

Section A: Socio-demographic characteristics of hypertensive clients.

S/N	Socio-Demographic		✓ Tick
1.	Gender	Male	
		Female	
2.	Age	18-34	
		35-64	
		65>	
3.	Religion	Christianity	
		Islam	
		African Traditional Religion	
4.	Marital status	Single	
		Married	
		Divorced	
5.	Educational status	Formal education	
		Non formal education	
6.	Occupational status	Self employed	
		Government employee	
		Merchant	
		Unemployed	
7.	Average monthly income (Ghana Cedis)	Less than 1,000	
		1,001-2,500	
		2,500 above	
8.	Place of residence	City (urban)	
		Village (rural)	
9.	Have you been on antihypertensive medication?	Less than five (5) years	
		More than five (5) years	

Section B: Knowledge of clients with hypertension on lifestyle modification.

Tick (✓) the column that corresponds to your opinion to the statements given below: The response ranges from strongly agree (SA) to strongly disagree (SDA)

SN	Statement	Strongly agree	Agree	Disagree	Strongly disagree
1	Education during follow-up on LSM about hypertension is essential component of BP management				
2	Regular checking of BP is important part of BP management				
3	Maintaining normal body weight is important for controlling BP				
4	Controlling diet is important for controlling BP.				
5	Controlling salt intake is important for controlling BP.				
6	Regular exercise helps to control hypertension				
7	Reducing alcohol intake helps to lower blood pressure				
8	Stopping of smoking helps to lower blood pressure.				
9	Do you believe that adequate sleep is essential for stress management?				

Section C: Attitude of clients with hypertension toward lifestyle modification

Please tick (✓) the column which corresponds to your opinion to the questions below. The questions seek your response to whether it is Yes, or No.

SN	Question	Yes	No
1	Do you believe that reducing salt intake can help manage hypertension?		
2	Do you think regular physical activity can lower blood pressure?		
3	Are you willing to follow a heart-healthy diet to control hypertension?		
4	Do you agree that maintaining a healthy weight is important for managing hypertension?		
5	Would you be willing to reduce your alcohol consumption to manage hypertension?		
6	Do you believe that quitting smoking can help control hypertension?		
7	Are you open to incorporating stress-reducing techniques, such as rest can manage your blood pressure?		
8	Do you think regular blood pressure monitoring is important for managing hypertension?		
9	Would you be willing to limit your caffeine intake to help manage hypertension?		
10	Do you agree that getting enough sleep is important for controlling hypertension?		

Section D: Practices of LSM among people living with hypertension.

Please tick (✓) the column which corresponds to your opinion to the questions below. The questions seek your response to whether it is Yes, or No.

SN	Question	Yes	No
1	Do you have your BP checked regularly?		
2	Do you check your body weight regularly?		
3	Do you regularly include diet rich in fruit, vegetables and low-fat dairy products in meal programs?		
4	Do you regularly eat diet rich with high animal fat?		
5	Do you regularly consume salt free or low salt diet?		
6	Do you regularly drink alcohol?		
7	Do you regularly engage in physical exercise for at least 30minutes/day?		
8	Do you smoke cigarette?		