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?

|___|___|
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.
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.

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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.

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