



Correlation between Biopsychosocial Factors and Quality of Life in Individuals with Hypertension: A Cross-Sectional Study In Indonesia

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QUESTIONNAIRE SHEET

Relationship between Biopsychosocial Factors and Quality of Life of Hypertension patients at Medan City Health Center

Sir/Madam,

We are students of Professional Medical Education at the University of North Sumatra. In this case, we are conducting research. This questionnaire relates to your clinical condition as a hypertension patient at the Medan City Health Center. The results of this questionnaire are not to be published, but for research purposes only.

We thank you for your help, time and cooperation.

A.. IDENTITY OF THE RESPONDENT.

Instructions: Mark (✓) in the column of the answer you choose Fill in (

.) according to your opinion.

1. Respondent Name
.....

2. Age years

3. Gender
.....

4. Body Weight kg

5. Body Height cm

6. Body Mass Index kg/m²

7. Marriage Status : Married
 Not Married Ever Married

8. Last Education : Elementary school graduate / equivalent Bachelor's Degree/Diploma
 Junior high school graduate/equivalent Not in school Senior high school graduate/equivalent

9. Jobs : Civil Servant Self-employed Private Employee Retired Not Working Other.....

10. Income per month : <500,000 500,000-1,000,000
 1.000.000-2.000.000 2.000.000-3.000.000
 >3.000.000

11. Tribe
.....

12. Smoking Habit : Active Smoker, cigarettes a day
Smoking from the age of years Non-Smokers

B.. BIOLOGICAL MEASUREMENTS.

Instructions: Mark (✓) in the column of the answer you choose Fill in (.

.) according to your opinion.

- 13. Blood Pressure mmHg (Filled in by researcher)
- 14. Blood Sugar Level mg/dL (Filled in by researcher)
- 15. Cholestrol Level mg/dL (Filled in by researcher)
- 16. Uric Acid Level mg/dL (Filled in by researcher)
- 17. History of Hypertension year
- 18. Family History : Father / Mother / Siblings / Children

Grandparents/uncles/aunts/grandchild ren have no history of hypertension

19. Comorbidities : Has , namely during year

No comorbidities.

20. Salt Intake Pattern : ≥ 1 teaspoon/day

< 1 teaspoon/day

21. Sports Activities : ≥ 3 times / 150 minutes a week.

< 3 times a week.

22. Drug Consumption : Taking hypertension medication.

Type of medication taken.....

Consumed regularly every day, times a day.

Consumed when there are complaints I adhere to taking hypertension medication: Yes

No

Taking medications other than hypertension medications. Type of medication taken.....

Not taking any medication.

C.. PSYCHOLOGICAL MEASUREMENT

Instructions: Please answer the questions below in accordance with

what you feel by putting a mark (✓) in the column of the answer you choose

1.. PERSONALITY TYPE QUESTIONNAIRE

Score: 0 - very rarely; 1 - rarely; 2 - sometimes; 3 - quite often; 4 - very often

No.	Question	Answer				
		Very rare (0)	Rare (1)	Someti mes (2)	Quite Often (3)	Alwa ys (4)
1	Moving fast					
2	Want to compete to do the right thing Best					
3	Always be on standby					
4	Always in a hurry					
5	Impatient					
6	Easily provoked to anger if something does not go accordingly will					
7	Accustomed to doing many things at once					
8	Firm in speaking					
9	Wanting a respectable/great job					
10	Fast in eating, talking and walking					
11	Diligent and precise time					
12	Easy to express what is felt					
13	Prefer doing something rather than relaxing					
14	Enterprising to achieve something desired					

2.STRESS LEVEL QUESTIONNAIRE

Score: 0 - never; 1 - almost never; 2 - sometimes; 3 - quite often; 4 very often

No.	Statement	Never (0)	Almost never (1)	Sometim es (2)	Quite often (3)	Very often (4)
1	Over the past month, how often have you been confused by something that happened in the past? Unexpected.					

