## APPENDIX A

## **INTERVEIW FORM**

Id	

This questionnaire is used to assess hypertensive patients in the study. The questionnaire comprises two parts: Demographic Data Record Form and Stress Assessment Questionnaire

Pa	rt I: Demographic	c Data Record Form	
1.	Sex	( ) 1 male	() 2 female
2.	Age	years	
3.	Marital status	( ) 1single	( ) 2 married
		( ) 3widowed/divorced/se	parate
4.	Education level	( ) 1 informal education	( ) 2 primary school
		( ) 3 High school	( ) 4 Certificate / Diploma
		( ) 5 Bachelor degree or hig	ther level
5.	Religion	( ) 1 Buddhist	( ) 2 Islam
		( ) 3 Christian	( ) 4 other
6.	Occupation	( ) 1Unemployed	( ) 2 Agriculturist
		( ) 3 General employee	( ) 4 Business
		( ) 5 Government official	
7.	Family income (	Do you have family income?)	
		( ) 1 No	
		( ) 2 yes (specify)	Bath/month
8.	Economic status	() 1 Inadequate	( ) 2 Adequate but not saved
		( ) 3 Adequate and say	red

9.	. Have you smoked?	
	( ) 1 No	
	( ) 2 Yes and irregul	ar
	( ) 3 Yes and regular	(How many cigarettes per day?)
10.	0. Have you drunk alcohol?	
	( ) 1 No	
	( ) 2 Yes and irregul	ar (How many drinks per day?)
	( ) 3Yes and regular	(How many drinks per day?)
11.	1. What type of alcohol did you use?*	
	( ) Mekong ( ) Whisky ( ) Bear/ Wine *Select more than one choice.	
12.	2. Do you get salty eating behavior?	
	( ) 1 No	
	( ) 2 Yes and irregul	ar
	( ) 3 Yes and regular	at list three times per week
13.	3. Do you get fatty eating behavior?	
	( ) 1 No	
	( ) 2 Yes and irregul	ar
	( ) 3 Yes and regular	at list three times per week
14.	4. Do you have any exercise behavior?	
	( ) 1 No	
	( ) 2 Yes and irregula	ar
	( ) 3 Ves and regular	at list three times per week

15. What does your h	istory of hypertension?
	( ) 1 New case
	( ) 2 Old case ( specify, how long did you get?)year
16. Do you take any	antihypertensive medication? (This question used for scanning
exclusion criteria)	
	( ) 1 No
	( ) 2 Yes

## Part II: Stress Assessment Questionnaire

The Stress Assessment Questionnaire, comprises of 64 items, is used to interview your symptoms include your physical, emotion, and behavior responses in the past a month.

	Frequency of responses				
Physical Emotion and behavior	Never	Infrequently	Sometime	Often	Very frequently
Did you have any experience					
1.Flushing of you face					
2.Sweating expressively even in					
cold weather					
3.Severe itching					
4. Skin rashes					
5. Cold hands or feet					
6. Hot or cold spells				***************************************	
7. Dry mouth and throat					
8. A choking lump in you throat	•		•		
9. Hoarseness	•		•		
10. Nasal stuffiness	•				
11.Migraine headache or severe				11 11 11 11 11 11 11 11 11 11 11 11 11	
headache					
12. Blurring of your vision					
13. Nausea					
14 Heartburn					
15. Indigestion					

	Frequency of responses				
Physical Emotion and behavior	Never	Infrequently	Sometime	Often	Very
					frequently
16.Severe pain in your stomach					
17. Poor appetite				• • • • • • • • • • • • • • • • • • • •	
18. Increased appetite					
19. Constipation				• •••••	
20 Loose bowel movements or					
diarrhea					
Have you noticed any of					
following symptoms when not					
exercising					
21. Pain in your heart or chest					
22. Rapid or racing heart beats				• • • • • • • • • • • • • • • • • • • •	
23. Difficult breathing				• *************************************	
24. Rapid breathing				•	
25. Have you noticed excessive				• *************************************	
tension stiffness, soreness or					
champing of muscles in your neck,					
jaw, forehead, eyes, back, shoulders,					
hands, legs, or abdomen					
Have you noticed				•	
26. Worrying about your health					
27. Shaking or trembling				•	
28. Stuttering or stammering				•	

	Frequency of responses				
Physical Emotion and behavior	Never	Infrequently	Sometime	Often	Very frequently
29. Being easy jittery					
30. Feeling weak and faint					
31. Frightening dreams					
32.Being uneasy and apprehensive					
33. You become so afraid you can't move					
34. Alone and sad					
35. Unhappy and depressed					
36.That worrying get you down					
37. Like crying easily					
38. Like life is entirely hopeless					
39.what you wished you were dead					
40 That little things get on your nerves					
41. You are easily annoyed					
42.You become mad or angry					180100000000000000000000000000000000000
easily					
43. When you feel angry, you act				• •••••	
angrily toward most everything					
44. Pacing					
45. Difficulty sitting still				• • • • • • • • • • • • • • • • • • • •	

	Frequency of responses				
Physical Emotion and behavior	Never	Infrequently	Sometime	Often	Very frequently
46. Chewing on your lips					
47. Biting your nail					
48.Having to get up at night to urinate frequently					
49. Difficulty in falling asleep					
50.Difficulty in staying asleep at night					
51. Changes in your sexual relationship					
52.Severe aches and pain make it					
difficult to do your work					
53. Working tires you out completely					
54. You get up tired and exhausted	•				1801101811181811818118181818181818181
in the morning even with your usual					
amount of sleep at night					
55.You thinking gets completely					
mixed up when you have to do					
things quickly					
56. You must do thing very slowly to					
do them without mistakes					
57.You get directions and orders					18010010100101010101010101010101010101
wrong					
		<u> </u>		1	

	Frequency of responses				
Physical Emotion and behavior	Never	Infrequently	Sometime	Often	Very
					frequently
59. You are fearful of strangers or					
strange places make you afraid					
60. Sudden noises make you jump or				***************************************	
shake					
61. Frightening thoughts keep coming				***************************************	
back					
62. You become suddenly frightened					
for no good reason					
63. You get nervous or shaky when					
approached by a superior					
64. You have difficulty in					100100010010000000000000000000000000000
concentrating					