Never or rarely	Sometimes			Always or daily
1. Keep appointments with your healthcare provider?	1	2	3	4	5
2. Take your blood pressure pills?	1	2	3	4	5
3. Do something to relieve stress (e.g. medication, yoga, music)?	1	2	3	4	5
4. Do physical activity (e.g. take a brisk walk, use the stairs)?	1	2	3	4	5
5. Take prescribed medicines without missing a dose?	1	2	3	4	5
6. Ask for low salt items when eating out or visiting others?	1	2	3	4	5
7. Try to avoid getting sick (e.g. flu shot, wash your hands)?	1	2	3	4	5
8. Eat fruits and vegetables?	1	2	3	4	5
9. Avoid cigarettes and/or smokers?	1	2	3	4	5

Section B:

Listed below are common things that people with high blood pressure monitor. How often do you do the following?

	Never or rarely	Sometimes			Always or daily
10. Monitor your condition?	1	2	3	4	5
11. Pay attention to changes in how you	1	2	3	4	5

feel?					
12. Check your blood pressure?	1	2	3	4	5
13. Monitor whether you tire more than usual doing normal activities?	1	2	3	4	5
14. Monitor for medication side-effects?	1	2	3	4	5
15. Monitor for symptoms?	1	2	3	4	5
16. Monitor your weight?	1	2	3	4	5

RECOGNITION:

Many people have difficulty controlling their blood pressure. In the past month, has your blood pressure been high, even briefly? Circle one.

- 0) no
- 1) yes
- 2) unknown

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

	Have not had this	I did not recognize it	Not Quickly	Somewhat Quickly			Very Quickly
17. ... how quickly did you <u>recognize</u> that your blood pressure was up?	N/A	0	1	2	3	4	5

SECTION C:

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?

	Not Likely	Somewhat Likely			Very Likely
18. Reduce the salt in your diet	1	2	3	4	5
19. Take your blood pressure medicine regularly	1	2	3	4	5
20. Call your healthcare provider for guidance	1	2	3	4	5
21. Reduce your stress level	1	2	3	4	5
22. Talk to your healthcare provider about this at the next office visit	1	2	3	4	5

23. Reduce your caffeine intake (coffee, cola, tea)	1	2	3	4	5
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Think of an action you tried the last time your blood pressure was up.
 (circle **one** number)

	I did not do anything	Not Sure	Somewhat Sure			Very Sure
24. How sure were you that the action you used helped?	0	1	2	3	4	5

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