

2005-06 Questionnaire

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

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

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

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)

CAPI INSTRUCTION:

IF DIQ.320 = 3 (NEVER HAD CHOLESTEROL TEST) AND BPQ.060 = 1 (NO), DISPLAY THE FOLLOWING MESSAGE: "YOU HAVE CODED THAT SP HAS HAD THEIR BLOOD CHOLESTEROL CHECKED. EARLIER ON DIQ SP REPORTED NEVER HAVING A CHOLESTEROL TEST – RECONCILE RESPONSE WITH SP AND CHANGE RESPONSE TO ONE OF THE QUESTIONS BELOW (BPQ.060)." DISPLAY RESPONSES TO BOTH – WITH LABELS. DIQ.320 – NEVER HAD CHOLESTEROL TEST, BPQ.060 – HAS HAD CHOLESTEROL CHECKED. HIGHLIGHT MUST BE ON DIQ.320.

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)

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 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? _____

BOX 5

OMITTED

BOX 6

OMITTED

BOX 7

OMITTED

BOX 8

OMITTED

BOX 9

OMITTED