

[illegible]

		<div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
urbrur	Urban-rural setting	<div> <div>urban</div> <div>Urban</div> <div>rural</div> <div>Rural</div> </div>
interviewer	Interviewer name	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
group_gis	Hidden from user	
note_gis	Geographic coordinates of household	User entered text
latitude	Latitude (N)	User entered decimal
longitude	Longitude (E)	User entered decimal
screening1	Date of first screening attempt	User selected date
screening2	Date of second screening attempt (do not complete if not applicable)	User selected date
screening3	Date of third screening attempt (do not complete if not applicable)	User selected date
group_intro	Hidden from user	
note_title	RESPOND Household and Micro-Costing Survey	User entered text
note_introduction	We are conducting a research project to produce good information on the barriers to controlling high blood pressure faced by poor households in Malaysia and the Philippines. We are conducting a survey of	User entered text

	households to seek adults with high blood pressure/hypertension and request to have interviews with them.		
note_sec1	Section 1: Screening and household census	User entered text	
screen1	Do you plan to stay here for at least 18 months?	yes	Yes
		no	No
		refused	Refused
group_screen1	Hidden from user		
note_screen1	In order to determine whom to interview, I need to ask about who lives at your address. Let me assure you that any information you provide is strictly confidential.	User entered text	
note_screen2	Number of individuals living in your household by age group:	User entered text	
members35	<35 years	User entered integer	
members70	>70 years	User entered integer	
members35_70	35-70 years	User entered integer	
group_screen4	Hidden from user		
repeat_members35_70_count	Hidden from user		
repeat_members35_70	Hidden from user		
group_screen4a	Hidden from user		
members35_70_fname	First name	User entered text	
members35_70_lname	Last name	User entered text	
members35_70_hyp	Has she/he been told by a health care provider that they have high blood pressure?	yes	Yes
		no	No
		refused	Refused
yes_no_nothome	Now, I would like to measure your blood pressure. INTERVIEWER: Has the household member given you permission to measure their blood pressure?	yes	Yes
		no	No
		nothome	Not at home
group_screen4b	Hidden from user		

note_screen4a	Now, I would like to measure your blood pressure. Stay seated, and once I put this on your right arm keep it steady and at the level of your heart. We will need to take the blood pressure reading three times. It will squeeze your wrist a bit, but won't hurt. Relax.	User entered text								
sys1	Reading 1 systolic	User entered integer								
dia1	Reading 1 diastolic	User entered integer								
sys2	Reading 2 systolic	User entered integer								
dia2	Reading 2 diastolic	User entered integer								
sys3	Reading 3 systolic	User entered integer								
dia3	Reading 3 diastolic	User entered integer								
members35_70_eligible_refer	Hidden from user									
members35_70_eligible	INTERVIEWER: Does this household member have a self-reported history of hypertension OR an average systolic pressure >=140 mmHg OR an average diastolic pressure >=90 mmHg?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	refused	Refused		
yes	Yes									
no	No									
refused	Refused									
note_members35_70_refer	INTERVIEWER: If upon screening, this household member DOES HAVE an average systolic pressure >=140 mm Hg OR an average diastolic pressure >=90 mmHg, please provide the referral letter. Explain briefly what the letter means, and which health facility can he/she seek care from. Ask the household member to write his/her name, signature and current date on the list of household members referred for further screening.	User entered text								
group_screen5	Hidden from user									
members35_70_age	Age in years	User entered integer								
members35_70_sex	Sex	<table><tr><td>sex_f</td><td>Female</td></tr><tr><td>sex_m</td><td>Male</td></tr></table>	sex_f	Female	sex_m	Male				
sex_f	Female									
sex_m	Male									
members35_70_educ	Highest level of formal education achieved	<table><tr><td>educ_none</td><td>None</td></tr><tr><td>educ_primary</td><td>Primary/grade school</td></tr><tr><td>educ_secondary</td><td>Secondary/high school</td></tr><tr><td>educ_vocational</td><td>Trade School/vocational</td></tr></table>	educ_none	None	educ_primary	Primary/grade school	educ_secondary	Secondary/high school	educ_vocational	Trade School/vocational
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educ_primary	Primary/grade school									
educ_secondary	Secondary/high school									
educ_vocational	Trade School/vocational									

		<table><tr><td></td><td>school</td></tr><tr><td>educ_college</td><td>College/University</td></tr></table>		school	educ_college	College/University				
	school									
educ_college	College/University									
members35_70_tobac	Does she/he use tobacco or betel nut products (Includes cigarettes, beedi, chewing tobacco, hookah, pipe, cigars, vaping, etc.)?	<table><tr><td>never</td><td>Never used</td></tr><tr><td>former</td><td>Formerly used</td></tr><tr><td>current</td><td>Currently used</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	never	Never used	former	Formerly used	current	Currently used	refused	Refused
never	Never used									
former	Formerly used									
current	Currently used									
refused	Refused									
group_members35_70_comorbids	Hidden from user									
generated_table_list_label_57	-	User entered text								
reserved_name_for_field_list_labels_58		<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/don't remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/don't remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/don't remember									
refused	Refused									
members35_70_dm	Has she/he been diagnosed with diabetes ?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/don't remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/don't remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/don't remember									
refused	Refused									
members35_70_tb	Has she/he been diagnosed with tuberculosis, and currently receiving treatment (i.e. DOTS)?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/don't remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/don't remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/don't remember									
refused	Refused									
members35_70_cancer	Has she/he been diagnosed with cancer?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/don't remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/don't remember	refused	Refused
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no	No									
dkremember	Don't know/don't remember									
refused	Refused									
members35_70_hiv	Has she/he been diagnosed with HIV or AIDS?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td></td><td></td></tr></table>	yes	Yes	no	No				
yes	Yes									
no	No									

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dkremember	Don't know/don't remember									
refused	Refused									
members35_70_pregnant	Is she currently pregnant?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/don't remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/don't remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/don't remember									
refused	Refused									
screen2	INTERVIEWER: How many of the household members aged 35-70 meet the criteria for inclusion (i.e. they have a self-reported history of hypertension or an average systolic pressure >=140 or an average diastolic pressure >=90) AND DOES NOT have any of the following conditions: TB and currently receiving DOTS, cancer, HIV or AIDS, currently pregnant?	User entered integer								
ineligible	Your household does not meet the criteria to be eligible to participate in this study. Thank you for your time. [INTERVIEWER: proceed to the next household]	User entered text								
eligible	Your household is eligible to participate in this study. Now, I will use a selection procedure to determine whom among the individuals aged 35-70 we need to interview.	User entered text								
note_participant	INTERVIEWER: Among the \${0} eligible household members, the randomly selected participant is number. Please approach that household member saying: We would like you to participate in the study we are doing. Let me explain it, and feel free to ask me any questions if you are unclear about anything. [INTERVIEWER TO RETRIEVE INFORMATION SHEET AND USE IT TO EXPLAIN STUDY]. You can keep this leaflet which covers everything I have explained. If you are willing to participate in the study, can you please sign and date two copies of this informed consent form? Thank you.	User entered text								

note_consent	INTERVIEWER: If the randomly selected eligible member does not consent to participate, move on to the next eligible member in numerical order until one consents.	User entered text	
consent	INTERVIEWER: Has consent to participate in the study been obtained from one eligible household member? If no, proceed to the next household.	yes	Yes
		no	No
		refused	Refused
end5	During the consent process, did the respondent agree to be contacted about participating in the qualitative component (i.e. interviews, diaries or FGDs)? Select all that apply.	interviews	In-depth interviews
		diaries	Digital diaries
		fdgs	Focus group discussions
		refused_all	Refused all
note_proceed	INTERVIEWER: Proceed with the questionnaire	User entered text	
note_sec2	Section 2: Personal details of the participant	User entered text	
group_participant	Hidden from user		
note_px	Details of hypertensive participant	User entered text	
namefirst	First name(s)	User entered text	
namelast	Last name	User entered text	
birthdate	Date of birth	User selected date	
age	Age in years	User entered integer	
address1	Address (line 1)	User entered text	
address2	Address (line 2)	User entered text	
address3	Address (line 3)	User entered text	
mobile	Do you have a mobile phone/handphone?	yes	Yes
		no	No
		refused	Refused
numbermobile	Mobile telephone number	User entered text	
other_contact1	Altenative telephone number (e.g. landline, second mobile, etc.)	User entered text	
other_contact	Other contact (additional phone number,	User entered text	

	email)													
sex	Sex	<table> <tr> <td>sex_f</td><td>Female</td></tr> <tr> <td>sex_m</td><td>Male</td></tr> </table>	sex_f	Female	sex_m	Male								
sex_f	Female													
sex_m	Male													
marital	Marital status	<table> <tr> <td>marital_never</td><td>Never married</td></tr> <tr> <td>marital_married</td><td>Currently married</td></tr> <tr> <td>marital_partner</td><td>Living with partner but not married</td></tr> <tr> <td>marital_widow</td><td>Widowed</td></tr> <tr> <td>marital_separated</td><td>Separated</td></tr> <tr> <td>marital_divorced</td><td>Divorced</td></tr> </table>	marital_never	Never married	marital_married	Currently married	marital_partner	Living with partner but not married	marital_widow	Widowed	marital_separated	Separated	marital_divorced	Divorced
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marital_partner	Living with partner but not married													
marital_widow	Widowed													
marital_separated	Separated													
marital_divorced	Divorced													
ethnicity	Do you belong to an indigenous group?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused						
yes	Yes													
no	No													
refused	Refused													
education	What level of formal education have you achieved? (check highest level only):	<table> <tr> <td>educ_none</td><td>None</td></tr> <tr> <td>educ_primary</td><td>Primary/grade school</td></tr> <tr> <td>educ_secondary</td><td>Secondary/high school</td></tr> <tr> <td>educ_vocational</td><td>Trade School/vocational school</td></tr> <tr> <td>educ_college</td><td>College/University</td></tr> </table>	educ_none	None	educ_primary	Primary/grade school	educ_secondary	Secondary/high school	educ_vocational	Trade School/vocational school	educ_college	College/University		
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educ_primary	Primary/grade school													
educ_secondary	Secondary/high school													
educ_vocational	Trade School/vocational school													
educ_college	College/University													
employed1	Are you currently employed?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused						
yes	Yes													
no	No													
refused	Refused													
unemp_reason	Why are you not currently employed?	<table> <tr> <td>unemp_home</td><td>Homemaker / caring for family</td></tr> <tr> <td>unemp_nojob</td><td>Could not find a job</td></tr> <tr> <td>unemp_volunteer</td><td>Do voluntary work</td></tr> <tr> <td>unemp_study</td><td>In studies / training</td></tr> <tr> <td>unemp_health</td><td>Health problems/disabled</td></tr> <tr> <td></td><td></td></tr> </table>	unemp_home	Homemaker / caring for family	unemp_nojob	Could not find a job	unemp_volunteer	Do voluntary work	unemp_study	In studies / training	unemp_health	Health problems/disabled		
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		<table> <tr> <td>unemp_carer</td><td>Have to take care of family member</td></tr> <tr> <td>unemp_retired</td><td>Retired / too old to work</td></tr> <tr> <td>unemp_redundant</td><td>Laid off / made redundant</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	unemp_carer	Have to take care of family member	unemp_retired	Retired / too old to work	unemp_redundant	Laid off / made redundant	other	Other	refused	Refused																						
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unemp_redundant	Laid off / made redundant																																	
other	Other																																	
refused	Refused																																	
other_unemp	Specify other:	User entered text																																
group_job1	Hidden from user																																	
note_job1	Let's talk about your primary or main paid work/job. If you do several jobs, describe the one you consider primary.	User entered text																																
job1_occup	In your main job, what do you do?	<table> <tr> <td>occup01</td><td>Food preparation and serving related occupations</td></tr> <tr> <td>occup02</td><td>Building and grounds cleaning and maintenance occupations</td></tr> <tr> <td>occup03</td><td>Personal care and service occupations</td></tr> <tr> <td>occup04</td><td>Sales and related occupations</td></tr> <tr> <td>occup05</td><td>Office and administrative support occupations</td></tr> <tr> <td>occup06</td><td>Farming, fishing, and forestry occupations</td></tr> <tr> <td>occup07</td><td>Construction and extraction occupations</td></tr> <tr> <td>occup08</td><td>Installation, maintenance, and repair occupations</td></tr> <tr> <td>occup09</td><td>Production occupations</td></tr> <tr> <td>occup10</td><td>Transportation and material moving occupations</td></tr> <tr> <td>occup11</td><td>Protective service occupations</td></tr> <tr> <td>occup12</td><td>Military specific occupations</td></tr> <tr> <td>occup13</td><td>Management occupations</td></tr> <tr> <td>occup14</td><td>Business and financial operations occupations</td></tr> <tr> <td>occup15</td><td>Computer and mathematical occupations</td></tr> <tr> <td>occup16</td><td>Architecture and engineering</td></tr> </table>	occup01	Food preparation and serving related occupations	occup02	Building and grounds cleaning and maintenance occupations	occup03	Personal care and service occupations	occup04	Sales and related occupations	occup05	Office and administrative support occupations	occup06	Farming, fishing, and forestry occupations	occup07	Construction and extraction occupations	occup08	Installation, maintenance, and repair occupations	occup09	Production occupations	occup10	Transportation and material moving occupations	occup11	Protective service occupations	occup12	Military specific occupations	occup13	Management occupations	occup14	Business and financial operations occupations	occup15	Computer and mathematical occupations	occup16	Architecture and engineering
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		occup17	Life, physical, and social science occupations
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		occup19	Legal occupations
		occup20	Education, training, and library occupations
		occup21	Arts, design, entertainment, sports, and media occupations
		occup22	Healthcare practitioners and technical occupations
		occup23	Healthcare support occupations
		refused	Refused
job1_tenure	For your main job, are you fully employed, self-employed or casually employed?	tenure_full	Full-time employed
		tenure_part	Part-time employed
		tenure_self	Self-employed
		tenure_casual	Casually employed
group_job3	Hidden from user		
note_job1a	How strongly do you agree or disagree with the following statements about your main job?	User entered text	
lose_job1	Within the next six months, I may lose this job.	agree1	1 - Strongly disagree
		agree2	2 - Disagree
		agree3	3 - Agree
		agree4	4 - Strongly agree
		refused	Refused
take_time1	I can easily take time off of work for important matters, such as to attend medical appointments.	agree1	1 - Strongly disagree
		agree2	2 - Disagree
		agree3	3 - Agree
		agree4	4 - Strongly agree
		refused	Refused

employed2	Do you currently have more than one paid jobs?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>refused</td><td>Refused</td></tr></table>		yes	Yes	no	No	refused	Refused																																		
yes	Yes																																										
no	No																																										
refused	Refused																																										
job2_occup	For your second most important job, what do you do?	<table><tr><td>occup01</td><td>Food preparation and serving related occupations</td></tr><tr><td>occup02</td><td>Building and grounds cleaning and maintenance occupations</td></tr><tr><td>occup03</td><td>Personal care and service occupations</td></tr><tr><td>occup04</td><td>Sales and related occupations</td></tr><tr><td>occup05</td><td>Office and administrative support occupations</td></tr><tr><td>occup06</td><td>Farming, fishing, and forestry occupations</td></tr><tr><td>occup07</td><td>Construction and extraction occupations</td></tr><tr><td>occup08</td><td>Installation, maintenance, and repair occupations</td></tr><tr><td>occup09</td><td>Production occupations</td></tr><tr><td>occup10</td><td>Transportation and material moving occupations</td></tr><tr><td>occup11</td><td>Protective service occupations</td></tr><tr><td>occup12</td><td>Military specific occupations</td></tr><tr><td>occup13</td><td>Management occupations</td></tr><tr><td>occup14</td><td>Business and financial operations occupations</td></tr><tr><td>occup15</td><td>Computer and mathematical occupations</td></tr><tr><td>occup16</td><td>Architecture and engineering occupations</td></tr><tr><td>occup17</td><td>Life, physical, and social science occupations</td></tr><tr><td>occup18</td><td>Community and social services occupations</td></tr><tr><td>occup19</td><td>Legal occupations</td></tr><tr><td>occup20</td><td>Education, training, and library</td></tr></table>		occup01	Food preparation and serving related occupations	occup02	Building and grounds cleaning and maintenance occupations	occup03	Personal care and service occupations	occup04	Sales and related occupations	occup05	Office and administrative support occupations	occup06	Farming, fishing, and forestry occupations	occup07	Construction and extraction occupations	occup08	Installation, maintenance, and repair occupations	occup09	Production occupations	occup10	Transportation and material moving occupations	occup11	Protective service occupations	occup12	Military specific occupations	occup13	Management occupations	occup14	Business and financial operations occupations	occup15	Computer and mathematical occupations	occup16	Architecture and engineering occupations	occup17	Life, physical, and social science occupations	occup18	Community and social services occupations	occup19	Legal occupations	occup20	Education, training, and library
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refused	Refused												
job2_tenure	For your second job, are you fully employed, self-employed or casually employed?	<table><tr><td>tenure_full</td><td>Full-time employed</td></tr><tr><td>tenure_part</td><td>Part-time employed</td></tr><tr><td>tenure_self</td><td>Self-employed</td></tr><tr><td>tenure_casual</td><td>Casually employed</td></tr></table>		tenure_full	Full-time employed	tenure_part	Part-time employed	tenure_self	Self-employed	tenure_casual	Casually employed		
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tenure_self	Self-employed												
tenure_casual	Casually employed												
group_job4	Hidden from user												
note_job2a	How strongly do you agree or disagree with the following statements about your current second most important job?	User entered text											
lose_job2	Within the next six months, I may lose this job.	<table><tr><td>agree1</td><td>1 - Strongly disagree</td></tr><tr><td>agree2</td><td>2 - Disagree</td></tr><tr><td>agree3</td><td>3 - Agree</td></tr><tr><td>agree4</td><td>4 - Strongly agree</td></tr><tr><td>refused</td><td>Refused</td></tr></table>		agree1	1 - Strongly disagree	agree2	2 - Disagree	agree3	3 - Agree	agree4	4 - Strongly agree	refused	Refused
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agree4	4 - Strongly agree												
refused	Refused												
note_sec3	Section 3: Household characteristics and socioeconomic position	User entered text											
group_assets	Hidden from user												
assets	Does your household own any of the following? (check ALL that apply)	<table><tr><td>asset_none</td><td>No possessions</td></tr><tr><td>asset_moto</td><td>Moped/motorbike/scooter/tricycle</td></tr><tr><td></td><td></td></tr></table>		asset_none	No possessions	asset_moto	Moped/motorbike/scooter/tricycle						
asset_none	No possessions												
asset_moto	Moped/motorbike/scooter/tricycle												

		<table border="1"> <tr><td>asset_jcar</td><td>Car/jeep</td></tr> <tr><td>asset_bike</td><td>Bicycle/pedicab</td></tr> <tr><td>asset_tractor</td><td>Other four wheeler/tractor</td></tr> <tr><td>asset_pc</td><td>Computer/ Laptop</td></tr> <tr><td>asset_radio</td><td>Stereo/radio/karaoke</td></tr> <tr><td>asset_tv</td><td>TV</td></tr> <tr><td>asset_telland</td><td>Telephone - Landline</td></tr> <tr><td>asset_telmob</td><td>Telephone - Mobile/smart phone</td></tr> <tr><td>asset_fridge</td><td>Refrigerator</td></tr> <tr><td>asset_washer</td><td>Washing machine</td></tr> <tr><td>asset_mixer</td><td>Kitchen mixer</td></tr> <tr><td>asset_acond</td><td>Air conditioner</td></tr> <tr><td>asset_nfan</td><td>Electric fan (standing/wall/ceiling)</td></tr> <tr><td>asset_generat</td><td>Invertor/Generator</td></tr> <tr><td>asset_vacuum</td><td>Vacuum cleaner</td></tr> <tr><td>asset_iron</td><td>Iron</td></tr> <tr><td>asset_internet</td><td>Internet access</td></tr> <tr><td>asset_cattle</td><td>Livestock - Cattle (buffalo, cow, goat)</td></tr> <tr><td>asset_poultry</td><td>Livestock - Poultry</td></tr> </table>	asset_jcar	Car/jeep	asset_bike	Bicycle/pedicab	asset_tractor	Other four wheeler/tractor	asset_pc	Computer/ Laptop	asset_radio	Stereo/radio/karaoke	asset_tv	TV	asset_telland	Telephone - Landline	asset_telmob	Telephone - Mobile/smart phone	asset_fridge	Refrigerator	asset_washer	Washing machine	asset_mixer	Kitchen mixer	asset_acond	Air conditioner	asset_nfan	Electric fan (standing/wall/ceiling)	asset_generat	Invertor/Generator	asset_vacuum	Vacuum cleaner	asset_iron	Iron	asset_internet	Internet access	asset_cattle	Livestock - Cattle (buffalo, cow, goat)	asset_poultry	Livestock - Poultry
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asset_poultry	Livestock - Poultry																																							
electricity	Does your household have electricity?	<table border="1"> <tr><td>yes</td><td>Yes</td></tr> <tr><td>no</td><td>No</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused																																
yes	Yes																																							
no	No																																							
refused	Refused																																							
land	Does your household own any land you can grow things on?	<table border="1"> <tr><td>yes</td><td>Yes</td></tr> <tr><td>no</td><td>No</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused																																
yes	Yes																																							
no	No																																							
refused	Refused																																							
home	Does your family / household own the house/apartment/condo?	<table border="1"> <tr><td>yes</td><td>Yes</td></tr> <tr><td>no</td><td>No</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused																																
yes	Yes																																							
no	No																																							
refused	Refused																																							

