

NAME/ID:

DATE:

Current Weight: _____ kg lbs

Date checked: _____ n/a

Height: _____ feet/inches cm

*Body Mass Index (BMI): _____ *To be calculated by clinician

Blood Pressure: _____/_____ mmHg

Date checked: _____ n/a

Fasting Glucose: _____ mmol/L mg/dl

Date checked: _____ n/a

HbA1c: _____ %

Date checked: _____ n/a

We are interested in your own beliefs about your health. We are NOT interested in what others believe or may wish you to believe.

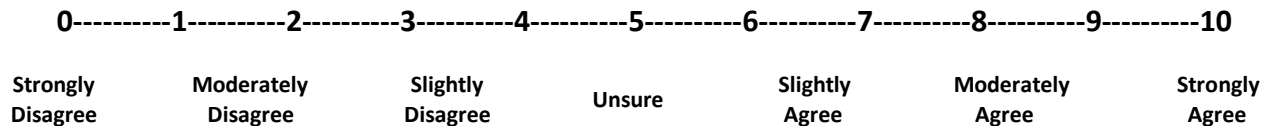
Indicate if you have ever had any of the following health related experiences by reading the questions and marking either Yes or No.

	Yes	No
A) Do you regularly feel nervous?	<input type="checkbox"/>	<input type="checkbox"/>
B) Do you regularly sweat?	<input type="checkbox"/>	<input type="checkbox"/>
C) Do you regularly have difficulty sleeping?	<input type="checkbox"/>	<input type="checkbox"/>
D) Do you regularly have facial flushing? Do your cheeks get red?	<input type="checkbox"/>	<input type="checkbox"/>
E) Do you regularly have shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
F) Do you regularly have headaches?	<input type="checkbox"/>	<input type="checkbox"/>
G) Do you regularly have nosebleeds?	<input type="checkbox"/>	<input type="checkbox"/>
H) Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

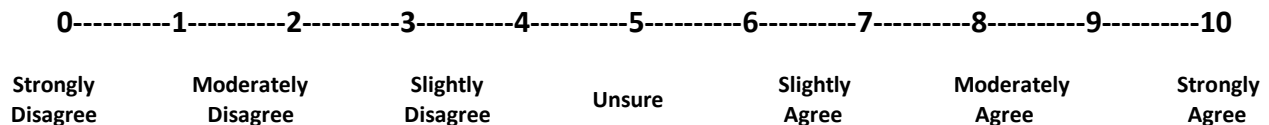
If 'NO' to ALL of the above, please go to the next page.

If 'YES' to any of the above, indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number, keeping in mind your health related experiences.

1) My health related experiences are due to having high blood pressure.

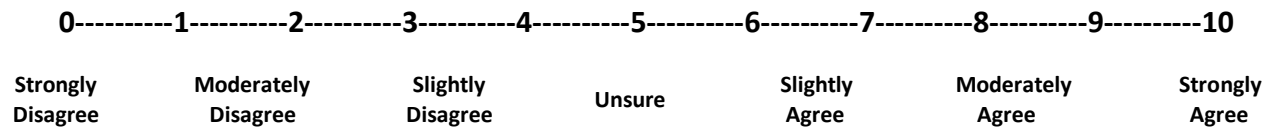


2) My health related experiences are due to other reasons than my high blood pressure regardless of what other people think (e.g. doctors, family, friends, etc.).

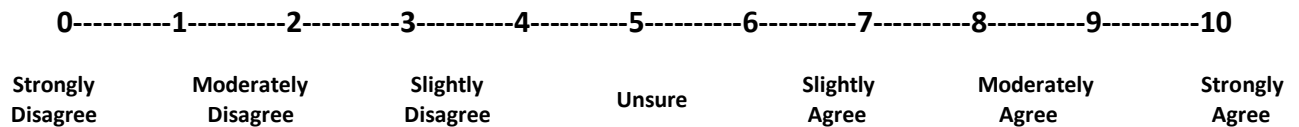


Please indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number.

