DATA COLLECTION INSTRUMENT

"**Prevalence and self-care practice of pregnancy-induced hypertension (PIH) in Ghana: a cross-sectional study**"

PARTICIPANT ID: _____

DATE OF INTERVIEW: _____

Section A: Socio-demographic Characteristics		
S/N	**Question**	**Response**
1	Age	_____
2	Religion	1= Christianity 2= Islam 3= African Traditionalist 4= Other [specify]
4	Marital status	1= Never married 2= Married 3= Divorced 4= Widowed
5	Ethnic group	1= Akan 2= Ewe 3= Ga / Dangme 4= Mole-Dagbani 5= Other [specify]
6	Occupation	1= Unemployed 2= Civil Servant 3= Cleaner 4= Farmer 5= Hair dresser 6= Health worker 7= Seamstress 8= Small scale mining 9= Teacher

		10= Trader 11= Banker 12= Other [specify]
7	Highest level of education	1= No formal education 2= Primary 3= Junior High 4= Senior High 5= College/ University
Section B: Self-Care practice of PIH		
8	How often do you monitor your blood pressure at home?	1= Daily 2= Weekly 3= Monthly 4= Other [specify]
9	Have you been advised to limit your salt intake?	1= Yes 2= No
10	If yes, how often do you follow this recommendation?	1 = Every meal 2= Daily 3= Weekly 4= Other [specify]
11	Are you taking any medication for your hypertension?	1= Yes 2= No
12	If yes, how often do you take it and do you experience any side effects?	1= Once a day 2= Two times in a day
13	Do you engage in any physical activity or exercise regularly?	1= Yes 2= No
14	If yes, what kind of activities do you engage in and how often?	1= Walking 2= Jogging 3= Dancing 4= Skipping 6= Gym training 7= Other [specify]

15	Have you made any dietary changes to manage your hypertension?	1= Yes 2= No
16	Have you been advised to reduce your stress levels?	1= Yes 2= No
17	Are you actively managing your weight?	1= Yes 2= No
18	Have you received education or counselling on managing hypertension during pregnancy?	1= Yes 2= No
19	If yes, how helpful was it in managing your condition?	1= Very helpful 2= Moderate helpful 3= Less helpful 4= Not helpful
20	Have you made any changes to your alcohol consumption?	1= Yes 2= No 3= Do not take alcohol
21	Have you made any changes to your smoking habit?	1= Yes 2= No 3= Do not smoke

Thank You for Participating!