

Variable Name	Question Text	Saved Value		
note_title	RESPOND Household and Micro-Costing Survey	User entered text		
coversheet	Hidden from user			
state	Province/City	quezon	Quezon Province	
		valenzuela	Valenzuela City	
mukim	Municipality	$\times\!\!\times\!\!\times\!\!\times\!\!\times$		
kampung	Barangay	$\times\!\!\times\!\!\times\!\!\times\!\!\times$		
		XXXXXXX		

urbrur	Urban-rural setting	urban	Urban
interviewer	Interviewer name		
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	yes	Yes	
	months?	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_Iname	Last name	User entered text		
members35_70_hyp	Has she/he been told by a health care	yes	Yes	
	provider that they have high blood pressure?	no	No	
		refused Refused		
yes_no_nothome	Now, I would like to measure your blood	yes	Yes	
	pressure. INTERVIEWER: Has the household member given you permssion	no	No	
	to measure their blood puressure?	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 aim 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 integ	er	
dia1	Reading 1 diastolic	User entered integ	er	
sys2	Reading 2 systolic	User entered integ	er	
dia2	Reading 2 diastolic	User entered integ	er	
sys3	Reading 3 systolic	User entered integ	er	
dia3	Reading 3 diastolic	User entered integ	er	
members35_70_eligible_refer	Hidden from user			
members35_70_eligible	INTERVIEWER: Does this household member have a self-reported history of	yes Yes		
	hypertension OR an average systolic	no		No
	pressure >=140 mmHg OR an average diastolic pressure >=90 mmHg?	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 integ	er	
members35_70_sex	Sex	sex_f		Female
		sex_m		Male
				,
members35_70_educ	Highest level of formal education achieved	educ_none	None	9
		educ_primary	Prim	ary/grade school
		educ_secondary	Seco	ondary/high school
		educ_vocational	Trad	e School/vocational

			school
		educ_college	College/University
members35_70_tobac	Does she/he use tobacco or betel nut products (Includes cigarettes, beedi,	never	Never used
	chewing tobacco, hookah, pipe, cigars,	former	Formerly used
	vaping, etc.)?	current	Currently used
		refused	Refused
group_members35_70_comorbids	Hidden from user		
enerated_table_list_label_57	-	User entered tex	t
reserved_name_for_field_list_labels_58		yes	Yes
		no	No
		dkremember	Don't know/don't remember
		refused	Refused
nembers35_70_dm	Has she/he been diagnosed with diabetes	yes	Yes
	?	no	No
		dkremember	Don't know/don't remember
		refused	Refused
nembers35_70_tb	Has she/he been diagnosed with	yes	Yes
	tuberculosis, and currently receiving treatment (i.e. DOTS)?	no	No
		dkremember	Don't know/don't remember
		refused	Refused
		Totasca	
		Teluseu	
nembers35_70_cancer	Has she/he been diagnosed with cancer?	yes	Yes
nembers35_70_cancer	Has she/he been diagnosed with cancer?		Yes No
nembers35_70_cancer	Has she/he been diagnosed with cancer?	yes	
members35_70_cancer	Has she/he been diagnosed with cancer?	yes no	No
		yes no dkremember	No Don't know/don't remember
members35_70_cancer	Has she/he been diagnosed with cancer? Has she/he been diagnosed with HIV or AIDS?	yes no dkremember	No Don't know/don't remember

		dkremember	Don't know/don't remember
		refused	Refused
members35_70_pregnant	Is she currently pregnant?	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 inte	ger
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 houeshold]	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 tex		
consent	INTERVIEWER: Has consent to participate	yes	es Yes	
	in the study been obtained from one eligible household member? If no, proceed	no		No
	to the next household.	refused		Refused
end5	During the consent process, did the	interviews	In-dep	th interviews
	respondent agree to be contacted about participating in the qualitative component	diaries	Digital	diaries
	(i.e. interviews, diaries or FGDs)? Select	fdgs	Focus	group discussions
	all that apply.	refused_all	Refuse	ed 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 tex	t	
address2	Address (line 2)	User entered tex	t	
address3	Address (line 3)	User entered tex	t	
mobile	Do you have a mobile phone/handphone?	yes		Yes
		no		No
		refused		Refused
numbermobile	Mobile telephone number	User entered tex	t	
other_contact1	Altenative telephone number (e.g. landline, second mobile, etc.)	User entered tex	t	
other_contact	Other contact (additional phone number,	User entered tex	t	

	email)				
sex	Sex	sex_f		Female	
		sex_m		Male	
marital	Marital status	marital_never	al_never Never married		
		marital_married C		rently married	
				ng with partner but not	
		marital_widow		dowed	
		marital_separated	Sep	parated	
		marital_divorced	Div	orced	
ethnicity	Do you belong to an indigenous group?	yes		Yes	
		no		No	
		refused		Refused	
education	What level of formal education have you achieved? (check highest level only):	educ_none None		9	
		educ_primary Primary		mary/grade school	
		educ_secondary Sec		ondary/high school	
		educ_vocational Tra		e School/vocational	
		educ_college	College/University		
employed1	Are you currently employed?	yes	Yes		
		no		No	
		refused		Refused	
unemp_reason	Why are you not currently employed?	unemp_home		memaker / caring for	
		unemp_nojob (uld not find a job	
		unemp_volunteer		voluntary work	
		unemp_study		studies / training	
		unemp_health	Health problems/disabled		

		unemp_c	arer	Have to take care of family member
		unemp_re	etired	Retired / too old to work
		unemp_re	edundant	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?	occup01	Food pre	eparation and serving related ons
		occup02		and grounds cleaning and ance occupations
		occup03	Persona	I care and service occupations
		occup04	Sales an	nd related occupations
		occup05	Office ar	nd administrative support
		occup06	Farming occupati	, fishing, and forestry
		occup07	Construc	ction and extraction
		occup08	Installati	on, maintenance, and repair
		occup09	Producti	on occupations
		occup10	Transpo	rtation and material moving ons
		occup11	Protectiv	ve service occupations
		occup12	Military s	specific occupations
		occup13	Manage	ment occupations
		occup14	Business	s and financial operations ons
		occup15	Compute	er and mathematical
		occup16	Architect	ture and engineering

			occupatio	ns
		occup17	Life, phys	ical, and social science
		occup18	Communi	ty and social services
		occup19	Legal occ	upations
		occup20	Education	n, training, and library
		occup21		gn, entertainment, sports, a occupations
		occup22	Healthcar occupatio	e practitioners and technical
		occup23	Healthcar	e support occupations
		refused	Refused	
job1_tenure	For your main job, are you fully employed, self-employed or casually employed?	tenure_ful	I	Full-time employed
		tenure_pa	art	Part-time employed
		tenure_se	elf	Self-employed
		tenure_ca	sual	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 entere	ed text	
lose_job1	Within the next six months, I may lose this	agree1	1 - St	trongly disagree
	job.	agree2	2 - D	isagree
		agree3	3 - A	gree
		agree4	4 - St	trongly agree
		refused	Refu	sed
take_time1	I can easily take time off of work for important matters, such as to attend	agree1		trongly disagree
	medical appointments.	agree2		isagree
		agree3	3 - A	
		agree4		trongly agree
		refused	Refus	sed

