Supplementary material 1

Questionnaire

0. BASIC INFORMATION

Interviewer		Answers	Field: A1
001	Interviewer's name		
002	Name of the municipality where the survey is being conducted		
003	Date of interview	⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋⌊_⌋⌊_⌋ Day Month Year	
004	Interview time	⌊_⌋⌊_⌋ ⌊_⌋⌊_⌋ Hour Minute	

Consent information		Answers	Field: A2
005	Consent has been obtained	Yes No	If not, please inform the investigator

STEP 1

I. SOCIODEMOGRAPHIC INFORMATION

Questions		Answers	Field: A3
101	First name		
102	Participant ID		
103	Phone number	⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋⌊_⌋	
104	Sex	Male Female	
105	Age	⌊_⌋⌊_⌋ Years	
106	Marital status	Single Married Divorced Widowed	

107	Educational level	Primary Secondary University Other	
108	Number of people in the household	⌊__⌋ Household resident	
109	Place of living (Land ownership)	Owner Tenant Other	

II. OCCUPATIONAL INFORMATION

Questions			Answers	Field: A4
201	Name of the General Referral Hospital			
202	District of the General Referral Hospital		Funa Lukunga Mont Amba Tshangu	
203	General Referral Hospital's name of municipality			
204	Occupation		Physician Nurse	
205	Department/Service		Surgery Gyneco-obstetrics Internal medicine Pediatrics Other	
206	Do you perform night shifts		Yes No	
	206a	If Yes, how many?		
207	Seniority		⌊__⌋ Years	
208	Employment contract		Hospital employee (permanent) Trainees (temporary) Other	

III. PERSONAL CARDIOVASCULAR HISTORY

1) Personal history			Answers	Field: A5
(A) History of high blood pressure				
301	When was the last time your blood pressure was measured by a healthcare worker?		Within the last 12 months Between 1 - 5 years Not in the last 5 years	
302	In the last 12 months, has a healthcare worker told you that you have high blood pressure or hypertension?		Yes No	If no, go to 306
303	Are you currently receiving an antihypertensive therapy prescribed by a healthcare worker for your hypertension?		Yes No	
304	If Yes, which of the following treatments are you receiving?			
	304a	Drug therapy	Yes No	
	304b	Special prescribed diet	Yes No	
	304c	Weight loss advice or treatment	Yes No	
	304d	Advice or treatment to stop smoking	Yes No	
	304e	Advice on starting or increasing the frequency of physical activity	Yes No	
(B) Diabetes history				
306	Have you had your blood sugar levels measured in the last 12 months?		Yes No	
307	Did a healthcare worker already tell you that you had diabetes in the last 12 months?		Yes No	If no, go to 401
308	If Yes, which of the following treatments are you receiving?			
	308a	Are you taking Insulin	Yes No	
	308b	Are you taking an oral antidiabetic drug	Yes No	
	308c	Special prescribed diet	Yes No	
	308d	Weight loss advice or treatment	Yes No	
	308e	Advice or treatment to stop smoking	Yes No	

	308f	Advice on starting or increasing the frequency of physical activity	Yes No	

IV. LIFESTYLE

1) TOBACCO CONSUMPTION		Answers	Field: A6
401	Did you smoke cigarettes or any other substance in the last 12 months?	Yes No	If no, go to 403
402	If Yes, how many?		

2) ALCOHOL CONSUMPTION				Answers		Field: A7
403	Did you consume alcoholic drinks in the last 30 days?			Yes No		If no, go to 405
404	If Yes, which alcoholic drinks and how many of each did you consume?					
	404a	Beer	Yes No	If Yes, specify quantity?	Ordinary bottle (285 ml) └┘└┘ Medium-sized glass (120 ml) └┘└┘ Small glass (30 ml) └┘└┘	
	404b	Wine	Yes No	If Yes, specify quantity?	Ordinary bottle (285 ml) └┘└┘ Medium-sized glass (120 ml) └┘└┘ Small glass (30 ml) └┘└┘	
	404c	Aperitif	Yes No	If Yes, specify quantity?	Ordinary bottle (285 ml) └┘└┘ Medium-sized glass (120 ml) └┘└┘ Small glass (30 ml) └┘└┘	
	404d	Liquor	Yes No	If Yes, specify quantity?	Ordinary bottle (285 ml) └┘└┘ Medium-sized glass (120 ml) └┘└┘ Small glass (30 ml) └┘└┘	
	404e	Local liquor (lotoko, lunguila or other)	Yes No	If Yes, specify quantity?	Ordinary bottle (285 ml) └┘└┘ Medium-sized glass (120 ml) └┘└┘ Small glass (30 ml) └┘└┘	