No.	Statement	Never (0)	Almost never (1)	Sometimes (2)	Quite often (3)	Very often (4)
2	Over the past month, how often have you felt unable to control the things that are important to you? in your life					
3	Over the past month, how you often feel anxious and depressed					
4	Over the past month, how often have you felt confident your ability to cope with the following personal problems					
5	During the past month, how often did you feel that things were going as expected You					
6	Over the past month, how often have you felt unable to accomplish the things you need to do? done					
7	Over the past month, how often have you been able to control your irritability in your daily life? your life					
8	Over the past month, how often have you felt more able to cope with problems if compared to others					
9	Over the past month, how often have you gotten angry because of a problem that you could not solve? control					
10.	During the past month, how often have you felt the difficulties piling up so that you unable to cope					

D. SOCIAL MEASUREMENT SOCIAL SUPPORT QUESTIONNAIRE

Scores: 1 - strongly disagree; 4 - neutral; 7 - strongly agree

No.	Statement	Strongly Disagree (1)	Disagree (2)	Moderately Disagree (3)	Neutral (4)	Moderately Agree (5)	Agree (6)	Strongly Agree (7)
1	There are special people who is there when I need it							
2	There are special people I can share my joy with and sorrow							
3	My family really trying to help me							
4	I get help and emocial support that I need from my family							
5	I have a special person who is a great source of comfort. real for me							
6	My friends (relatives) really try to help I							
7	I feel that I can rely on my friends when I have a problem							
8	I can talk about my problems with my family							
9	I have friends to share my joys and sorrows with							
10	There are special people in my life who cares about my feelings							
11	My family is willing to help me make decisions							
12	I can talk about my problems with my friends my friend							

E. QUALITY OF LIFE QUESTIONNAIRE

of the answer you choose.

Instructions: Please answer the questions below in accordance with

Keep in mind all your standards of living, hopes, pleasures and concerns. We will ask you what you thought about your life **in the last two weeks.**

what you feel by putting a mark (✓) in the column

		Very Bad	Bad	Regular course	Good	Very both
1.	What do you think your quality of life?	1	2	3	4	5
		Very Bad	Bad	Ordinary	Good	Very good
2.	How satisfied you are with your health You?	1	2	3	4	5

The following questions are about **how often** you have experienced the following in the past two weeks

	No at all	A little	In medium amount	Very often	In excessive amount
3. How much does your physical pain prevent you from doing your activities? according to your needs?	5	4	3	2	1
4. How often you need medical therapy to be able to function in your daily life?	5	4	3	2	1
5. How much do you enjoy your life?	1	2	3	4	5
6. How much do you feel your life matters?	1	2	3	4	5
7. How far are you able to concentrate?	1	2	3	4	5
8. In general, how Do you feel safe in your life?	1	2	3	4	5
9. How healthy is the environment you live in (in terms of facilities and services)? infrastructure)?	1	2	3	4	5

The following question is about **how fully have** you experienced the following in the last two weeks?

	Not the same once	A little	Medium	Often	Fully experienced
10. Do you have energy enough for your daily activities?	1	2	3	4	5
11. Do you accept the way your body looks?	1	2	3	4	5
12. Do you have enough money to fulfill your needs?	1	2	3	4	5
13. How much information is available for your life from day to day?	1	2	3	4	5
14. How often do you have opportunities for fun/recreation?	1	2	3	4	5
	Very Bad	Bad	Regular course	Good	Very both
15. How good are your skills in socializing?	1	2	3	4	5
	Strongly no satisfactory	Unsatisfactory	Ordinary course	Satisfactory	Very satisfactory
16. How satisfied are you with your sleep?	1	2	3	4	5
17. How often do you need medical therapy to function in life? your daily life?	1	2	3	4	5
18. How much you enjoy life You?	1	2	3	4	5

19.	How far do you feel your life is Meaning?	1	2	3	4	5
20.	How far are you able to concentrate?	1	2	3	4	5
21.	In general, how safe do you feel in your life ?	1	2	3	4	5
22.	How healthy is environment you live in (in terms of facilities and services)? infrastructure)?	1	2	3	4	5
23.	How satisfied are you with the conditions where you living at moment?	1	2	3	4	5
24.	How satisfied are you with your access to services Health?	1	2	3	4	5
25.	How satisfied are you with the means of transportation you ride or drive?	1	2	3	4	5

The following questions refer to **how often** you felt or experienced the following in the past two weeks

	Never	Rare	Quite often	Very often	Always
26. How often do you have negative feelings like 'feeling blue' (loneliness), hopelessness, anxiety and depression?	5	4	3	2	1