employed2	Do you currently have more than one paid	yes		Yes
	jobs?	no		No
		refused		Refused
job2_occup	For your second most important job, what do you do?	occup01	Food prepara	ation and serving related
		occup02	Building and maintenance	grounds cleaning and occupations
		occup03	Personal care	e and service occupations
		occup04	Sales and rel	lated occupations
		occup05	Office and ac	dministrative support
			Farming, fishing, and forestry occupations	
		occup07	Construction occupations	and extraction
		occup08	Installation, n	naintenance, and repair
		occup09	Production of	ccupations
		occup10	Transportation occupations	on and material moving
		occup11	Protective se	rvice occupations
		occup12	Military speci	fic occupations
		occup13	Management	coccupations
		occup14	Business and occupations	d financial operations
		occup15	Computer an occupations	d mathematical
		occup16	Architecture a	and engineering
		occup17	Life, physical occupations	, and social science
		occup18	Community a occupations	and social services
		occup19	Legal occupa	ations
		occup20	Education, tra	aining, and library

			occupatio	ns	
		occup21		gn, entertainment, sports,	
		occup22	Healthcar occupatio	e practitioners and technical	
		occup23	Healthcar	e support occupations	
		refused	Refused		
bb2_tenure	For your second job, are you fully	tenure_full tenure_part		Full-time employed	
	employed, self-employed or casually employed?			Part-time employed	
		tenure_se	elf	Self-employed	
		tenure_ca	asual	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 enter	ed text		
ose_job2	Within the next six months, I may lose this	agree1	1 - St	trongly disagree	
	job.	agree2	2 - D	isagree	
		agree3	3 - A	gree	
		agree4	4 - St	trongly agree	
		refused	ed Refused		
ake_time2	I can easily take time off of work for	agree1	1 - St	trongly disagree	
	important matters, such as to attend medical appointments.	agree2	2 - D	isagree	
		agree3	3 - A	gree	
		agree4	4 - St	trongly agree	
		refused	Refu	sed	
note_sec3	Section 3: Household characteristics and socioeconomic position	User enter	ed text		
group_assets	Hidden from user				
assets	Does your household own any of the	asset_nor	ne No i	oossessions	
	following? (check ALL that apply)			Moped/motorbike/scooter/tricycle	

electricity Does your household have electricity? electricity Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? Refused Does your family / household own the house/apartment/condo? Refused Refused Refused						
asset_pc Computer/Laptop asset_radio Stereo/radio/karaoke asset_tv TV asset_telland Telephone - Landtine asset_timob Telephone - Mobile/smart phone asset_fridge Refrigerator asset_mixer Kitchen mixer asset_mixer Licertric fan (standing/wall/celling) asset_penate Invertor/Generator asset_acount Vacuum cleaner asset_timot Informat access asset_cattle Livestock - Cattle (buffalo, cow, goat) asset_poultry Livestock - Poultry Does your household have electricity? yes Yes no No refused Refused Does your found you can grow things on? Does your family / household own the house/apartment/condo? yes Yes no No refused Refused Pyes No Refused			asset_bike	Bicycle	e/pedicab	
asset_radio Stereo/radio/karaoke asset_w TV asset_telland Telephone - Landline asset_telland Telephone - Landline asset_telland Telephone - Mobile/smart phone asset_fridge Refrigerator asset_washer Washing machine asset_mixer Kitchen mixer asset_acond Air conditioner asset_mixer Electric fan (standing/walliceiling) 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 Pes Yes no No refused Refused Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? Pes Yes no No Refused Refused Refused Refused Pes Yes no No refused Refused			asset_tractor	Other f	our wheeler/tractor	
electricity Does your household have electricity? electricity Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo? Telophone - Landline Telephone - Landline asset_leland Telephone - Landline Refigerator Refigerat			asset_pc	Compu	Computer/ Laptop	
asset_telland Telephone - Landline asset_telland Telephone - Mobile/smart phone asset_fridge Refrigerator asset_mixer Kitchen mixer asset_nond Air conditioner asset_nond Refused Boes your household have electricity? Pelectricity Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo? Pelectricity Telephone - Landline asset_tridge Refrigerator Telephone - Mobile/smart phone asset_tridge Refrigerator asset_tridge Refrigerator asset_nond Tridephone - Landline asset_tridge Refrigerator asset_tridge Refricerator asset_tridge Refrigerator asset_tridge Refricerator asset_tridge Refricerator asset_tridge Refricerator asset_tridge Refric			asset_radio	Stereo	/radio/karaoke	
asset_telmob Telephone - Mobile/smart phone asset_fridge Refrigerator asset_washer Washing machine asset_washer Witchen mixer asset_scond Air conditioner asset_oad Air conditioner asset_oad Air conditioner asset_oad Internet Internet access asset_inon Iron asset_internet Internet access asset_cattle Livestock - Cattle (buffalo, cow, goat) asset_poultry Livestock - Poultry Pyes Yes no No refused Refused Does your household own any land you can grow things on? Does your household own the house/apartment/condo? Does your family / household own the house/apartment/condo?			asset_tv	TV		
electricity Does your household have electricity? Pes Yes No No refused Refused Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo?			asset_telland	Teleph	one - Landline	
electricity Does your household have electricity? Per No No refused Refused Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo?			asset_telmob	Teleph	one - Mobile/smart phone	
electricity Does your household have electricity? perfused Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo? Refused Refused Refused Refused Yes No No No No No No No No No N			asset_fridge	Refrige	erator	
electricity Does your household have electricity? Possyour household own any land you can grow things on? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo?			asset_washer	Washir	ng machine	
electricity Does your household have electricity? Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? Does your			asset_mixer	Kitcher	n mixer	
Standing/wall/ceiling) asset_generat Invertor/Generator asset_vacuum Vacuum cleaner asset_inn Iron asset_internet Internet access asset_cattle Livestock - Cattle (buffalo, cow, goat) asset_poultry Livestock - Poultry Poes your household have electricity?			asset_acond	Air con	ditioner	
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 Boes your household have electricity? yes Yes no No refused Refused Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? Boes your family / household own the house/apartment/condo? Pyes Yes No			asset_nfan	Electric	c fan	
electricity Does your household have electricity? Internet access asset_cattle Livestock - Cattle (buffalo, cow, goat) asset_poultry Livestock - Poultry Pyes No No refused Refused Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo? No				(standi	(standing/wall/ceiling)	
electricity Does your household have electricity? Internet access asset_cattle Livestock - Cattle (buffalo, cow, goat) asset_poultry Livestock - Poultry Pes			asset_generat	Inverto	vertor/Generator	
asset_internet Internet access			asset_vacuum	Vacuur	Vacuum cleaner	
electricity Does your household have electricity? In asset_poultry Livestock - Cattle (buffalo, cow, goat) asset_poultry Livestock - Poultry yes Yes no No refused Refused Does your household own any land you can grow things on? home Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo? yes Yes no No refused Refused yes Yes no No No No			asset_iron	Iron	Iron	
electricity Does your household have electricity? pes Yes No No refused Refused Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo?			asset_internet	Internet access		
electricity Does your household have electricity? In o No Refused Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo?			asset_cattle			
electricity Does your household have electricity? yes no No refused Refused Does your household own any land you can grow things on? home Does your family / household own the house/apartment/condo? Poes your family / household own the house/apartment/condo?						
land Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? yes Yes no No refused Perfused Yes No No refused Yes No No No No No No No			asset_poultry	Livesto	ock - Poultry	
land Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? yes Yes no No refused Perfused Yes No No refused Yes No No No No No No No						
land Does your household own any land you can grow things on? Does your family / household own the house/apartment/condo? refused yes No Refused Yes no No refused yes No No No No No No No No No N	electricity	Does your household have electricity?	yes		Yes	
land Does your household own any land you can grow things on? No refused Refused Does your family / household own the house/apartment/condo? No No No No No			no		No	
home Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo?			refused		Refused	
home Does your family / household own the house/apartment/condo? Does your family / household own the house/apartment/condo?						
home Does your family / household own the house/apartment/condo? yes No Yes No No	land		yes		Yes	
home Does your family / household own the house/apartment/condo? yes yes no No		can grow things on?	no		No	
house/apartment/condo? no No			refused	Refused		
house/apartment/condo? no No					1	
house/apartment/condo? no No	home		yes		Yes	
		house/apartment/condo?				
					1.5555	

