

**Supplementary Table IB.** Compliance scale for hypertensive patients (HyCompS)

Name of the Patient:

Patient ID:

Age:

Gender:

Educational Qualification:

Occupation:

Name of the Hospital/ Clinic:

Instructions: The following scale aims to measure the extent to which you follow your treatment regimen in the management of HYPERTENSION (High Blood Pressure/HBP/HTN). Kindly read each question carefully and put a tick mark (✓) in the appropriate column. Each question has six options to choose from. Each option is related to the frequency of your behaviour over a period of seven days (one wk). Depending upon how often you do/ do not do something referred to the question you must choose your response.

None of the time (NT)=Not a single day in a week

Some of the time (ST)=one to two days in a week

Most of the time (MT)=three to four days in a week

All the time (AT)=almost every day

NA/DK= not applicable/ do not know

Example: How often do you forget to carry your purse?

In case you forget your purse about one to two times in a week on an average, you need to choose ‘Some of the time’. In case you always carry a credit/ debit card, then you need to choose ‘Not applicable/ Don’t know’ option.

S. no.	Item	NT	ST	MT	AT	NA/DK
1.	How often do you forget to take your medicine for high blood pressure (HBP)?					
2.	How often do you decide not to take your medicine?					
3.	How often do you eat salty food?					
4.	How often do you eat fast food?					
5.	How often do you add extra salt to your food?					
6.	How often do you get the next appointment before you leave the clinic?					
7.	How often do you run out of HBP medicine?					
8.	How often do you miss taking your medicine because you feel better?					
9.	How often do you miss taking your medicine because you feel sick?					
10.	How often do you take someone else’s HBP medicine?					
11.	How often you just don’t bother about taking your HBP medicine?					
12.	How often do you check blood pressure level?					
13.	How often do you do the prescribed exercises e.g. morning walk?					
14.	How often do you substitute your exercise with household chores/ running errands?					
15.	How often do you cut short the duration of your exercise?					

Thank you.