

**BLOOD PRESSURE - BPQ**

BPQ.010 About how long has it been since {you/SP} **last** had {your/his/her} blood pressure taken by a doctor or other health professional? Was it . . .

- less than 6 months ago,..... 1
- 6 months to 1 year ago, ..... 2
- more than 1 year to 2 years ago, ..... 3
- more than 2 years ago, or..... 4
- never? ..... 5 (BOX 2)
- REFUSED ..... 7 (BOX 2)
- DON'T KNOW ..... 9

BPQ.020 {Have you/Has SP} **ever** been told by a doctor or other health professional that {you/s/he} had hypertension, also called high blood pressure?

- YES ..... 1
- NO ..... 2 (BOX 2)
- REFUSED ..... 7 (BOX 2)
- DON'T KNOW ..... 9 (BOX 2)

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

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

BPQ.040 Because of {your/SP's} (high blood pressure/hypertension), {have you/has s/he} **ever** been told to . . .

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

- a. **take prescribed medicine?** \_\_\_\_\_
- b. **control {your/his/her} weight or lose weight?** \_\_\_\_\_
- c. **cut down on salt or sodium in {your/his/her} diet?** \_\_\_\_\_
- d. **exercise more?** \_\_\_\_\_
- e. **cut down {your/his/her} alcohol consumption?** \_\_\_\_\_
- f. **do something else?** \_\_\_\_\_

**BOX 1A**

**CHECK ITEM BPQ.042:**

IF 'SOMETHING ELSE' (ITEM F) IS CODED 'YES' (CODE 1), DISPLAY QUESTION BPQ.043.

OTHERWISE, DO NOT DISPLAY THIS QUESTION.

BPQ.043      What else?

CODE ALL THAT APPLY

- STOP SMOKING..... 1
- INCREASE POTASSIUM INTAKE ..... 2
- OTHER CHANGES IN DIET ..... 3
- OTHER..... 4
- REFUSED ..... 7
- DON'T KNOW ..... 9

**BOX 1B**

**CHECK ITEM BPQ.045:**

IF 'YES' (CODE 1) IN BPQ.040A, B, C, D, OR E, CONTINUE.

OTHERWISE, GO TO BOX 2.

BPQ.050      {Are you/Is SP} **now** {DISPLAY ACTIVITY}?

CAP I INSTRUCTION:

DISPLAY EACH ACTIVITY CODED 'YES' (CODE 1) FROM BPQ.040. DISPLAY FOR EACH ACTIVITY SHOULD READ AS FOLLOWS:

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

- a.    taking prescribed medicine \_\_\_\_\_
- b.    controlling {your/his/her} weight or losing weight \_\_\_\_\_
- c.    cutting down on salt or sodium in {your/his/her} diet \_\_\_\_\_
- d.    exercising more \_\_\_\_\_
- e.    cutting down on {your/his/her} alcohol consumption \_\_\_\_\_

**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 (BPQ.110)  
 REFUSED ..... 7 (BPQ.110)  
 DON'T KNOW ..... 9 (BPQ.110)

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 (BPQ.110)  
 REFUSED ..... 7 (BPQ.110)  
 DON'T KNOW ..... 9 (BPQ.110)

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?** \_\_\_\_\_

**BOX 3**

**CHECK ITEM BPQ.095:**  
 IF 'YES' (CODE 1) TO BPQ.090A, B, C OR D, CONTINUE WITH BPQ.100.  
 OTHERWISE, GO TO BOX 6.

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 \_\_\_\_\_

**BOX 5**

**CHECK ITEM BPQ.105:**  
GO TO BOX 6.

BPQ.110 {Even though {you have/SP has} never had {your/his/her} blood cholesterol checked} {Even though a doctor or other health professional has never told {you/SP} that {your/his/her} blood cholesterol was high} we are now going to ask if {you have/SP has} made any major changes **on your own** to lower {your/his/her} blood cholesterol. Specifically {DISPLAY ACTIVITY}?

CAPI INSTRUCTIONS:

DISPLAY "EVEN THOUGH YOU HAVE NEVER HAD YOUR BLOOD CHOLESTEROL CHECKED" ONLY IF BPQ.060 IS 'NO' (CODE 2), DK (CODE 9), OR REF (CODE 7).

DISPLAY "EVEN THOUGH A DOCTOR OR OTHER HEALTH PROFESSIONAL HAS NEVER TOLD YOU THAT YOUR BLOOD CHOLESTEROL IS HIGH" ONLY IF BPQ.080 IS 'NO' (CODE 2), DK (CODE 9), OR REF (CODE 7).

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9.

- a. **{do you/does s/he} eat fewer high fat or high cholesterol foods in order to lower {your/his/her} blood cholesterol** \_\_\_\_\_
- b. **{have you/has s/he} controlled {your/his/her} weight or lost weight in order to lower {your/his/her} blood cholesterol** \_\_\_\_\_
- c. **{have you/has s/he} increased {your/his/her} physical activity or exercise in order to lower {your/his/her} blood cholesterol** \_\_\_\_\_

**BOX 6**

**CHECK ITEM BPQ.115:**  
IF 'NO' (CODE 2) OR DON'T KNOW (CODE 9) IN BPQ.090A, B, OR C, CONTINUE WITH BOX 7.  
OTHERWISE, GO TO END OF SECTION.

**BOX 7**

**CHECK ITEM BPQ.117:**

IF 'NO' (CODE 2) OR DON'T KNOW (CODE 9) IN BPQ.090A, CONTINUE.  
OTHERWISE, GO TO BOX 8.

BPQ.120 Even though a doctor or other health professional has never told {you/SP} to eat fewer high fat or high cholesterol foods, we are now going to ask if {you have/he/she has} made any major changes **on {your/his/her} own** to lower {your/his/her} blood cholesterol? Specifically, {do you/does he/she} eat fewer high fat or high cholesterol foods in order to lower {your/his/her} blood cholesterol?

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

**BOX 8**

**CHECK ITEM BPQ.125:**

IF 'NO' (CODE 2) OR DON'T KNOW (CODE 9) IN BPQ.090B, CONTINUE.  
OTHERWISE, GO TO BOX 9.

BPQ.130 Even though a doctor or other health professional has never told {you/SP} to control {your/his/her} weight or lose weight, we are now going to ask if {you have/he/she has} made any major changes **on {your/his/her} own** to lower {your/his/her} blood cholesterol? Specifically, {have you/has he/she} controlled {your/his/her} weight or lost weight in order to lower {your/his/her} blood cholesterol?

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

**BOX 9**

**CHECK ITEM BPQ.135:**

IF 'NO' (CODE 2) OR DON'T KNOW (CODE 9) IN BPQ.090C, CONTINUE.  
OTHERWISE, GO TO END OF SECTION.

BPQ.140 Even though a doctor or other health professional has never told {you/SP} to increase {your/his/her} physical activity or exercise, we are now going to ask if {you have/he/she has} made any major changes **on {your/his/her} own** to lower {your/his/her} blood cholesterol? Specifically, {have you/has he/she} increased {your/his/her} physical activity or exercise in order to lower {your/his/her} blood cholesterol?

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