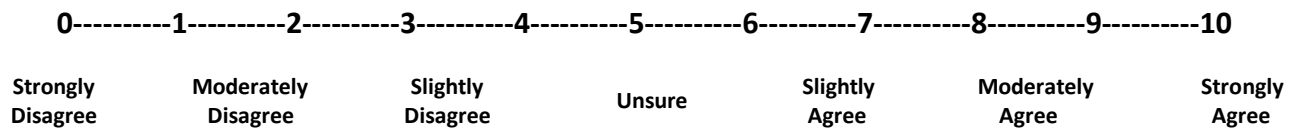
3) I have high blood pressure.



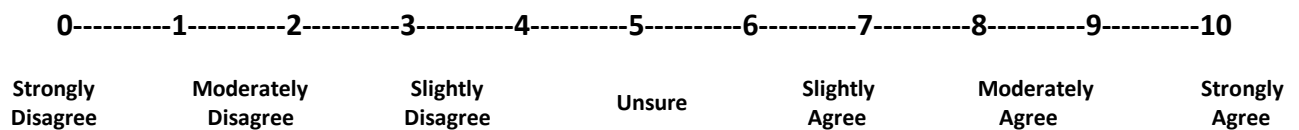
4) I NEED to make or maintain healthy life style changes to improve my diet and increase the amount I exercise.



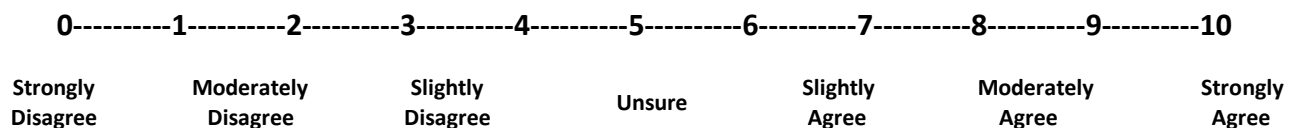
5) I have a normal blood pressure.



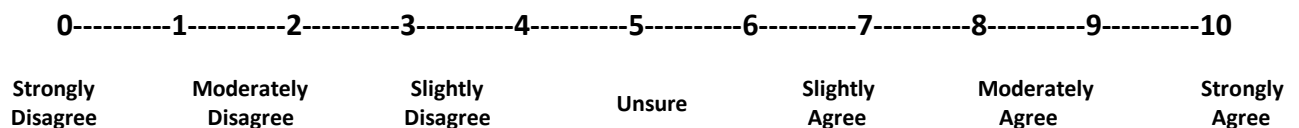
6) I can safely carry on my current lifestyle (i.e. eating/drinking and exercising as I currently do).



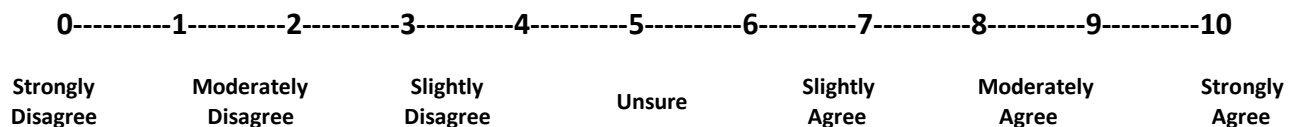
7) My high blood pressure has led or can lead to negative health consequences (e.g. heart disease, heart attack, heart failure, stroke, near stroke, kidney/renal disease, vision loss, etc.).



8) My blood pressure is regularly in the hypertensive range (i.e. $\geq 140/90$).



9) I need blood pressure lowering medication.