rooms	Total number of rooms (including bedroom/sleeping areas and excluding bathrooms)	User entered integer																						
cooking	Where is the cooking for your household mostly done? (check ONE that apply)	<table> <tr> <td>cook_inside</td><td>Completely inside the house</td></tr> <tr> <td>cook_partial</td><td>Partially inside the house</td></tr> <tr> <td>cook_open</td><td>Outside the house – open</td></tr> <tr> <td>cook_covered</td><td>Outside the house – covered</td></tr> </table>	cook_inside	Completely inside the house	cook_partial	Partially inside the house	cook_open	Outside the house – open	cook_covered	Outside the house – covered														
cook_inside	Completely inside the house																							
cook_partial	Partially inside the house																							
cook_open	Outside the house – open																							
cook_covered	Outside the house – covered																							
fuel	Primary fuel used for cooking? (check ONE only)	<table> <tr> <td>fuel_kerosene</td><td>Kerosene</td></tr> <tr> <td>fuel_charcoal</td><td>Charcoal/coal</td></tr> <tr> <td>fuel_coal</td><td>Coal</td></tr> <tr> <td>fuel_gas</td><td>Gas</td></tr> <tr> <td>fuel_wood</td><td>Wood</td></tr> <tr> <td>fuel_crop</td><td>Agriculture/crop</td></tr> <tr> <td>fuel_gobar</td><td>Liquid petroleum (LPG)/natural/gobar gas</td></tr> <tr> <td>fuel_elec</td><td>Electricity</td></tr> <tr> <td>fuel_dung</td><td>Animal dung</td></tr> <tr> <td>fuel_grass</td><td>Shrub/grass</td></tr> <tr> <td>other</td><td>Other</td></tr> </table>	fuel_kerosene	Kerosene	fuel_charcoal	Charcoal/coal	fuel_coal	Coal	fuel_gas	Gas	fuel_wood	Wood	fuel_crop	Agriculture/crop	fuel_gobar	Liquid petroleum (LPG)/natural/gobar gas	fuel_elec	Electricity	fuel_dung	Animal dung	fuel_grass	Shrub/grass	other	Other
fuel_kerosene	Kerosene																							
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fuel_elec	Electricity																							
fuel_dung	Animal dung																							
fuel_grass	Shrub/grass																							
other	Other																							
fuel_other1	Specify other:	User entered text																						
group_income	Hidden from user																							
subsidy	Does your household receive any regular cash transfers, subsidies or payments through the 4P or any other state or NGO cash benefits/support programme?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused																
yes	Yes																							
no	No																							
refused	Refused																							
remittance	Does your household receive any income from any family members living outside of the household (e.g. elsewhere in the country or abroad)?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused																
yes	Yes																							
no	No																							
refused	Refused																							
earners	How many members in your household earn money from any source (e.g. employment, pensions, social assistance,	User entered integer																						

	etc.)?		
income	What is your current total monthly household income in Pesos after deducting taxes (including employment, pensions, social assistance, family support, from family abroad, etc.)	inc_no	No income
		inc_dkrefuse	Unknown/refuse
income_amount	Pesos per month	User entered integer	
income_seasonal	Does anyone in your household receive any seasonal, irregular or one-off payments during the year (e.g. payment for harvest, etc.)?	yes	Yes
		no	No
		dk	Don't know
		refused	Refused
group_income_seasonal	Hidden from user		
income_seasonal_amount	If yes, how much is typically received in total per year?	inc_no	No income
		inc_dkrefuse	Unknown/refuse
income_amount	Pesos per year	User entered integer	
microcosting	Do you want to administer the micro-costing expenditure questions to this participant?	yes	Yes
		no	No
		refused	Refused
group_microcosting	Hidden from user		
table_weekexp	Hidden from user		
note_weekexp	How much was spent in the last 7 days on the following?	User entered text	
exp_week_food1	Food and non-alcoholic beverages for the entire household (e.g. fruits, vegetables, rice, lentils, meat, milk, eggs spices, oils, snacks; and tea, coffee, juice, soft drinks etc.)	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_week_food2	Pesos per week	User entered integer	
exp_week_tobac1	Tobacco, alcoholic beverages for the entire household	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_week_tobac2	Pesos per week	User entered integer	

exp_week_eatout1	Food eaten outside your home (at vendors, kiosks or restaurants)	<table> <tr> <td>exp_no</td><td>No expenditure</td></tr> <tr> <td>exp_dkrefuse</td><td>Unknown/refuse</td></tr> </table>	exp_no	No expenditure	exp_dkrefuse	Unknown/refuse
exp_no	No expenditure					
exp_dkrefuse	Unknown/refuse					
exp_week_eatout2	Pesos per week	User entered integer				
table_monthexp	Hidden from user					
note_monthexp	How much was spent in the last 30 days on the following:	User entered text				
exp_month_rent1	Rent/mortgage and utilities (electricity, water, cooking/heating fuel, telephone/mobile phone, internet, cable TV, etc.) for the entire household?	<table> <tr> <td>exp_no</td><td>No expenditure</td></tr> <tr> <td>exp_dkrefuse</td><td>Unknown/refuse</td></tr> </table>	exp_no	No expenditure	exp_dkrefuse	Unknown/refuse
exp_no	No expenditure					
exp_dkrefuse	Unknown/refuse					
exp_month_rent2	Pesos per month	User entered integer				
exp_month_clothes1	Clothing (footwear, shirts, pants, coats etc.) and other personal items (soap, shampoo, cosmetics, shaving cream, deodorants etc.) for the entire household?	<table> <tr> <td>exp_no</td><td>No expenditure</td></tr> <tr> <td>exp_dkrefuse</td><td>Unknown/refuse</td></tr> </table>	exp_no	No expenditure	exp_dkrefuse	Unknown/refuse
exp_no	No expenditure					
exp_dkrefuse	Unknown/refuse					
exp_month_clothes2	Pesos per month	User entered integer				
exp_month_transpo1	Transportation costs (public transit fares, fuel for personal vehicle, etc.) for the entire household?	<table> <tr> <td>exp_no</td><td>No expenditure</td></tr> <tr> <td>exp_dkrefuse</td><td>Unknown/refuse</td></tr> </table>	exp_no	No expenditure	exp_dkrefuse	Unknown/refuse
exp_no	No expenditure					
exp_dkrefuse	Unknown/refuse					
exp_month_transpo2	Pesos per month	User entered integer				
exp_month_other1	All other goods and services (interest on loans, housekeeping services, education, laundry supplies, housekeeping supplies, children's toys, pet supplies, etc.) for the entire household?	<table> <tr> <td>exp_no</td><td>No expenditure</td></tr> <tr> <td>exp_dkrefuse</td><td>Unknown/refuse</td></tr> </table>	exp_no	No expenditure	exp_dkrefuse	Unknown/refuse
exp_no	No expenditure					
exp_dkrefuse	Unknown/refuse					
exp_month_other2	Pesos per month	User entered integer				
table_healthexp	Hidden from user					
note_healthexp	The following questions are about your households' expenditures on all health care and services that DID NOT require an overnight stay for the last 30 days. If any payments were made in-kind, please estimate monetary value and add to the total. Please exclude costs reimbursed by insurance.	User entered text				
exp_health_medfee1	Consultation fees by doctors and nurses	<table> <tr> <td>exp_no</td><td>No expenditure</td></tr> <tr> <td>exp_dkrefuse</td><td>Unknown/refuse</td></tr> </table>	exp_no	No expenditure	exp_dkrefuse	Unknown/refuse
exp_no	No expenditure					
exp_dkrefuse	Unknown/refuse					



exp_health_medfee2	Pesos per month	User entered integer	
exp_health_tradfee1	Consultation fees by traditional or alternative healers (Ayurveda, Homeopathy, Chinese medicine etc.)	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_health_tradfee2	Pesos per month	User entered integer	
exp_health_diagnos1	Diagnostic and laboratory tests such as X-rays or blood, urine tests	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_health_diagnos2	Pesos per month	User entered integer	
exp_health_drugs1	One month supply of medication or drugs (including prescription, non-prescription traditional, traditional Chinese, homeopathic, etc.)	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_health_drugs2	Pesos per month	User entered integer	
exp_health_dental1	Dentist or dental care	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_health_dental2	Pesos per month	User entered integer	
exp_health_ambul1	Ambulance	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_health_ambul2	Pesos per month	User entered integer	
exp_health_other1	Any other health care product or services that were not included above?	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_health_other2	Pesos per month	User entered integer	
table_yearexp	Hidden from user		
note_yearexp	In the last 12 months, how much did the family spend on:	User entered text	
exp_year_educ1	Education fees and supplies (tuition, course fees, books etc.) for the entire household	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_year_educ2	Pesos per year	User entered integer	

exp_year_durable1	Durable goods (televisions, phones, bed sheets, towels, tools etc.), furniture, house appliances (refrigerators, washing machines, micro- wave etc.), vehicles and vehicle upkeep repair for the entire household	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_year_durable2	Pesos per year	User entered integer	
exp_year_tax1	Taxes (property tax, vehicle tax, income tax) and non-health related insurance (personal, vehicle, household, life, etc.) for the entire household	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_year_tax2	Pesos per year	User entered integer	
exp_year_insurance1	Any voluntary health insurance premiums (including Philhealth Informal Economy members and community health insurance schemes), or pre-paid health plans that cover either single or multiple members of your household	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_year_insurance2	Pesos per year	User entered integer	
exp_year_items1	Health related items (prescription glasses, hearing aids, canes, prosthetic devices etc.) for the entire household for the entire household. Note: Just include what you paid yourself and not anything that was reimbursed, for example, by insurance	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_year_items2	Pesos	User entered integer	
exp_year_inpatient1	Costs associated with overnight stays in hospital or health facility for the entire household. Note: Please exclude transportation costs and just include what you paid yourself and not anything that was reimbursed, for example, by insurance, including food, watcher, medicines, fees, documentation, etc.)	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_year_inpatient2	Pesos per year	User entered integer	
exp_year_carehome1	Costs associated with long-term care facility (e.g. old age homes) for the entire household. Note: Please exclude transportation costs and just include what you paid yourself and not anything that was reimbursed, for example, by insurance	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_year_carehome2	Pesos per year	User entered integer	

exp_year_other1	All other goods and services (fiestas, property, land, livestock, cleaning services, repair services, childcare services etc.) for the entire household	exp_no	No expenditure
		exp_dkrefuse	Unknown/refuse
exp_year_other2	Pesos per year	User entered integer	
finances	As a whole, how would you assess the financial situation of your household in the last month?	5	5 - Very good
		4	4 - Good
		3	3 - Neither good nor bad
		2	2 - Poor
		1	1 - Very poor
		refused	Refused
coping1	If you need urgently a large sum of money (e.g. Php2000-5000), what would you do first of all? (Not more than two answers)	donate	Ask for money as gift from friends or family
		borrow_relative	Borrow from friends/relative/employer
		borrow_org	Borrow from authorities, charities or NGOs
		borrow_bank	Borrow money from bank/financial institution
		borrow_lender	Borrow money from money lender
		sell_productive	Sell productive assets (livestock, property)
		sell_non_productive	Sell non-productive assets (jewellery, furniture)
		pawn	Pawn items
		other_job	Take on another job
		out_school	Take child out of school
		stop_treat	Stop taking treatments
		move_house	Move to cheaper accommodations
		do_nothing	I do not do anything
		dk_coping1	Don't know
		other_coping1	Other
		refused	Refused

coping1_other	Specify other:	User entered text													
note_sec4	Section 4: Health and medical history of the hypertensive individual	User entered text													
group_hx1	Hidden from user														
health_today	In general, how would you rate your health today?	<table> <tr><td>5</td><td>5 - Very good</td></tr> <tr><td>4</td><td>4 - Good</td></tr> <tr><td>3</td><td>3 - Neither good nor bad</td></tr> <tr><td>2</td><td>2 - Poor</td></tr> <tr><td>1</td><td>1 - Very poor</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>		5	5 - Very good	4	4 - Good	3	3 - Neither good nor bad	2	2 - Poor	1	1 - Very poor	refused	Refused
5	5 - Very good														
4	4 - Good														
3	3 - Neither good nor bad														
2	2 - Poor														
1	1 - Very poor														
refused	Refused														
disability	Do you have any long-standing illness, disability or infirmity? By 'long-standing' I mean anything that has troubled you over a period of at least 12 months or that is likely to affect you over a period of at least 12 months. This includes problems that are related to old age.	<table> <tr><td>yes</td><td>Yes</td></tr> <tr><td>no</td><td>No</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>		yes	Yes	no	No	refused	Refused						
yes	Yes														
no	No														
refused	Refused														
group_hx2	Hidden from user														
disability_care	Does this limit your ability to provide care for yourself (i.e. personal care) in any way?	<table> <tr><td>yes</td><td>Yes</td></tr> <tr><td>no</td><td>No</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>		yes	Yes	no	No	refused	Refused						
yes	Yes														
no	No														
refused	Refused														
disability_social	Does this limit your participation in social activities?	<table> <tr><td>yes</td><td>Yes</td></tr> <tr><td>no</td><td>No</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>		yes	Yes	no	No	refused	Refused						
yes	Yes														
no	No														
refused	Refused														
disability_other	Does this limit your activities in any other way?	<table> <tr><td>yes</td><td>Yes</td></tr> <tr><td>no</td><td>No</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>		yes	Yes	no	No	refused	Refused						
yes	Yes														
no	No														
refused	Refused														
group_hx3	Hidden from user														
note_hx1	Over the past month, how much difficulty have you had with the following:	User entered text													

difficult_remember	Remembering things that happened a few days before? (e.g. conversation, people visiting)	difficulty_none	None
		difficulty_mild	Mild
		difficulty_moderate	Moderate
		difficulty_severe	Severe/stopped due to difficulty
		difficulty_never	Never performed/do not need to perform
		refused	Refused
difficult_game	Playing a game or reading a book that requires concentration? (e.g. games, crosswords, checkers, chess, cards)	difficulty_none	None
		difficulty_mild	Mild
		difficulty_moderate	Moderate
		difficulty_severe	Severe/stopped due to difficulty
		difficulty_never	Never performed/do not need to perform
		refused	Refused
difficult_meds	Taking your medications?	difficulty_none	None
		difficulty_mild	Mild
		difficulty_moderate	Moderate
		difficulty_severe	Severe/stopped due to difficulty
		difficulty_never	Never performed/do not need to perform
		refused	Refused
group_hx4	Hidden from user		
note_hx2	Have you experienced any of the following in the last six months?	User entered text	
hx_chest	Chest pain or tightness when you are doing what you usually do	yes	Yes
		no	No
		refused	Refused
hx_breath	Breathlessness when you are doing what	yes	Yes

	you usually do	no	No
		refused	Refused
hx_cough	Cough for at least 2 weeks continuously	yes	Yes
		no	No
		refused	Refused
hx_swell	Swelling of feet	yes	Yes
		no	No
		refused	Refused
group_hx5	Hidden from user		
note_hx3	Have you ever been diagnosed by a health professional with any of the following? Health professional means an individual with health-related qualifications who would have been able to offer treatment, such as a doctor, nurse, midwife, etc. (check all that apply)	User entered text	
hx_hyp	Hypertension/high blood pressure	yes	Yes
		no	No
		refused	Refused
hx_hyp_group	Hidden from user		
hx_hypyrs	Number of years since diagnosis	User entered integer	
hx_hypmeds	Do you take any regular treatments or medications for this condition?	yes	Yes
		no	No
		refused	Refused
hx_hypprof	Do you regularly see a health professional about this condition?	yes	Yes
		no	No
		refused	Refused
hx_dm	Diabetes	yes	Yes

		no	No
		refused	Refused
hx_dm_group	Hidden from user		
hx_dmyrs	Number of years since diagnosis	User entered integer	
hx_dmmeds	Do you take any regular treatments or medications for this condition?	yes	Yes
		no	No
		refused	Refused
hx_dmprof	Do you regularly see a health professional about this condition?	yes	Yes
		no	No
		refused	Refused
hx_str	Stroke	yes	Yes
		no	No
		refused	Refused
hx_str_group	Hidden from user		
hx_stryrs	Number of years since diagnosis	User entered integer	
hx_strmeds	Do you take any regular treatments or medications for this condition?	yes	Yes
		no	No
		refused	Refused
hx_strprof	Do you regularly see a health professional about this condition?	yes	Yes
		no	No
		refused	Refused
hx_ha	Heart attack	yes	Yes
		no	No
		refused	Refused
hx_ha_group	Hidden from user		
hx_hayrs	Number of years since diagnosis	User entered integer	

hx_hameds	Do you take any regular treatments or medications for this condition?	yes	Yes
		no	No
		refused	Refused
hx_haprof	Do you regularly see a health professional about this condition?	yes	Yes
		no	No
		refused	Refused
hx_hf	Heart failure	yes	Yes
		no	No
		refused	Refused
hx_hf_group	Hidden from user		
hx_hfyrs	Number of years since diagnosis	User entered integer	
hx_hfmeds	Do you take any regular treatments or medications for this condition?	yes	Yes
		no	No
		refused	Refused
hx_hfprof	Do you regularly see a health professional about this condition?	yes	Yes
		no	No
		refused	Refused
hx_ca	Cancer	yes	Yes
		no	No
		refused	Refused
hx_ca_group	Hidden from user		
hx_cayrs	Number of years since diagnosis	User entered integer	
hx_cameds	Do you take any regular treatments or medications for this condition?	yes	Yes
		no	No
		refused	Refused



hx_caprof	Do you regularly see a health professional about this condition?	yes	Yes
		no	No
		refused	Refused
hx_cop	COPD (Chronic obstructive pulmonary disease, which is a chronic lung disease causing obstructed airflow from the lungs)	yes	Yes
		no	No
		refused	Refused
hx_cop_group	Hidden from user		
hx_copysrs	Number of years since diagnosis	User entered integer	
hx_copmeds	Do you take any regular treatments or medications for this condition?	yes	Yes
		no	No
		refused	Refused
hx_coprof	Do you regularly see a health professional about this condition?	yes	Yes
		no	No
		refused	Refused
hx_ast	Asthma	yes	Yes
		no	No
		refused	Refused
hx_ast_group	Hidden from user		
hx_astysrs	Number of years since diagnosis	User entered integer	
hx_astmeds	Do you take any regular treatments or medications for this condition?	yes	Yes
		no	No
		refused	Refused
hx_astprof	Do you regularly see a health professional about this condition?	yes	Yes
		no	No
		refused	Refused
hx_vhd	Damage to the valves of your heart		

	(valvular heart disease)	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused
yes	Yes							
no	No							
refused	Refused							
hx_vhd_group	Hidden from user							
hx_vhdyrs	Number of years since diagnosis	User entered integer						
hx_vhdmeds	Do you take any regular treatments or medications for this condition?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused
yes	Yes							
no	No							
refused	Refused							
hx_vhdprof	Do you regularly see a health professional about this condition?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused
yes	Yes							
no	No							
refused	Refused							
hx_oth	Do you regularly visit any health professional, or receive regular visits from them at home for any other condition not previously mentioned?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused
yes	Yes							
no	No							
refused	Refused							
hx_oth_group	Hidden from user							
hx_oth_text	Specify condition:	User entered text						
hx_othyrs	Number of years since diagnosis	User entered integer						
hx_othmeds	Do you take any regular treatments or medications for this condition?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused
yes	Yes							
no	No							
refused	Refused							
note_sec5	Section 5: Knowledge of hypertension	User entered text						
info_messages	In the past 12 months, have you received/ heard/ seen any information or messages about high blood pressure or how to prevent diseases that affect the heart?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	refused	Refused
yes	Yes							
no	No							
refused	Refused							
info_source	If yes, what was the source(s)? Select all that apply and prompt for more.	<table> <tr> <td>info_friend</td><td>Friends</td></tr> <tr> <td>info_family</td><td>Family</td></tr> <tr> <td></td><td></td></tr> </table>	info_friend	Friends	info_family	Family		
info_friend	Friends							
info_family	Family							

		<table><tr><td>info_health</td><td>Health facility/medical personnel</td></tr><tr><td>info_internet</td><td>Internet</td></tr><tr><td>info_news</td><td>Newspaper/other print media</td></tr><tr><td>info_radio</td><td>Radio</td></tr><tr><td>info_public</td><td>Street corner/market/public event</td></tr><tr><td>info_traditional</td><td>Traditional healer</td></tr><tr><td>info_tv</td><td>TV</td></tr><tr><td>other</td><td>Other</td></tr></table>	info_health	Health facility/medical personnel	info_internet	Internet	info_news	Newspaper/other print media	info_radio	Radio	info_public	Street corner/market/public event	info_traditional	Traditional healer	info_tv	TV	other	Other
info_health	Health facility/medical personnel																	
info_internet	Internet																	
info_news	Newspaper/other print media																	
info_radio	Radio																	
info_public	Street corner/market/public event																	
info_traditional	Traditional healer																	
info_tv	TV																	
other	Other																	
info_source_other	Specify other:	User entered text																
knowhyp	How much do you know about 'blood pressure'?	<table><tr><td>know_nothing</td><td>Nothing at all</td></tr><tr><td>know_heard</td><td>I have only heard the term before</td></tr><tr><td>know_little</td><td>I know a little about it</td></tr><tr><td>know_familiar</td><td>I am very familiar with it</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	know_nothing	Nothing at all	know_heard	I have only heard the term before	know_little	I know a little about it	know_familiar	I am very familiar with it	refused	Refused						
know_nothing	Nothing at all																	
know_heard	I have only heard the term before																	
know_little	I know a little about it																	
know_familiar	I am very familiar with it																	
refused	Refused																	
group_knowhyp1	Hidden from user																	
generated_table_list_label_291	Please tell me whether you believe the following statements to be true:	User entered text																
reserved_name_for_field_list_labels_292		<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dk	Don't know	refused	Refused								
yes	Yes																	
no	No																	
dk	Don't know																	
refused	Refused																	
knowhyp_str	High blood pressure can cause a stroke	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dk	Don't know	refused	Refused								
yes	Yes																	
no	No																	
dk	Don't know																	
refused	Refused																	
knowhyp_ca	High blood pressure can cause cancer	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td></td><td></td></tr></table>	yes	Yes	no	No	dk	Don't know										
yes	Yes																	
no	No																	
dk	Don't know																	