asset_jcar

Car/jeep

rooms	Total number of rooms (including bedroom/sleeping areas and excluding bathrooms)	User entered integer		
cooking	Where is the cooking for your household	cook_inside	Comp	eletely inside the house
	mostly done? (check ONE that apply)	cook_partial Partia		lly inside the house
		cook_open Outsi		de the house – open
		cook_covered	Outsid	de the house – covered
fuel	Primary fuel used for cooking? (check ONE only)	fuel_kerosene	Kerose	ne
	ONE Only)	fuel_charcoal	Charco	al/coal
		fuel_coal	Coal	
		fuel_gas	Gas	
		fuel_wood	Wood	
		fuel_crop	Agricult	ture/crop
		fuel_gobar		petroleum natural/gobar gas
		fuel_elec	Electric	ity
		fuel_dung	Animal	dung
		fuel_grass	Shrub/grass	
		other	Other	
fuel_other1	Specify other:	User entered tex	t	
group_income	Hidden from user			
subsidy	Does your household receive any regular cash transfers, subsidies or payments	yes		Yes
	through the 4P or any other state or NGO	no		No
	cash benefits/support programme?	refused		Refused
remittance	Does your household receive any income from any family members living outside of	yes		Yes
	the household (e.g. elsewhere in the	no		No
	country or abroad)?	refused		Refused
earners	How many members in your household earn money from any source (e.g. employment, pensions, social assistance,	User entered integer		

income What is your current total monthly household income in Pesas after deducting trace (including employment, pensions, social assistance, family support, from family abroad, etc.)		etc.)?		
deducting taxes (including employment, persions, social assistance, family support, from family abroad, etc.)	income		inc_no	No income
income_seasonal Pesos per month Does anyone in your household receive any seasonal, irregular or one-off payments during the year (e.g. payment for harvest, etc.)? ### Commence seasonal ### Commence sea			inc_dkrefuse	Unknown/refuse
income_anount Pesos per month Pesos per mon		pensions, social assistance, family		
any seasonal, irregular or one-off payments during the year (e.g. payment for harvest, etc.)? Foot and non-alcoholic beverages for the entire household (e.g. fruts, vegetables, rice, lentills, meat, milk, eggs spices, oils, snacks; and tea, coffee, juice, soft drinks etc.)? Inc.	income_amount		User entered integer	
payments during the year (e.g. payment for harvest, etc.)? Formula Form	income_seasonal	Does anyone in your household receive	yes	Yes
for harvest, etc.)? dk Don't know refused Refused Refused			no	No
group_income_seasonal Hidden from user If yes, how much is typically received in total per year? Inc_no No income inc_dkrefuse Unknown/refuse Inc_no No income inc_dkrefuse Income income inc_dkrefuse Income i			dk	Don't know
income_seasonal_amount If yes, how much is typically received in total per year? Income_amount Pescs per year Do you want to administer the micro-costing expenditure questions to this participant? It income_amount Pescs per year User entered integer yes Yes no No refused Refused Refused Income_amount Pescs per year User entered integer yes Yes no No refused Refused Refused Refused Income_amount Income_amou			refused	Refused
income_seasonal_amount If yes, how much is typically received in total per year? Income_amount Pescs per year Do you want to administer the micro-costing expenditure questions to this participant? It income_amount Pescs per year User entered integer yes Yes no No refused Refused Refused Income_amount Pescs per year User entered integer yes Yes no No refused Refused Refused Refused Income_amount Income_amou				
total per year? Inc_no	group_income_seasonal	Hidden from user		
income_amount Pesos per year User entered integer yes Yes no No refused Refused Refused Refused Refused Refused Tobacco, alcoholic beverages for the entire household exp_week_food2 exp_week_food2 exp_week_food2 rincome_amount Pesos per year User entered integer yes Yes no No refused Refused Yes no No No refused Refused Refused Ves no No No refused Refused Ves no No Refused Refused Ves no No No refused Refused Ves no No Refused Refused Ves no No No refused Refused Ves no No No exp_no exp_no exp_no exp_dkrefuse Unknown/refuse Vexp_no exp_dkrefuse Unknown/refuse Vexp_no No exp_dkrefuse Unknown/refuse No exp_dkrefuse Unknown/refuse	income_seasonal_amount		inc_no	No income
microcosting Do you want to administer the micro-costing expenditure questions to this participant? Byes Yes no No refused Refused Refused Refused Refused Refused Wight Refused W		total per year.	inc_dkrefuse	Unknown/refuse
microcosting Do you want to administer the micro-costing expenditure questions to this participant? Byes Yes no No refused Refused Refused Refused Refused Refused Wight Refused W				
micro-costing expenditure questions to this participant? Provided Provid	income_amount	Pesos per year	User entered integer	
participant? noo No refused Refused	microcosting	micro-costing expenditure questions to this	yes	Yes
group_microcosting Hidden from user table_weekexp Hidden from user note_weekexp How much was spent in the last 7 days on the following? 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_week_food2 Pesos per week Exp_week_tobac1 Tobacco, alcoholic beverages for the entire household Exp_no No expenditure exp_dkrefuse Unknown/refuse Exp_no No expenditure exp_dkrefuse Unknown/refuse User entered integer			no	No
Hidden from user How much was spent in the last 7 days on the following? 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_week_food2 Pesos per week Tobacco, alcoholic beverages for the entire household Exp_no No expenditure Exp_no Exp_no No expenditure Exp_no Exp_no Exp_no No expenditure Exp_no			refused	Refused
Hidden from user How much was spent in the last 7 days on the following? 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_week_food2 Pesos per week Tobacco, alcoholic beverages for the entire household Exp_no No expenditure Exp_no Exp_no No expenditure Exp_no Exp_no Exp_no No expenditure Exp_no				
How much was spent in the last 7 days on the following? 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_week_food2 Pesos per week Tobacco, alcoholic beverages for the entire household Exp_no No expenditure exp_dkrefuse Unknown/refuse Exp_no No expenditure exp_week_food2 Pesos per week User entered integer Exp_dkrefuse Unknown/refuse	group_microcosting	Hidden from user		
the following? 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_week_food2 Pesos per week Tobacco, alcoholic beverages for the entire household Exp_no No expenditure Exp_dkrefuse User entered integer Exp_no No expenditure Exp_no No expenditure Exp_no No expenditure Exp_no Exp_no No expenditure Exp_no Exp_dkrefuse Unknown/refuse	table_weekexp	Hidden from user		
entire household (e.g. fruits, vegetables, rice, lentils, meat, milk, eggs spices, oils, snacks; and tea, coffee, juice, soft drinks etc.) exp_week_food2 Pesos per week Tobacco, alcoholic beverages for the entire household Exp_no No expenditure exp_dkrefuse Unknown/refuse	note_weekexp		User entered text	
rice, lentils, meat, milk, eggs spices, oils, snacks; and tea, coffee, juice, soft drinks etc.) exp_week_food2 Pesos per week Tobacco, alcoholic beverages for the entire household exp_dkrefuse Unknown/refuse exp_dkrefuse Unknown/refuse Unknown/refuse Unknown/refuse	exp_week_food1		exp_no	No expenditure
exp_week_food2 Pesos per week Exp_week_tobac1 Tobacco, alcoholic beverages for the entire household Exp_dkrefuse User entered integer Exp_no No expenditure Exp_dkrefuse Unknown/refuse			exp_dkrefuse	Unknown/refuse
exp_week_tobac1 Tobacco, alcoholic beverages for the entire household exp_no No expenditure exp_dkrefuse Unknown/refuse				
entire household exp_dkrefuse Unknown/refuse	exp_week_food2	Pesos per week	User entered integer	
exp_dkrefuse Unknown/refuse	exp_week_tobac1	_	exp_no	No expenditure
exp_week_tobac2 Pesos per week User entered integer		entire household	exp_dkrefuse	Unknown/refuse
- Cost poi mon	exp week tobac?	Pesos per week	User entered integer	
	1 - 11 - 11 / 2			

