NAME/ID:

DATE:

BASIS©

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?	☐	☐
B) Do you regularly sweat?	☐	☐
C) Do you regularly have difficulty sleeping?	☐	☐
D) Do you regularly have facial flushing? Do your cheeks get red?	☐	☐
E) Do you regularly have shortness of breath?	☐	☐
F) Do you regularly have headaches?	☐	☐
G) Do you regularly have nosebleeds?	☐	☐
H) Other: _____	☐	☐

☐ 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 the following statement by circling the appropriate number, keeping in mind your health related experiences.

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

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

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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.

2) I have high blood pressure.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

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

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

4) I have a normal blood pressure.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

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

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

6) 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.).

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

7) My blood pressure is regularly in the hypertensive range (i.e. ≥140/90).

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

8) I need blood pressure lowering medication.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

THE END

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NAME/ID:

DATE:

BASIS©

Awareness Category	Calculation	Score [1]
Illness Awareness	Q2___ + (10 – Q4___) + Q7___ ÷ total # of responses___	
Symptom Attribution	Q1___ * *Exclude if indicated as N/A	
Awareness of Need for Treatment	Q3___ + (10 – Q5___) + Q8___ ÷ total # of responses___	
Awareness of Negative Consequences	Q6___	
	Subtotal (sum of scores)	
BASIS Average Total Score[2]	Subtotal ÷ ___	

[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 ÷ 4 or the number of Awareness Categories for which a score could be calculated.

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BLOOD PRESSURE (HYPERTENSION) EDUCATION

WHAT IS HYPERTENSION?

Hypertension is a term that is used to describe high blood pressure. Blood pressure refers to pressure that is applied on the walls of the blood vessels in our body.

Blood pressure is usually expressed in terms of systolic pressure (pressure when your heart is contracting) over diastolic pressure (pressure when your heart is relaxed). Blood pressure is measured in millimetres of mercury (mmHg).

Diagnosis of hypertension occurs if the systolic pressure is at or over 140 mmHg and diastolic pressure is at or over 90 mmHg (also expressed as “140 over 90”).

WHAT ARE THE SYMPTOMS?

High blood pressure does not typically cause noticeable symptoms. It is considered a “silent killer.” However, when symptoms do emerge, it can be very serious. Some symptoms to look out for include severe headache, fatigue or confusion, vision issues, chest pain, breathing difficulties, pounding in your chest, neck, or ears, nosebleeds, blood in urine, nervousness or facial flushing.

WHAT ARE THE CONSEQUENCES?

Uncontrolled high blood pressure puts you at risk for a heart attack, stroke and death. Heart attacks and strokes occur as a result of damaged blood vessels becoming blocked and preventing blood flow to the heart or brain. High blood pressure may also cause a stroke due to bleeding in the brain. Other complications of high blood pressure include an enlarged heart, heart failure, kidney disease, vision loss, and sexual dysfunction.

WHAT ARE THE TREATMENT OPTIONS?

A long-term commitment to lifestyle changes and medication are required to treat hypertension. Blood pressure lowering medications, physical activity, and dietary modifications, including a low fat diet and reduced salt intake, are important in the management of hypertension.

BASIS

INSTRUCTION MANUAL

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

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, including neuropsychiatric disorders. BASIS shows good psychometric properties with strong internal consistency, convergent and discriminant validity, and test-retest reliability. The 8-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 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 clinician is to enter data on the most recent blood pressure, weight and height, calculated BMI, fasting glucose, and HbA1c level at the top of page 1. Note that this clinical data is not required for the completion of BASIS. Weight and glucose levels provide markers of the status of other metabolic factors.

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.

- - -

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

	Yes	No
A) Do you regularly feel nervous?	☐	☐
B) Do you regularly sweat?	☐	☐
C) Do you regularly have difficulty sleeping?	☐	☐
D) Do you regularly have facial flushing? Do your cheeks get red?	☐	☐
E) Do you regularly have shortness of breath?	☐	☐
F) Do you regularly have headaches?	☐	☐
G) Do you regularly have nosebleeds?	☐	☐
H) Other: _____	☐	☐

☐ 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 the following statement by circling the appropriate number, keeping in mind your health related experiences.

Item 1 specifically assesses 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 for the ASSESSMENT OF SYMPTOM ATTRIBUTION (page 1). If this is the case, the participant should leave item 1 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 2 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 2, item 4, and item 7 specifically assesses the participant's *General Illness Awareness*, i.e. the participant's awareness that he/she has high blood pressure.

Item 3, item 5, and item 8 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 6 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 Average 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 of the ASSESSMENT OF SYMPTOM ATTRIBUTION (Page 1) is '8' Moderately Agree then '8' should be copied to the Q1 blank space of the Symptom Attribution category of the SCORING SHEET (Page 3).

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

Awareness Category	Calculation	Score [1]
Illness Awareness	Q2___ + (10 – Q4___) + Q7___ ÷ total # of responses___	
Symptom Attribution	Q1_8_ * *Exclude if indicated as N/A	

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