

Supplementary Table IC. Hypertension compliance monitoring record

Instructions

You have agreed to participate in our study (with your parents' consent) and monitor the BP patient in your family. This daily diary is for you.

All that you have to do is to remind your patient to take medicines, do exercise at the right time, and then see that he/she does not deviate from the prescribed diet.

Record in this diary every night on the following:

1. Has the patient taken the medicine?
2. Has the patient done the walking/ exercise/yoga he/she is supposed to do?

If you are sure that he/she has taken the medicine then tick in column 'YES' against the date if you are sure that he/she has not taken the medicine, then tick in column 'NO'. In case, you are not sure then tick in column "DK" (Don't Know).

The third question relates to diet. In case you are sure that the patient has taken the diet (low fat, low salt, high fibre) prescribed for high B.P. then tick column 'Yes'. In case you know for sure that the patient has taken high salt/ high fat/ low fibre diet that day, then tick in column 'NO'. If you found that the patient has slightly deviated (by taking prohibited diet in only one meal) then tick in the column 'Partly'.

In case the patient suffered from any symptoms like headache, tiredness, pain in chest, breathlessness, *etc.* any day during the week, please mention the same by mentioning the date. Similarly in case the patient has visited the doctor for a scheduled checkup please mention the same.

I will collect your diary once a week. Your recordings will have to be very honest. In case you forget to record on a day you may do so the next morning, but only after verifying. If you forget for two consecutive days, then please do not try to verify and fill up about things happened 'day before yesterday. Instead mention against the date 'Forgot Recording'.

Hypertension Monitoring Daily Diary

YEAR XXXX

Month - September

WEEK 1

Day	Date	Medicines			Exercise			Diet		
		Yes	No	DK	Yes	No	DK	Yes	No	DK

Any symptoms? _____

Visit to the doctor? _____

B.P. reading (if measured at home or clinic on this day) _____

Any other relevant information _____