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 (hyper-fen-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.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
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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.

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

<table>
<thead>
<tr>
<th>ENTER AGE IN YEARS</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>9</td>
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BPQ.040a  Because of {your/SP’s} (high blood pressure/hypertension) (hyper-fen-shun), {have you/has s/he} ever been told to take prescribed medicine?

<table>
<thead>
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<th>NO</th>
<th>REFUSED</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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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.