

YOUR VIEWS ABOUT YOUR HIGH BLOOD PRESSURE

- We are interested in your views about your high blood pressure.
- These are statements other people have made about their high blood pressure.
- Please show how much you agree or disagree with each of the following statements about your high blood pressure by ticking one of the boxes.

	VIEWS ABOUT YOUR HIGH BLOOD PRESSURE	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
er5	Having this high blood pressure makes me feel anxious					
ti5	I expect to have this high blood pressure for the rest of my life					
er1	I get depressed when I think about my high blood pressure					
cy4	I go through cycles in which my high blood pressure gets better and worse					
oq6	My high blood pressure causes difficulties for those who are close to me					
oq5	My high blood pressure has serious financial consequences					
cp5	I have the power to influence my high blood pressure					
oq1	My high blood pressure is a serious condition					
cp3	The course of my high blood pressure depends on me					
ti2	My high blood pressure is likely to be permanent rather than temporary					
cy3	My high blood pressure is very unpredictable					

YOUR VIEWS ABOUT YOUR HIGH BLOOD PRESSURE (continued)

	VIEWS ABOUT YOUR HIGH BLOOD PRESSURE (continued)	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
er6	My high blood pressure makes me feel afraid					
er3	My high blood pressure makes me feel angry					
oq4	My high blood pressure strongly affects the way others see me					
is6	My high blood pressure will improve in time					
oq2	My high blood pressure has major consequences on my life					
cp2	What I do can determine whether my high blood pressure gets better or worse					
is3	My high blood pressure will last for a long time					
ct4	My treatment can control my high blood pressure					
ct2	My treatment will be effective in curing my high blood pressure					
er2	When I think about my high blood pressure I get upset					
ch5	I have a clear picture or understanding of my high blood pressure					
ct3	The negative effects of my high blood pressure can be prevented (avoided) by my treatment					

YOUR VIEWS ABOUT SYMPTOMS YOU MAY HAVE EXPERIENCED

- We would like to ask you about any **SYMPTOMS** you may have experienced since finding out about your high blood pressure.
- Some people do experience symptoms related to high blood pressure whilst others don't.
- Similarly, some people experience symptoms that are related to their medicines and others don't.
- Here is a list of common symptoms.
- Please show whether you have experienced each of the following symptoms recently by circling Yes or No
- For each symptom that you have experienced recently, please then show whether you believe it is related to your HIGH BLOOD PRESSURE or to the MEDICINE you take for your high blood pressure.
- If you don't know whether the symptom is related to your high blood pressure or the medicine you take for your high blood pressure, please circle Don't Know.

	SYMPTOM	I have experienced this symptom recently		If answer is YES →		This symptom is related to my HIGH BLOOD PRESSURE				This symptom is related to the MEDICINE I take for my high blood pressure		
		NO	YES			YES	NO	Don't Know		YES	NO	Don't Know
<small>1e1</small>	Pain	NO	YES	→	<small>r1</small>	YES	NO	Don't Know	<small>rm1</small>	YES	NO	Don't Know
<small>1e2</small>	Sore Throat	NO	YES	→	<small>r2</small>	YES	NO	Don't Know	<small>rm2</small>	YES	NO	Don't Know
<small>1e3</small>	Nausea	NO	YES	→	<small>r3</small>	YES	NO	Don't Know	<small>rm3</small>	YES	NO	Don't Know
<small>1e4</small>	Breathlessness	NO	YES	→	<small>r4</small>	YES	NO	Don't Know	<small>rm4</small>	YES	NO	Don't Know