exp_week_eatout1	Food eaten outside your home (at vendors, kiosks or restaurants)	exp_no exp_dkrefuse	No expenditure 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?	exp_no exp_dkrefuse	No expenditure 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,	exp_no exp_dkrefuse	No expenditure Unknown/refuse
	deodorants etc.) for the entire household?		
exp_month_clothes2	Pesos per month	User entered integer	
exp_month_transpo1	Transportation costs (public transit fares,	exp_no	No expenditure
	fuel for personal vehicle, etc.) for the entire household?	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?	exp_no exp_dkrefuse	No expenditure 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	exp_no exp_dkrefuse	No expenditure Unknown/refuse

exp_health_medfee2	Pesos per month	User entered integer	
exp_health_tradfee1	Consultation fees by traditional or	exp_no	No expenditure
	alternative healers (Ayurveda, Homeopathy, Chinese medicine etc.)	exp_dkrefuse	Unknown/refuse
exp_health_tradfee2	Pesos per month	User entered integer	
exp_health_diagnos1	Diagnostic and laboratory tests such as	exp_no	No expenditure
	X-rays or blood, urine tests	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	exp_no	No expenditure
	traditional, traditional Chinese,	exp_dkrefuse	Unknown/refuse
	homeopathic, etc.)		
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
	that were not moraded above.	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 exp_dkrefuse	No expenditure 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 exp_dkrefuse	No expenditure 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 exp_dkrefuse	No expenditure Unknown/refuse
exp_year_insurance2	Pesos per year	User entered integer	
exp_year_items1	Health related items (prescription glasses, hearing aids, canes, prosthetic devices	exp_no	No expenditure
	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_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	exp_no exp_dkrefuse	No expenditure Unknown/refuse
	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_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 exp_dkrefuse	No expenditure 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 exp_dkrefuse		No expenditure 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		good
		4	4 - Good	d
		3	3 - Neith	ner good nor bad
		2	2 - Poor	
		1	1 - Very	poor
		refused	Refused	1
coping1	If you need urgently a large sum of money (e.g. Php2000-5000), what would you do	donate		Ask for money as gift from friends or family
	first of all? (Not more than two answers)	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 sc		Take child out of school
		stop_treat		Stop taking treatments
		move_house		Move to cheaper accommodations
		do_nothing I do not do anything		I do not do anything
		dk_coping1 Don't know		Don't know
		other_coping1 Other		Other
		refused Refused		Refused

coping1_other	Specify other:	User entered t	ext	
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?	5 5 - Very good		good
	icas).	4 4 - Good		
		3 3 - Neither good nor bad		er good nor bad
		2	2 - Poor	
		1	1 - Very p	poor
		refused	Refused	
disability	Do you have any long-standing illness,	Voc		Voc
	disability or infirmity? By 'long-standing' I	yes		Yes
	mean anything that has troubled you over a period of at least 12 months or that is	refused		Refused
	likely to affect you over a period of at least	Totasea		reluseu
	12 months. This includes problems that are related to old age.			
group_hx2	Hidden from user			
disability_care	Does this limit your ability to provide care	yes		Yes
	for yourself (i.e. personal care) in any way?	no		No
		refused		Refused
disability_social	Does this limit your participation in social activities?	yes		Yes
	dollyllos.	no		No
		refused		Refused
disability_other	Does this limit your activities in any other way?	yes		Yes
		no		No
		refused		Refused
group_hx3	Hidden from user			
note_hx1	Over the past month, how much difficulty	User entered t	ext	
	have you had with the following:	222 00104		

difficult_remember	Remembering things that happened a few	difficulty_none	None
amount_romonison	days before? (e.g. conversation, people	difficulty_mild	Mild
	visiting)	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	difficulty_none	None
	requires concentration? (e.g. games, crosswords, checkers, chess, cards)	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	yes	Yes
	doing what you usually do	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	yes	Yes
	medications for this condition?	no	No
		refused	Refused
hx_hypprof	Do you regularly see a health professional	yes	Yes
	about this condition?	no	No
			Refused
		refused	Relused
		retused	Relused
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
	medications for this condition?	no	No
		refused	Refused
hx_dmprof	x_dmprof Do you regularly see a health professional about this condition?	yes	Yes
about this contaitor:	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
	medications for this condition:	no	No
		refused	Refused
hx_strprof	Do you regularly see a health professional about this condition?	yes	Yes
	about this condition:	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	yes	Yes
	medications for this condition?	no	No
		refused	Refused
hx_haprof	Do you regularly see a health professional about this condition?	yes	Yes
	about this condition?	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
	about this condition?	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	yes	Yes
	medications for this condition?	no	No
		refused	Refused

			v
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	yes	Yes
	causing obstructed airflow from the lungs)	no	No
		refused	Refused
hx_cop_group	Hidden from user		
hx_copyrs	Number of years since diagnosis	User entered integer	
hx_copmeds	Do you take any regular treatments or	yes	Yes
	medications for this condition?	no	No
		refused	Refused
hx_copprof	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_astyrs	Number of years since diagnosis	User entered integer	
hx_astmeds	Do you take any regular treatments or	yes	Yes
	medications for this condition?	no	No
		refused	Refused
hx_astprof	Do you regularly see a health professional	yes	Yes
	about this condition?	no	No
		refused	Refused
hx_vhd	Damage to the valves of your heart		