3) DIET HYGIENE		Answers	Field: A8
405	How many days a week do you usually consume fruit?	Number of days └┘└┘	
406	How many portions of fruit do you consume on one of these days?	Number of days └┘└┘	
407	How many days a week do you usually consume vegetables?	Number of days └┘└┘	

408	How many portions of vegetables do you consume on one of these days?	Number of days ⌊_⌋⌊_⌋	

Ricci and Gagnon questionnaire							
4) PHYSICAL ACTIVITY		Points					Field: A9
(A)	**Sedentary behaviors**	1	2	3	4	5	Scores
414	How much time do you spend sitting each day (leisure, watching TV, using a computer, and working)?	Over 5h	4-5 h	3-4 h	2-3 h	Less than 2 h	
						Total (A)	
(B)	**Physical leisure activities (including sports)**	1	2	3	4	5	Scores
415	Do you regularly engage in any physical activity?	No				Yes	If no, go to C
416	How often do you perform these activities?	1-2 times / month	1 time / week	2 times / week	3 times / week	4 times / week	
417	On average, how many minutes do you dedicate to each physical activity session?	Less than 15 min	16 - 30 min	31 - 45 min	46 - 60 min	Over 60 min	
418	How do you usually rate your level of effort, where 1 denotes very easy and 5 denotes very hard	1	2	3	4	5	
						Total (B)	
(C)	**Daily physical activities**	1	2	3	4	5	Scores
419	What intensity of physical activity does your job require?	Light	Moderate	Medium	Intense	Very intense	
420	In addition to your regular job, how many hours a week do you spend on light work: handiwork, gardening, housework, etc.?	Less than 2h	3 - 4h	5 - 6h	7 - 9h	Over 10h	
421	How many minutes a day do you spend walking?	Less than 15 min	16 - 30 min	31 - 45 min	46 - 60 min	Over 60 min	
422	On average, how many floors do you walk up each day? (floor level of a building, not number of stairs)	Less than 2	3 - 5	6 - 10	11 - 15	Over 16	
						Total (C)	
					Total (A)+(B)+(C)		

V. HYPERTENSION KNOWLEDGE

Questions		Answers			Field: A10
		True	False	Don't know	
501	A person can be considered hypertensive if his or her blood pressure is equal to or greater than 140/90				
502	Hypertension only affects people over 40				
503	A single blood pressure measurement is all it takes to diagnose hypertension				
504	Hypertension can always be cured if treatment is adhered to				
505	Regular physical activity can reduce blood pressure				
506	Losing weight can reduce blood pressure				
507	When you have high blood pressure, you usually feel fine and don't know that your blood pressure is high.				
508	Cancer can be caused by high blood pressure				
509	Stroke can be caused by high blood pressure				
510	High blood pressure can affect the kidneys				
511	Diabetes is a possible complication of hypertension				
512	Hypertension medication must be taken every day				
513	Adherence to medical treatment reduces the risk of complications				
514	It is not advisable to take a treatment first thing in the morning.				
515	Hypertension calls for hygienic and dietary measures				
516	Excessive salt consumption promotes high blood pressure				
517	Natural orange juice is salty				
518	Canned vegetables are salty				
519	Chips are high in salt				
520	Charcuterie is high in salt				

STEP 2 : Physical measurements

Height and weight		Answers	Field : A12
601	Height	Centimeter (cm) ⌊_⌊_⌊_⌋	
602	Weight	Kilogram (kg) ⌊_⌊_⌊_⌋ If too heavy for scale, enter 9999	If pregnant, go to 603
Pression artérielle			
603	Measure 1	Systolic (mmHg) ⌊_⌊_⌊_⌋ Diastolic (mmHg) ⌊_⌊_⌊_⌋	

604	Measure 2	Systolic (mmHg) ⌊_⌊_⌊_⌋ Diastolic (mmHg) ⌊_⌊_⌊_⌋	
605	Measure 3	Systolic (mmHg) ⌊_⌊_⌊_⌋ Diastolic (mmHg) ⌊_⌊_⌊_⌋	

STEP 3 : Biochemical measurements

Blood sugar		Answers	Field : A13
701	During the last eight hours, have you consumed anything other than water?	Yes No	If not, collect fasting blood sugar
702	Time of sample collection	⌊_⌊_⌋ ⌊_⌊_⌋ Hour Minutes	
703	Fasting blood sugar	mg/dL ⌊_⌊_⌋	