

2003-04 Questionnaire

BLOOD PRESSURE - BPQ_C

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}?

CAPI 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.111)
- REFUSED 7 (BPQ.111)
- DON'T KNOW..... 9 (BPQ.111)

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.111)
- REFUSED 7 (BPQ.111)
- DON'T KNOW..... 9 (BPQ.111)

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.111 {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.121 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.131 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.141 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