

**BLOOD PRESSURE – BPQ**

**Target Group: SPs 16+**

BPQ.020 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had hypertension (hy-per-**ten**-shun), also called high blood pressure?  
IF HIGH BLOOD PRESSURE **ONLY** DURING PREGNANCY, CODE NO.

INTERVIEWER INSTRUCTION: IF SP SAYS “HIGH NORMAL BLOOD PRESSURE”, “BORDERLINE HYPERTENSION” OR “PREHYPERTENSION” CODE NO.

- YES ..... 1
- NO ..... 2 (BPQ.056)
- REFUSED ..... 7 (BPQ.056)
- DON'T KNOW ..... 9 (BPQ.056)

HELP SCREEN:

Hypertension (High Blood Pressure): A repeatedly increased blood pressure with the first number 140 or higher and the second number 90 or higher.

BPQ.030 {Were you/Was SP} told on 2 or more **different** visits that {you/s/he} had hypertension (hy-per-**ten**-shun), also called high blood pressure?

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

BPQ.035 How old {were you/was SP} when {you were/he/she was} **first** told that {you/he/she} had hypertension or high blood pressure?  
G/Q

ENTER AGE IN YEARS

- REFUSED ..... 777
- DON'T KNOW ..... 999

BPQ.040a Because of {your/SP's} (high blood pressure/hypertension) (hy-per-**ten**-shun), {have you/has s/he} **ever** been told to **take prescribed medicine**?

- YES ..... 1
- NO ..... 2 (BPQ.056)
- REFUSED ..... 7 (BPQ.056)
- DON'T KNOW ..... 9 (BPQ.056)

HELP SCREEN:

Prescribed Medicine: Prescribed medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

**BOX 1A**  
OMITTED

**BOX 1B**  
OMITTED

BPQ.050a {Are you/Is SP} **now** taking a prescribed medicine?

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

BPQ.056 {Did you/Did SP} take {your/his/her} blood pressure at home during the last 12 months?

- YES ..... 1
- NO ..... 2 (BPQ.059)
- REFUSED ..... 7 (BPQ.059)
- DON'T KNOW ..... 9 (BPQ.059)

BPQ.058 How often {did you check your/did SP check his/her} blood pressure at home during the last 12 months?  
Q/U (You can tell me the number of times per day, per week, per month, or per year.)

|\_|\_|\_|  
ENTER NUMBER OF TIMES

CAPI INSTRUCTION:  
SOFT EDIT 0  
SOFT EDIT 10 OR MORE PER DAY  
SOFT EDIT 50 OR MORE PER WEEK.  
SOFT EDIT 200 OR MORE PER MONTH

- REFUSED ..... 7777 (BPQ.059)
- DON'T KNOW ..... 9999 (BPQ.059)

|\_|  
ENTER UNIT

- PER DAY ..... 1
- PER WEEK..... 2
- PER MONTH ..... 3
- PER YEAR ..... 4

BPQ.059 Did a doctor or other health professional tell {you/SP} to take {your/his/her} blood pressure at home?

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

**BOX 2**  
OMITTED

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 (BPQ.070)
- NO ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

**HELP SCREEN:**

**Cholesterol:** Cholesterol is a type of fat in the bloodstream and is measured with a blood test, usually done in the morning before you've eaten. High levels of cholesterol are a major risk factor for heart disease, which leads to heart attack.

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

- YES ..... 1
- NO ..... 2 (END OF SECTION)
- REFUSED ..... 7 (END OF SECTION)
- DON'T KNOW ..... 9 (END OF SECTION)

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.090d To lower {your/his/her} blood cholesterol, {have you/has SP} **ever** been told by a doctor or other health professional **to take prescribed medicine**?

- YES ..... 1
- NO ..... 2 (END OF SECTION)
- REFUSED ..... 7 (END OF SECTION)
- DON'T KNOW ..... 9 (END OF SECTION)

HELP SCREEN:

Prescribed Medicine: Prescribed medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

<b>BOX 3</b> OMITTED
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BPQ.100d {Are you/Is SP} **now** taking a prescribed medicine?

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

HELP SCREEN:

Prescribed Medicine: Prescribed medicines are those ordered by a doctor or other health provider through a written or verbal prescription for a pharmacist to fill. Prescription medicines can also be given by a medical provider directly to a patient to take home, such as free samples.

<b>BOX 5</b> OMITTED
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<b>BOX 6</b> OMITTED
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<b>BOX 7</b> OMITTED
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<b>BOX 8</b> OMITTED
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<b>BOX 9</b> OMITTED
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