		<table><tr><td>refused</td><td>Refused</td></tr></table>	refused	Refused												
refused	Refused															
knowhyp_feelwell	People with high blood pressure generally feel well and do not notice that they have high blood pressure	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dk	Don't know	refused	Refused						
yes	Yes															
no	No															
dk	Don't know															
refused	Refused															
knowhyp_stopmeds	People with high blood pressure can stop taking their medications when their blood pressure value is normal	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dk	Don't know	refused	Refused						
yes	Yes															
no	No															
dk	Don't know															
refused	Refused															
knowhyp_medsunwell	People with high blood pressure only have to take their medication when they feel unwell	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dk	Don't know	refused	Refused						
yes	Yes															
no	No															
dk	Don't know															
refused	Refused															
group_knowhyp2	Hidden from user															
generated_table_list_label_298	I will now list 6 potential treatments or activities. Please rate each of them as not effective, effective or very effective to reduce blood pressure.	User entered text														
reserved_name_for_field_list_labels_299		<table><tr><td>effective_veryineff</td><td>Very ineffective</td></tr><tr><td>effective_ineff</td><td>Ineffective</td></tr><tr><td>effective_sometimes</td><td>Sometimes effective and sometimes ineffective</td></tr><tr><td>effective_yes</td><td>Effective</td></tr><tr><td>effective_very</td><td>Very effective</td></tr><tr><td>effective_dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	effective_veryineff	Very ineffective	effective_ineff	Ineffective	effective_sometimes	Sometimes effective and sometimes ineffective	effective_yes	Effective	effective_very	Very effective	effective_dk	Don't know	refused	Refused
effective_veryineff	Very ineffective															
effective_ineff	Ineffective															
effective_sometimes	Sometimes effective and sometimes ineffective															
effective_yes	Effective															
effective_very	Very effective															
effective_dk	Don't know															
refused	Refused															
knowhyp_westmeds	Taking modern medications (that require prescription)	<table><tr><td>effective_veryineff</td><td>Very ineffective</td></tr><tr><td>effective_ineff</td><td>Ineffective</td></tr><tr><td>effective_sometimes</td><td>Sometimes effective and</td></tr></table>	effective_veryineff	Very ineffective	effective_ineff	Ineffective	effective_sometimes	Sometimes effective and								
effective_veryineff	Very ineffective															
effective_ineff	Ineffective															
effective_sometimes	Sometimes effective and															

			sometimes ineffective
		effective_yes	Effective
		effective_very	Very effective
		effective_dk	Don't know
		refused	Refused
knowhyp_tradmeds	Taking traditional medications (e.g. herbal)	effective_veryineff	Very ineffective
		effective_ineff	Ineffective
		effective_sometimes	Sometimes effective and sometimes ineffective
		effective_yes	Effective
		effective_very	Very effective
		effective_dk	Don't know
		refused	Refused
knowhyp_weight	Losing body weight	effective_veryineff	Very ineffective
		effective_ineff	Ineffective
		effective_sometimes	Sometimes effective and sometimes ineffective
		effective_yes	Effective
		effective_very	Very effective
		effective_dk	Don't know
		refused	Refused
knowhyp_salt	Taking less salt	effective_veryineff	Very ineffective
		effective_ineff	Ineffective
		effective_sometimes	Sometimes effective and sometimes ineffective
		effective_yes	Effective
		effective_very	Very effective
		effective_dk	Don't know
		refused	Refused
knowhyp_exercise	Increasing physical exercise	effective_veryineff	Very ineffective

		<table><tr><td>effective_ineff</td><td>Ineffective</td></tr><tr><td>effective_sometimes</td><td>Sometimes effective and sometimes ineffective</td></tr><tr><td>effective_yes</td><td>Effective</td></tr><tr><td>effective_very</td><td>Very effective</td></tr><tr><td>effective_dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	effective_ineff	Ineffective	effective_sometimes	Sometimes effective and sometimes ineffective	effective_yes	Effective	effective_very	Very effective	effective_dk	Don't know	refused	Refused		
effective_ineff	Ineffective															
effective_sometimes	Sometimes effective and sometimes ineffective															
effective_yes	Effective															
effective_very	Very effective															
effective_dk	Don't know															
refused	Refused															
knowhyp_stress	Reducing stress	<table><tr><td>effective_veryineff</td><td>Very ineffective</td></tr><tr><td>effective_ineff</td><td>Ineffective</td></tr><tr><td>effective_sometimes</td><td>Sometimes effective and sometimes ineffective</td></tr><tr><td>effective_yes</td><td>Effective</td></tr><tr><td>effective_very</td><td>Very effective</td></tr><tr><td>effective_dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	effective_veryineff	Very ineffective	effective_ineff	Ineffective	effective_sometimes	Sometimes effective and sometimes ineffective	effective_yes	Effective	effective_very	Very effective	effective_dk	Don't know	refused	Refused
effective_veryineff	Very ineffective															
effective_ineff	Ineffective															
effective_sometimes	Sometimes effective and sometimes ineffective															
effective_yes	Effective															
effective_very	Very effective															
effective_dk	Don't know															
refused	Refused															
group_6A	Hidden from user															
note_sec6A	Section 6A: Treatment seeking pathway for AWARE HYPERTENSIVES DIAGNOSED PRIOR TO THE SURVEY	User entered text														
calculate1	Hidden from user															
note_calculate1	DIAGNOSIS: Earlier you told me that you had been diagnosed with high blood pressure by a health professional \${1} years ago	User entered text														
dx_facility	Where did this happen?	<table><tr><td>facility_home</td><td>At home</td></tr><tr><td>facility_clinic</td><td>Clinic, health centre, health post</td></tr><tr><td>facility_hospemerg</td><td>Hospital emergency room</td></tr><tr><td>facility_hospclin</td><td>Hospital outpatient clinic</td></tr><tr><td>facility_mission</td><td>Mission/NGO clinic</td></tr><tr><td>facility_event</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr><tr><td>facility_pharmacy</td><td>Retail pharmacy</td></tr></table>	facility_home	At home	facility_clinic	Clinic, health centre, health post	facility_hospemerg	Hospital emergency room	facility_hospclin	Hospital outpatient clinic	facility_mission	Mission/NGO clinic	facility_event	Public/community event (e.g. at community centre, kiosk, etc.)	facility_pharmacy	Retail pharmacy
facility_home	At home															
facility_clinic	Clinic, health centre, health post															
facility_hospemerg	Hospital emergency room															
facility_hospclin	Hospital outpatient clinic															
facility_mission	Mission/NGO clinic															
facility_event	Public/community event (e.g. at community centre, kiosk, etc.)															
facility_pharmacy	Retail pharmacy															

		<table> <tr> <td>facility_traditional</td><td>Facility providing traditional medicine, homeopathy</td></tr> <tr> <td>facility_retailer</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr> <tr> <td>facility_dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	facility_traditional	Facility providing traditional medicine, homeopathy	facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	facility_dkremember	Don't know/remember	other	Other	refused	Refused												
facility_traditional	Facility providing traditional medicine, homeopathy																							
facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)																							
facility_dkremember	Don't know/remember																							
other	Other																							
refused	Refused																							
dx_facility_other	Specify other:	User entered text																						
dx_provider	Who told you that you had high blood pressure?	<table> <tr> <td>provider_gp</td><td>General practitioner, non-specialist physician or unknown speciality doctor</td></tr> <tr> <td>provider_specialist</td><td>Cardiologist or other specialist physician</td></tr> <tr> <td>provider_dentist</td><td>Dentist</td></tr> <tr> <td>provider_nurse</td><td>Nurse</td></tr> <tr> <td>provider_pharmacist</td><td>Pharmacist</td></tr> <tr> <td>provider_chw</td><td>Community health worker</td></tr> <tr> <td>provider_allied</td><td>Other health professional (midwife, nursing assistant, physiotherapist)</td></tr> <tr> <td>provider_traditional</td><td>Traditional healer</td></tr> <tr> <td>provider_dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	provider_gp	General practitioner, non-specialist physician or unknown speciality doctor	provider_specialist	Cardiologist or other specialist physician	provider_dentist	Dentist	provider_nurse	Nurse	provider_pharmacist	Pharmacist	provider_chw	Community health worker	provider_allied	Other health professional (midwife, nursing assistant, physiotherapist)	provider_traditional	Traditional healer	provider_dkremember	Don't know/remember	other	Other	refused	Refused
provider_gp	General practitioner, non-specialist physician or unknown speciality doctor																							
provider_specialist	Cardiologist or other specialist physician																							
provider_dentist	Dentist																							
provider_nurse	Nurse																							
provider_pharmacist	Pharmacist																							
provider_chw	Community health worker																							
provider_allied	Other health professional (midwife, nursing assistant, physiotherapist)																							
provider_traditional	Traditional healer																							
provider_dkremember	Don't know/remember																							
other	Other																							
refused	Refused																							
dx_provider_other	Specify other:	User entered text																						
dx_sector	Was the care provided by the government, privately, non-governmental organisation?	<table> <tr> <td>government</td><td>Government</td></tr> <tr> <td>private</td><td>Private</td></tr> <tr> <td>ngo</td><td>NGO</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	government	Government	private	Private	ngo	NGO	dkremember	Don't know/remember	refused	Refused												
government	Government																							
private	Private																							
ngo	NGO																							
dkremember	Don't know/remember																							
refused	Refused																							

dx_reason_visit	When you were first diagnosed with high blood pressure, what was the reason for the visit?	<table><tr><td>routine_check</td><td>A routine health check-up/visit with a health professional</td></tr><tr><td>heart_prob</td><td>A visit with a health professional for a problem with your heart</td></tr><tr><td>diabetes_check</td><td>A visit with a health professional for diabetes management</td></tr><tr><td>other_check</td><td>A visit with a health professional for some health condition other than heart problems or diabetes</td></tr><tr><td>bp_worries</td><td>You were worried about blood pressure and/or had symptoms</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>other</td><td>Other</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	routine_check	A routine health check-up/visit with a health professional	heart_prob	A visit with a health professional for a problem with your heart	diabetes_check	A visit with a health professional for diabetes management	other_check	A visit with a health professional for some health condition other than heart problems or diabetes	bp_worries	You were worried about blood pressure and/or had symptoms	dkremember	Don't know/remember	other	Other	refused	Refused		
routine_check	A routine health check-up/visit with a health professional																			
heart_prob	A visit with a health professional for a problem with your heart																			
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other_check	A visit with a health professional for some health condition other than heart problems or diabetes																			
bp_worries	You were worried about blood pressure and/or had symptoms																			
dkremember	Don't know/remember																			
other	Other																			
refused	Refused																			
dx_reason_visit_other	Specify other:	User entered text																		
dx_reason_person	What was the reason that you sought care from this person?	<table><tr><td>usual_provider</td><td>This is my usual provider</td></tr><tr><td>know_provider</td><td>We know each other well and/or usually he/she treats my family</td></tr><tr><td>convenient_near</td><td>It is nearby / convenient</td></tr><tr><td>referred_provider</td><td>Referred/recommended by another health care provider</td></tr><tr><td>recommended_family</td><td>Recommended by family or friend</td></tr><tr><td>covered_insurance</td><td>It is covered by my insurance/ work arrangements</td></tr><tr><td>advertisement</td><td>I saw/heard/read an advertisement/notice</td></tr><tr><td>by_chance</td><td>I came across them by chance/emergency/no other choice, self-referred</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr></table>	usual_provider	This is my usual provider	know_provider	We know each other well and/or usually he/she treats my family	convenient_near	It is nearby / convenient	referred_provider	Referred/recommended by another health care provider	recommended_family	Recommended by family or friend	covered_insurance	It is covered by my insurance/ work arrangements	advertisement	I saw/heard/read an advertisement/notice	by_chance	I came across them by chance/emergency/no other choice, self-referred	dkremember	Don't know/remember
usual_provider	This is my usual provider																			
know_provider	We know each other well and/or usually he/she treats my family																			
convenient_near	It is nearby / convenient																			
referred_provider	Referred/recommended by another health care provider																			
recommended_family	Recommended by family or friend																			
covered_insurance	It is covered by my insurance/ work arrangements																			
advertisement	I saw/heard/read an advertisement/notice																			
by_chance	I came across them by chance/emergency/no other choice, self-referred																			
dkremember	Don't know/remember																			



		<table><tr><td>other</td><td>Other</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	other	Other	refused	Refused								
other	Other													
refused	Refused													
dx_reason_person_other	Specify other:	User entered text												
dx_bp_measured	During this visit, was your blood pressure measured (using a device placed around your upper arm)?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused				
yes	Yes													
no	No													
dkremember	Don't know/remember													
refused	Refused													
dx_tests	During this visit, were any other tests done (e.g. blood test)?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused				
yes	Yes													
no	No													
dkremember	Don't know/remember													
refused	Refused													
group_dx_cost	Hidden from user													
dx_cost_dkremember	How much money in total did you spend for this specific instance (in Pesos)? Please only include all costs that paid for out-of-pocket and exclude those that were covered by your insurance, the government, etc. Include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth.	<table><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	dkremember	Don't know/remember	refused	Refused								
dkremember	Don't know/remember													
refused	Refused													
dx_cost	Pesos	User entered integer												
dx_resolved	Do you feel that any health issues discussed during this visit were resolved?	<table><tr><td>resolved_total</td><td>Totally resolved</td></tr><tr><td>resolved_mostly</td><td>Mostly resolved</td></tr><tr><td>resolved_somewhat</td><td>Somewhat resolved</td></tr><tr><td>resolved_not</td><td>Not resolved</td></tr><tr><td>resolved_dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	resolved_total	Totally resolved	resolved_mostly	Mostly resolved	resolved_somewhat	Somewhat resolved	resolved_not	Not resolved	resolved_dkremember	Don't know/remember	refused	Refused
resolved_total	Totally resolved													
resolved_mostly	Mostly resolved													
resolved_somewhat	Somewhat resolved													
resolved_not	Not resolved													
resolved_dkremember	Don't know/remember													
refused	Refused													
dx_satisfied	Were you satisfied with the care that you received during this visit?	<table><tr><td>very_satisfied</td><td>5 - Very satisfied</td></tr><tr><td>fairly_satisfied</td><td>4 - Fairly satisfied</td></tr><tr><td></td><td></td></tr></table>	very_satisfied	5 - Very satisfied	fairly_satisfied	4 - Fairly satisfied								
very_satisfied	5 - Very satisfied													
fairly_satisfied	4 - Fairly satisfied													

		<table><tr><td>neither</td><td>3 - Neither satisfied or dissatisfied</td></tr><tr><td>fairly_dissatisfied</td><td>2 - Fairly dissatisfied</td></tr><tr><td>very_dissatisfied</td><td>1 - Very dissatisfied</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	neither	3 - Neither satisfied or dissatisfied	fairly_dissatisfied	2 - Fairly dissatisfied	very_dissatisfied	1 - Very dissatisfied	dkremember	Don't know/remember	refused	Refused						
neither	3 - Neither satisfied or dissatisfied																	
fairly_dissatisfied	2 - Fairly dissatisfied																	
very_dissatisfied	1 - Very dissatisfied																	
dkremember	Don't know/remember																	
refused	Refused																	
group_predx1	Hidden from user																	
note_predx	PRE-DIAGNOSIS: We now want to ask you about any times that you received any health-related information and suggestions from anyone during the 1 month before you were told you had high blood pressure.	User entered text																
predx_advice	Did you receive any information or suggestions about high blood pressure or any indication that you might have high blood pressure from anyone or anywhere during the 1 month period before this diagnosis was made? This may have been from a health care professional, colleague, family member, friend, etc.?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused								
yes	Yes																	
no	No																	
dkremember	Don't know/remember																	
refused	Refused																	
group_predx2	Hidden from user																	
predx_advice_num	If yes, approximately from how many different people did you receive any information or suggestions about high blood pressure or any indication that you might have high blood pressure during the 1 month before this diagnosis was made?	User entered integer																
predx_advice_facility	Please tell me all of the types of places that you received any information or suggestions about high blood pressure during the 1 month before you were told. Select all that apply.	<table><tr><td>facility_home</td><td>At home</td></tr><tr><td>facility_clinic</td><td>Clinic, health centre, health post</td></tr><tr><td>facility_hospemerg</td><td>Hospital emergency room</td></tr><tr><td>facility_hospclin</td><td>Hospital outpatient clinic</td></tr><tr><td>facility_mission</td><td>Mission/NGO clinic</td></tr><tr><td>facility_event</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr><tr><td>facility_pharmacy</td><td>Retail pharmacy</td></tr><tr><td></td><td></td></tr></table>	facility_home	At home	facility_clinic	Clinic, health centre, health post	facility_hospemerg	Hospital emergency room	facility_hospclin	Hospital outpatient clinic	facility_mission	Mission/NGO clinic	facility_event	Public/community event (e.g. at community centre, kiosk, etc.)	facility_pharmacy	Retail pharmacy		
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		<table> <tr> <td>facility_traditional</td><td>Facility providing traditional medicine, homeopathy</td></tr> <tr> <td>facility_retailer</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr> <tr> <td>facility_dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	facility_traditional	Facility providing traditional medicine, homeopathy	facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	facility_dkremember	Don't know/remember	other	Other	refused	Refused												
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facility_dkremember	Don't know/remember																							
other	Other																							
refused	Refused																							
predx_advice_facility_other	Specify other:	User entered text																						
predx_advice_provider	<p>Please tell me all of the types of people that mentioned high blood pressure during the 1 month before it was diagnosed. Select all that apply.</p>	<table> <tr> <td>provider_gp</td><td>General practitioner, non-specialist physician or unknown speciality doctor</td></tr> <tr> <td>provider_specialist</td><td>Cardiologist or other specialist physician</td></tr> <tr> <td>provider_dentist</td><td>Dentist</td></tr> <tr> <td>provider_nurse</td><td>Nurse</td></tr> <tr> <td>provider_pharmacist</td><td>Pharmacist</td></tr> <tr> <td>provider_chw</td><td>Community health worker</td></tr> <tr> <td>provider_allied</td><td>Other health professional (midwife, nursing assistant, physiotherapist)</td></tr> <tr> <td>provider_traditional</td><td>Traditional healer</td></tr> <tr> <td>provider_dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	provider_gp	General practitioner, non-specialist physician or unknown speciality doctor	provider_specialist	Cardiologist or other specialist physician	provider_dentist	Dentist	provider_nurse	Nurse	provider_pharmacist	Pharmacist	provider_chw	Community health worker	provider_allied	Other health professional (midwife, nursing assistant, physiotherapist)	provider_traditional	Traditional healer	provider_dkremember	Don't know/remember	other	Other	refused	Refused
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provider_traditional	Traditional healer																							
provider_dkremember	Don't know/remember																							
other	Other																							
refused	Refused																							
predx_advice_provider_other	Specify other:	User entered text																						
predx_advice_sector	<p>During the 1 month before this diagnosis was made, was any of the information you received provided by the government, privately, non-governmental organisation? Select all that apply.</p>	<table> <tr> <td>government</td><td>Government</td></tr> <tr> <td>private</td><td>Private</td></tr> <tr> <td>ngo</td><td>NGO</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	government	Government	private	Private	ngo	NGO	dkremember	Don't know/remember	refused	Refused												
government	Government																							
private	Private																							
ngo	NGO																							
dkremember	Don't know/remember																							
refused	Refused																							

predx_advice_bp	During any of these visits that occurred 1 month before this diagnosis was made, was your blood pressure measured (using a device placed around your upper arm)?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
group_predx3	Hidden from user									
generated_table_list_label_340	During any of these visits that occurred 1 month before this diagnosis was made, were you told to do any of the following to manage this condition? Select all that apply	User entered text								
reserved_name_for_field_list_labels_341		<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
predx_advice_meds	Take medications/modern medicines	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
predx_advice_herbs	Take traditional medicines (e.g. herbs)	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
predx_advice_nonmed	Non-medical interventions (e.g. massage, acupuncture)	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
predx_advice_diet	Change diet	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td></td><td></td></tr></table>	yes	Yes	no	No				
yes	Yes									
no	No									

		<table><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	dkremember	Don't know/remember	refused	Refused				
dkremember	Don't know/remember									
refused	Refused									
predx_advice_weight	Reduce weight	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
predx_advice_exercise	Increase physical activity	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
predx_advice_stress	Reduce stress	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
predx_advice_return	Return for a follow up visit to be reviewed	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
predx_advice_refer	Visit a doctor or nurse at a health facility	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
predx_advice_selfmonitor	Obtain a blood pressure measuring device to self-monitor	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									

predx_advice_other	Other:	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>		yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused																
yes	Yes																										
no	No																										
dkremember	Don't know/remember																										
refused	Refused																										
predx_advice_other_txt	Specify other:	User entered text																									
group_tx1	Hidden from user																										
note_tx1	TREATMENT: We now want to ask you about any prescriptions or advice you may have received during the visit at which you were first diagnosed with high blood pressure.	User entered text																									
tx_at_dx	When you were first diagnosed, were you advised to take any modern medications for your high blood pressure or heart disease?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>		yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused																
yes	Yes																										
no	No																										
dkremember	Don't know/remember																										
refused	Refused																										
group_tx2	Hidden from user																										
note_tx2	If yes, please list all medication(s) for your high blood pressure or heart disease that you were prescribed when you were first diagnosed with high blood pressure?	User entered text																									
meds_at_dx	Hidden from user																										
meds_at_dx_gen	Medication generic name	<table><tr><td>captopril</td><td>captopril*</td></tr><tr><td>enalapril</td><td>enalapril*</td></tr><tr><td>ramipril</td><td>ramipril*</td></tr><tr><td>amlodipine</td><td>amlodipine*</td></tr><tr><td>metoprolol</td><td>metoprolol*</td></tr><tr><td>atenolol</td><td>atenolol*</td></tr><tr><td>furosemide</td><td>furosemide*</td></tr><tr><td>hydrocholorthiazide</td><td>hydrocholorthiazide*</td></tr><tr><td>simvastatin</td><td>simvastatin</td></tr><tr><td>atorvasatitin</td><td>atorvastatin</td></tr><tr><td>aspirin</td><td>aspirin</td></tr><tr><td>clopidogrel</td><td>clopidogrel</td></tr></table>		captopril	captopril*	enalapril	enalapril*	ramipril	ramipril*	amlodipine	amlodipine*	metoprolol	metoprolol*	atenolol	atenolol*	furosemide	furosemide*	hydrocholorthiazide	hydrocholorthiazide*	simvastatin	simvastatin	atorvasatitin	atorvastatin	aspirin	aspirin	clopidogrel	clopidogrel
captopril	captopril*																										
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amlodipine	amlodipine*																										
metoprolol	metoprolol*																										
atenolol	atenolol*																										
furosemide	furosemide*																										
hydrocholorthiazide	hydrocholorthiazide*																										
simvastatin	simvastatin																										
atorvasatitin	atorvastatin																										
aspirin	aspirin																										
clopidogrel	clopidogrel																										

