

14. Are you currently employed?

Yes 62
 1 Full time
 2 Part time 63
 (20)

No (19)

Are you retired?
 Yes 1 64 (21)

Medical reasons?
 Yes 1 65
 No 2
 (22)

No 2
 Are you temporarily unemployed for
 1 medical reasons?
 66 or (23)
 2 other reasons?
 Specify: 1/0 67 (24)

IF YOUR CENTER EXCLUDES ITEMS 15-19, SKIP TO 20.

Now I would like to know some of your ideas about blood pressure and health.

15. If a person has high blood pressure, how likely do you think it would be that any serious health problems would result from it?
 (INTERVIEWER: Read choices and check the one chosen.) Would you say:

not likely? 68 1
 probably? 2
 definitely? 3
 DK 4 (25)

16. Do you think that a person with high blood pressure should see a doctor regularly?

69 Yes 1 No 2 DK 3 (26)

17. What kinds of long-range benefits, if any, do you think people with high blood pressure should expect from receiving medical treatment for the high blood pressure? Do you think they should expect to have:

	Yes	No	DK
a. better vision? (27)	70 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. longer life? (28)	71 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. less chance of getting cancer? (29)	72 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. less chance of having a heart attack? (30)	73 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

18. In general, how satisfied have you been with the care you have received when seeking medical help?
 (INTERVIEWER: Read choices and check the one chosen.)

1 Very satisfied
 2 Somewhat satisfied 74
 3 Somewhat dissatisfied
 4 Very dissatisfied (31)
 5 Not applicable (no medical care)

19. Now I will describe several conditions and for each one asked please tell me how likely you would be to seek medical help if you had the condition. (INTERVIEWER: Read the choices and check the one chosen.)

	Not Likely	Probably	Definitely
a. Mild headache for a week	(32) 75 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Pains in the chest several times a day for more than one day	(33) 76 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Blood in your stools for several days	(34) 77 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Shortness of breath when walking short distances	(35) 78 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Feeling tired all the time for no apparent reason	(36) 79 <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

ASK THE REMAINING QUESTIONS OF EVERYONE.

Now I would like to ask you about some medical conditions you may have had.

20. Have you ever been told by a doctor that you had high blood pressure?

No 2
DK 3
Yes 1 (37)
80

Years
81, 82 (38)

How many years ago were you first told that you had high blood pressure?

Have you ever taken high blood pressure medicine that a doctor prescribed for you?

No 2
DK 3
Yes 1 (39)
83

Are you still taking medicine for high blood pressure?

Yes 1
DK 3
No 2 (40)
84

Years
85, 86 (41)

How many years ago did you last take medicine for high blood pressure?

Why did you stop? Specify:

4/0 87 (42)

FOR MEN SKIP TO 21.

Were you pregnant when the doctor first told you that you had high blood pressure?

No 2
DK 3
Yes 1 (43)
88

Did a doctor ever say that you had high blood pressure when you were not pregnant?

Yes 1
No 2
DK 3 (44)
89

21. Have you ever been told by a doctor that you had diabetes (sugar in your urine or high blood sugar)?

No 2
DK 3
Yes 1 (45)
90

Years
91, 92 (46)

How many years ago was this?

22. Did a doctor ever tell you that you had a heart attack or a coronary (myocardial infarction, coronary thrombosis or coronary occlusion)?

No 2
DK 3
Yes 1 (47)
93

Years
94, 95 (48)

How many years ago was this?

23. Have you ever been told by a doctor that you had a stroke?

No 2
DK 3
Yes 1 (49)
96

Years
97, 98 (50)

How many years ago was this?

Now I would like to ask you about your health in general and any medical care you may have received.

24. Compared with other people your own age, would you say your health is:

excellent? 99 1 good? 2 fair? 3 poor? 4 (51)

25. Would you say you worry about your health:

never? 100 1 occasionally? 2 frequently? 3 (52)

26. a. Thinking about the things you do at work (or housework), how would you rate yourself as to the amount of physical activity you get compared with others of your age and sex? Would you say you are:

much more active? 101 1 somewhat more active? 2 about the same? 3 somewhat less active? 4 much less active? 5 not applicable? 6 (53)

b. Now, thinking about the things you do outside of work (or housework), how would you rate yourself as to the amount of physical activity you get compared with others of your age and sex? Would you say you are:

much more active? 102 1 somewhat more active? 2 about the same? 3 somewhat less active? 4 much less active? 5 (54)

27. During the past 12 months, that is, since _____ (date) a year ago, about how many times have you seen or talked to a medical doctor for health reasons? 103, 104 (55)

28. During the past 12 months, that is, since _____ (date) a year ago, about how many visits have you made to the dentist? 105, 106 (56)

29. During the past 12 months, that is, since _____ (date) a year ago, about how many days were you away from work or unable to carry out your usual daily activities because of illness, disability, or injury? 107, 108, 109 (57) days

30. Were you a patient in a hospital at any time since _____ (date) a year ago?

No 2 DK 3 Yes 1 (58)

How many times were you in the hospital since _____ (date) a year ago? 111, 112 (59)

How many days (total) since _____ (date) a year ago did you spend in the hospital? 113, 114, 115 (60)

31. Have you ever smoked cigarettes regularly?

No 2 DK 3 Yes 1 (61)

Do you smoke cigarettes at present?

No 2 Yes 1 (62)

How many cigarettes do you usually smoke per day? 118, 119 (63)

Now I would like to record your height and weight and take your pulse and blood pressure.

32. How tall are you (without shoes on)? 120 64 feet 121, 122 65 inches
33. How much do you weigh (without heavy clothes on)? 66 123, 124, 125 pounds
34. Pulse: number of beats in 30 seconds _____ x 2 = 67 126, 127, 128 beats / minute

Now I would like to take three readings of your blood pressure.

35. Blood Pressure Readings:

	<u>Systolic</u>	<u>Diastolic (5th Phase)</u>	
Reading 1	68 129, 130, 131	69 132, 133, 134	
Reading 2	70 135, 136, 137	71 138, 139, 140	
Reading 3	72 141, 142, 143	73 144, 145, 146	
		+	
		74 147, 148, 149	SUM
Average of Readings 2 and 3	_____	_____	

INTERVIEWER: Explain the readings and enter any remarks.

150
 1/0 75

36. Social Security Number: 76 151, 152, 153 - 154, 155 - 156, 157, 158, 159

INTERVIEWER: If SUM of diastolic Readings 2 and 3 is less than 190, thank the respondent and terminate the interview. Enter interview completion information on page 1.

37. Do you have a personal physician or family doctor?

No 2
Yes 1
160 ↓ (77)

a. May I have his name, address and telephone number?

Dr. _____
First Middle Last

_____ House No. Street Name or RR No. Apt. No.

_____ City or Town State Zip Code

Telephone No.: _____ / _____
Area

b. When did you last see him?

38. Do you have insurance to help pay:

a. all or part of your hospital bills?

No 2
Yes 1
161 ↓ (78)

What kind? _____
_____ (79) 1/0 162

b. all or part of the bill when you go to a doctor's office?

No 2
Yes 1
163 ↓ (80)

What kind? _____
_____ (81) 1/0 164

INTERVIEWER: 1. Schedule a clinic appointment.

2. Ask the participant to bring all medications to First Clinic Visit to insure proper identification.

3. Complete remaining items on page 1.

Remarks: