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?
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

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

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

YES ............................................................... 1
NO ................................................................. 2
REFUSED ..................................................... 7
DON'T KNOW ............................................... 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, we are now going to ask if {you have/he/she has} made any major changes on {your/his/her} own to lower {your/his/her} blood cholesterol? 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

BPQ.140 Even though a doctor or other health professional has never told {you/SP} to increase {your/his/her} physical activity or exercise, we are now going to ask if {you have/he/she has} made any major changes on {your/his/her} own to lower {your/his/her} blood cholesterol? 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