		<table> <tr> <td>losartan</td><td>losartan*</td></tr> <tr> <td>trimetazidine</td><td>trimetazidine</td></tr> <tr> <td>isosorbide</td><td>nitrates (e.g. isosorbide)</td></tr> <tr> <td>other</td><td>other blood pressure or CVD medication</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	losartan	losartan*	trimetazidine	trimetazidine	isosorbide	nitrates (e.g. isosorbide)	other	other blood pressure or CVD medication	dkremember	Don't know/remember	refused	Refused												
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refused	Refused																									
meds_at_dx_brand	Medication brand name (leave blank if don't know/remember)	User entered text																								
meds_at_dx_purchased	Did you obtain/purchase it?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused																
yes	Yes																									
no	No																									
dkremember	Don't know/remember																									
refused	Refused																									
meds_at_dx_source	If yes, where was it purchased/obtained?	<table> <tr> <td>facility_home</td><td>At home</td></tr> <tr> <td>facility_clinic</td><td>Clinic, health centre, health post</td></tr> <tr> <td>facility_hospemerg</td><td>Hospital emergency room</td></tr> <tr> <td>facility_hospclin</td><td>Hospital outpatient clinic</td></tr> <tr> <td>facility_mission</td><td>Mission/NGO clinic</td></tr> <tr> <td>facility_event</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr> <tr> <td>facility_pharmacy</td><td>Retail pharmacy</td></tr> <tr> <td>facility_traditional</td><td>Facility providing traditional medicine, homeopathy</td></tr> <tr> <td>facility_retailer</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr> <tr> <td>facility_dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	facility_home	At home	facility_clinic	Clinic, health centre, health post	facility_hospemerg	Hospital emergency room	facility_hospclin	Hospital outpatient clinic	facility_mission	Mission/NGO clinic	facility_event	Public/community event (e.g. at community centre, kiosk, etc.)	facility_pharmacy	Retail pharmacy	facility_traditional	Facility providing traditional medicine, homeopathy	facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	facility_dkremember	Don't know/remember	other	Other	refused	Refused
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other	Other																									
refused	Refused																									
meds_at_dx_cost	If yes, how much was paid in Pesos (leave	User entered integer																								

	blank if don't know/remember)?																					
meds_at_dx_duration	If yes, how many days does the medication last (leave blank if don't know/remember)?	User entered integer																				
med_change	Since you were first diagnosed with high blood pressure until now, approximately how many times has your prescription for high blood pressure or heart disease medications changed (including if you initially were not prescribed any medications, but then subsequently were)?	<table> <tr> <td>0</td><td>0</td></tr> <tr> <td>1_2</td><td>1-2</td></tr> <tr> <td>3_4</td><td>3-4</td></tr> <tr> <td>5+</td><td>5+</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	0	0	1_2	1-2	3_4	3-4	5+	5+	dkremember	Don't know/remember	refused	Refused								
0	0																					
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3_4	3-4																					
5+	5+																					
dkremember	Don't know/remember																					
refused	Refused																					
group_med_change	Hidden from user																					
med_change_decision	For the most recent time that your prescription for high blood pressure or heart disease medications was changed, who was mainly responsible for the decision to change the prescription?	<table> <tr> <td>me_alone</td><td>I made the decision without consulting anyone</td></tr> <tr> <td>me_pharmac</td><td>I made the decision after consulting a retail pharmacist</td></tr> <tr> <td>me_hp</td><td>I made the decision after consulting a modern medicine provider</td></tr> <tr> <td>me_tp</td><td>I made the decision after consulting a traditional medicine provider</td></tr> <tr> <td>me_friends</td><td>I made the decision after consulting friends, family, other sources of information</td></tr> <tr> <td>hp_alone</td><td>Provider of modern medicine made the decision</td></tr> <tr> <td>tp_along</td><td>Provider of traditional medicine made the decision</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other: specify</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	me_alone	I made the decision without consulting anyone	me_pharmac	I made the decision after consulting a retail pharmacist	me_hp	I made the decision after consulting a modern medicine provider	me_tp	I made the decision after consulting a traditional medicine provider	me_friends	I made the decision after consulting friends, family, other sources of information	hp_alone	Provider of modern medicine made the decision	tp_along	Provider of traditional medicine made the decision	dkremember	Don't know/remember	other	Other: specify	refused	Refused
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dkremember	Don't know/remember																					
other	Other: specify																					
refused	Refused																					
med_change_decision_other	Specify other:	User entered text																				
med_change_reason	What were the main reasons why the medication was changed? Select up to two answers.	<table> <tr> <td>bp_controlled</td><td>Blood pressure was adequately controlled</td></tr> <tr> <td>poor_response</td><td>Sub-optimal/poor response</td></tr> </table>	bp_controlled	Blood pressure was adequately controlled	poor_response	Sub-optimal/poor response																
bp_controlled	Blood pressure was adequately controlled																					
poor_response	Sub-optimal/poor response																					



		<table> <tr> <td></td> <td>to previous medication regime</td> </tr> <tr> <td>adverse_reaction</td> <td>Adverse drug reaction/made me feel unwell</td> </tr> <tr> <td>med_unaffordable</td> <td>Prescribed drug/regime not affordable</td> </tr> <tr> <td>med_unavailable</td> <td>Prescribed drug/regime not available or not in stock</td> </tr> <tr> <td>source_far</td> <td>Source of medication to far away/ not easy to obtain</td> </tr> <tr> <td>many_meds</td> <td>Taking too many medications</td> </tr> <tr> <td>dkremember</td> <td>Don't know/remember</td> </tr> <tr> <td>other</td> <td>Other: specify</td> </tr> <tr> <td>refused</td> <td>Refused</td> </tr> </table>		to previous medication regime	adverse_reaction	Adverse drug reaction/made me feel unwell	med_unaffordable	Prescribed drug/regime not affordable	med_unavailable	Prescribed drug/regime not available or not in stock	source_far	Source of medication to far away/ not easy to obtain	many_meds	Taking too many medications	dkremember	Don't know/remember	other	Other: specify	refused	Refused						
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refused	Refused																									
med_change_reason_other	Specify other:	User entered text																								
med_change_place	Where did the decision to change medication take place?	<table> <tr> <td>facility_home</td> <td>At home</td> </tr> <tr> <td>facility_clinic</td> <td>Clinic, health centre, health post</td> </tr> <tr> <td>facility_hospemerg</td> <td>Hospital emergency room</td> </tr> <tr> <td>facility_hospcin</td> <td>Hospital outpatient clinic</td> </tr> <tr> <td>facility_mission</td> <td>Mission/NGO clinic</td> </tr> <tr> <td>facility_event</td> <td>Public/community event (e.g. at community centre, kiosk, etc.)</td> </tr> <tr> <td>facility_pharmacy</td> <td>Retail pharmacy</td> </tr> <tr> <td>facility_traditional</td> <td>Facility providing traditional medicine, homeopathy</td> </tr> <tr> <td>facility_retailer</td> <td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td> </tr> <tr> <td>facility_dkremember</td> <td>Don't know/remember</td> </tr> <tr> <td>other</td> <td>Other</td> </tr> <tr> <td>refused</td> <td>Refused</td> </tr> </table>	facility_home	At home	facility_clinic	Clinic, health centre, health post	facility_hospemerg	Hospital emergency room	facility_hospcin	Hospital outpatient clinic	facility_mission	Mission/NGO clinic	facility_event	Public/community event (e.g. at community centre, kiosk, etc.)	facility_pharmacy	Retail pharmacy	facility_traditional	Facility providing traditional medicine, homeopathy	facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	facility_dkremember	Don't know/remember	other	Other	refused	Refused
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med_change_place_other	Specify other:	User entered text																								
		<table> <tr> <td></td> <td></td> </tr> </table>																								

med_stop	Since you were first diagnosed with high blood pressure and started taking medications, have you ever stopped taking medications altogether?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused												
yes	Yes																					
no	No																					
dkremember	Don't know/remember																					
refused	Refused																					
group_med_stop	Hidden from user																					
med_stop_decision	If yes, who was mainly responsible for the decision to stop the prescription?	<table> <tr> <td>me_alone</td><td>I made the decision without consulting anyone</td></tr> <tr> <td>me_pharmac</td><td>I made the decision after consulting a retail pharmacist</td></tr> <tr> <td>me_hp</td><td>I made the decision after consulting a modern medicine provider</td></tr> <tr> <td>me_tp</td><td>I made the decision after consulting a traditional medicine provider</td></tr> <tr> <td>me_friends</td><td>I made the decision after consulting friends, family, other sources of information</td></tr> <tr> <td>hp_alone</td><td>Provider of modern medicine made the decision</td></tr> <tr> <td>tp_along</td><td>Provider of traditional medicine made the decision</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other: specify</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	me_alone	I made the decision without consulting anyone	me_pharmac	I made the decision after consulting a retail pharmacist	me_hp	I made the decision after consulting a modern medicine provider	me_tp	I made the decision after consulting a traditional medicine provider	me_friends	I made the decision after consulting friends, family, other sources of information	hp_alone	Provider of modern medicine made the decision	tp_along	Provider of traditional medicine made the decision	dkremember	Don't know/remember	other	Other: specify	refused	Refused
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med_stop_reason_other	Specify other:	User entered text																										
med_current	Are you currently taking any medications for your high blood pressure?	<table><tr><td>no</td><td>No</td></tr><tr><td>yes1</td><td>Yes, and medications are the same as when first diagnosed</td></tr><tr><td>yes2</td><td>Yes, and medications have changed since first diagnosed</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	no	No	yes1	Yes, and medications are the same as when first diagnosed	yes2	Yes, and medications have changed since first diagnosed	refused	Refused																		
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yes2	Yes, and medications have changed since first diagnosed																											
refused	Refused																											
group_med_current	Hidden from user																											
note_med_current	Please list all medication(s) that you are currently taking (at least once a week for the last month) for your high blood pressure?	User entered text																										
meds_current	Hidden from user																											
meds_current_gen	Medication generic name	<table><tr><td>captopril</td><td>captopril*</td></tr><tr><td>enalapril</td><td>enalapril*</td></tr><tr><td>ramipril</td><td>ramipril*</td></tr><tr><td>amlodipine</td><td>amlodipine*</td></tr><tr><td>metoprolol</td><td>metoprolol*</td></tr><tr><td>atenolol</td><td>atenolol*</td></tr><tr><td>furosemide</td><td>furosemide*</td></tr><tr><td>hydrocholorthiazide</td><td>hydrocholorthiazide*</td></tr><tr><td>simvastatin</td><td>simvastatin</td></tr><tr><td>atorvasatitin</td><td>atorvastatin</td></tr><tr><td>aspirin</td><td>aspirin</td></tr><tr><td>clopidogrel</td><td>clopidogrel</td></tr><tr><td></td><td></td></tr></table>	captopril	captopril*	enalapril	enalapril*	ramipril	ramipril*	amlodipine	amlodipine*	metoprolol	metoprolol*	atenolol	atenolol*	furosemide	furosemide*	hydrocholorthiazide	hydrocholorthiazide*	simvastatin	simvastatin	atorvasatitin	atorvastatin	aspirin	aspirin	clopidogrel	clopidogrel		
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		<table> <tr><td>losartan</td><td>losartan*</td></tr> <tr><td>trimetazidine</td><td>trimetazidine</td></tr> <tr><td>isosorbide</td><td>nitrates (e.g. isosorbide)</td></tr> <tr><td>other</td><td>other blood pressure or CVD medication</td></tr> <tr><td>dkremember</td><td>Don't know/remember</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>	losartan	losartan*	trimetazidine	trimetazidine	isosorbide	nitrates (e.g. isosorbide)	other	other blood pressure or CVD medication	dkremember	Don't know/remember	refused	Refused												
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meds_current_purchased	Did you obtain/purchase it?	<table> <tr><td>yes</td><td>Yes</td></tr> <tr><td>no</td><td>No</td></tr> <tr><td>dkremember</td><td>Don't know/remember</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused																
yes	Yes																									
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other	Other																									
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meds_current_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered integer																								

meds_current_duration	If yes, how many days does the medication last (leave blank if don't know/remember)?	User entered integer	
med_adhere	In the past 12 months, did you always take your current blood pressure medications as the doctor prescribed? (Check ONE only)	yes	Yes
		no	No
		refused	Refused
group_med_adhere	Hidden from user		
generated_table_list_label_398	Regarding the blood pressure medications that you are currently taking, in the past 12 months:	User entered text	
reserved_name_for_field_list_labels_399		none	None of the time
		some	Some of the time
		most	Most of the time
		all	All the time
		refused	Refused
med_adhere_1	How often do you forget to take your medicine?	none	None of the time
		some	Some of the time
		most	Most of the time
		all	All the time
		refused	Refused
med_adhere_2	How often do you decide not to take your medicine?	none	None of the time
		some	Some of the time
		most	Most of the time
		all	All the time
		refused	Refused
med_adhere_3	How often do you miss taking your medicine because you feel better?	none	None of the time
		some	Some of the time
		most	Most of the time
		all	All the time
		refused	Refused

med_adhere_4	How often do you decide to take less of your medicine?	<table> <tr> <td>none</td> <td>None of the time</td> </tr> <tr> <td>some</td> <td>Some of the time</td> </tr> <tr> <td>most</td> <td>Most of the time</td> </tr> <tr> <td>all</td> <td>All the time</td> </tr> <tr> <td>refused</td> <td>Refused</td> </tr> </table>	none	None of the time	some	Some of the time	most	Most of the time	all	All the time	refused	Refused
none	None of the time											
some	Some of the time											
most	Most of the time											
all	All the time											
refused	Refused											
med_adhere_5	How often do you stop taking your medicine because you feel sick due to effects of the medicine?	<table> <tr> <td>none</td> <td>None of the time</td> </tr> <tr> <td>some</td> <td>Some of the time</td> </tr> <tr> <td>most</td> <td>Most of the time</td> </tr> <tr> <td>all</td> <td>All the time</td> </tr> <tr> <td>refused</td> <td>Refused</td> </tr> </table>	none	None of the time	some	Some of the time	most	Most of the time	all	All the time	refused	Refused
none	None of the time											
some	Some of the time											
most	Most of the time											
all	All the time											
refused	Refused											
med_adhere_6	How often do you forget to bring along your medicine when you travel away from home?	<table> <tr> <td>none</td> <td>None of the time</td> </tr> <tr> <td>some</td> <td>Some of the time</td> </tr> <tr> <td>most</td> <td>Most of the time</td> </tr> <tr> <td>all</td> <td>All the time</td> </tr> <tr> <td>refused</td> <td>Refused</td> </tr> </table>	none	None of the time	some	Some of the time	most	Most of the time	all	All the time	refused	Refused
none	None of the time											
some	Some of the time											
most	Most of the time											
all	All the time											
refused	Refused											
med_adhere_7	How often do you NOT take you medicine because you run out of them at home?	<table> <tr> <td>none</td> <td>None of the time</td> </tr> <tr> <td>some</td> <td>Some of the time</td> </tr> <tr> <td>most</td> <td>Most of the time</td> </tr> <tr> <td>all</td> <td>All the time</td> </tr> <tr> <td>refused</td> <td>Refused</td> </tr> </table>	none	None of the time	some	Some of the time	most	Most of the time	all	All the time	refused	Refused
none	None of the time											
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refused	Refused											
tmed_at_dx	When you were first diagnosed, were you advised to take any traditional medicines (e.g. herbs, homeopathy) for your high blood pressure?	<table> <tr> <td>yes</td> <td>Yes</td> </tr> <tr> <td>no</td> <td>No</td> </tr> <tr> <td>dkremember</td> <td>Don't know/remember</td> </tr> <tr> <td>refused</td> <td>Refused</td> </tr> </table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused		
yes	Yes											
no	No											
dkremember	Don't know/remember											
refused	Refused											
group_tx3	Hidden from user											
note_tx3	If yes, please list all traditional medication(s) that you were prescribed	User entered text										

	when you were first diagnosed with high blood pressure?																										
tmeds_at_dx	Hidden from user																										
tmeds_at_dx_brand	Traditional medication name (leave blank if don't know/remember)	User entered text																									
tmeds_at_dx_purchased	Did you obtain/purchase it?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>		yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused																
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tmed_change	Since you were first diagnosed with high blood pressure until now, approximately how many times has the recommended	<table><tr><td>0</td><td>0</td></tr><tr><td>1_2</td><td>1-2</td></tr><tr><td></td><td></td></tr></table>		0	0	1_2	1-2																				
0	0																										
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	traditional medication regime changed (including if you initially were not recommended any medications, but then subsequently were)?	<table> <tr> <td>3_4</td><td>3-4</td></tr> <tr> <td>5+</td><td>5+</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	3_4	3-4	5+	5+	dkremember	Don't know/remember	refused	Refused												
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group_tmed_change	Hidden from user																					
tmed_change_decision	For the most recent time that your traditional medication regime was changed, who was mainly responsible for the decision to change the prescription?	<table> <tr> <td>me_alone</td><td>I made the decision without consulting anyone</td></tr> <tr> <td>me_pharmac</td><td>I made the decision after consulting a retail pharmacist</td></tr> <tr> <td>me_hp</td><td>I made the decision after consulting a modern medicine provider</td></tr> <tr> <td>me_tp</td><td>I made the decision after consulting a traditional medicine provider</td></tr> <tr> <td>me_friends</td><td>I made the decision after consulting friends, family, other sources of information</td></tr> <tr> <td>hp_alone</td><td>Provider of modern medicine made the decision</td></tr> <tr> <td>tp_along</td><td>Provider of traditional medicine made the decision</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other: specify</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	me_alone	I made the decision without consulting anyone	me_pharmac	I made the decision after consulting a retail pharmacist	me_hp	I made the decision after consulting a modern medicine provider	me_tp	I made the decision after consulting a traditional medicine provider	me_friends	I made the decision after consulting friends, family, other sources of information	hp_alone	Provider of modern medicine made the decision	tp_along	Provider of traditional medicine made the decision	dkremember	Don't know/remember	other	Other: specify	refused	Refused
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tmed_change_reason_other	Specify other:	User entered text																				
tmed_stop	Since you were first diagnosed with high blood pressure and started taking traditional medications, have you ever stopped taking them altogether?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused												
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tmed_stop_decision_other	Specify other:	User entered text	
tmed_stop_reason	If yes, what were the main reasons why you stopped? Select up to two answers.	bp_controlled	Blood pressure was adequately controlled
		poor_response	Sub-optimal/poor response to previous medication regime
		adverse_reaction	Adverse drug reaction/made me feel unwell
		med_unaffordable	Prescribed drug/regime not affordable
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		many_meds	Taking too many medications
		dkremember	Don't know/remember
		other	Other: specify
		refused	Refused
tmed_stop_reason_other	Specify other:	User entered text	
tmed_current	Are you currently taking any traditional medications for your high blood pressure?	no	No
		yes1	Yes, and medications are the same as when first diagnosed
		yes2	Yes, and medications have changed since first diagnosed
		refused	Refused
group_tmed_current	Hidden from user		
note_tmed_current	Please list all traditional medication(s) that you are currently taking (at least once a week for the last month) for your high blood pressure?	User entered text	
tmeds_current	Hidden from user		
tmeds_current_brand	Traditional medication name (leave blank if don't know/remember)	User entered text	
tmeds_current_purchased	Did you obtain/purchase it?	yes	Yes

		<table><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	no	No	dkremember	Don't know/remember	refused	Refused																		
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tmeds_current_source	If yes, where was it purchased/obtained?	<table><tr><td>facility_home</td><td>At home</td></tr><tr><td>facility_clinic</td><td>Clinic, health centre, health post</td></tr><tr><td>facility_hospemerg</td><td>Hospital emergency room</td></tr><tr><td>facility_hospclin</td><td>Hospital outpatient clinic</td></tr><tr><td>facility_mission</td><td>Mission/NGO clinic</td></tr><tr><td>facility_event</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr><tr><td>facility_pharmacy</td><td>Retail pharmacy</td></tr><tr><td>facility_traditional</td><td>Facility providing traditional medicine, homeopathy</td></tr><tr><td>facility_retailer</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr><tr><td>facility_dkremember</td><td>Don't know/remember</td></tr><tr><td>other</td><td>Other</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	facility_home	At home	facility_clinic	Clinic, health centre, health post	facility_hospemerg	Hospital emergency room	facility_hospclin	Hospital outpatient clinic	facility_mission	Mission/NGO clinic	facility_event	Public/community event (e.g. at community centre, kiosk, etc.)	facility_pharmacy	Retail pharmacy	facility_traditional	Facility providing traditional medicine, homeopathy	facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	facility_dkremember	Don't know/remember	other	Other	refused	Refused
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tmeds_current_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered integer																								
tmeds_current_duration	If yes, how many days does the traditional medication last (leave blank if don't know/remember)?	User entered integer																								
tmed_adhere	In the past 12 months, did you always take your traditional medications from blood pressure as prescribed? (Check ONE only)	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	refused	Refused																		
yes	Yes																									
no	No																									
refused	Refused																									
group_tmed_adhere	Hidden from user																									
generated_table_list_label_444	Regarding the traditional medications that you are currently taking for you blood pressure, in the past 12 months:	User entered text																								
		<table><tr><td></td><td></td></tr></table>																								

reserved_name_for_field_list_labels_445		none	None of the time
		some	Some of the time
		most	Most of the time
		all	All the time
		refused	Refused
tmed_adhere_1	How often do you forget to take your medicine?	none	None of the time
		some	Some of the time
		most	Most of the time
		all	All the time
		refused	Refused
tmed_adhere_2	How often do you decide not to take your medicine?	none	None of the time
		some	Some of the time
		most	Most of the time
		all	All the time
		refused	Refused
tmed_adhere_3	How often do you miss taking your medicine because you feel better?	none	None of the time
		some	Some of the time
		most	Most of the time
		all	All the time
		refused	Refused
tmed_adhere_4	How often do you decide to take less of your medicine?	none	None of the time
		some	Some of the time
		most	Most of the time
		all	All the time
		refused	Refused
tmed_adhere_5	How often do you stop taking your medicine because you feel sick due to effects of the medicine?	none	None of the time
		some	Some of the time
		most	Most of the time

