HYPERTENSION PAGE (SAMPLE PERSONS ONLY)

Person number _____ **HP1**

1 ☐ SP under 17 *(Medical Care Page)*
2 ☐ Eligible resp. avail. *(1)*
3 ☐ Return call required *(Next Hypertension Page)*

1a. Have you EVER been told by a doctor that you had high blood pressure?	1 Y *(1c)* 2 N
b. Another name for high blood pressure is hypertension. Have you EVER been told by a doctor that you had hypertension?	1 Y 2 N *(10)*
c. About how long ago were you FIRST told by a doctor that you had (high blood pressure/hypertension)?	000 ☐ Less than 1 month 1 _____ Months 2 _____ Years
2. During the past 12 months about how many times have you seen or talked to a doctor about your (high blood pressure/hypertension)?	_____ Times 000 ☐ None
3. Has a doctor EVER advised you to lose weight BECAUSE OF (HIGH BLOOD PRESSURE/HYPERTENSION)?	1 Y 2 N
4a. Do you now use more salt, less salt, or about the same amount of salt since you learned you had (high blood pressure/hypertension)?	1 ☐ More 2 ☐ Less 3 ☐ Same
b. Were you EVER advised by a doctor, nurse, or other medical person to use less salt?	1 Y 2 N
5a. Has a doctor EVER prescribed medicine for your (high blood pressure/hypertension)?	1 Y 2 N *(6)*
b. Are you now taking any medicine prescribed by a doctor for your (high blood pressure/hypertension)?	1 Y 2 N *(5f)*
c. How often are you supposed to take this medicine – more than once a day, once a day, or less than once a day?	1 ☐ More than once a day 2 ☐ Once a day 3 ☐ Less than once a day
d. How often do you take your medicine when you are supposed to – all the time, often, once in a while, or never?	1 ☐ All the time 2 ☐ Often 3 ☐ Once in a while 0 ☐ Never ☐ Other *(Specify)* _____
e. Does your medicine ever cause any side effects or make you feel funny in any way?	1 Y *(6)* 2 N *(6)*
f. Why did you stop taking the medicine? Any other reason? *Mark all that apply*	1 ☐ Doctor's advice *(5h)* 2 ☐ No longer has high blood pressure 3 ☐ Side effects ☐ Other *(Specify)* _____
g. Did a doctor advise you to stop taking the medicine?	1 Y 2 N
If "Side effects" in 5f, go to 6; otherwise ask:	
h. When you were taking this medicine did it cause any side effects or make you feel funny in any way?	1 Y 2 N

6. **ABOUT** how many days during the past 12 months has (high blood pressure/hypertension) kept you in bed all or most of the day?	_____ Days 000 ☐ None
If "No longer has high blood pressure" in 5f, go to 7d, otherwise ask. 7a. How often does your (high blood pressure/hypertension) bother you – all the time, often, once in a while, or never?	1 ☐ All the time 2 ☐ Often 3 ☐ Once in a while 0 ☐ Never *(7c)* ☐ Other *(Specify)* → _____
b. When it does bother you, are you bothered a great deal, some, or very little?	1 ☐ Great deal 2 ☐ Some 3 ☐ Very little ☐ Other *(Specify)* → _____
If "All the time" in 7a, go to 8, otherwise ask: c. Do you still have (high blood pressure/hypertension)?	1 Y *(8)* 2 N 9 DK
d. Is this condition completely cured or is it under control?	1 ☐ Cured *(10)* 2 ☐ Under control
8. Can you tell when your blood pressure is high – that is, do you have any symptoms?	1 Y 2 N
9. Have you ever been refused life insurance or health insurance coverage because you had (high blood pressure/hypertension)?	1 Y 2 N
10a. Has a doctor EVER talked to you about problems that can be caused by high blood pressure or hypertension?	1 Y *(HP2)* 2 N
b. Has a nurse or other medical person EVER talked to you about problems that can be caused by high blood pressure or hypertension?	1 Y 2 N *(HP2)*
c. What type of medical person was this?	1 ☐ Nurse ☐ Other *(Specify)* → _____
HP2 ☐ No 2-week DV in CI (11) ☐ 2-week DV in CI } Refer to THIS PERSON'S doctor visit columns. If "Y" in 7a in ANY column, go to 14, otherwise go to 11.	
11. **ABOUT** how long has it been since you **LAST** had your blood pressure taken?	998 ☐ Never *(16)* 000 ☐ Less than 1 month 1 _____ Months 2 _____ Years *(16)*
12. Who took your blood pressure the **LAST** time?	1 ☐ Doctor 2 ☐ Nurse 3 ☐ Friend or relative 4 ☐ Druggist 5 ☐ Self *(13b)* ☐ Other *(Specify)* → _____

13a. Were you told that your reading was high, low, normal, or were you not told?	1 ☐ High 2 ☐ Low 3 ☐ Normal 4 ☐ Not told ☐ Other *(Specify)* → _____ *(14)*
b. Was your reading high, low, or normal?	1 ☐ High 2 ☐ Low 3 ☐ Normal ☐ Other *(Specify)* → _____ *(15)*
14. During the past 12 months, have you taken your own blood pressure?	1 Y 2 N
15. During the past 12 months, how many times was your blood pressure taken? (Do not count times while a patient in a hospital.)	_____ Times
16a. ABOUT how long has it been since you had an electrocardiogram, which involves placing wires on the chest and arms?	98 ☐ Never 00 ☐ Less than 1 year _____ Years
b. ABOUT how long has it been since you had a chest X-ray?	98 ☐ Never 00 ☐ Less than 1 year _____ Years
17a. ABOUT how much do you weigh?	_____ Pounds
b. ABOUT how tall are you?	_____ Feet _____ Inches
c. Do you consider yourself overweight, underweight, or just about right?	1 ☐ Overweight 2 ☐ Underweight *(19)* 3 ☐ About right *(17e)*
d. Are you now trying to lose weight?	1 Y *(17f)* 2 N
e. Are you now trying to keep from gaining weight?	1 Y 2 N *(18)*
f. Is this based on advice from a doctor, nurse, or other medical person?	1 Y 2 N
g. What are you doing to (lose/control your) weight – watching what you eat, exercising, or something else? Anything else? *Mark all that apply*	1 ☐ Diet 2 ☐ Exercise 3 ☐ Medication ☐ Other *(Specify)* → _____

18. Have you EVER been told by a doctor that you had diabetes?	1 Y 2 N
19. Have you EVER been told by a doctor that you had heart trouble?	1 Y 2 N
20. Have you EVER had a stroke?	1 Y 2 N
21a. Have you smoked at least 100 cigarettes in your entire life?	1 Y 2 N *(Medical Care Page)*
b. Do you smoke cigarettes now?	1 Y 2 N *(21e)*
c. On the average, ABOUT how many cigarettes a day do you smoke?	_____ Cigarettes
d. Have you EVER tried to stop smoking?	1 Y 2 N
e. Have you EVER been advised by a doctor to stop smoking?	1 Y 2 N *(Medical Care Page)*
f. Was this because of a specific condition you had at that time?	1 Y 2 N *(Medical Care Page)*
g. What condition was it?	_____ _____
h. Any other condition?	Y *(Reask 21g)* N

FOOTNOTES