**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.080)

REFUSED.................................................. 7 (BPQ.080)

DON’T KNOW.......................................... 9 (BPQ.080)

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?

HARD EDIT: SP AGE CANNOT BE LESS THAN 6.

SOFTWARE EDIT: PLEASE VERIFY THAT SP WAS LESS THAN 11 YEARS OLD.

|___|

ENTER AGE IN YEARS ............................. 1

REFUSED............................................ 7 (BPQ.040a)

DON’T KNOW................................. 9 (BPQ.040a)

|___|___|

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.080)

REFUSED............................................ 7 (BPQ.080)

DON’T KNOW................................. 9 (BPQ.080)
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.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.

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.