	SYMPTOM	I have experienced this symptom recently		If answer is YES		This symptom is related to my high blood pressure				This symptom is related to the MEDICINE I take for my high blood pressure		
le5	Weight Loss	NO	YES	If YES →	ri5	YES	NO	Don't Know	rm 5	YES	NO	Don't Know
le6	Fatigue	NO	YES	If YES →	ri6	YES	NO	Don't Know	rm 6	YES	NO	Don't Know
le7	Stiff Joints	NO	YES	If YES →	ri7	YES	NO	Don't Know	rm 7	YES	NO	Don't Know
le8	Sore Eyes	NO	YES	If YES →	ri8	YES	NO	Don't Know	rm 8	YES	NO	Don't Know
le9	Wheeziness	NO	YES	If YES →	ri9	YES	NO	Don't Know	rm 9	YES	NO	Don't Know
le10	Headaches	NO	YES	If YES →	ri10	YES	NO	Don't Know	rm 10	YES	NO	Don't Know
le11	Upset Stomach	NO	YES	If YES →	ri11	YES	NO	Don't Know	rm 11	YES	NO	Don't Know
le12	Sleep Difficulties	NO	YES	If YES →	ri12	YES	NO	Don't Know	rm 12	YES	NO	Don't Know
le13	Dizziness	NO	YES	If YES →	ri13	YES	NO	Don't Know	rm 13	YES	NO	Don't Know
le14	Loss of Strength	NO	YES	If YES →	ri14	YES	NO	Don't Know	rm 14	YES	NO	Don't Know
le15	Loss of Libido	NO	YES	If YES →	ri15	YES	NO	Don't Know	rm 15	YES	NO	Don't Know
le16	Impotence	NO	YES	If YES →	ri16	YES	NO	Don't Know	rm 16	YES	NO	Don't Know
le17	Feeling Flushed	NO	YES	If YES →	ri17	YES	NO	Don't Know	rm 17	YES	NO	Don't Know
le18	Fast Heart Rate	NO	YES	If YES →	ri18	YES	NO	Don't Know	rm 18	YES	NO	Don't Know
le19	Pins and Needles	NO	YES	If YES →	ri19	YES	NO	Don't Know	rm 19	YES	NO	Don't Know

YOUR VIEWS ABOUT SYMPTOMS YOU MAY HAVE EXPERIENCED (continued)

- If you have experienced any other symptoms recently that you believe may have been related to your high blood pressure or the medicine that you take for your high blood pressure, please write them in the table below.
- Please show whether you believe they are related to your high blood pressure or to the medicine you take for your high blood pressure by circling yes, no or don't know.

	Symptom		This symptom is related to my high blood pressure				This symptom is related to the medicine I take for my high blood pressure		
			YES	NO	Don't Know		YES	NO	Don't Know
ie20		ri20	YES	NO	Don't Know	rm20	YES	NO	Don't Know
ie21		ri21	YES	NO	Don't Know	rm21	YES	NO	Don't Know
ie22		ri22	YES	NO	Don't Know	rm22	YES	NO	Don't Know

**IF YOU HAVE EXPERIENCED SYMPTOMS THAT YOU THINK ARE RELATED TO YOUR HIGH BLOOD PRESURE, PLEASE ANSWER THE FOLLOWING QUESTIONS.
IF NOT, PLEASE GO ON TO THE NEXT PAGE.**

- We are interested in your views about your symptoms related to your high blood pressure.
- These are statements other people have made about their symptoms.
- Please show how much you agree or disagree with them by ticking one of the boxes.

	IEWS ABOUT YOUR HIGH BLOOD PRESSURE SYMPTOMS	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
cp1	There is a lot which I can do to control my symptoms					
cy2	My symptoms come and go in cycles					
cy1	The symptoms of my high blood pressure change a great deal from day to day					

YOUR VIEWS ABOUT CAUSES OF YOUR HIGH BLOOD PRESSURE

- We are interested in your own views about what caused your high blood pressure.
- Below is a list of possible causes.
- Please show how much you agree or disagree that they were causes FOR YOU by ticking one of the boxes for each possible cause.
- As people are very different, there are no correct answers for these questions.

	POSSIBLE CAUSES OF YOUR HIGH BLOOD PRESSURE	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
CA1	Stress or worry					
CA2	Hereditary - it runs in my family					
CA3	A Germ or virus					
CA4	Diet or eating habits					
CA5	Chance or bad luck					
CA6	Poor medical care in my past					
CA7	Pollution in the environment					
CA8	My own behaviour					
CA9	My mental attitude e.g. thinking about life negatively					

	POSSIBLE CAUSES OF YOUR HIGH BLOOD PRESSURE (Continued)	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
CA10	Family problems or worries					
CA11	Overwork					
CA12	My emotional state e.g. feeling down, lonely, anxious, empty					
CA13	Ageing					
CA14	Alcohol					
CA15	Smoking					
CA16	Accident or injury					
CA17	My personality					
CA18	Poor immune system					

- **In the table below, please list the three most important factors that you believe caused YOUR high blood pressure.**
- **You may use any of the items from the box above, or you may have additional ideas of your own.**
- **If you can't think of three things that you think caused your high blood pressure, just write one or two.**

	The most important causes of my high blood pressure for me:
IM1	
IM2	
IM3	

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