

SUPPLEMENTARY FILE 1

Questionnaire: Knowledge, Attitude, and Practice of Residents of Khartoum State about Hypertension

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This questionnaire was developed by the researcher specifically for this study.

It is not a previously published or standardized instrument.

SECTION 1: BACKGROUND INFORMATION

1. Sex:

Male

Female

2. Age group:

18 – 25 years

26 – 35 years

36 – 45 years

> 45 years

3. Marital status:

Single

Married

4. Employment status:

Student

Doctor

Engineer

Pharmacist

Nurse

Accountant

Freelancer

Unemployed

Other (please specify): _____

5. Educational level:

Primary school

High school

University

Postgraduate

6. Do you have a history of hypertension (high blood pressure)?

Yes

No

SECTION 2: KNOWLEDGE

7. Do you have any close relative who is/was suffering from hypertension?
 Yes
 No
8. If the answer to question 7 is "Yes", who is this person?
 One of the parents
 Sibling
 Other relative
9. What is the normal range of blood pressure?
(Open-ended) Answer: _____
10. What are the causes of hypertension? (Select all that apply)
 Physical inactivity
 Overweight / obesity
 Smoking
 Excessive salt intake
 Psychological stress
 Kidney diseases
 Hereditary / genetic factors
11. What are the symptoms of hypertension? (Select all that apply)
 Headache
 Palpitations (fast heartbeat)
 Chest pain
 Difficulty breathing (dyspnoea)
12. Should we reduce salt intake to prevent hypertension?
 Yes
 No
 Don't know
13. Should we consume plenty of vegetables and fruits to prevent hypertension?
 Yes
 No
 Don't know
14. Knowing that high blood pressure may not be accompanied by obvious symptoms and is discovered by chance in many people — do you think that regular measurement of blood pressure is important for people who are not known to have hypertension?
 Yes
 No
 Maybe / Don't know
15. Do you think that hypertension causes serious complications?
If yes, please list any complications you are aware of:
Answer: _____

SECTION 3: PRACTICE

(Note: Questions 16–18 are intended for participants with known hypertension.
All other participants may answer questions 19–21.)

16. How often do you check your blood pressure?

- Weekly
- Monthly
- Yearly
- I do not check regularly

17. Do you visit a doctor for the treatment of high blood pressure?

(For patients with known hypertension)

- Weekly
- Monthly
- Yearly
- Only when I feel symptoms

18. Are you currently using medication to treat high blood pressure?

(For patients with known hypertension)

- Yes
- No

19. Do you follow a low-salt diet for the prevention or control of hypertension?

- Yes
- No

20. Do you exercise regularly?

- Yes
- No

END OF QUESTIONNAIRE