	(valvular heart disease)	yes		Yes
		no		No
		refused		Refused
hx_vhd_group	Hidden from user			
hx_vhdyrs	Number of years since diagnosis	User entered in	teger	
hx_vhdmeds	Do you take any regular treatments or medications for this condition?	yes		Yes
	medications for this condition:	no		No
		refused		Refused
hx_vhdprof	Do you regularly see a health professional	yes		Yes
	about this condition?	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?	yes		Yes
		no		No
		refused		Refused
hx_oth_group	Hidden from user			
hx_oth_text	Specify condition:	User entered te	xt	
hx_othyrs	Number of years since diagnosis	User entered integer		
hx_othmeds	Do you take any regular treatments or	yes		Yes
	medications for this condition?	no		No
		refused		Refused
note_sec5	Section 5: Knowledge of hypertension	User entered te	xt	
info_messages	In the past 12 months, have you received/	yes		Yes
	heard/ seen any information or messages about high blood pressure or how to	no		No
	prevent diseases that affect the heart?	refused Refus		Refused
info_source	If yes, what was the source(s)? Select all	info_friend	Friend	s
	that apply and prompt for more.	info_family	Family	,

		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 tex	t	
knowhyp	How much do you know about 'blood	know_nothing	Nothing at all	
	pressure'?	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		yes	Yes	
		no	No	
		dk	Don't know	
		refused	Refused	
knowhyp_str	High blood pressure can cause a stroke	yes	Yes	
		no	No	
		dk	Don't know	
		refused	Refused	
knowhyp_ca	High blood pressure can cause cancer	yes	Yes	
		no	No	
		dk	Don't know	
			DOTTERION	

		refused	Refused
knowhyp_feelwell	People with high blood pressure generally feel well and do not notice that they have	yes	Yes
	high blood pressure	no	No
		dk	Don't know
		refused	Refused
knowhyp_stopmeds	People with high blood pressure can stop	yes	Yes
	taking their medications when their blood pressure value is normal	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	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		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
	Taking modern medications (that require		
knowhyp_westmeds		effective_veryineff	Very ineffective
knowhyp_westmeds	Taking modern medications (that require prescription)	effective_veryineff effective_ineff	Very ineffective Ineffective

			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

		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	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		
ote_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?	facility_home	At home
		facility_clinic	Clinic, health centre, health
		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_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?	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_pharmacis	Pharmacist
		provider_chw	Community health worker
		provider_allied	Other health professional (midwife, nursing assistant, physiotherapist)
		provider_traditional	Traditional healer
		provider_dkrememb	er 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?	government	Government
	privatery, non-governmental organisation?	private	Private
		ngo	NGO
		dkremember	Don't know/remember
		refused	Refused

	When you were first diagnosed with high blood pressure, what was the reason for	routine_check	A routine health check-up/ with a health professional	visit
	the visit?	heart_prob	A visit with a health professional for a problem your heart	with
		diabetes_check	A visit with a health professional for diabetes management	
		other_check	A visit with a health professional for some heal condition other than heart problems or diabetes	
		bp_worries	You were worried about blue pressure and/or had symposium and/or had sym	
		dkremember	Don't know/remember	
	other	other	Other	
		refused	Refused	
dx_reason_visit_other	Specify other:	User entered text		
dx_reason_person	What was the reason that you sought care	usual_provider	This is my usual prov	vider
	from this person?	know_provider	We know each other and/or usually he/sho treats my family	
		convenient_near	It is nearby / conveni	ient
		referrered_provid	der Referred/recommend by another health ca provider	
		recommended_fa	amily Recommended by fa	amily
		covered_insuran	ce It is covered by my insurance/ work arrangements	
		advertisement	I saw/heard/read an advertisement/notice	
	by_chance	I came across them chance/emergency/r	no	
			other choice, self-ref	terrec

		other	(Other
		refused	F	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	yes	Yes	
	your upper arm)?	no	No	
		dkremember	Don'	t know/remember
		refused	Refu	sed
dx_tests	During this visit, were any other tests done	yes	Yes	
	(e.g. blood test)?	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	dkremember	Don't know/remember	
	for this specific instance (in Pesos)? Please only include all costs that paid for	refused	Refused	
	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.			
dx_cost	Pesos	User entered integ	er	
dx_resolved	Do you feel that any health issues	resolved_total		Totally resolved
	discussed during this visit were resolved?	resolved_mostly		Mostly resolved
		resolved_somewhat		Somewhat resolved
		resolved_not		Not resolved
		resolved_dkremember		Don't know/remember
		refused Refused		Refused
dx_satisfied	Were you satisfied with the care that you	very_satisfied	5 - V	ery satisfied
	received during this visit?	fairly_satisfied	4 - Fa	airly satisfied

			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		
oredx_advice	Did you receive any information or	yes	Yes	
	suggestions about high blood pressure or any indication that you might have high	no	No	
	blood pressure from anyone or anywhere	dkremember	Don't know/remember	
	during the 1 month period before this diagnosis was made? This may have been	refused	Refused	
	from a health care professional, colleague, family member, friend, etc.?			
group_predx2	Hidden from user			
oredx_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 intege	r	
predx_advice_facility	Please tell me all of the types of places	facility_home	At home	
	that you received any information or suggestions about high blood pressure during the 1 month before you were told.	facility_clinic	Clinic, health centre, health post	
	Select all that apply.	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_phamacy	Retail pharmacy	

		facility_traditional	Facility providing traditional medicine, homeopathy
	facility_retailer	facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)
		facility_dkremember	Don't know/remember
		other	Other
		refused	Refused
predx_advice_facility_other	Specify other:	User entered text	
predx_advice_provider	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.	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_pharmacis	Pharmacist
		provider_chw	Community health worker
		provider_allied	Other health professional (midwife, nursing assistant, physiotherapist)
		provider_traditional	Traditional healer
		provider_dkrememb	er Don't know/remember
		other	Other
		refused	Refused
predx_advice_provider_other	Specify other:	User entered text	
predx_advice_sector	During the 1 month before this diagnosis was made, was any of the information you	government	Government
	received provided by the government,	private	Private
	privately, non-governmental organisation?	ngo	NGO
	Select all that apply.	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	yes	Yes
		no	No
	a device placed around your upper arm)?	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		yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
predx_advice_meds	Take medications/modern medicines	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
predx_advice_herbs	Take traditional medicines (e.g. herbs)	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
predx_advice_nonmed	Non-medical interventions (e.g. massage, acupuncture)	yes	Yes
	acupuncture)	no	No
		dkremember	Don't know/remember
		refused	Refused
predx_advice_diet	Change diet	yes	Yes
		no	No

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

	0//		
predx_advice_other	Other:	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	yes	Yes
	advised to take any modern medications for your high blood pressure or heart	no	No
	disease?	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	captopril	captopril*
		enalapril	enalapril*
		ramipril	ramipril*
		amlodipine	amlodipine*
		metoprolol	metoprolol*
		antenolol	atenolol*
		frusemide	furosemide*
		hydrocholorthiazide	hydrocholorthiazide*
		simvastatin	simvastatin
		atorvasatitin	atorvastatin
		aspirin	aspirin
		clopidogrel	clopidogrel

		losartan	losartan*
		trimetazidine	trimetazidine
		isosorbide	nitrates (e.g. isosorbide)
		other	other blood pressure or CVD medication
		dkremember	Don't know/remember
		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?	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
meds_at_dx_source	If yes, where was it purchased/obtained?	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_phamacy	Retail pharmacy
		facility_traditional	Facility providing traditional medicine, homeopathy
		facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)
		facility_dkremembe	r Don't know/remember
		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	0	0	
	blood pressure until now, approximately how many times has your prescription for	1_2	1-2	
	high blood pressure or heart disease	3_4	3-4	
	medications changed (including if you initially were not prescribed any	5+	5+	
	medications, but then subsequently were)?	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	me_alone	I made the decision without consulting anyone	
	heart disease medications was changed, who was mainly responsible for the decision to change the prescription?	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 medicin 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		
med_change_decision_other	Specify other:	User entered te	ext	
med_change_reason	What were the main reasons why the medication was changed? Select up to two	bp_controlled Blood pressure was adequately controlled		
	answers.	poor_response	e Sub-optimal/poor response	

