Additional file 1. Study questionnaire (proforma)

"Effectiveness of a smartphone application in the management of hypertension among hypertensive patients attending a health care setting in Mysuru city."

PART A

General information

Name: _____ Age: _____ Gender: _____

Education: _____ Occupation: _____ Mobile no.: _____

Address: _____

Marital status: Married / Unmarried / Divorced / Widowed / Separated

Educational qualification of patient: _____

Occupation of the patient: _____

Hypertensive since: _____

Treatment history: _____

Any other co-morbidities: _____

Height: _____ Weight: _____ BMI: _____ WHR: _____

Daily physical activities: _____

Diet

24-hour recall: _____

Any diet restrictions: _____

Habits

A) Smoking: a) Yes b) No

B) If yes: Current / Past

C) Duration of smoking (years): _____

	Number per day	Duration
Smoking beedi / cigarette		
Smokeless chewing (gutka / khaini / others)		

Beverages

	Yes / No	Amount in ml / glass	Frequency (daily / weekly / monthly)	Duration (years / months)	Stopped / quit (years / months)
Alcohol					
1)					
2)					
3)					
4)					
5)					

PART B

Hill-Bone Medication Adherence Scale (HB-MAS)

Response: 1. All of the time 2. Most of the time 3. Some of the time 4. None of the time

No.	Question	Response (1-4)

1	How often do you forget to take your high blood pressure medicine?	
2	How often do you decide NOT to take your high blood pressure medicine?	
3	How often do you forget to get prescriptions filled?	
4	How often do you run out of high blood pressure pills?	
5	How often do you skip your high blood pressure medicine before you go to the doctor?	
6	How often do you miss taking your high blood pressure pills when you feel better?	
7	How often do you miss taking your high blood pressure pills when you feel sick?	
8	How often do you take someone else's high blood pressure pills?	
9	How often do you miss taking your high blood pressure pills when you are careless?	

PART C

WHOQOL-BREF Scale

The following questions ask how you feel about your quality of life, health, or other areas of your life. Each question is read out along with the response options; please choose the answer that appears most appropriate. If unsure, the first response you think of is often the best one. Please keep in mind your standards, hopes, pleasures and concerns, and think about your life in the last four weeks.

No.	Question	Very poor	Poor	Neither poor nor good	Good	Very good
1	How would you rate your quality of life?	1	2	3	4	5

No.	Question	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about how much you have experienced certain things in the last four weeks.

No.	Question	Not at all	A little	A moderate amount	Very much	An extreme amount
3	To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
4	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1
5	How much do you enjoy life?	1	2	3	4	5
6	To what extent do you feel your life to be meaningful?	1	2	3	4	5

No.	Question	Not at all	A little	A moderate amount	Very much	Extremely
7	How well are you able to concentrate?	1	2	3	4	5
8	How safe do you feel in your daily life?	1	2	3	4	5
9	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last four weeks.

No.	Question	Not at all	A little	Moderately	Mostly	Completely
10	Do you have enough energy for everyday life?	1	2	3	4	5
11	Are you able to accept your bodily appearance?	1	2	3	4	5
12	Have you enough money to meet your needs?	1	2	3	4	5
13	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5

14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

No.	Question	Very poor	Poor	Neither poor nor good	Good	Very good
15	How well are you able to get around?	1	2	3	4	5

No.	Question	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16	How satisfied are you with your sleep?	1	2	3	4	5
17	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18	How satisfied are you with your capacity for work?	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5
20	How satisfied are you with your personal relationships?	1	2	3	4	5
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last four weeks.

No.	Question	Never	Seldom	Quite often	Very often	Always
26	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	5	4	3	2	1