		<table><tr><td>all</td><td>All the time</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	all	All the time	refused	Refused						
all	All the time											
refused	Refused											
tmed_adhere_6	How often do you forget to bring along your medicine when you travel away from home?	<table><tr><td>none</td><td>None of the time</td></tr><tr><td>some</td><td>Some of the time</td></tr><tr><td>most</td><td>Most of the time</td></tr><tr><td>all</td><td>All the time</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	none	None of the time	some	Some of the time	most	Most of the time	all	All the time	refused	Refused
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all	All the time											
refused	Refused											
tmed_adhere_7	How often do you NOT take you medicine because you run out of them at home?	<table><tr><td>none</td><td>None of the time</td></tr><tr><td>some</td><td>Some of the time</td></tr><tr><td>most</td><td>Most of the time</td></tr><tr><td>all</td><td>All the time</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	none	None of the time	some	Some of the time	most	Most of the time	all	All the time	refused	Refused
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nonmed_at_dx	When you were first diagnosed, were you advised to take up any non-medical interventions (e.g. massage, acupuncture) for your high blood pressure?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused		
yes	Yes											
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dkremember	Don't know/remember											
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group_tx4	Hidden from user											
note_tx4	If yes, please list all non-medical interventions that you were advised to take up when you were first diagnosed with high blood pressure?	User entered text										
nonmeds_at_dx	Hidden from user											
nonmeds_at_dx_brand	Intervention name (leave blank if don't know/remember)	User entered text										
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nonmeds_at_dx_source	If yes, where was it purchased/obtained?	<table><tr><td>facility_home</td><td>At home</td></tr></table>	facility_home	At home								
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nonmeds_at_dx_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered integer																						
nonmed_change	Since you were first diagnosed with high blood pressure until now, approximately how many times has your regime of non-medical interventions changed (including if you initially were not recommended any interventions but then subsequently were)?	<table><tr><td>0</td><td>0</td></tr><tr><td>1_2</td><td>1-2</td></tr><tr><td>3_4</td><td>3-4</td></tr><tr><td>5+</td><td>5+</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	0	0	1_2	1-2	3_4	3-4	5+	5+	dkremember	Don't know/remember	refused	Refused										
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group_nonmed_change	Hidden from user																							
nonmed_change_decision	For the most recent time that your non-medical recommendations were changed, who was mainly responsible for the decision to change?	<table><tr><td>me_alone</td><td>I made the decision without consulting anyone</td></tr><tr><td>me_pharmac</td><td>I made the decision after consulting a retail pharmacist</td></tr><tr><td>me_hp</td><td>I made the decision after consulting a modern medicine provider</td></tr><tr><td>me_tp</td><td>I made the decision after</td></tr></table>	me_alone	I made the decision without consulting anyone	me_pharmac	I made the decision after consulting a retail pharmacist	me_hp	I made the decision after consulting a modern medicine provider	me_tp	I made the decision after														
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nonmed_change_decision_other	Specify other:	User entered text																					
nonmed_change_reason	What were the main reasons why the regime was changed? Select up to two answers.	<table border="1"> <tr> <td>bp_controlled</td> <td>Blood pressure was adequately controlled</td> </tr> <tr> <td>poor_response</td> <td>Sub-optimal/poor response to previous medication regime</td> </tr> <tr> <td>adverse_reaction</td> <td>Adverse drug reaction/made me feel unwell</td> </tr> <tr> <td>med_unaffordable</td> <td>Prescribed drug/regime not affordable</td> </tr> <tr> <td>med_unavailable</td> <td>Prescribed drug/regime not available or not in stock</td> </tr> <tr> <td>source_far</td> <td>Source of medication to far away/ not easy to obtain</td> </tr> <tr> <td>many_meds</td> <td>Taking too many medications</td> </tr> <tr> <td>dkremember</td> <td>Don't know/remember</td> </tr> <tr> <td>other</td> <td>Other: specify</td> </tr> <tr> <td>refused</td> <td>Refused</td> </tr> </table>		bp_controlled	Blood pressure was adequately controlled	poor_response	Sub-optimal/poor response to previous medication regime	adverse_reaction	Adverse drug reaction/made me feel unwell	med_unaffordable	Prescribed drug/regime not affordable	med_unavailable	Prescribed drug/regime not available or not in stock	source_far	Source of medication to far away/ not easy to obtain	many_meds	Taking too many medications	dkremember	Don't know/remember	other	Other: specify	refused	Refused
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nonmed_stop	Since you were first diagnosed with high blood pressure and started using non-medical interventions, have you ever stopped using them altogether?	<table border="1"> <tr> <td>yes</td> <td>Yes</td> </tr> <tr> <td>no</td> <td>No</td> </tr> <tr> <td>dkremember</td> <td>Don't know/remember</td> </tr> <tr> <td></td> <td></td> </tr> </table>		yes	Yes	no	No	dkremember	Don't know/remember														
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nonmed_stop_reason_other	Specify other:	User entered text															
nonmed_current	Are you currently using non-medical methods to treat your high blood pressure?	<table><tr><td>no</td><td>No</td></tr><tr><td>yes1</td><td>Yes, and medications are the same as when first diagnosed</td></tr><tr><td>yes2</td><td>Yes, and medications have changed since first diagnosed</td></tr><tr><td>refused</td><td>Refused</td></tr></table>		no	No	yes1	Yes, and medications are the same as when first diagnosed	yes2	Yes, and medications have changed since first diagnosed	refused	Refused						
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dkremember	Don't know/remember																
refused	Refused																
nonmeds_current_source	If yes, where was it purchased/obtained?	<table><tr><td>facility_home</td><td>At home</td></tr><tr><td>facility_clinic</td><td>Clinic, health centre, health post</td></tr><tr><td>facility_hospemerg</td><td>Hospital emergency room</td></tr><tr><td>facility_hospclin</td><td>Hospital outpatient clinic</td></tr><tr><td>facility_mission</td><td>Mission/NGO clinic</td></tr><tr><td>facility_event</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr><tr><td></td><td></td></tr></table>		facility_home	At home	facility_clinic	Clinic, health centre, health post	facility_hospemerg	Hospital emergency room	facility_hospclin	Hospital outpatient clinic	facility_mission	Mission/NGO clinic	facility_event	Public/community event (e.g. at community centre, kiosk, etc.)		
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facility_event	Public/community event (e.g. at community centre, kiosk, etc.)																

		<table><tr><td>facility_pharmacy</td><td>Retail pharmacy</td></tr><tr><td>facility_traditional</td><td>Facility providing traditional medicine, homeopathy</td></tr><tr><td>facility_retailer</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr><tr><td>facility_dkremember</td><td>Don't know/remember</td></tr><tr><td>other</td><td>Other</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	facility_pharmacy	Retail pharmacy	facility_traditional	Facility providing traditional medicine, homeopathy	facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	facility_dkremember	Don't know/remember	other	Other	refused	Refused
facility_pharmacy	Retail pharmacy													
facility_traditional	Facility providing traditional medicine, homeopathy													
facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)													
facility_dkremember	Don't know/remember													
other	Other													
refused	Refused													
nonmeds_current_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered integer												
group_tx5	Hidden from user													
generated_table_list_label_487	When you were first diagnosed, were you advised to make any of the following lifestyle changes for your high blood pressure?	User entered text												
reserved_name_for_field_list_labels_488		<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	na	Not applicable	refused	Refused		
yes	Yes													
no	No													
dkremember	Don't know/remember													
na	Not applicable													
refused	Refused													
smok_at_dx	Quit smoking	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	na	Not applicable	refused	Refused		
yes	Yes													
no	No													
dkremember	Don't know/remember													
na	Not applicable													
refused	Refused													
alc_at_dx	Reduce alcohol intake	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	na	Not applicable	refused	Refused		
yes	Yes													
no	No													
dkremember	Don't know/remember													
na	Not applicable													
refused	Refused													

salt_at_dx	Reduce salt (sodium) intake	yes	Yes
		no	No
		dkremember	Don't know/remember
		na	Not applicable
		refused	Refused
fruit_at_dx	Eat more fruit and vegetables	yes	Yes
		no	No
		dkremember	Don't know/remember
		na	Not applicable
		refused	Refused
fat_at_dx	Eat less fatty / fried food	yes	Yes
		no	No
		dkremember	Don't know/remember
		na	Not applicable
		refused	Refused
sugar_at_dx	Eat/drink less sugary beverages / sweets	yes	Yes
		no	No
		dkremember	Don't know/remember
		na	Not applicable
		refused	Refused
weight_at_dx	Lose weight	yes	Yes
		no	No
		dkremember	Don't know/remember
		na	Not applicable
		refused	Refused
exercise_at_dx	Do more exercise or sports	yes	Yes
		no	No
		dkremember	Don't know/remember

		<table><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	na	Not applicable	refused	Refused						
na	Not applicable											
refused	Refused											
stress_at_dx	Reduce stress	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	na	Not applicable	refused	Refused
yes	Yes											
no	No											
dkremember	Don't know/remember											
na	Not applicable											
refused	Refused											
other_at_dx	Others: specify	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	na	Not applicable	refused	Refused
yes	Yes											
no	No											
dkremember	Don't know/remember											
na	Not applicable											
refused	Refused											
other_at_dx_text	Specify other:	User entered text										
group_tx6	Hidden from user											
generated_table_list_label_500	Are you currently doing any of the following to help lower or control your high blood pressure?	User entered text										
reserved_name_for_field_list_labels_501		<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	na	Not applicable	refused	Refused		
yes	Yes											
no	No											
na	Not applicable											
refused	Refused											
smok_current	Quit smoking	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	na	Not applicable	refused	Refused		
yes	Yes											
no	No											
na	Not applicable											
refused	Refused											
alc_current	Reduce alcohol intake	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td></td><td></td></tr></table>	yes	Yes	no	No	na	Not applicable				
yes	Yes											
no	No											
na	Not applicable											

		<table><tr><td>refused</td><td>Refused</td></tr></table>	refused	Refused						
refused	Refused									
salt_current	Reduce salt (sodium) intake	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	na	Not applicable	refused	Refused
yes	Yes									
no	No									
na	Not applicable									
refused	Refused									
fruit_current	Eat more fruit and vegetables	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	na	Not applicable	refused	Refused
yes	Yes									
no	No									
na	Not applicable									
refused	Refused									
fat_current	Eat less fatty / fried food	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	na	Not applicable	refused	Refused
yes	Yes									
no	No									
na	Not applicable									
refused	Refused									
sugar_current	Eat/drink less sugary beverages / sweets	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	na	Not applicable	refused	Refused
yes	Yes									
no	No									
na	Not applicable									
refused	Refused									
weight_current	Lose weight	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	na	Not applicable	refused	Refused
yes	Yes									
no	No									
na	Not applicable									
refused	Refused									
exercise_current	Do more exercise or sports	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	na	Not applicable	refused	Refused
yes	Yes									
no	No									
na	Not applicable									
refused	Refused									
stress_current	Reduce stress	<table><tr><td></td><td></td></tr></table>								

		<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	na	Not applicable	refused	Refused						
yes	Yes															
no	No															
na	Not applicable															
refused	Refused															
other_current	Others: specify	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>na</td><td>Not applicable</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	na	Not applicable	refused	Refused						
yes	Yes															
no	No															
na	Not applicable															
refused	Refused															
other_current_text	Specify other:	User entered text														
tx_current_helpful	Do you feel that your current treatment regime (all modern and traditional medications, and non-pharmaceutical interventions) is helping to control your high blood pressure?	<table><tr><td>very_helpful</td><td>5 - Very helpful</td></tr><tr><td>fairly_helpful</td><td>4 - Fairly helpful</td></tr><tr><td>neither</td><td>3 - Neither helpful or unhelpful</td></tr><tr><td>fairly_unhelpful</td><td>2 - Fairly unhelpful</td></tr><tr><td>very_unhelpful</td><td>1 - Very unhelpful</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	very_helpful	5 - Very helpful	fairly_helpful	4 - Fairly helpful	neither	3 - Neither helpful or unhelpful	fairly_unhelpful	2 - Fairly unhelpful	very_unhelpful	1 - Very unhelpful	dk	Don't know	refused	Refused
very_helpful	5 - Very helpful															
fairly_helpful	4 - Fairly helpful															
neither	3 - Neither helpful or unhelpful															
fairly_unhelpful	2 - Fairly unhelpful															
very_unhelpful	1 - Very unhelpful															
dk	Don't know															
refused	Refused															
tx_current_satisfied	Are you satisfied with your current treatment regime?	<table><tr><td>very_satisfied</td><td>5 - Very satisfied</td></tr><tr><td>fairly_satisfied</td><td>4 - Fairly satisfied</td></tr><tr><td>neither</td><td>3 - Neither satisfied or dissatisfied</td></tr><tr><td>fairly_dissatisfied</td><td>2 - Fairly dissatisfied</td></tr><tr><td>very_dissatisfied</td><td>1 - Very dissatisfied</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	very_satisfied	5 - Very satisfied	fairly_satisfied	4 - Fairly satisfied	neither	3 - Neither satisfied or dissatisfied	fairly_dissatisfied	2 - Fairly dissatisfied	very_dissatisfied	1 - Very dissatisfied	dkremember	Don't know/remember	refused	Refused
very_satisfied	5 - Very satisfied															
fairly_satisfied	4 - Fairly satisfied															
neither	3 - Neither satisfied or dissatisfied															
fairly_dissatisfied	2 - Fairly dissatisfied															
very_dissatisfied	1 - Very dissatisfied															
dkremember	Don't know/remember															
refused	Refused															
group_fu1	Hidden from user															
note_fu1	FOLLOW UP: We now want to ask you about any instructions for follow-up visits that you may have received at the time you were first recommended to make any lifestyle changes or prescribed any medications for your high blood pressure.	User entered text														

fu_at_dx	When you were first diagnosed, were you advised to return for a follow up visit (e.g. to check your health, review your medications, etc.)?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused						
yes	Yes															
no	No															
dkremember	Don't know/remember															
refused	Refused															
group_fu2	Hidden from user															
note_fu2	If were you advised return for a follow up visit, after what period/interval? Select only one of the options below.	User entered text														
fu_at_dx_days	Number of days:	User entered integer														
fu_at_dx_months	Number of months:	User entered integer														
fu_at_dx_other	Or:	<table><tr><td>when_ill</td><td>No specific period/interval, when you feel ill or if blood pressure is high</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	when_ill	No specific period/interval, when you feel ill or if blood pressure is high	dkremember	Don't know/remember	refused	Refused								
when_ill	No specific period/interval, when you feel ill or if blood pressure is high															
dkremember	Don't know/remember															
refused	Refused															
group_fu4	Hidden from user															
fu_at_dx_outcome	Did you return for the follow up visit as advised?	<table><tr><td>no</td><td>No</td></tr><tr><td>yes1</td><td>Yes, at the advised time</td></tr><tr><td>yes2</td><td>Yes, but before the advised period</td></tr><tr><td>yes3</td><td>Yes, but after the advised period</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	no	No	yes1	Yes, at the advised time	yes2	Yes, but before the advised period	yes3	Yes, but after the advised period	dkremember	Don't know/remember	refused	Refused		
no	No															
yes1	Yes, at the advised time															
yes2	Yes, but before the advised period															
yes3	Yes, but after the advised period															
dkremember	Don't know/remember															
refused	Refused															
fu_at_dx_non	If you did not return for the follow up visit as advised, why not?	<table><tr><td>forgot</td><td>Forgot to return</td></tr><tr><td>not_important</td><td>Did not think it was important</td></tr><tr><td>unafforable</td><td>Could not afford to return</td></tr><tr><td>commitment</td><td>Unable to attend because of other commitment</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>other</td><td>Other: specify</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	forgot	Forgot to return	not_important	Did not think it was important	unafforable	Could not afford to return	commitment	Unable to attend because of other commitment	dkremember	Don't know/remember	other	Other: specify	refused	Refused
forgot	Forgot to return															
not_important	Did not think it was important															
unafforable	Could not afford to return															
commitment	Unable to attend because of other commitment															
dkremember	Don't know/remember															
other	Other: specify															
refused	Refused															

fu_at_dx_non_other	Specify other:	User entered text																							
fu_at_dx_refer	When you were first diagnosed, were you referred to another health care provider for any further care (e.g.GP referred to a specialist)?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>		yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused														
yes	Yes																								
no	No																								
dkremember	Don't know/remember																								
refused	Refused																								
group_fu5	Hidden from user																								
fu_at_dx_refer_facility	To which type of health facility were you referred?	<table> <tr> <td>facility_clinic</td><td>Clinic, health centre, health post</td></tr> <tr> <td>facility_hospemerg</td><td>Hospital emergency room</td></tr> <tr> <td>facility_hospclin</td><td>Hospital outpatient clinic</td></tr> <tr> <td>facility_mission</td><td>Mission/NGO clinic</td></tr> <tr> <td>facility_event</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr> <tr> <td>facility_pharmacy</td><td>Retail pharmacy</td></tr> <tr> <td>facility_traditional</td><td>Facility providing traditional medicine, homeopathy</td></tr> <tr> <td>facility_retailer</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr> <tr> <td>facility_dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>		facility_clinic	Clinic, health centre, health post	facility_hospemerg	Hospital emergency room	facility_hospclin	Hospital outpatient clinic	facility_mission	Mission/NGO clinic	facility_event	Public/community event (e.g. at community centre, kiosk, etc.)	facility_pharmacy	Retail pharmacy	facility_traditional	Facility providing traditional medicine, homeopathy	facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	facility_dkremember	Don't know/remember	other	Other	refused	Refused
facility_clinic	Clinic, health centre, health post																								
facility_hospemerg	Hospital emergency room																								
facility_hospclin	Hospital outpatient clinic																								
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facility_dkremember	Don't know/remember																								
other	Other																								
refused	Refused																								
fu_at_dx_refer_fac_other	Specify other:	User entered text																							
fu_at_dx_refer_outcome	Did you attend the referral appointment as advised?	<table> <tr> <td>no</td><td>No</td></tr> <tr> <td>yes1</td><td>Yes, at the advised time</td></tr> <tr> <td>yes2</td><td>Yes, but before the advised period</td></tr> <tr> <td>yes3</td><td>Yes, but after the advised period</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>		no	No	yes1	Yes, at the advised time	yes2	Yes, but before the advised period	yes3	Yes, but after the advised period	dkremember	Don't know/remember	refused	Refused										
no	No																								
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dkremember	Don't know/remember																								
refused	Refused																								
fu_at_dx_refer_non	If you did not attend the referral appointment as advised, why not?	<table> <tr> <td>forgot</td><td>Forgot to return</td></tr> <tr> <td></td><td></td></tr> </table>		forgot	Forgot to return																				
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		not_important	Did not think it was important
		unafforable	Could not afford to return
		commitment	Unable to attend because of other commitment
		dkremember	Don't know/remember
		other	Other: specify
		refused	Refused
fu_at_dx_refer_non_other	Specify other:	User entered text	
group_recent1	Hidden from user		
note_recent1	<p>RECENT CARE: We will now ask you to describe each consultation, experience or instance of caring for your high blood pressure during the last 12 months. Please include any visits with providers of modern and traditional medicine, any self-care or care provided by friends or family, both inside and outside of your home. Please also include all instances where the main reason for seeking care was specifically for your high blood pressure, AND where the main reason was for another health condition (e.g. diabetes) but where your high blood pressure was also measured, treated or discussed with the care provider.</p>	User entered text	
recent_visits	<p>How many times in the past 12 months did you receive care for your high blood pressure (based on the types of experiences of interest just described)? If you feel that you do not remember all of the possible experience/instances of care, please just count the number of times that you can distinctly remember.</p>	User entered integer	
recent_regular	<p>How many of these were REGULAR and REPEATED consultations, experiences or instances of care?</p>	User entered integer	
recent_irregular	<p>How many of these were NOT REGULAR and REPEATED consultations, experiences or instances of care?</p>	User entered integer	
note_recent_visitstotal	<p>INTERVIEWER: Note that the sum of the REGULAR and NON-REGULAR</p>	User entered text	

	consultations, experiences or instances of care recorded must equal the total number of reported visits in the past 12 months		
recent_visitstotal	Hidden from user		
recent_visitstotal_error	Please go back to check the number of REGULAR and NON-REGULAR consultations, experiences or instances of care recorded as the sum must equal the total number of reported visits in the past 12 months	User entered text	
group_recent_regular	Hidden from user		
recent_regular_visit_facility	Where do you consult for this regular care?	facility_home	At home
		facility_clinic	Clinic, health centre, health post
		facility_hospemerg	Hospital emergency room
		facility_hospclin	Hospital outpatient clinic
		facility_mission	Mission/NGO clinic
		facility_event	Public/community event (e.g. at community centre, kiosk, etc.)
		facility_pharmacy	Retail pharmacy
		facility_traditional	Facility providing traditional medicine, homeopathy
		facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)
		facility_dkremember	Don't know/remember
		other	Other
		refused	Refused
recent_regular_visit_provider	Who do you consult for this regular care?	provider_gp	General practitioner, non-specialist physician or unknown speciality doctor
		provider_specialist	Cardiologist or other specialist physician
		provider_dentist	Dentist
		provider_nurse	Nurse

		provider_pharmacist	Pharmacist
		provider_chw	Community health worker
		provider_allied	Other health professional (midwife, nursing assistant, physiotherapist)
		provider_traditional	Traditional healer
		provider_dkremember	Don't know/remember
		other	Other
		refused	Refused
recent_regular_visit_provider_other	Specify other:	User entered text	
recent_regular_visit_sector	Is the care provided by the government, privately, non-governmental organisation?	government	Government
		private	Private
		ngo	NGO
		dkremember	Don't know/remember
		refused	Refused
recent_regular_visit_reason_person	Why do you seek care from this particular provider?	usual_provider	This is my usual provider
		know_provider	We know each other well and/or usually he/she treats my family
		convenient_near	It is nearby / convenient
		referred_provider	Referred/recommended by another health care provider
		recommended_family	Recommended by family or friend
		covered_insurance	It is covered by my insurance/ work arrangements
		advertisement	I saw/heard/read an advertisement/notice
		by_chance	I came across them by chance/emergency/no other choice, self-referred

