

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?
G/Q

HARD EDIT: SP AGE CANNOT BE LESS THAN 6.

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

<input type="text"/>	
ENTER AGE IN YEARS	1
REFUSED.....	7 (BPQ.040a)
DON'T KNOW.....	9 (BPQ.040a)

<input type="text"/>	
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.

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

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.

BOX 3
 OMITTED

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.

BOX 5
 OMITTED

BOX 6

OMITTED

BOX 7

OMITTED

BOX 8

OMITTED

BOX 9

OMITTED