		Adverse drug reaction/made me feel unwell
		Prescribed drug/regime not affordable
		Prescribed drug/regime not available or not in stock
		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
Specify other:	User entered text	
Where did the decision to change	facility_home	At home
medication take place?	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_phamacy	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
Specify other:	User entered text	
	Where did the decision to change medication take place?	source_far many_meds dkremember other refused Specify other: User entered text Where did the decision to change medication take place? facility_home facility_hospemerg facility_hospclin facility_event facility_event facility_traditional facility_traditional facility_retailer facility_dkremember other refused

to previous medication

med_stop	Since you were first diagnosed with high blood pressure and started taking medications, have you ever stopped taking medications altogether?	yes	Y	Yes
		no	N	No
		dkremember		Don't know/remember
		refused	F	Refused
				-
group_med_stop	Hidden from user			
med_stop_decision	If yes, who was mainly responsible for the decision to stop the prescription?	me_alone I made the decision without consulting anyone		
				de the decision after
		- ·		de the decision after ulting a modern medicine der
		_,	I made the decision after consulting a traditional medicine provider	
		_	I made the decision after consulting friends, family, other sources of information	
		'-	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	
med_stop_decision_other	Specify other:	User entered tex	kt	
med_stop_reason	If yes, what were the main reasons why was the medication was stopped? Select	bp_controlled	controlled Blood pressure was adequately controlled	
	up to two answers.	poor_response	or_response Sub-optimal/poor respons to previous medication regime	
		adverse_reacti		Adverse drug reaction/made me feel unwell
		med_unafforda		Prescribed drug/regime not affordable

		med_una	available	Prescribed drug/regime not available or not in stock	
		source_f	ar	Source of medication to far away/ not easy to obtain	
		many_m	ieds	Taking too many medications	
		dkremen	nber	Don't know/remember	
		other		Other: specify	
		refused		Refused	
med_stop_reason_other	Specify other:	User ente	User entered text		
med_current	Are you currently taking any medications	no	No		
	for your high blood pressure?	yes1		medications are the same as	
		yes2		medications have changed	
		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	captopril		captopril*	
		enalapril		enalapril*	
		ramipril		ramipril*	
		amlodipi	ne	amlodipine*	
		metoprolol		metoproloi*	
		antenolo	ı	atenoloi*	
				atenolol* furosemide*	
		antenolo		furosemide*	
		antenolo	de olorthiazide	furosemide*	
		antenolo frusemid	de olorthiazide atin	furosemide* hydrocholorthiazide*	
		antenolo frusemid hydrocho	de olorthiazide atin	furosemide* hydrocholorthiazide* simvastatin	

		II	I II
		losartan	losartan*
		trimetazidine	trimetazidine
		isosorbide	nitrates (e.g. isosorbide)
		other	other blood pressure or CVD medication
		dkremember	Don't know/remember
		refused	Refused
meds_current_brand	Medication brand name (leave blank if	User entered text	
	don't know/remember)		
meds_current_purchased	Did you obtain/purchase it?	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
meds_current_source	If yes, where was it purchased/obtained?	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_phamacy	Retail pharmacy
		facility_traditional	Facility providing traditional medicine, homeopathy
		facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)
		facility_dkremembe	Don't know/remember
		other	Other
		refused	Refused
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	yes		Yes
	your current blood pressure medications as the doctor prescribed? (Check ONE	no		No
	only)	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	Refus	ed
med_adhere_2	How often do you decide not to take your medicine?	none	None	of the time
	medionic.	some	Some	of the time
		most	Most	of the time
		all	All the	time
		refused	Refus	ed
med_adhere_3	How often do you miss taking your medicine because you feel better?	none	None	of the time
	The second of th	some	Some	of the time
		most	Most	of the time
		all	All the	time
			Refus	ed

med_adhere_4	How often do you decide to take less of		None of the time
	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_5	How often do you stop taking your medicine because you feel sick due to	none	None of the time
	effects of the medicine?	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?	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	none	None of the time
	because you run out of them at home?	some	Some of the time
		most	Most of the time
		all	All the time
		refused	Refused
		Teluseu	Keluseu
tmed_at_dx	When you were first diagnosed, were you		
	advised to take any traditional medicines	yes	Yes
	(e.g. herbs, homeopathy) for your high	no	No
	blood pressure?	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?	yes	Yes	
		no	No	
		dkremember	Don't know/remember	
		refused	Refused	
tmeds_at_dx_source	If yes, where was it purchased/obtained?	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_phamacy	Retail pharmacy	
		facility_traditional	Facility providing traditional medicine, homeopathy	
		facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	
		facility_dkremembe	Don't know/remember	
		other	Other	
		refused	Refused	
tmeds_at_dx_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered integer		
tmeds_at_dx_duration	If yes, how many days does the traditional medication last (leave blank if don't know/remember)?	User entered integer		
tmed_change	Since you were first diagnosed with high	0	0	
	blood pressure until now, approximately how many times has the recommended	1_2	1-2	

	traditional medication regime changed	3_4	3-4	
	(including if you initially were not	5+	5+	
	recommended any medications, but then subsequently were)?	dkremember	Don't know/remember	
		refused	Refused	
group_tmed_change	Hidden from user			
tmed_change_decision	For the most recent time that your traditional medication regime was	me_alone I made the decision without consulting anyone		
	changed, who was mainly responsible for the decision to change the prescription?	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	
tmed_change_decision_other	Specify other:	User entered tex	xt	
tmed_change_reason	What were the main reasons why the traditional medication regime was	bp_controlled	Blood pressure was adequately controlled	
changed? Select	changed? Select up to two answers.	poor_response	Sub-optimal/poor response to previous medication regime	
		adverse_reacti	on Adverse drug reaction/made me feel unwell	
		med_unafforda	Prescribed drug/regime not affordable	

		med_unavaila	ble 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
tmed_change_reason_other	Specify other:	User entered te	ext
tmed_stop	Since you were first diagnosed with high	yes	Yes
	blood pressure and started taking traditional medications, have you ever	no	No
	stopped taking them altogether?	dkremember	Don't know/remember
		refused	Refused
group_tmed_stop	Hidden from user		
tmed_stop_decision	If yes, who was mainly responsible for the decision to stop?	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