		<table><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>other</td><td>Other</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	dkremember	Don't know/remember	other	Other	refused	Refused		
dkremember	Don't know/remember									
other	Other									
refused	Refused									
recent_regular_visit_reason_person_other	Specify other:	User entered text								
group_recent_regular4	Hidden from user									
generated_table_list_label_554	Do you receive any other of the following diagnostic tests or procedures during these treatments/consultations?	User entered text								
reserved_name_for_field_list_labels_555		<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
recent_regular_visit_bp	Blood pressure measurement	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
recent_regular_visit_exam	Physical examination	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
recent_regular_visit_xray	X-rays	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
recent_regular_visit_ecg	ECG	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									

recent_regular_visit_lab	Laboratory test (e.g. blood, urine tests)		
		yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_regular_visit_minop	Minor operation		
		yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_regular_visit_majop	Major operation		
		yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_regular_visit_other	Other		
		yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_regular_visit_other_text	Specify other:	User entered text	
group_recent_regularfu7	Hidden from user		
recent_regular_visit_distance	How far from your home do these treatments/consultations take place?		
		home	At home
		10min	Less than 10 minutes from home
		30min	10-29 minutes from home
		1hour	30-59 minutes from home
		2hours	1-2 hours from home
		2+hours	2 hours or more from home
		dkremember	Don't know/remember
		refused	Refused
recent_regular_visit_transport	What is the main mode of transportation		
		public	Public transportation

	that you use to attend this treatments/consultations?	<table> <tr><td>taxi</td><td>Taxi</td></tr> <tr><td>private</td><td>Private vehicle</td></tr> <tr><td>walk</td><td>Walk</td></tr> <tr><td>dkremember</td><td>Don't know/remember</td></tr> <tr><td>other</td><td>Other, specify</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>	taxi	Taxi	private	Private vehicle	walk	Walk	dkremember	Don't know/remember	other	Other, specify	refused	Refused		
taxi	Taxi															
private	Private vehicle															
walk	Walk															
dkremember	Don't know/remember															
other	Other, specify															
refused	Refused															
recent_regular_visit_transport_other	Specify other:	User entered text														
recent_regular_visit_duration	How long do these visits to the provider typically last (including waiting time, time for treatment/consultation, tests, etc.)?	<table> <tr><td>10min</td><td>Less than 10 minutes</td></tr> <tr><td>30min</td><td>10-29 minutes</td></tr> <tr><td>1hour</td><td>30-59 minutes</td></tr> <tr><td>2hours</td><td>1-2 hours</td></tr> <tr><td>2+hours</td><td>2 hours or more</td></tr> <tr><td>dkremember</td><td>Don't know/remember</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>	10min	Less than 10 minutes	30min	10-29 minutes	1hour	30-59 minutes	2hours	1-2 hours	2+hours	2 hours or more	dkremember	Don't know/remember	refused	Refused
10min	Less than 10 minutes															
30min	10-29 minutes															
1hour	30-59 minutes															
2hours	1-2 hours															
2+hours	2 hours or more															
dkremember	Don't know/remember															
refused	Refused															
recent_regular_visit_off	Do you have to take any time off of work?	<table> <tr><td>yes</td><td>Yes</td></tr> <tr><td>no</td><td>No</td></tr> <tr><td>dkremember</td><td>Don't know/remember</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused						
yes	Yes															
no	No															
dkremember	Don't know/remember															
refused	Refused															
recent_regular_visit_offdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer														
recent_regular_visit_hhoff	Do any other members of your household have to take any time off of work to care for you?	<table> <tr><td>yes</td><td>Yes</td></tr> <tr><td>no</td><td>No</td></tr> <tr><td>dkremember</td><td>Don't know/remember</td></tr> <tr><td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused						
yes	Yes															
no	No															
dkremember	Don't know/remember															
refused	Refused															
recent_regular_visit_hhoffdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer														
recent_regular_visit_carer	Do you have to hire someone to provide care for you?	<table> <tr><td>yes</td><td>Yes</td></tr> <tr><td>no</td><td>No</td></tr> <tr><td>dkremember</td><td>Don't know/remember</td></tr> <tr><td></td><td></td></tr> </table>	yes	Yes	no	No	dkremember	Don't know/remember								
yes	Yes															
no	No															
dkremember	Don't know/remember															

		refused	Refused
recent_regular_visit_carerdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer	
recent_regular_visit_pay	How do you pay for the care costs associated with these regular visits? Please include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Select all that apply.	insurance	Total cost paid for by health insurance
		government	Total cost paid by government (e.g. government hospital)
		share_govt	Shared cost (between self and any insurance)
		share_insurance	Shared cost (between self and government)
		share_govt_insurance	Shared cost (between government and any insurance)
		saving	Current income / savings
		donations	Asked for money as gift/donation from friends/relative/other
		borrow_relative	Borrowed from friends/relative/employer
		borrow_org	Borrowed from authorities or civil society organisations
		borrow_bank	Borrowed money from bank/financial institution
		borrow_lender	Borrowed money from money lender
		sell_productive	Sold productive assets (livestock, property)
		sell_non_productive	Sold non-productive assets (jewellery, furniture)
		pawn	Pawned items
		other_job	Took on another job
		out_school	Took child out of school
		stop_treat	Stopped taking treatments

		move_house	Moved to cheaper accommodation
		dkremember	Don't know/remember
		other	Other
		refused	Refused
recent_regular_visit_pay_other	Specify other:	User entered text	
recent_regular_visit_cost	How many Pesos in total do you spend for each of these regular visits? Please only include all costs that paid for out-of-pocket and exclude those that were covered by your insurance, the government, etc. Include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Leave blank if don't know or don't remember.	User entered integer	
note_recent2	Now I will ask you about each of the NON-REGULAR instances of care in the past 12 months, starting with the earliest. [INTERVIEWER: Starting with the earliest experience or instance of receiving care during the last 12 months, ask the following questions, and then repeat the process for each subsequent experience or instance of receiving care until all experiences have been covered.]	User entered text	
group_recent3_count	Hidden from user		
group_recent3	Hidden from user		
recent_visit_date	In what month (approximately) and year did the [first, second, third...] experience or instance of care for your high blood pressure take place?	User selected date	
recent_visit_symp	At the time, were you experiencing any symptoms or problems that could have been related to high blood pressure? Select all that apply.	none	None
		headache	Severe headache
		fatigue	Fatigue
		confusion	Confusion
		vision	Vision problems
		angina	Chest pain (angina)



		<table> <tr> <td>breathing</td><td>Difficulty breathing, shortness of breath</td></tr> <tr> <td>arrhythmia</td><td>Irregular heartbeat (fluttering in your chest, racing heartbeat/tachycardia, slow heartbeat/bradycardia)</td></tr> <tr> <td>urine</td><td>Blood in the urine</td></tr> <tr> <td>palpitation</td><td>Pounding in your chest, neck or ears</td></tr> <tr> <td>dkremember</td><td>Don't know/don't remember</td></tr> <tr> <td>other</td><td>Other: specify</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	breathing	Difficulty breathing, shortness of breath	arrhythmia	Irregular heartbeat (fluttering in your chest, racing heartbeat/tachycardia, slow heartbeat/bradycardia)	urine	Blood in the urine	palpitation	Pounding in your chest, neck or ears	dkremember	Don't know/don't remember	other	Other: specify	refused	Refused										
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other	Other: specify																									
refused	Refused																									
recent_visit_symp_other	Specify other:	User entered text																								
recent_visit_facility	Where did you consult?	<table> <tr> <td>facility_home</td><td>At home</td></tr> <tr> <td>facility_clinic</td><td>Clinic, health centre, health post</td></tr> <tr> <td>facility_hospemerg</td><td>Hospital emergency room</td></tr> <tr> <td>facility_hospclin</td><td>Hospital outpatient clinic</td></tr> <tr> <td>facility_mission</td><td>Mission/NGO clinic</td></tr> <tr> <td>facility_event</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr> <tr> <td>facility_pharmacy</td><td>Retail pharmacy</td></tr> <tr> <td>facility_traditional</td><td>Facility providing traditional medicine, homeopathy</td></tr> <tr> <td>facility_retailer</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr> <tr> <td>facility_dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	facility_home	At home	facility_clinic	Clinic, health centre, health post	facility_hospemerg	Hospital emergency room	facility_hospclin	Hospital outpatient clinic	facility_mission	Mission/NGO clinic	facility_event	Public/community event (e.g. at community centre, kiosk, etc.)	facility_pharmacy	Retail pharmacy	facility_traditional	Facility providing traditional medicine, homeopathy	facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	facility_dkremember	Don't know/remember	other	Other	refused	Refused
facility_home	At home																									
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facility_dkremember	Don't know/remember																									
other	Other																									
refused	Refused																									
recent_visit_provider	Who did you consult?	<table> <tr> <td>provider_gp</td><td>General practitioner, non-specialist physician or unknown speciality doctor</td></tr> <tr> <td></td><td></td></tr> </table>	provider_gp	General practitioner, non-specialist physician or unknown speciality doctor																						
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		<table> <tr> <td>provider_specialist</td><td>Cardiologist or other specialist physician</td></tr> <tr> <td>provider_dentist</td><td>Dentist</td></tr> <tr> <td>provider_nurse</td><td>Nurse</td></tr> <tr> <td>provider_pharmacist</td><td>Pharmacist</td></tr> <tr> <td>provider_chw</td><td>Community health worker</td></tr> <tr> <td>provider_allied</td><td>Other health professional (midwife, nursing assistant, physiotherapist)</td></tr> <tr> <td>provider_traditional</td><td>Traditional healer</td></tr> <tr> <td>provider_dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	provider_specialist	Cardiologist or other specialist physician	provider_dentist	Dentist	provider_nurse	Nurse	provider_pharmacist	Pharmacist	provider_chw	Community health worker	provider_allied	Other health professional (midwife, nursing assistant, physiotherapist)	provider_traditional	Traditional healer	provider_dkremember	Don't know/remember	other	Other	refused	Refused
provider_specialist	Cardiologist or other specialist physician																					
provider_dentist	Dentist																					
provider_nurse	Nurse																					
provider_pharmacist	Pharmacist																					
provider_chw	Community health worker																					
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provider_traditional	Traditional healer																					
provider_dkremember	Don't know/remember																					
other	Other																					
refused	Refused																					
recent_visit_provider_other	Specify other:	User entered text																				
recent_visit_sector	Was the care provided by the government, privately, non-governmental organisation?	<table> <tr> <td>government</td><td>Government</td></tr> <tr> <td>private</td><td>Private</td></tr> <tr> <td>ngo</td><td>NGO</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	government	Government	private	Private	ngo	NGO	dkremember	Don't know/remember	refused	Refused										
government	Government																					
private	Private																					
ngo	NGO																					
dkremember	Don't know/remember																					
refused	Refused																					
recent_visit_reason_visit	What was the main reason for the consultation?	<table> <tr> <td>routine_check</td><td>A routine health check-up/visit with a health professional</td></tr> <tr> <td>heart_prob</td><td>A visit with a health professional for a problem with your heart</td></tr> <tr> <td>diabetes_check</td><td>A visit with a health professional for diabetes management</td></tr> <tr> <td>other_check</td><td>A visit with a health professional for some health condition other than heart problems or diabetes</td></tr> <tr> <td>bp_worries</td><td>You were worried about blood pressure and/or had symptoms</td></tr> <tr> <td></td><td></td></tr> </table>	routine_check	A routine health check-up/visit with a health professional	heart_prob	A visit with a health professional for a problem with your heart	diabetes_check	A visit with a health professional for diabetes management	other_check	A visit with a health professional for some health condition other than heart problems or diabetes	bp_worries	You were worried about blood pressure and/or had symptoms										
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bp_worries	You were worried about blood pressure and/or had symptoms																					

		<table><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>other</td><td>Other</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	dkremember	Don't know/remember	other	Other	refused	Refused																
dkremember	Don't know/remember																							
other	Other																							
refused	Refused																							
recent_visit_reason_visit_other	Specify other:	User entered text																						
recent_visit_reason_person	Why did you seek care from this particular provider?	<table><tr><td>usual_provider</td><td>This is my usual provider</td></tr><tr><td>know_provider</td><td>We know each other well and/or usually he/she treats my family</td></tr><tr><td>convenient_near</td><td>It is nearby / convenient</td></tr><tr><td>referred_provider</td><td>Referred/recommended by another health care provider</td></tr><tr><td>recommended_family</td><td>Recommended by family or friend</td></tr><tr><td>covered_insurance</td><td>It is covered by my insurance/ work arrangements</td></tr><tr><td>advertisement</td><td>I saw/heard/read an advertisement/notice</td></tr><tr><td>by_chance</td><td>I came across them by chance/emergency/no other choice, self-referred</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>other</td><td>Other</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	usual_provider	This is my usual provider	know_provider	We know each other well and/or usually he/she treats my family	convenient_near	It is nearby / convenient	referred_provider	Referred/recommended by another health care provider	recommended_family	Recommended by family or friend	covered_insurance	It is covered by my insurance/ work arrangements	advertisement	I saw/heard/read an advertisement/notice	by_chance	I came across them by chance/emergency/no other choice, self-referred	dkremember	Don't know/remember	other	Other	refused	Refused
usual_provider	This is my usual provider																							
know_provider	We know each other well and/or usually he/she treats my family																							
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dkremember	Don't know/remember																							
other	Other																							
refused	Refused																							
recent_visit_reason_person_other	Specify other:	User entered text																						
group_recent4	Hidden from user																							
generated_table_list_label_594	Did you receive any other of the following diagnostic tests or procedures during this treatment/consultation?	User entered text																						
reserved_name_for_field_list_labels_595		<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused														
yes	Yes																							
no	No																							
dkremember	Don't know/remember																							
refused	Refused																							

recent_visit_bp	Blood pressure measurement	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_visit_exam	Physical examination	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_visit_xray	X-rays	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_visit_ecg	ECG	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_visit_lab	Laboratory test (e.g. blood, urine tests)	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_visit_minop	Minor operation	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_visit_majop	Major operation	yes	Yes
		no	No

		<table><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	dkremember	Don't know/remember	refused	Refused				
dkremember	Don't know/remember									
refused	Refused									
recent_visit_other	Other	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
recent_visit_other_text	Specify other:	User entered text								
group_fu6	Hidden from user									
recent_visit_fu	Were you instructed to return for a follow up visit?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
recent_visit_refer	Were you referred to seek care from another type of health care provider?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
recent_visit_rx	Did you receive a prescription or any advice for any type of treatment?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
recent_visit_obtainrx	Did you obtain or purchase any medication, treatment or intervention in response to this prescription/advice (including any herbal or traditional medicines)?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused
yes	Yes									
no	No									
dkremember	Don't know/remember									
refused	Refused									
recent_visit_lifestyle	Did you receive any advice to make any lifestyle changes (e.g. quit smoking,	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td></td><td></td></tr></table>	yes	Yes	no	No				
yes	Yes									
no	No									

	reduce alcohol intake, reduce salt intake, increase fruit and vegetable intake, increase physical activity, lose weight)?	dkremember	Don't know/remember
		refused	Refused
group_fu7	Hidden from user		
recent_visit_distance	How far from your home did this treatment/consultation take place?	home	At home
		10min	Less than 10 minutes from home
		30min	10-29 minutes from home
		1hour	30-59 minutes from home
		2hours	1-2 hours from home
		2+hours	2 hours or more from home
		dkremember	Don't know/remember
		refused	Refused
recent_visit_transport	What was the main mode of transportation that you used to attend this treatment/consultation?	public	Public transportation
		taxi	Taxi
		private	Private vehicle
		walk	Walk
		dkremember	Don't know/remember
		other	Other, specify
		refused	Refused
recent_visit_transport_other	Specify other:	User entered text	
recent_visit_duration	How long did this visit to the provider last (including waiting time, time for treatment/consultation, tests, etc.)?	10min	Less than 10 minutes
		30min	10-29 minutes
		1hour	30-59 minutes
		2hours	1-2 hours
		2+hours	2 hours or more
		dkremember	Don't know/remember
		refused	Refused
recent_visit_off	Did you have to take any time off of work?	yes	Yes
		no	No
		dkremember	Don't know/remember

		<table><tr><td>refused</td><td>Refused</td></tr></table>	refused	Refused																
refused	Refused																			
recent_visit_offdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer																		
recent_visit_hhoff	Did any other members of your household have to take any time off of work to care for you?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused										
yes	Yes																			
no	No																			
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recent_visit_hhoffdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer																		
recent_visit_carer	Did you have to hire someone to provide care for you?	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused										
yes	Yes																			
no	No																			
dkremember	Don't know/remember																			
refused	Refused																			
recent_visit_carerdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer																		
recent_visit_pay	How did you pay for the care costs associated with this specific instance? Please include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Select all that apply.	<table><tr><td>insurance</td><td>Total cost paid for by health insurance</td></tr><tr><td>government</td><td>Total cost paid by government (e.g. government hospital)</td></tr><tr><td>share_govt</td><td>Shared cost (between self and any insurance)</td></tr><tr><td>share_insurance</td><td>Shared cost (between self and government)</td></tr><tr><td>share_govt_insurance</td><td>Shared cost (between government and any insurance)</td></tr><tr><td>saving</td><td>Current income / savings</td></tr><tr><td>donations</td><td>Asked for money as gift/donation from friends/relative/other</td></tr><tr><td>borrow_relative</td><td>Borrowed from friends/relative/employer</td></tr><tr><td>borrow_org</td><td>Borrowed from</td></tr></table>	insurance	Total cost paid for by health insurance	government	Total cost paid by government (e.g. government hospital)	share_govt	Shared cost (between self and any insurance)	share_insurance	Shared cost (between self and government)	share_govt_insurance	Shared cost (between government and any insurance)	saving	Current income / savings	donations	Asked for money as gift/donation from friends/relative/other	borrow_relative	Borrowed from friends/relative/employer	borrow_org	Borrowed from
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borrow_relative	Borrowed from friends/relative/employer																			
borrow_org	Borrowed from																			

			authorities or civil society organisations
		borrow_bank	Borrowed money from bank/financial institution
		borrow_lender	Borrowed money from money lender
		sell_productive	Sold productive assets (livestock, property)
		sell_non_productive	Sold non-productive assets (jewellery, furniture)
		pawn	Pawned items
		other_job	Took on another job
		out_school	Took child out of school
		stop_treat	Stopped taking treatments
		move_house	Moved to cheaper accommodation
		dkremember	Don't know/remember
		other	Other
		refused	Refused
recent_visit_pay_other	Specify other:	User entered text	
recent_visit_cost	How many Pesos in total did you spend for this specific instance? Please only include all costs that paid for out-of-pocket and exclude those that were covered by your insurance, the government, etc. Include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Leave blank if don't know or don't remember.	User entered integer	
recent_visit_resolved	Do you feel that any health issues discussed during this visit were resolved?	resolved_total	Totally resolved
		resolved_mostly	Mostly resolved
		resolved_somewhat	Somewhat resolved
		resolved_not	Not resolved
		resolved_dkremember	Don't know/remember



