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.

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**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 |

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**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.

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**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 |

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**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.

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**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 |