BLOOD PRESSURE - BPQ

BPQ.010  About how long has it been since (you/SP) last had (your/his/her) blood pressure taken by a doctor or other health professional? Was it . . .

- less than 6 months ago, .............. 1
- 6 months to 1 year ago, .............. 2
- more than 1 year to 2 years ago, ....... 3
- more than 2 years ago, or .............. 4
- never? .................................. 5 (BOX 2)
- REFUSED ............................... 7 (BOX 2)
- DON'T KNOW .......................... 9

BPQ.020  (Have you/Has SP) ever been told by a doctor or other health professional that (you/s/he) had hypertension, also called high blood pressure?

- YES .................................... 1
- NO ..................................... 2 (BOX 2)
- REFUSED ............................... 7 (BOX 2)
- DON'T KNOW .......................... 9 (BOX 2)

BPQ.030  (Were you/Was SP) told on 2 or more different visits that (you/s/he) had hypertension, also called high blood pressure?

- YES .................................... 1
- NO ..................................... 2
- REFUSED ............................... 7
- DON'T KNOW .......................... 9

BPQ.040  Because of (your/SP’s) (high blood pressure/hypertension), (have you/has s/he) ever been told to . . .

RESPONSES:  YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

a.   take prescribed medicine?  

b.   control (your/his/her) weight or lose weight?  

c.   cut down on salt or sodium in (your/his/her) diet?  

d.   exercise more?  

e.   cut down (your/his/her) alcohol consumption?  

f.   do something else?
BOX 1A

CHECK ITEM BPQ.042:
IF ‘SOMETHING ELSE’ (ITEM F) IS CODED ‘YES’ (CODE 1), DISPLAY QUESTION BPQ.043.
OTHERWISE, DO NOT DISPLAY THIS QUESTION.

BPQ.043
What else?

CODE ALL THAT APPLY

STOP SMOKING .................... 1
INCREASE POTASSIUM INTAKE ....... 2
OTHER CHANGES IN DIET ........... 3
OTHER ........................... 4
REFUSED .......................... 7
DON'T KNOW ...................... 9

BOX 1B

CHECK ITEM BPQ.045:
IF ‘YES’ (CODE 1) IN BPQ.040A, B, C, D, OR E, CONTINUE.
OTHERWISE, GO TO BOX 2.

BPQ.050
{Are you/is SP} now {DISPLAY ACTIVITY}?

CAPI INSTRUCTION:
DISPLAY EACH ACTIVITY CODED ‘YES’ (CODE 1) FROM BPQ.040. DISPLAY FOR EACH ACTIVITY
SHOULD READ AS FOLLOWS:

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

a. taking prescribed medicine

b. controlling (your/his/her) weight or losing weight

c. cutting down on salt or sodium in (your/his/her) diet

d. exercising more

e. cutting down on (your/his/her) alcohol consumption

BOX 2

CHECK ITEM BPQ.055:
IF SP AGE >= 20, CONTINUE.
OTHERWISE, GO TO END OF SECTION.

BPQ.060
{Have you/Has SP} ever had (your/his/her) blood cholesterol checked?

YES .......................................... 1
NO ........................................... 2 (BPQ.110)
REFUSED .............................. 7 (BPQ.110)
DON'T KNOW ....................... 9 (BPQ.110)
BPQ.070  About how long has it been since (you/SP) last had (your/his/her) blood cholesterol checked? Has it been...

less than 1 year ago, .......................... 1
1 year but less than 2 years ago, .......... 2
2 years but less than 5 years ago, or .... 3
5 years or more? .............................. 4
REFUSED .................................... 7
DON'T KNOW ............................... 9

BPQ.080  {Have you/Has SP} ever been told by a doctor or other health professional that (your/his/her) blood cholesterol level was high?

YES .............................................. 1
NO .............................................. 2 (BPQ.110)
REFUSED .................................... 7 (BPQ.110)
DON'T KNOW ............................... 9 (BPQ.110)

BPQ.090  To lower (your/his/her) blood cholesterol, {have you/has SP} ever been told by a doctor or other health professional . . .

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

a.  to eat fewer high fat or high cholesterol foods?

b.  to control (your/his/her) weight or lose weight?

c.  to increase (your/his/her) physical activity or exercise?

d.  to take prescribed medicine?