THE END

NAME/ID:

DATE:

Awareness Category	Calculation	Score ¹
Illness Awareness	$Q3___ + (10 - Q5___) + Q8___$ \div total # of responses $___$	
Symptom Attribution	$Q1___ + (10 - Q2___)$ \div total # of responses $___$ * *Exclude questions indicated as N/A	
Awareness of Need for Treatment	$Q4___ + (10 - Q6___) + Q9___$ \div total # of responses $___$	
Awareness of Negative Consequences	Q7 $___$	
	Subtotal (sum of scores)	
BASIS Average Total Score ²	Subtotal \div $___$	

¹ The score for each Awareness Category should be left blank if NO items were completed for that category.

² The Average Total Score calculation should be the Subtotal \div 4 or the number of Awareness Categories for which a score could be calculated.

BASIS

* Please note that this manual is for the original psychometrically tested scale (<https://www.ncbi.nlm.nih.gov/pubmed/29524293>).

This version includes **Item 2**, which was excluded from the updated version due to weak internal consistency.

INSTRUCTION MANUAL

The BASIS measures the core domains of illness awareness in hypertension, including general illness awareness, accurate symptom attribution, awareness of need for treatment, and awareness of negative consequences.

BASIS is the first validated, hypertension-specific instrument that reliably and comprehensively measures subjective hypertension awareness. Item development was guided by existing theoretical models and previously validated scales of illness awareness in other conditions such as neuropsychiatric disorders. BASIS show good psychometric properties with strong internal consistency, convergent and discriminant validity, and test-retest reliability. The 9-item scale can be completed in less than 2 minutes. Each scale item consists of a 10-point Likert scale to capture small differences in awareness. BASIS can be used clinically and for research, including epidemiological studies and prospective treatment trials to investigate the extent to which subjective hypertension awareness contributes to medication adherence and clinical outcomes; or neuroimaging and neurophysiological studies to identify the neural correlates of impaired hypertension awareness.

The BASIS is available for download at www.illnessawarenessscales.com. Please see legal terms of use.

Below you will find instructions on how to use and score BASIS.

Prior to administering BASIS, the participant or the clinician is to enter data on the most recent weight and height, calculated BMI, blood pressure, fasting glucose, and HbA1c level on the top of page 1.

The scale consists of the following:

- 1) **ASSESSMENT OF SYMPTOM ATTRIBUTION (Page 1)**
- 2) **ASSESSMENT OF GENERAL ILLNESS AWARENESS, AWARENESS OF NEED FOR TREATMENT, AND AWARENESS OF NEGATIVE CONSEQUENCES (Page 2)**
- 3) **SCORING SHEET (Page 3)**

The participant should read all content of the BASIS in order to accurately report his/her understanding of his/her illness, symptoms, need for treatment and negative consequences of the illness.

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ASSESSMENT OF SYMPTOM ATTRIBUTION (Page 1)

The ASSESSMENT OF SYMPTOM ATTRIBUTION (page 1) consists of an introductory statement indicating that the participant should report on his/her own beliefs about his/her health and NOT on what others may wish him/her to believe.

We are interested in your own beliefs about your health. We are NOT interested in what others believe or may wish you to believe.

Indicate if you have ever had any of the following health related experiences by reading the questions and marking either Yes or No.

Following the introductory statement, the participant is to report on current or past health-related symptoms in a categorical fashion, i.e. by marking 'Yes' or 'No' beside the listed symptoms. The aim is for the participant to indicate *any* health-related symptoms he/she has ever had.

If the participant reported 'No' to all of the listed symptoms, he/she is instructed to proceed to the next page.

If the participant said 'Yes' to any of the listed symptoms, he/she is instructed to indicate the extent to which he/she agrees or disagrees at the present moment with the

BASIS

proceeding statement by circling the appropriate number, keeping in mind his/her health-related experience.