		<table><tr><td>refused</td><td>Refused</td></tr></table>	refused	Refused														
refused	Refused																	
recent_visit_satisfied	Were you satisfied with the care that you received during this visit?	<table><tr><td>very_satisfied</td><td>5 - Very satisfied</td></tr><tr><td>fairly_satisfied</td><td>4 - Fairly satisfied</td></tr><tr><td>neither</td><td>3 - Neither satisfied or dissatisfied</td></tr><tr><td>fairly_dissatisfied</td><td>2 - Fairly dissatisfied</td></tr><tr><td>very_dissatisfied</td><td>1 - Very dissatisfied</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	very_satisfied	5 - Very satisfied	fairly_satisfied	4 - Fairly satisfied	neither	3 - Neither satisfied or dissatisfied	fairly_dissatisfied	2 - Fairly dissatisfied	very_dissatisfied	1 - Very dissatisfied	dkremember	Don't know/remember	refused	Refused		
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fairly_dissatisfied	2 - Fairly dissatisfied																	
very_dissatisfied	1 - Very dissatisfied																	
dkremember	Don't know/remember																	
refused	Refused																	
recent_visit_outcome	Were you satisfied with the outcome of this visit regarding your blood pressure?	<table><tr><td>very_satisfied</td><td>5 - Very satisfied</td></tr><tr><td>fairly_satisfied</td><td>4 - Fairly satisfied</td></tr><tr><td>neither</td><td>3 - Neither satisfied or dissatisfied</td></tr><tr><td>fairly_dissatisfied</td><td>2 - Fairly dissatisfied</td></tr><tr><td>very_dissatisfied</td><td>1 - Very dissatisfied</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	very_satisfied	5 - Very satisfied	fairly_satisfied	4 - Fairly satisfied	neither	3 - Neither satisfied or dissatisfied	fairly_dissatisfied	2 - Fairly dissatisfied	very_dissatisfied	1 - Very dissatisfied	dkremember	Don't know/remember	refused	Refused		
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fairly_dissatisfied	2 - Fairly dissatisfied																	
very_dissatisfied	1 - Very dissatisfied																	
dkremember	Don't know/remember																	
refused	Refused																	
generated_note_name_630	I will now ask you about the next experience or instance of receiving care during the last 12 months, unless all experiences have been covered.	User entered text																
regular_provider	In relation to the management of your high blood pressure, who is your main point of contact, and you see most often (Select up to two answers)	<table><tr><td>prof_hosp</td><td>Health professional at hospital</td></tr><tr><td>prof_clinic</td><td>Health professional outpatient facility (e.g. health centre, health post, clinic)</td></tr><tr><td>pharmacist</td><td>Pharmacist at retail pharmacy</td></tr><tr><td>gp_private</td><td>Private physician</td></tr><tr><td>other_private</td><td>Other private health professional</td></tr><tr><td>chw</td><td>Community or mission health worker during home or community visit</td></tr><tr><td>trad_healer</td><td>Traditional healer</td></tr><tr><td></td><td></td></tr></table>	prof_hosp	Health professional at hospital	prof_clinic	Health professional outpatient facility (e.g. health centre, health post, clinic)	pharmacist	Pharmacist at retail pharmacy	gp_private	Private physician	other_private	Other private health professional	chw	Community or mission health worker during home or community visit	trad_healer	Traditional healer		
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friend_family	Colleague, friend or family member																	
dk	Don't know																	
other	Other																	
refused	Refused																	
regular_provider_other	Specify other:	User entered text																
regular_provider_visit	How often do you see this/these provider(s)?	<table><tr><td>monthly</td><td>Once a month</td></tr><tr><td>bimonthly</td><td>Once every 2 months</td></tr><tr><td>trimonthly</td><td>Once every 3 months</td></tr><tr><td>4_5monthly</td><td>Once every 4-5 monhts</td></tr><tr><td>6_12monthly</td><td>Sometimes (once every 6-12 months)</td></tr><tr><td>rarely</td><td>Rarely (less than once per year)</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	monthly	Once a month	bimonthly	Once every 2 months	trimonthly	Once every 3 months	4_5monthly	Once every 4-5 monhts	6_12monthly	Sometimes (once every 6-12 months)	rarely	Rarely (less than once per year)	dk	Don't know	refused	Refused
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6_12monthly	Sometimes (once every 6-12 months)																	
rarely	Rarely (less than once per year)																	
dk	Don't know																	
refused	Refused																	
regular_bp_measure	Overall, how often is your blood pressure measured currently?	<table><tr><td>day</td><td>Daily</td></tr><tr><td>week</td><td>Several times a week</td></tr><tr><td>monthly</td><td>Several times a month</td></tr><tr><td>year</td><td>Several times a year</td></tr><tr><td>annual</td><td>Once a year</td></tr><tr><td>seldom</td><td>Once every 2 or 3 years or more seldom</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	day	Daily	week	Several times a week	monthly	Several times a month	year	Several times a year	annual	Once a year	seldom	Once every 2 or 3 years or more seldom	dk	Don't know	refused	Refused
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dk	Don't know																	
refused	Refused																	
group_6B	Hidden from user																	
note_sec6B	Section 6B: Treatment seeking pathway for UNAWARE HYPERTENSIVES IDENTIFIED DURING THE SURVEY	User entered text																
ua_group_recent1	Hidden from user																	
ua_note_recent1	RECENT CARE: We will now ask you to describe each consultation, experience or instance of caring during the last 12	User entered text																

	months. Please include any visits with providers of modern and traditional medicine, any self-care or care provided by friends or family, both inside and outside of your home. Please also include all instances where the care was sought for ANY health condition.														
ua_recent_visits	How many times in the past 12 months did you receive care (based on the types of experiences of interest just described)? If you feel that you do not remember all of the possible experience/instances of care, please just count the number of times that you can distinctly remember.	User entered integer													
ua_recent_regular	How many of these were REGULAR and REPEATED consultations, experiences or instances of care?	User entered integer													
ua_recent_irregular	How many of these were NOT REGULAR and REPEATED consultations, experiences or instances of care?	User entered integer													
ua_note_recent_visitstotal	INTERVIEWER: Note that the sum of the REGULAR and NON-REGULAR consultations, experiences or instances of care recorded must equal the total number of reported visits in the past 12 months	User entered text													
ua_recent_visitstotal	Hidden from user														
ua_recent_visitstotal_error	Please go back to check the number of REGULAR and NON-REGULAR consultations, experiences or instances of care recorded as the sum must equal the total number of reported visits in the past 12 months	User entered text													
ua_group_recent_regular	Hidden from user														
ua_recent_regular_visit_facility	Where do you consult for this regular care?	<table><tr><td>facility_home</td><td>At home</td></tr><tr><td>facility_clinic</td><td>Clinic, health centre, health post</td></tr><tr><td>facility_hospemerg</td><td>Hospital emergency room</td></tr><tr><td>facility_hospclin</td><td>Hospital outpatient clinic</td></tr><tr><td>facility_mission</td><td>Mission/NGO clinic</td></tr><tr><td>facility_event</td><td>Public/community event (e.g. at community centre,</td></tr></table>		facility_home	At home	facility_clinic	Clinic, health centre, health post	facility_hospemerg	Hospital emergency room	facility_hospclin	Hospital outpatient clinic	facility_mission	Mission/NGO clinic	facility_event	Public/community event (e.g. at community centre,
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		<table> <tr> <td></td><td>kiosk, etc.)</td></tr> <tr> <td>facility_pharmacy</td><td>Retail pharmacy</td></tr> <tr> <td>facility_traditional</td><td>Facility providing traditional medicine, homeopathy</td></tr> <tr> <td>facility_retailer</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr> <tr> <td>facility_dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>		kiosk, etc.)	facility_pharmacy	Retail pharmacy	facility_traditional	Facility providing traditional medicine, homeopathy	facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	facility_dkremember	Don't know/remember	other	Other	refused	Refused								
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facility_dkremember	Don't know/remember																							
other	Other																							
refused	Refused																							
ua_recent_regular_visit_provider	Who do you consult for this regular care?	<table> <tr> <td>provider_gp</td><td>General practitioner, non-specialist physician or unknown speciality doctor</td></tr> <tr> <td>provider_specialist</td><td>Cardiologist or other specialist physician</td></tr> <tr> <td>provider_dentist</td><td>Dentist</td></tr> <tr> <td>provider_nurse</td><td>Nurse</td></tr> <tr> <td>provider_pharmacist</td><td>Pharmacist</td></tr> <tr> <td>provider_chw</td><td>Community health worker</td></tr> <tr> <td>provider_allied</td><td>Other health professional (midwife, nursing assistant, physiotherapist)</td></tr> <tr> <td>provider_traditional</td><td>Traditional healer</td></tr> <tr> <td>provider_dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	provider_gp	General practitioner, non-specialist physician or unknown speciality doctor	provider_specialist	Cardiologist or other specialist physician	provider_dentist	Dentist	provider_nurse	Nurse	provider_pharmacist	Pharmacist	provider_chw	Community health worker	provider_allied	Other health professional (midwife, nursing assistant, physiotherapist)	provider_traditional	Traditional healer	provider_dkremember	Don't know/remember	other	Other	refused	Refused
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other	Other																							
refused	Refused																							
ua_recent_regular_visit_provider_other	Specify other:	User entered text																						
ua_recent_regular_visit_sector	Is the care provided by the government, privately, non-governmental organisation?	<table> <tr> <td>government</td><td>Government</td></tr> <tr> <td>private</td><td>Private</td></tr> <tr> <td>ngo</td><td>NGO</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td></td><td></td></tr> </table>	government	Government	private	Private	ngo	NGO	dkremember	Don't know/remember														
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		<table><tr><td>refused</td><td>Refused</td></tr></table>	refused	Refused																				
refused	Refused																							
ua_recent_regular_visit_reason_person	Why do you seek care from this particular provider?	<table><tr><td>usual_provider</td><td>This is my usual provider</td></tr><tr><td>know_provider</td><td>We know each other well and/or usually he/she treats my family</td></tr><tr><td>convenient_near</td><td>It is nearby / convenient</td></tr><tr><td>referred_provider</td><td>Referred/recommended by another health care provider</td></tr><tr><td>recommended_family</td><td>Recommended by family or friend</td></tr><tr><td>covered_insurance</td><td>It is covered by my insurance/ work arrangements</td></tr><tr><td>advertisement</td><td>I saw/heard/read an advertisement/notice</td></tr><tr><td>by_chance</td><td>I came across them by chance/emergency/no other choice, self-referred</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>other</td><td>Other</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	usual_provider	This is my usual provider	know_provider	We know each other well and/or usually he/she treats my family	convenient_near	It is nearby / convenient	referred_provider	Referred/recommended by another health care provider	recommended_family	Recommended by family or friend	covered_insurance	It is covered by my insurance/ work arrangements	advertisement	I saw/heard/read an advertisement/notice	by_chance	I came across them by chance/emergency/no other choice, self-referred	dkremember	Don't know/remember	other	Other	refused	Refused
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dkremember	Don't know/remember																							
other	Other																							
refused	Refused																							
ua_recent_regular_visit_reason_person_other	Specify other:	User entered text																						
ua_group_recent_regular4	Hidden from user																							
generated_table_list_label_655	Do you receive any other of the following diagnostic tests or procedures during these treatments/consultations?	User entered text																						
reserved_name_for_field_list_labels_656		<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused														
yes	Yes																							
no	No																							
dkremember	Don't know/remember																							
refused	Refused																							
ua_recent_regular_visit_bp	Blood pressure measurement	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td></td><td></td></tr></table>	yes	Yes	no	No																		
yes	Yes																							
no	No																							

		dkremember	Don't know/remember
		refused	Refused
ua_recent_regular_visit_exam	Physical examination	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_regular_visit_xray	X-rays	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_regular_visit_ecg	ECG	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_regular_visit_lab	Laboratory test (e.g. blood, urine tests)	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_regular_visit_minop	Minor operation	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_regular_visit_majop	Major operation	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused

ua_recent_regular_visit_other	Other	<div>yesYes</div> <div>noNo</div> <div>dkrememberDon't know/remember</div> <div>refusedRefused</div>	
ua_recent_regular_visit_other_text	Specify other:	User entered text	
ua_group_recent_regularfu7	Hidden from user		
ua_recent_regular_visit_distance	How far from your home do these treatments/consultations take place?	<div><div>homeAt home</div><div>10minLess than 10 minutes from home</div><div>30min10-29 minutes from home</div><div>1hour30-59 minutes from home</div><div>2hours1-2 hours from home</div><div>2+hours2 hours or more from home</div><div>dkrememberDon't know/remember</div><div>refusedRefused</div></div>	
ua_recent_regular_visit_transport	What is the main mode of transportation that you use to attend this treatments/consultations?	<div><div>publicPublic transportation</div><div>taxiTaxi</div><div>privatePrivate vehicle</div><div>walkWalk</div><div>dkrememberDon't know/remember</div><div>otherOther, specify</div><div>refusedRefused</div></div>	
ua_recent_regular_visit_transport_other	Specify other:	User entered text	
ua_recent_regular_visit_duration	How long do these visits to the provider typically last (including waiting time, time for treatment/consultation, tests, etc.)?	<div><div>10minLess than 10 minutes</div><div>30min10-29 minutes</div><div>1hour30-59 minutes</div><div>2hours1-2 hours</div><div>2+hours2 hours or more</div><div>dkrememberDon't know/remember</div><div>refusedRefused</div></div>	

ua_recent_regular_visit_off	Do you have to take any time off of work?	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_regular_visit_offdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer	
ua_recent_regular_visit_hhoff	Do any other members of your household have to take any time off of work to care for you?	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_regular_visit_hhoffdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer	
ua_recent_regular_visit_carer	Do you have to hire someone to provide care for you?	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_regular_visit_carerdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer	
ua_recent_regular_visit_pay	How do you pay for the care costs associated with these regular visits? Please include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Select all that apply.	insurance	Total cost paid for by health insurance
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		saving	Current income / savings
		donations	Asked for money as gift/donation from



		<table><tr><td></td><td>friends/relative/other</td></tr><tr><td>borrow_relative</td><td>Borrowed from friends/relative/employer</td></tr><tr><td>borrow_org</td><td>Borrowed from authorities or civil society organisations</td></tr><tr><td>borrow_bank</td><td>Borrowed money from bank/financial institution</td></tr><tr><td>borrow_lender</td><td>Borrowed money from money lender</td></tr><tr><td>sell_productive</td><td>Sold productive assets (livestock, property)</td></tr><tr><td>sell_non_productive</td><td>Sold non-productive assets (jewellery, furniture)</td></tr><tr><td>pawn</td><td>Pawned items</td></tr><tr><td>other_job</td><td>Took on another job</td></tr><tr><td>out_school</td><td>Took child out of school</td></tr><tr><td>stop_treat</td><td>Stopped taking treatments</td></tr><tr><td>move_house</td><td>Moved to cheaper accommodation</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>other</td><td>Other</td></tr><tr><td>refused</td><td>Refused</td></tr></table>		friends/relative/other	borrow_relative	Borrowed from friends/relative/employer	borrow_org	Borrowed from authorities or civil society organisations	borrow_bank	Borrowed money from bank/financial institution	borrow_lender	Borrowed money from money lender	sell_productive	Sold productive assets (livestock, property)	sell_non_productive	Sold non-productive assets (jewellery, furniture)	pawn	Pawned items	other_job	Took on another job	out_school	Took child out of school	stop_treat	Stopped taking treatments	move_house	Moved to cheaper accommodation	dkremember	Don't know/remember	other	Other	refused	Refused
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ua_recent_regular_visit_pay_other	Specify other:	User entered text																														
ua_recent_regular_visit_cost	How many Pesos in total do you spend for each of these regular visits? Please only include all costs that paid for out-of-pocket and exclude those that were covered by your insurance, the government, etc. Include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Leave blank if don't know or don't remember.	User entered integer																														
ua_note_recent2	Now I will ask you about each of the NON-REGULAR instances of care in the	User entered text																														

	past 12 months, starting with the earliest. [INTERVIEWER: Starting with the earliest experience or instance of receiving care during the last 12 months, ask the following questions, and then repeat the process for each subsequent experience or instance of receiving care until all experiences have been covered.]																												
ua_group_recent3_count	Hidden from user																												
ua_group_recent3	Hidden from user																												
ua_recent_visit_date	In what month (approximately) and year did the [first, second, third...] experience or instance of care take place?	User selected date																											
ua_recent_visit_symp	At the time, were you experiencing any symptoms or problems? Select all that apply.	<table><tr><td>none</td><td>None</td></tr><tr><td>headache</td><td>Severe headache</td></tr><tr><td>fatigue</td><td>Fatigue</td></tr><tr><td>confusion</td><td>Confusion</td></tr><tr><td>vision</td><td>Vision problems</td></tr><tr><td>angina</td><td>Chest pain (angina)</td></tr><tr><td>breating</td><td>Difficulty breathing, shortness of breath</td></tr><tr><td>arrhythmia</td><td>Irregular heartbeat (fluttering in your chest, racing heartbeat/tachycardia, slow heartbeat/bradycardia)</td></tr><tr><td>urine</td><td>Blood in the urine</td></tr><tr><td>palpitation</td><td>Pounding in your chest, neck or ears</td></tr><tr><td>dkremember</td><td>Don't know/don't remember</td></tr><tr><td>other</td><td>Other: specify</td></tr><tr><td>refused</td><td>Refused</td></tr></table>		none	None	headache	Severe headache	fatigue	Fatigue	confusion	Confusion	vision	Vision problems	angina	Chest pain (angina)	breating	Difficulty breathing, shortness of breath	arrhythmia	Irregular heartbeat (fluttering in your chest, racing heartbeat/tachycardia, slow heartbeat/bradycardia)	urine	Blood in the urine	palpitation	Pounding in your chest, neck or ears	dkremember	Don't know/don't remember	other	Other: specify	refused	Refused
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ua_recent_visit_symp_other	Specify other:	User entered text																											
ua_recent_visit_facility	Where did you consult?	<table><tr><td>facility_home</td><td>At home</td></tr><tr><td>facility_clinic</td><td>Clinic, health centre, health post</td></tr><tr><td>facility_hospemerg</td><td>Hospital emergency room</td></tr><tr><td></td><td></td></tr></table>		facility_home	At home	facility_clinic	Clinic, health centre, health post	facility_hospemerg	Hospital emergency room																				
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ua_recent_visit_provider	Who you consult?	<table> <tr> <td>provider_gp</td><td>General practitioner, non-specialist physician or unknown speciality doctor</td></tr> <tr> <td>provider_specialist</td><td>Cardiologist or other specialist physician</td></tr> <tr> <td>provider_dentist</td><td>Dentist</td></tr> <tr> <td>provider_nurse</td><td>Nurse</td></tr> <tr> <td>provider_pharmacist</td><td>Pharmacist</td></tr> <tr> <td>provider_chw</td><td>Community health worker</td></tr> <tr> <td>provider_allied</td><td>Other health professional (midwife, nursing assistant, physiotherapist)</td></tr> <tr> <td>provider_traditional</td><td>Traditional healer</td></tr> <tr> <td>provider_dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	provider_gp	General practitioner, non-specialist physician or unknown speciality doctor	provider_specialist	Cardiologist or other specialist physician	provider_dentist	Dentist	provider_nurse	Nurse	provider_pharmacist	Pharmacist	provider_chw	Community health worker	provider_allied	Other health professional (midwife, nursing assistant, physiotherapist)	provider_traditional	Traditional healer	provider_dkremember	Don't know/remember	other	Other	refused	Refused
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ua_recent_visit_provider_other	Specify other:	User entered text																						
ua_recent_visit_sector	Was the care provided by the government,	<table> <tr> <td>government</td><td>Government</td></tr> </table>	government	Government																				
government	Government																							

	privately, non-governmental organisation?	<table><tr><td>private</td><td>Private</td></tr><tr><td>ngo</td><td>NGO</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>		private	Private	ngo	NGO	dkremember	Don't know/remember	refused	Refused								
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ua_recent_visit_reason_visit	What was the main reason for the consultation?	<table><tr><td>routine_check</td><td>A routine health check-up/visit with a health professional</td></tr><tr><td>heart_prob</td><td>A visit with a health professional for a problem with your heart</td></tr><tr><td>diabetes_check</td><td>A visit with a health professional for diabetes management</td></tr><tr><td>other_check</td><td>A visit with a health professional for some health condition other than heart problems or diabetes</td></tr><tr><td>bp_worries</td><td>You were worried about blood pressure and/or had symptoms</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>other</td><td>Other</td></tr><tr><td>refused</td><td>Refused</td></tr></table>		routine_check	A routine health check-up/visit with a health professional	heart_prob	A visit with a health professional for a problem with your heart	diabetes_check	A visit with a health professional for diabetes management	other_check	A visit with a health professional for some health condition other than heart problems or diabetes	bp_worries	You were worried about blood pressure and/or had symptoms	dkremember	Don't know/remember	other	Other	refused	Refused
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ua_recent_visit_reason_visit_other	Specify other:	User entered text																	
ua_recent_visit_reason_person	Why did you seek care from this particular provider?	<table><tr><td>usual_provider</td><td>This is my usual provider</td></tr><tr><td>know_provider</td><td>We know each other well and/or usually he/she treats my family</td></tr><tr><td>convenient_near</td><td>It is nearby / convenient</td></tr><tr><td>referred_provider</td><td>Referred/recommended by another health care provider</td></tr><tr><td>recommended_family</td><td>Recommended by family or friend</td></tr><tr><td>covered_insurance</td><td>It is covered by my insurance/ work arrangements</td></tr><tr><td>advertisement</td><td>I saw/heard/read an</td></tr></table>		usual_provider	This is my usual provider	know_provider	We know each other well and/or usually he/she treats my family	convenient_near	It is nearby / convenient	referred_provider	Referred/recommended by another health care provider	recommended_family	Recommended by family or friend	covered_insurance	It is covered by my insurance/ work arrangements	advertisement	I saw/heard/read an		
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covered_insurance	It is covered by my insurance/ work arrangements																		
advertisement	I saw/heard/read an																		

			advertisement/notice
		by_chance	I came across them by chance/emergency/no other choice, self-referred
		dkremember	Don't know/remember
		other	Other
		refused	Refused
ua_recent_visit_reason_person_other	Specify other:	User entered text	
ua_group_recent4	Hidden from user		
generated_table_list_label_695	Did you receive any other of the following diagnostic tests or procedures during this this treatment/consultation?	User entered text	
reserved_name_for_field_list_labels_696		yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_bp	Blood pressure measurement	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_exam	Physical examination	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_xray	X-rays	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_ecg	ECG	yes	Yes

		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_lab	Laboratory test (e.g. blood, urine tests)	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_minop	Minor operation	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_majop	Major operation	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_other	Other	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_other_text	Specify other:	User entered text	
ua_group_fu6	Hidden from user		
ua_recent_visit_fu	Were you instructed to return for a follow up visit?	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_refer	Were you referred to seek care from another type of health care provider?	yes	Yes

		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_rx	Did you receive a prescription or any advice for any type of medication, treatment or intervention?	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_obtainrx	Did you obtain or purchase any medication, treatment or intervention in response to this prescription/advice (including any herbal or traditional medicines)?	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_lifestyle	Did you receive any advice to make any lifestyle changes (e.g. quit smoking, reduce alcohol intake, reduce salt intake, increase fruit and vegetable intake, increase physical activity, lose weight)?	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_group_fu7	Hidden from user		
ua_recent_visit_distance	How far from your home did this treatment/consultation take place?	home	At home
		10min	Less than 10 minutes from home
		30min	10-29 minutes from home
		1hour	30-59 minutes from home
		2hours	1-2 hours from home
		2+hours	2 hours or more from home
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_transport	What was the main mode of transportation that you used to attend this treatment/consultation?	public	Public transportation
		taxi	Taxi
		private	Private vehicle
		walk	Walk

