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?**
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