

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.057)
- REFUSED 7 (BPQ.057)
- DON'T KNOW 9 (BPQ.057)

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.057)
- REFUSED 7 (BPQ.057)
- DON'T KNOW 9 (BPQ.057)

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.057 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you have/s/he has} high normal blood pressure, prehypertension or borderline hypertension?

HAND CARD BPQ1

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

HELP SCREEN:
High normal blood pressure or borderline hypertension is defined as having a blood pressure reading of 120 to 139 for the first reading and the second reading of 80 to 89 millimeters. People with blood pressures that are high normal blood pressure or borderline hypertension also called **prehypertension**.

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?
 (You can tell me the number of times per day, per week, per month, or per year.)

Q/U

 ENTER NUMBER OF TIMES

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

REFUSED 7777
 DON'T KNOW 9999

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

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 (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.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 (END OF SECTION)
- REFUSED 7 (END OF SECTION)
- DON'T KNOW 9 (END OF SECTION)

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.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?** _____

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 3

CHECK ITEM BPQ.095:

IF 'YES' (CODE 1) TO BPQ.090A, B, C OR D, CONTINUE WITH BPQ.100.
OTHERWISE, GO TO END OF SECTION.

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? _____

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 5
OMITTED

BOX 6
OMITTED

BOX 7
OMITTED

BOX 8
OMITTED

BOX 9
OMITTED