		<table> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>other</td><td>Other, specify</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	dkremember	Don't know/remember	other	Other, specify	refused	Refused								
dkremember	Don't know/remember															
other	Other, specify															
refused	Refused															
ua_recent_visit_transport_other	Specify other:	User entered text														
ua_recent_visit_duration	How long did this visit to the provider last (including waiting time, time for treatment/consultation, tests, etc.)?	<table> <tr> <td>10min</td><td>Less than 10 minutes</td></tr> <tr> <td>30min</td><td>10-29 minutes</td></tr> <tr> <td>1hour</td><td>30-59 minutes</td></tr> <tr> <td>2hours</td><td>1-2 hours</td></tr> <tr> <td>2+hours</td><td>2 hours or more</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	10min	Less than 10 minutes	30min	10-29 minutes	1hour	30-59 minutes	2hours	1-2 hours	2+hours	2 hours or more	dkremember	Don't know/remember	refused	Refused
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dkremember	Don't know/remember															
refused	Refused															
ua_recent_visit_off	Did you have to take any time off of work?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused						
yes	Yes															
no	No															
dkremember	Don't know/remember															
refused	Refused															
ua_recent_visit_offdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer														
ua_recent_visit_hhoff	Did any other members of your household have to take any time off of work to care for you?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused						
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no	No															
dkremember	Don't know/remember															
refused	Refused															
ua_recent_visit_hhoffdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer														
ua_recent_visit_carer	Did you have to hire someone to provide care for you?	<table> <tr> <td>yes</td><td>Yes</td></tr> <tr> <td>no</td><td>No</td></tr> <tr> <td>dkremember</td><td>Don't know/remember</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	yes	Yes	no	No	dkremember	Don't know/remember	refused	Refused						
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refused	Refused															
ua_recent_visit_carerdays	If yes, how many days? Leave blank if	User entered integer														



	don't know or don't remember.		
ua_recent_visit_pay	How did you pay for the care costs associated with the treatment for this specific instance? Please include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Select all that apply.	insurance	Total cost paid for by health insurance
		government	Total cost paid by government (e.g. government hospital)
		share_govt	Shared cost (between self and any insurance)
		share_insurance	Shared cost (between self and government)
		share_govt_insurance	Shared cost (between government and any insurance)
		saving	Current income / savings
		donations	Asked for money as gift/donation from friends/relative/other
		borrow_relative	Borrowed from friends/relative/employer
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		<table><tr><td>other</td><td>Other</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	other	Other	refused	Refused										
other	Other															
refused	Refused															
ua_recent_visit_pay_other	Specify other:	User entered text														
ua_recent_visit_cost	How many Pesos in total did you spend on the treatment for this specific instance? Please only include all costs that paid for out-of-pocket and exclude those that were covered by your insurance, the government, etc. Include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Leave blank if don't know or don't remember.	User entered integer														
ua_recent_visit_resolved	Do you feel that any health issues discussed during this visit were resolved?	<table><tr><td>resolved_total</td><td>Totally resolved</td></tr><tr><td>resolved_mostly</td><td>Mostly resolved</td></tr><tr><td>resolved_somewhat</td><td>Somewhat resolved</td></tr><tr><td>resolved_not</td><td>Not resolved</td></tr><tr><td>resolved_dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	resolved_total	Totally resolved	resolved_mostly	Mostly resolved	resolved_somewhat	Somewhat resolved	resolved_not	Not resolved	resolved_dkremember	Don't know/remember	refused	Refused		
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resolved_somewhat	Somewhat resolved															
resolved_not	Not resolved															
resolved_dkremember	Don't know/remember															
refused	Refused															
ua_recent_visit_satisfied	Were you satisfied with the care that you received during this visit?	<table><tr><td>very_satisfied</td><td>5 - Very satisfied</td></tr><tr><td>fairly_satisfied</td><td>4 - Fairly satisfied</td></tr><tr><td>neither</td><td>3 - Neither satisfied or dissatisfied</td></tr><tr><td>fairly_dissatisfied</td><td>2 - Fairly dissatisfied</td></tr><tr><td>very_dissatisfied</td><td>1 - Very dissatisfied</td></tr><tr><td>dkremember</td><td>Don't know/remember</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	very_satisfied	5 - Very satisfied	fairly_satisfied	4 - Fairly satisfied	neither	3 - Neither satisfied or dissatisfied	fairly_dissatisfied	2 - Fairly dissatisfied	very_dissatisfied	1 - Very dissatisfied	dkremember	Don't know/remember	refused	Refused
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very_dissatisfied	1 - Very dissatisfied															
dkremember	Don't know/remember															
refused	Refused															
ua_recent_visit_outcome	Were you satisfied with the outcome of this visit regarding your blood pressure?	<table><tr><td>very_satisfied</td><td>5 - Very satisfied</td></tr><tr><td>fairly_satisfied</td><td>4 - Fairly satisfied</td></tr><tr><td>neither</td><td>3 - Neither satisfied or dissatisfied</td></tr><tr><td>fairly_dissatisfied</td><td>2 - Fairly dissatisfied</td></tr><tr><td></td><td></td></tr></table>	very_satisfied	5 - Very satisfied	fairly_satisfied	4 - Fairly satisfied	neither	3 - Neither satisfied or dissatisfied	fairly_dissatisfied	2 - Fairly dissatisfied						
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refused	Refused																							
generated_note_name_731	I will now ask you about the next experience or instance of receiving care during the last 12 months, unless all experiences have been covered.	User entered text																						
ua_regular_provider	In relation to the management of your overall health, who is your main point of contact, and you see most often (Select up to two answers)	<table> <tr> <td>prof_hosp</td><td>Health professional at hospital</td></tr> <tr> <td>prof_clinic</td><td>Health professional outpatient facility (e.g. health centre, health post, clinic)</td></tr> <tr> <td>pharmacist</td><td>Pharmacist at retail pharmacy</td></tr> <tr> <td>gp_private</td><td>Private physician</td></tr> <tr> <td>other_private</td><td>Other private health professional</td></tr> <tr> <td>chw</td><td>Community or mission health worker during home or community visit</td></tr> <tr> <td>trad_healer</td><td>Traditional healer</td></tr> <tr> <td>friend_family</td><td>Colleague, friend or family member</td></tr> <tr> <td>dk</td><td>Don't know</td></tr> <tr> <td>other</td><td>Other</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	prof_hosp	Health professional at hospital	prof_clinic	Health professional outpatient facility (e.g. health centre, health post, clinic)	pharmacist	Pharmacist at retail pharmacy	gp_private	Private physician	other_private	Other private health professional	chw	Community or mission health worker during home or community visit	trad_healer	Traditional healer	friend_family	Colleague, friend or family member	dk	Don't know	other	Other	refused	Refused
prof_hosp	Health professional at hospital																							
prof_clinic	Health professional outpatient facility (e.g. health centre, health post, clinic)																							
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chw	Community or mission health worker during home or community visit																							
trad_healer	Traditional healer																							
friend_family	Colleague, friend or family member																							
dk	Don't know																							
other	Other																							
refused	Refused																							
ua_regular_provider_other	Specify other:	User entered text																						
ua_regular_provider_visit	How often do you see this/these provider(s)?	<table> <tr> <td>monthly</td><td>Once a month</td></tr> <tr> <td>bimonthly</td><td>Once every 2 months</td></tr> <tr> <td>trimonthly</td><td>Once every 3 months</td></tr> <tr> <td>4_5monthly</td><td>Once every 4-5 monhts</td></tr> <tr> <td>6_12monthly</td><td>Sometimes (once every 6-12 months)</td></tr> <tr> <td>rarely</td><td>Rarely (less than once per year)</td></tr> <tr> <td>dk</td><td>Don't know</td></tr> <tr> <td>refused</td><td>Refused</td></tr> </table>	monthly	Once a month	bimonthly	Once every 2 months	trimonthly	Once every 3 months	4_5monthly	Once every 4-5 monhts	6_12monthly	Sometimes (once every 6-12 months)	rarely	Rarely (less than once per year)	dk	Don't know	refused	Refused						
monthly	Once a month																							
bimonthly	Once every 2 months																							
trimonthly	Once every 3 months																							
4_5monthly	Once every 4-5 monhts																							
6_12monthly	Sometimes (once every 6-12 months)																							
rarely	Rarely (less than once per year)																							
dk	Don't know																							
refused	Refused																							

ua_regular_bp_measure	Overall, how often is your blood pressure measured currently?	<table><tr><td>day</td><td>Daily</td></tr><tr><td>week</td><td>Several times a week</td></tr><tr><td>monthly</td><td>Several times a month</td></tr><tr><td>year</td><td>Several times a year</td></tr><tr><td>annual</td><td>Once a year</td></tr><tr><td>seldom</td><td>Once every 2 or 3 years or more seldom</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	day	Daily	week	Several times a week	monthly	Several times a month	year	Several times a year	annual	Once a year	seldom	Once every 2 or 3 years or more seldom	dk	Don't know	refused	Refused
day	Daily																	
week	Several times a week																	
monthly	Several times a month																	
year	Several times a year																	
annual	Once a year																	
seldom	Once every 2 or 3 years or more seldom																	
dk	Don't know																	
refused	Refused																	
note_sec7	Section 7: Social capital, self-actualisation and fatalism	User entered text																
group_trust	Hidden from user																	
generated_table_list_label_739	Tell me for each whether or not you trust people from each of these groups.	User entered text																
reserved_name_for_field_list_labels_740		<table><tr><td>notatall</td><td>1 - Not at all</td></tr><tr><td>notmuch</td><td>2 - Not very much</td></tr><tr><td>quite</td><td>3 - Quite a lot</td></tr><tr><td>greatdeal</td><td>4 - A great deal</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	notatall	1 - Not at all	notmuch	2 - Not very much	quite	3 - Quite a lot	greatdeal	4 - A great deal	refused	Refused						
notatall	1 - Not at all																	
notmuch	2 - Not very much																	
quite	3 - Quite a lot																	
greatdeal	4 - A great deal																	
refused	Refused																	
trust_neighbour	Your neighbourhood	<table><tr><td>notatall</td><td>1 - Not at all</td></tr><tr><td>notmuch</td><td>2 - Not very much</td></tr><tr><td>quite</td><td>3 - Quite a lot</td></tr><tr><td>greatdeal</td><td>4 - A great deal</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	notatall	1 - Not at all	notmuch	2 - Not very much	quite	3 - Quite a lot	greatdeal	4 - A great deal	refused	Refused						
notatall	1 - Not at all																	
notmuch	2 - Not very much																	
quite	3 - Quite a lot																	
greatdeal	4 - A great deal																	
refused	Refused																	
trust_personal	People you know personally	<table><tr><td>notatall</td><td>1 - Not at all</td></tr><tr><td>notmuch</td><td>2 - Not very much</td></tr><tr><td>quite</td><td>3 - Quite a lot</td></tr><tr><td>greatdeal</td><td>4 - A great deal</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	notatall	1 - Not at all	notmuch	2 - Not very much	quite	3 - Quite a lot	greatdeal	4 - A great deal	refused	Refused						
notatall	1 - Not at all																	
notmuch	2 - Not very much																	
quite	3 - Quite a lot																	
greatdeal	4 - A great deal																	
refused	Refused																	
		<table><tr><td></td><td></td></tr></table>																

trust_firsttime	People you met for the first time	notatall	1 - Not at all
		notmuch	2 - Not very much
		quite	3 - Quite a lot
		greatdeal	4 - A great deal
		refused	Refused
trust_religion	People of another religion	notatall	1 - Not at all
		notmuch	2 - Not very much
		quite	3 - Quite a lot
		greatdeal	4 - A great deal
		refused	Refused
trust_nationalities	People of another nationality	notatall	1 - Not at all
		notmuch	2 - Not very much
		quite	3 - Quite a lot
		greatdeal	4 - A great deal
		refused	Refused
group_member	Hidden from user		
generated_table_list_label_746	Are you actively involved in the following organisations?	User entered text	
reserved_name_for_field_list_labels_747		nonmember	Don't belong
		inactive	Inactive member
		active	Active member
		refused	Refused
member_religion	Church or religious organisation	nonmember	Don't belong
		inactive	Inactive member
		active	Active member
		refused	Refused
member_sport	Sport or recreational organisation	nonmember	Don't belong
		inactive	Inactive member

		<table><tr><td>active</td><td>Active member</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	active	Active member	refused	Refused						
active	Active member											
refused	Refused											
member_culture	Art, music or educational organisation	<table><tr><td>nonmember</td><td>Don't belong</td></tr><tr><td>inactive</td><td>Inactive member</td></tr><tr><td>active</td><td>Active member</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	nonmember	Don't belong	inactive	Inactive member	active	Active member	refused	Refused		
nonmember	Don't belong											
inactive	Inactive member											
active	Active member											
refused	Refused											
member_charity	Humanitarian or charitable organisation	<table><tr><td>nonmember</td><td>Don't belong</td></tr><tr><td>inactive</td><td>Inactive member</td></tr><tr><td>active</td><td>Active member</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	nonmember	Don't belong	inactive	Inactive member	active	Active member	refused	Refused		
nonmember	Don't belong											
inactive	Inactive member											
active	Active member											
refused	Refused											
group_confidence	Hidden from user											
generated_table_list_label_752	How much confidence do you have in the following organisations?	User entered text										
reserved_name_for_field_list_labels_753		<table><tr><td>notatall</td><td>1 - Not at all</td></tr><tr><td>notmuch</td><td>2 - Not very much</td></tr><tr><td>quite</td><td>3 - Quite a lot</td></tr><tr><td>greatdeal</td><td>4 - A great deal</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	notatall	1 - Not at all	notmuch	2 - Not very much	quite	3 - Quite a lot	greatdeal	4 - A great deal	refused	Refused
notatall	1 - Not at all											
notmuch	2 - Not very much											
quite	3 - Quite a lot											
greatdeal	4 - A great deal											
refused	Refused											
confidence_police	The police	<table><tr><td>notatall</td><td>1 - Not at all</td></tr><tr><td>notmuch</td><td>2 - Not very much</td></tr><tr><td>quite</td><td>3 - Quite a lot</td></tr><tr><td>greatdeal</td><td>4 - A great deal</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	notatall	1 - Not at all	notmuch	2 - Not very much	quite	3 - Quite a lot	greatdeal	4 - A great deal	refused	Refused
notatall	1 - Not at all											
notmuch	2 - Not very much											
quite	3 - Quite a lot											
greatdeal	4 - A great deal											
refused	Refused											
confidence_court	The courts	<table><tr><td>notatall</td><td>1 - Not at all</td></tr><tr><td>notmuch</td><td>2 - Not very much</td></tr><tr><td>quite</td><td>3 - Quite a lot</td></tr><tr><td>greatdeal</td><td>4 - A great deal</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	notatall	1 - Not at all	notmuch	2 - Not very much	quite	3 - Quite a lot	greatdeal	4 - A great deal	refused	Refused
notatall	1 - Not at all											
notmuch	2 - Not very much											
quite	3 - Quite a lot											
greatdeal	4 - A great deal											
refused	Refused											

confidence_government	The government	<table><tr><td>notatall</td><td>1 - Not at all</td></tr><tr><td>notmuch</td><td>2 - Not very much</td></tr><tr><td>quite</td><td>3 - Quite a lot</td></tr><tr><td>greatdeal</td><td>4 - A great deal</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	notatall	1 - Not at all	notmuch	2 - Not very much	quite	3 - Quite a lot	greatdeal	4 - A great deal	refused	Refused												
notatall	1 - Not at all																							
notmuch	2 - Not very much																							
quite	3 - Quite a lot																							
greatdeal	4 - A great deal																							
refused	Refused																							
confidence_hs	The health system	<table><tr><td>notatall</td><td>1 - Not at all</td></tr><tr><td>notmuch</td><td>2 - Not very much</td></tr><tr><td>quite</td><td>3 - Quite a lot</td></tr><tr><td>greatdeal</td><td>4 - A great deal</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	notatall	1 - Not at all	notmuch	2 - Not very much	quite	3 - Quite a lot	greatdeal	4 - A great deal	refused	Refused												
notatall	1 - Not at all																							
notmuch	2 - Not very much																							
quite	3 - Quite a lot																							
greatdeal	4 - A great deal																							
refused	Refused																							
life_satisfied	All things considered, how satisfied are you with your life as a whole these days? If 1 means you are “very dissatisfied” on the scale below and 10 means you are “very satisfied”, where would you put your satisfaction with your life as a whole?	<table><tr><td>1_very dissatisfied</td><td>1 - very dissatisfied</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10_very_satisfied</td><td>10 - very satisfied</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	1_very dissatisfied	1 - very dissatisfied	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10_very_satisfied	10 - very satisfied	refused	Refused
1_very dissatisfied	1 - very dissatisfied																							
2	2																							
3	3																							
4	4																							
5	5																							
6	6																							
7	7																							
8	8																							
9	9																							
10_very_satisfied	10 - very satisfied																							
refused	Refused																							
life_control	Some people feel they have completely free choice and control over their lives, while other people feel that what they do has no real effect on what happens to them. Please use this scale where 1 means “no choice at all” and 10 means “a great deal of choice” to indicate how much freedom of choice and control you feel you have over the way your life turns out.	<table><tr><td>1</td><td>1 - no choice at all</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr></table>	1	1 - no choice at all	2	2	3	3	4	4	5	5	6	6	7	7	8	8						
1	1 - no choice at all																							
2	2																							
3	3																							
4	4																							
5	5																							
6	6																							
7	7																							
8	8																							

		9	9
		10	10 - great deal of choice
		refused	Refused
group_fatalism	Hidden from user		
generated_table_list_label_760	To what extent do you agree with the following statements?	User entered text	
reserved_name_for_field_list_labels_761		agree1	1 - Strongly disagree
		agree2	2 - Disagree
		agree3	3 - Agree
		agree4	4 - Strongly agree
		agree5	Don't know
		refused	Refused
fatalism_heredit	There is nothing you can do; health is determined by heredity	agree1	1 - Strongly disagree
		agree2	2 - Disagree
		agree3	3 - Agree
		agree4	4 - Strongly agree
		agree5	Don't know
		refused	Refused
fatalism_healthy	Keeping healthy depends upon the things that one can do	agree1	1 - Strongly disagree
		agree2	2 - Disagree
		agree3	3 - Agree
		agree4	4 - Strongly agree
		agree5	Don't know
		refused	Refused
fatalism_ha	There are certain things that one can do for oneself to reduce the risk of heart attack	agree1	1 - Strongly disagree
		agree2	2 - Disagree
		agree3	3 - Agree
		agree4	4 - Strongly agree
		agree5	Don't know



		<table><tr><td>refused</td><td>Refused</td></tr></table>	refused	Refused										
refused	Refused													
fatalism_cancer	There are certain things that one can do for oneself to reduce the risk of getting cancer	<table><tr><td>agree1</td><td>1 - Strongly disagree</td></tr><tr><td>agree2</td><td>2 - Disagree</td></tr><tr><td>agree3</td><td>3 - Agree</td></tr><tr><td>agree4</td><td>4 - Strongly agree</td></tr><tr><td>agree5</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	agree1	1 - Strongly disagree	agree2	2 - Disagree	agree3	3 - Agree	agree4	4 - Strongly agree	agree5	Don't know	refused	Refused
agree1	1 - Strongly disagree													
agree2	2 - Disagree													
agree3	3 - Agree													
agree4	4 - Strongly agree													
agree5	Don't know													
refused	Refused													
group_rely	Hidden from user													
generated_table_list_label_766	If you had any of the following problems, is there anyone you could rely on to help you from outside your own household?	User entered text												
reserved_name_for_field_list_labels_767		<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dk	Don't know	refused	Refused				
yes	Yes													
no	No													
dk	Don't know													
refused	Refused													
rely_depress	If you were feeling low, sad or depressed	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dk	Don't know	refused	Refused				
yes	Yes													
no	No													
dk	Don't know													
refused	Refused													
rely_job	If you needed help finding a job for yourself or a member of your family	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dk	Don't know	refused	Refused				
yes	Yes													
no	No													
dk	Don't know													
refused	Refused													
rely_borrow	If you needed to borrow money to pay an urgent bill like electricity, gas, rent or mortgage	<table><tr><td>yes</td><td>Yes</td></tr><tr><td>no</td><td>No</td></tr><tr><td>dk</td><td>Don't know</td></tr><tr><td>refused</td><td>Refused</td></tr></table>	yes	Yes	no	No	dk	Don't know	refused	Refused				
yes	Yes													
no	No													
dk	Don't know													
refused	Refused													

note_complete	INTERVIEWER: THANK THE RESPONDENT FOR COMPLETING THE INTERVIEW, AND REMIND THEM THAT WE WILL REVISIT IN A YEAR'S TIME	User entered text	
group_end	Hidden from user		
note_sec8	Section 8: Interviewer's Remarks	User entered text	
end1	Was anyone else present during the interview? Select all that apply.	noone	No one else was present
		spouse	Respondent's husband or wife
		child	Respondent's children
		parent	Respondent's parents
		others	Other adults
end2	In general, what was the respondent's attitude during the interview?	friendly	Friendly, interested
		cooperative	Was cooperative, but not particularly interested
		impatient	Impatient, worried
		hostile	Hostile
end3	Did the respondent understand the questions?	well	Understood well
		notwell	Did not understand very well
		poorly	Understood poorly
referletter	Were referral letters provided to household members as required?	yes	Yes
		no	No
		refused	Refused
end4	Interviewer's comments:	User entered text	
start	Hidden from user	Timestamp of form open	
end	Hidden from user	Timestamp of form save	
note_start	Interview start date: \${2}	User entered text	
note_end	Interview completion date: \${3}	User entered text	
time_end	Interview completion time:	User selected time	
result	Final result	complete	Completed full interview
		screening	Screening not complete

		ineligible	Household not eligible
		interrupted	Interview interrupted
		unavailable	Eligible respondent not available after 3 attempts
		absent	Entire household absent
		abandoned	Dwelling abandoned
		refuse	Refused
deviceid	Hidden from user	Device ID (IMEI, Wi-Fi MAC, Android ID)	
idunique	Hidden from user		
validatedby	Validator's name	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
validatedon	Date validated and finalised	User selected date	
meta	Hidden from user		
instanceID	Hidden from user		
instanceName	Hidden from user		