tmed_stop_decision_other	Specify other:	User ente	ered text	
tmed_stop_reason	If yes, what were the main reasons why you stopped? Select up to two answers.	bp_contr	rolled	Blood pressure was adequately controlled
		poor_res	sponse	Sub-optimal/poor response to previous medication regime
		adverse	_reaction	Adverse drug reaction/made me feel unwell
		med_una	affordable	Prescribed drug/regime not affordable
		med_una	available	Prescribed drug/regime not available or not in stock
		source_f	far	Source of medication to far away/ not easy to obtain
		many_m	eds	Taking too many medications
		dkremer	nber	Don't know/remember
		other		Other: specify
		refused		Refused
tmed_stop_reason_other	Specify other:	User ente	ered text	
tmed_current	Are you currently taking any traditional medications for your high blood pressure?	no	No	
	medications for your night blood pressure?	yes1		medications are the same as t diagnosed
		yes2		medications have changed t diagnosed
		refused	Refused	
annum Amand ausmand	Hidden from user			
group_tmed_current 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 ente	ered text	
tmeds_current	Hidden from user			
tmeds_current_brand	Traditional medication name (leave blank if don't know/remember)	User ente	red text	
tmeds_current_purchased	Did you obtain/purchase it?	yes		Yes

		no	No
		dkremember	Don't know/remember
		refused	Refused
tmeds_current_source	If yes, where was it purchased/obtained?	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_phamacy	Retail pharmacy
		facility_traditional	Facility providing traditional medicine, homeopathy
		facility_retailer	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)
		facility_dkremembe	Pr Don't know/remember
		other	Other
		refused	Refused
tmeds_current_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered intege	r
tmeds_current_duration	If yes, how many days does the traditional medication last (leave blank if don't know/remember)?	User entered intege	·
tmed_adhere	In the past 12 months, did you always take	yes	Yes
	your traditional medications from blood pressure as prescribed? (Check ONE only)	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	

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
	mediane:	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
	medicine:	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
	medicine because you leer better:	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	none	None of the time
	your medicine?	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	none	None of the time
	medicine because you feel sick due to effects of the medicine?	some	Some of the time
		most	Most of the time

		all	All the time
		refused	Refused
tmed_adhere_6	How often do you forget to bring along	none	None of the time
	your medicine when you travel away from home?	some	Some of the time
		most	Most of the time
		all	All the time
		refused	Refused
tmed_adhere_7	How often do you NOT take you medicine	none	None of the time
	because you run out of them at home?	some	Some of the time
		most	Most of the time
		all	All the time
		refused	Refused
nonmed_at_dx	When you were first diagnosed, were you	yes	Yes
	advised to take up any non-medical interventions (e.g. massage, acupuncture)	no	No
	for your high blood pressure?	dkremember	Don't know/remember
		refused	Refused
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	
nonmeds_at_dx_purchased	Did you obtain/purchase it?	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
nonmeds_at_dx_source	If yes, where was it purchased/obtained?	facility_home	At home

		facility_clinic		Clinic, health centre, health post
		facility_hosper	merg	Hospital emergency room
		facility_hospcl	in	Hospital outpatient clinic
		facility_mission	n	Mission/NGO clinic
		facility_event		Public/community event (e.g. at community centre, kiosk, etc.)
		facility_phama	асу	Retail pharmacy
		facility_traditio	onal	Facility providing traditional medicine, homeopathy
		facility_retailer	r	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)
		facility_dkreme	ember	Don't know/remember
		other		Other
		refused		Refused
nonmeds_at_dx_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered in	iteger	
nonmed_change	Since you were first diagnosed with high	0	C)
	blood pressure until now, approximately how many times has your regime of	1_2 1		-2
	non-medical interventions changed	3_4 3		3-4
	(including if you initially were not recommended any interventions but then	5+ 5		5+
	subsequently were)?	dkremember	Г	Don't know/remember
		refused	F	Refused
group_nonmed_change	Hidden from user			
nonmed_change_decision	For the most recent time that your non-medical recommendations were	me_alone		le the decision without
	changed, who was mainly responsible for the decision to change?	me_pharmac		le the decision after ulting a retail pharmacist
		me_hp		le the decision after ulting a modern medicine
			provi	der

		me_friends hp_alone tp_along dkremember other refused	consulting a traditional medicine provider I made the decision after consulting friends, family, other sources of information Provider of modern medicine made the decision Provider of traditional medicine made the decision Don't know/remember Other: specify Refused
nonmed_change_decision_other	Specify other:	User entered tex	xt
nonmed_change_reason	What were the main reasons why the regime was changed? Select up to two	bp_controlled	Blood pressure was adequately controlled
	answers.	poor_response	Sub-optimal/poor response to previous medication regime
		adverse_reacti	ion Adverse drug reaction/made me feel unwell
		med_unafforda	able Prescribed drug/regime not affordable
		med_unavailab	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
nonmed_change_reason_other	Specify other:	User entered te	xt
nonmed_stop	Since you were first diagnosed with high	yes	Yes
	blood pressure and started using non-medical interventions, have you ever		
	non-medical interventions, have you ever	no	No

		refused	Refused	
group_nonmed_stop	Hidden from user			
nonmed_stop_decision	If yes, who was mainly responsible for the decision to stop?	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 Refused	
nonmed_stop_decision_other	Specify other:	User entered te	ext	
nonmed_stop_reason	If yes, what were the main reasons why was the regime was stopped? Select up to	bp_controlled	Blood pressure was adequately controlled	
	two answers.	poor_response	e Sub-optimal/poor response to previous medication regime	
		adverse_react	tion Adverse drug reaction/made me feel unwell	
		med_unafford	able Prescribed drug/regime not affordable	
		med_unavaila	ble Prescribed drug/regime not available or not in stock	
		source_far	Source of medication to far away/ not easy to obtain	
			away not dasy to obtain	

		many_m	eds	Taking too many medications
		dkremen	nber	Don't know/remember
		other		Other: specify
		refused		Refused
nonmed_stop_reason_other	Specify other:	User ente	red text	
nonmed_current	Are you currently using non-medical	no	No	
	methods to treat your high blood pressure?	yes1		medications are the same as t diagnosed
		yes2		medications have changed t diagnosed
		refused	Refused	
group_nonmed_current	Hidden from user			
note_nonmed_current	Please list all non-medical methods that you are currently using (at least once in the last month) for your high blood pressure?	User entered text		
nonmeds_current	Hidden from user			
nonmeds_current_brand	Intervention name (leave blank if don't know/remember)	User entered text		
nonmeds_current_purchased	Did you obtain/purchase it?	yes		Yes
		no I		No
		dkremember		Don't know/remember
		refused		Refused
nonmeds_current_source	If yes, where was it purchased/obtained?	facility_h	ome	At home
		facility_c	linic	Clinic, health centre, health post
		facility_hospemerg		Hospital emergency room
		facility_hospclin		Hospital outpatient clinic
		facility_mission		Mission/NGO clinic
		facility_e	vent	Public/community event (e.g. at community centre, kiosk, etc.)