	Yes	No
A) Do you regularly feel nervous?	<input type="checkbox"/>	<input type="checkbox"/>
B) Do you regularly sweat?	<input type="checkbox"/>	<input type="checkbox"/>
C) Do you regularly have difficulty sleeping?	<input type="checkbox"/>	<input type="checkbox"/>
D) Do you regularly have facial flushing? Do your cheeks get red?	<input type="checkbox"/>	<input type="checkbox"/>
E) Do you regularly have shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
F) Do you regularly have headaches?	<input type="checkbox"/>	<input type="checkbox"/>
G) Do you regularly have nosebleeds?	<input type="checkbox"/>	<input type="checkbox"/>
H) Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

- If 'NO' to ALL of the above, please go to the next page.
- If 'YES' to any of the above, indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number, keeping in mind your health related experiences.

Item 1 and 2 specifically assess the participant's *Symptom Attribution*, i.e. the degree to which the participant is able or unable at the present moment to attribute his/her health-related symptoms (current or past) to hypertension.

In some cases, a participant may not report any health-related symptoms, which may leave the participant unable to rate item 1 and 2 for the ASSESSMENT OF SYMPTOM ATTRIBUTION (page 1). If this is the case, the participant should leave item 1 and 2 unrated as though it were 'Not applicable', which will allow for proper scoring of BASIS (See SCORING SHEET).

ASSESSMENT OF GENERAL ILLNESS AWARENESS, AWARENESS OF NEED FOR TREATMENT, AND AWARENESS OF NEGATIVE CONSEQUENCES (Page 2)

The ASSESSMENT OF GENERAL ILLNESS AWARENESS, AWARENESS OF NEED FOR TREATMENT, AND AWARENESS OF NEGATIVE CONSEQUENCES (Page 2) consists of an introductory statement indicating that the participant should indicate the extent to which he/she agrees or disagrees *at the present moment* with the statements from item 3 to item 9.

Please indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number.

Item 3, item 5, and item 8 specifically assesses the participant's *General Illness Awareness*, i.e. the participant's awareness that he/she has high blood pressure.

Item 4, item 6 and item 9 specifically assess the participant's *Awareness of Need for Treatment*, i.e. the participant's awareness of the need for blood pressure lowering medication or lifestyle modifications.

Item 7 specifically assesses the participant's *Awareness of Negative Consequences* attributable to hypertension, including heart disease, heart attack, heart failure, stroke, near stroke, kidney/renal disease, vision loss, etc.

SCORING SHEET (Page 3)

The SCORING SHEET (Page 3) allows for the proper scoring of the BASIS' Awareness Categories and Total Score. Step-by-step instructions are provided below.

- 1) Calculate each Awareness Category score by copying the rating from each item of the ASSESSMENT OF SYMPTOM ATTRIBUTION (Page 1), ASSESSMENT OF GENERAL ILLNESS AWARENESS, AWARENESS OF NEED FOR TREATMENT, AND AWARENESS OF NEGATIVE CONSEQUENCES (Page 2) to the corresponding blank space on the SCORING SHEET (Page 3), e.g. if the rating for Item 1 is '8', and Item 2 is '2', then '8' and '2' should be respectively copied to the Q1 and Q2 of the SCORING SHEET (Page 3).

Awareness Category	Calculation	Score ¹
Illness Awareness	$Q3 \underline{\quad} + (10 - Q5 \underline{\quad}) + Q8 \underline{\quad}$ $\div \text{total \# of responses } \underline{\quad}$	
Symptom Attribution	$Q1 \underline{8} + (10 - Q2 \underline{2})$ $\div \text{total \# of responses } \underline{2} *$ <p><small>*Exclude questions indicated as N/A</small></p>	8

*Note that the score for each Awareness Category should be left blank if item 1 and 2 was not rated.

- 2) The calculations in the Calculation column of the SCORING SHEET (page 3) should be performed to generate the Awareness Category scores in the Score column.
- 3) Once calculated, the Awareness Category Scores should be summed to determine the Subtotal.
- 4) The BASIS Average Total Score is calculated by dividing the Subtotal by the number of Awareness Categories for which a score could be determined. The BASIS Average Total Score should be divided by four if all categories were measured. The BASIS Average Total Score should be divided by three if no score was reported for Symptom Attribution