BOX 3

CHECK ITEM BPQ.095:
IF 'YES' (CODE 1) TO BPQ.090A, B, C OR D, CONTINUE WITH BPQ.100.
OTHERWISE, GO TO BOX 6.

BPQ.100  {Are you/Is SP} now following this advice to (DISPLAY ACTIVITY)?

CAPI INSTRUCTIONS:
DISPLAY EACH ACTIVITY CODED AS 'YES' (CODE 1) IN BPQ.090 A-D.

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

a.  eat fewer high fat or high cholesterol foods

b.  control (your/his/her) weight or lose weight

c.  increase (your/his/her) physical activity or exercise

d.  take prescribed medicine
**BOX 5**

CHECK ITEM BPQ.105:
GO TO BOX 6.

BPQ.110  
(Even though (you have/SP has) never had (your/his/her) blood cholesterol checked) (Even though a doctor or other health professional has never told (you/SP) that (your/his/her) blood cholesterol was high) to lower (your/his/her) blood cholesterol, (have you/has s/he) made any major changes on (your/his/her) own. Specifically (DISPLAY ACTIVITY)?

CAPI INSTRUCTIONS:
DISPLAY "EVEN THOUGH YOU HAVE NEVER HAD YOUR BLOOD CHOLESTEROL CHECKED" ONLY IF BPQ.060 IS 'NO' (CODE 2), DK (CODE 9), OR REF (CODE 7).
DISPLAY "EVEN THOUGH A DOCTOR OR OTHER HEALTH PROFESSIONAL HAS NEVER TOLD YOU THAT YOUR BLOOD CHOLESTEROL IS HIGH" ONLY IF BPQ.080 IS 'NO' (CODE 2), DK (CODE 9), OR REF (CODE 7).

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

a. (do you/does s/he) eat fewer high fat or high cholesterol foods in order to lower (your/his/her) blood cholesterol ____

b. (have you/has s/he) controlled (your/his/her) weight or lost weight in order to lower (your/his/her) blood cholesterol ____

c. (have you/has s/he) increased (your/his/her) physical activity or exercise in order to lower (your/his/her) blood cholesterol ____

**BOX 6**

CHECK ITEM BPQ.115:
IF 'NO' (CODE 2) OR DON'T KNOW (CODE 9) IN BPQ.090A, B, OR C, CONTINUE WITH BOX 7.
OTHERWISE, GO TO END OF SECTION.

**BOX 7**

CHECK ITEM BPQ.117:
IF 'NO' (CODE 2) OR DON'T KNOW (CODE 9) IN BPQ.090A, CONTINUE.
OTHERWISE, GO TO BOX 8.

BPQ.120  
Even though a doctor or other health professional has never told (you/SP) to eat fewer high fat or high cholesterol foods, to lower (your/his/her) blood cholesterol, (have you/has he/she) made any major changes on (your/his/her) own? Specifically, (do you/does he/she) eat fewer high fat or high cholesterol foods in order to lower (your/his/her) blood cholesterol?

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<tr>
<th>Response</th>
<th>Code</th>
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<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>
BOX 8

CHECK ITEM BPQ.125:
IF ‘NO’ (CODE 2) OR DON’T KNOW (CODE 9) IN BPQ.090B, CONTINUE. OTHERWISE, GO TO BOX 9.

BPQ.130 Even though a doctor or other health professional has never told (you/SP) to control (your/his/her) weight or lose weight, to lower (your/his/her) blood cholesterol, (have you/has he/she) made any major changes on (your/his/her) own? Specifically, (have you/has he/she) controlled (your/his/her) weight or lost weight in order to lower (your/his/her) blood cholesterol?

YES .................................... 1
NO ...................................... 2
REFUSED .............................. 7
DON’T KNOW ......................... 9

BOX 9

CHECK ITEM BPQ.135:
IF ‘NO’ (CODE 2) OR DON’T KNOW (CODE 9) IN BPQ.090C, CONTINUE. OTHERWISE, GO TO END OF SECTION.

BPQ.140 Even though a doctor or other health professional has never told (you/SP) to increase (your/his/her) physical activity or exercise, to lower (your/his/her) blood cholesterol, (have you/has he/she) made any major changes on (your/his/her) own? Specifically, (have you/has he/she) increased (your/his/her) physical activity or exercise in order to lower (your/his/her) blood cholesterol?

YES .................................... 1
NO ...................................... 2
REFUSED .............................. 7
DON’T KNOW ......................... 9