

9. Have you smoked?

- 1 No
- 2 Yes and irregular
- 3 Yes and regular(How many cigarettes per day?).....

10. Have you drunk alcohol?

- 1 No
- 2 Yes and irregular (How many drinks per day?).....
- 3 Yes and regular (How many drinks per day?).....

11. What type of alcohol did you use?*

- Mekong
- Whisky
- Beer/ Wine

*Select more than one choice.

12. Do you get salty eating behavior?

- 1 No
- 2 Yes and irregular
- 3 Yes and regular at list three times per week

13. Do you get fatty eating behavior?

- 1 No
- 2 Yes and irregular
- 3 Yes and regular at list three times per week

14. Do you have any exercise behavior?

- 1 No
- 2 Yes and irregular
- 3 Yes and regular at list three times per week

15. What does your history 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. |

Physical Emotion and behavior	Frequency of responses				
	Never	Infrequently	Sometime	Often	Very frequently
<u>Did you have any experience</u>					
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 headache					
12. Blurring of your vision					
13. Nausea					
14 Heartburn					
15. Indigestion					

Physical Emotion and behavior	Frequency of responses				
	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					
<u>Have you noticed any of the following symptoms when not exercising</u>					
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					
<u>Have you noticed</u>					
26. Worrying about your health					
27. Shaking or trembling					
28. Stuttering or stammering					

Physical Emotion and behavior	Frequency of responses				
	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 easily					
43. When you feel angry, you act angrily toward most everything					
44. Pacing					
45. Difficulty sitting still					

Physical Emotion and behavior	Frequency of responses				
	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 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 wrong					

Physical Emotion and behavior	Frequency of responses				
	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 concentrating					