

**Title: A cross-sectional study on hypertension medication adherence in a high burden region in Namibia: Exploring hypertension interventions and validation of Namibia Hill-Bone scale**

Supplementary File S1: Blood pressure medication adherence Questionnaire.

**Section A: Socio- Demographic characteristics and Anthropometric measurement.**

<b>Socio Demographic Characteristics</b>	
<b>1. Age</b>	
<b>2. Sex</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>3. Marital Status</b>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Cohabiting <input type="checkbox"/>
<b>4. Highest level of education</b>	Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> None <input type="checkbox"/>
<b>5. Employment status</b>	Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/>
<b>6. Income level</b>	Between N\$500-N\$2000 <input type="checkbox"/> More than N\$2000-N\$5000 <input type="checkbox"/> More than N\$5,000 - N\$10000 <input type="checkbox"/> More than N\$10000-N\$20000 <input type="checkbox"/> More than N\$ 20000 <input type="checkbox"/>
<b>Anthropometric measurements</b>	
1. Height (m)	<input type="text"/>
2. Weight (kg)	<input type="text"/>
3. Blood pressure(mmHg)	

**SECTION B: Personal Medical History.**

1. When were you diagnosed with High blood pressure? (Year) \_\_\_\_\_
2. Do you have any other chronic illness (es) \_\_\_\_\_?
3. If yes, please mention it (them) \_\_\_\_\_
4. At your last visit at the clinic for your high blood pressure follow-up, did you receive enough medication to last you until your next visit?  
\_\_\_\_\_
5. Did your nurse or doctor tell you when, how and why you need to take your high blood pressure medication every time you are supposed to?  
\_\_\_\_\_
6. Do you know what might happen if you do not take your medication every time you are supposed to? \_\_\_\_\_
7. Do your friends and family encourage you to take your medication?  
\_\_\_\_\_
8. Do your friends and family accompany you to the clinic for follow-ups?  
\_\_\_\_\_
9. Do you always go to your follow-ups on the days you are supposed to?  
\_\_\_\_\_
10. if not, please say why? -  
\_\_\_\_\_

**This section of the questionnaire is adopted from [1]**

**SECTION C: Hill-Bone Compliance to High Blood Pressure Therapy Scale.**

*(Please answer the following questions in the table below, by marking with an (X) appropriately.)*

1. How often do you forget to take your hypertension medicine?

None of the time  Some of the time  Most of the time  All the time

2. How often do you decide not to take your hypertension medicine?

None of the time  Some of the time  Most of the time  All the time

3. How often do you eat salty food?

None of the time  Some of the time  Most of the time  All the time

4. How often do you shake salt (**uncooked salt**) on your food before you eat it?

None of the time  Some of the time  Most of the time  All the time

5. How often do you eat fast food (**porsie chips, fat cooks, kapana etc.**)

None of the time  Some of the time  Most of the time  All the time

6. How often do you make the next appointment before you leave the doctor`s office?

None of the time  Some of the time  Most of the time  All the time

7. How often do you miss scheduled appointments?

None of the time  Some of the time  Most of the time  All the time

8. How often do you forget to get prescriptions filled?

None of the time  Some of the time  Most of the time  All the time

9. How often do you run out of high blood pressure pills?

None of the time  Some of the time  Most of the time  All the time

10. How often do you skip your hypertension medicine before you go to the doctor?

None of the time  Some of the time  Most of the time  All the time

11. How often do you miss taking your hypertension pills when you feel better?

None of the time  Some of the time  Most of the time  All the time

12. How often do you miss taking your hypertension pills when you feel sick?

None of the time  Some of the time  Most of the time  All the time

13. How often do you take someone else`s hypertension pills?

None of the time  Some of the time  Most of the time  All the time

14. How often do you miss taking your hypertension pills when you care less?

None of the time  Some of the time  Most of the time  All the time

1. Nashilongo MM, Singu B, Kalemeera F, Mubita M, Naikaku E, Baker A, et al. Assessing Adherence to Antihypertensive Therapy in Primary Health Care in Namibia: Findings and Implications. *Cardiovasc Drugs Ther.* 2017 Dec;31(5-6):565-78. PMID: 29032396. doi: 10.1007/s10557-017-6756-8.