		facility_phamacy	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		yes	Yes
		no	No
		dkremember	Don't know/remember
		na	Not applicable
		refused	Refused
smok_at_dx	Quit smoking	yes	Yes
		no	No
		dkremember	Don't know/remember
		na	Not applicable
		refused	Refused
alc_at_dx	Reduce alcohol intake	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
		reiuseu	Refused
sugar_at_dx	Eat/drink less sugary beverages / sweets		
sugal_at_ux	Lavullik 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

		na	Not applicable
		refused	Refused
stress_at_dx	Reduce stress	yes	Yes
		no	No
		dkremember	Don't know/remember
		na	Not applicable
		refused	Refused
other_at_dx	Others: specify	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		yes	Yes
		no	No
		na	Not applicable
		na refused	Not applicable Refused
smok_current	Quit smoking		
smok_current	Quit smoking	refused	Refused
smok_current	Quit smoking	refused	Refused Yes
smok_current	Quit smoking	refused yes no	Yes No
smok_current	Quit smoking	refused yes no na	Yes No Not applicable
	Quit smoking Reduce alcohol intake	refused yes no na	Yes No Not applicable
smok_current alc_current		refused yes no na refused	Yes No Not applicable Refused

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

high blood pressure? 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? Are you satisfied with your current treatment regime? Very_satisfied 5 - Very satisfied fairly_satisfied 4 - Fairly satisfied or dissatisfied reither 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 FOLLOW UP: We now want to ask you about any instructions for follow-up visits				
na Not applicable refused Refused			yes	Yes
Others: specify Others			no	No
Others_current Others_specify Others_specify Others_current_text Others_current_text 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? Do_current_satisfied Do_ovu seel that your current treatment regime (all modern and traditional medications, and non-pharmaceutical interventions) is helping to control your high blood pressure? Are you satisfied with your current reatment regime? Are you satisfied a refused Are you satisfied or disadisfied fairly_satisfied a refused Are you satisfied a refu			na	Not applicable
other_current_text Specify other: User entered text bc_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? Dc_current_satisfied Are you satisfied with your current treatment treatment treatment regime? Are you satisfied with your current treatment treatment regime? Are you satisfied with your current treatment regime? Are you satisfied on the fairty helpful to any helpful the regiment of a fairty helpful to any helpful the regiment of a fairty helpful the regiment of a fairty helpful the regiment of a fairty helpful th			refused	Refused
other_current_text Specify other: User_entered_text 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? Dc_current_satisfied Are you satisfied with your current treatment reduced. Are you satisfied with your current treatment reduced. Are you satisfied with your current treatment regime? Are you satisfied with your current fairly_nelpful 4 - Fairly helpful regimenter in the your your helpful 4 - Fairly helpful regimenter in the year. Are you satisfied with your current fairly_nelpful 4 - Fairly helpful regimenter in the year. Are you satisfied with your current fairly_nelpful 4 - Fairly helpful regimenter in the year. Are you satisfied with your current fairly_nelpful 4 - Fairly helpful regimenter in the year. Are you satisfied with your current fairly_nelpful 4 - Fairly helpful regimenter in the year.				
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? Are you satisfied with your current treatment regime? Are you satisfied with your current dissatisfied 2 - Fairly satisfied neither 3 - Neither helpful or unh fairly_unhelpful 1 - Very unhelpful dk Don't know refused Refused To very_satisfied 4 - Fairly satisfied fairly_satisfied 2 - Fairly dissatisfied neither 3 - Neither helpful or unh fairly_unhelpful 1 - Very unhelpful dk Don't know refused Refused To very_satisfied 5 - Very satisfied fairly_satisfied 2 - Fairly dissatisfied neither 3 - Neither helpful or unh fairly_unhelpful 2 - Fairly unhelpful dk Don't know refused Refused To very_satisfied 5 - Very satisfied 5 - Very satisfied fairly_satisfied 2 - Fairly dissatisfied neither 3 - Neither helpful or unh fairly_unhelpful 2 - Fairly unhelpful dk Don't know refused Refused To very_satisfied 5 - Very satisfied 5 - Very satisfied fairly_satisfied 2 - Fairly dissatisfied neither 3 - Neither helpful or unh fairly_unhelpful 2 - Fairly unhelpful dk Don't know refused Refused	ner_current	Others: specify	yes	Yes
other_current_text Specify other: 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? Decurrent_satisfied Specified with your current treatment treatment treatment regime? Are you satisfied with your current treatment treatment regime? Are you satisfied with your current treatment regime? Are you satisfied with your curren			no	No
Other_current_lext Specify other: 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? Do_current_satisfied Do_current_satisfied Are you satisfied with your current treatment treatment treatment regime? Are you satisfied with your current treatment regime? Are you sat			na	Not applicable
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? 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?			refused	Refused
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? 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?				
regime (all modern and traditional medications, and non-pharmaceutical interventions) is helping to control your high blood pressure? Are you satisfied Are you satisfied with your current treatment regime? Are you satisfied with your current Fairly_satisfied A - Fairly satisfied A - F	ner_current_text	Specify other:	User entered text	
medications, and non-pharmaceutical interventions) is helping to control your high blood pressure? Fairly_helpful			very_helpful	5 - Very helpful
interventions) is helping to control your high blood pressure? Pairly unhelpful 2 - Fairly unhelpful 1 - Very unhelpful 1 - Ve			fairly_helpful	4 - Fairly helpful
bx_current_satisfied Are you satisfied with your current treatment regime? Fairly_satisfied fairly_satisfied fairly_dissatisfied fairly_dissatisfied fairly_dissatisfied 2 - Fairly unhelpful 1 - Very unhelpful dk pon't know fairly_satisfied fairly_satisfied fairly_satisfied fairly_satisfied fairly_dissatisfied 1 - Very dissatisfied dkremember pon't know/remember refused Refused pon't know refused S - Very satisfied fairly_satisfied fairly_dissatisfied fairly_dissatisfied Refused very_dissatisfied dkremember prefused Refused Very_dissatisfied User entered text		interventions) is helping to control your	neither	3 - Neither helpful or unhelpful
tx_current_satisfied Are you satisfied with your current treatment regime? Fairly_satisfied shall years satisfied or dissatisfied and the regime? Fairly_dissatisfied shall years satisfied shall year dissatisfied shall year			fairly_unhelpful	2 - Fairly unhelpful
tx_current_satisfied **Tefused*** **Refused** **Tefused*** **Refused** **Tefused*** **Refused** **Tefused*** **Tefused** **Tefu			very_unhelpful	1 - Very unhelpful
tx_current_satisfied Are you satisfied with your current treatment regime? Are you satisfied with your current treatment regime? Are you satisfied with your current treatment regime? Folio			dk	Don't know
treatment regime? treatment regime? 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 FOLLOW UP: We now want to ask you about any instructions for follow-up visits Very_satisfied 4 - Fairly satisfied neither 3 - Neither satisfied or dissatisfied dkremember 2 - Fairly dissatisfied very_dissatisfied dkremember Pon't know/remember refused Refused User entered text			refused	Refused
treatment regime? Fairly_satisfied 4 - Fairly satisfied fairly_satisfied fairly_dissatisfied fairly_dissatisfied fairly_dissatisfied fairly_dissatisfied 2 - Fairly dissatisfied very_dissatisfied very_dissatisfied 1 - Very dissatisfied dkremember pon't know/remember refused R				
fairly_satisfied 4 - Fairly satisfied neither 3 - Neither satisfied or dissatisfied fairly_dissatisfied 2 - Fairly dissatisfied very_dissatisfied 1 - Very dissatisfied dkremember refused			very_satisfied	5 - Very satisfied
group_fu1 Hidden from user FOLLOW UP: We now want to ask you about any instructions for follow-up visits dissatisfied 2 - Fairly dissatisfied very_dissatisfied 1 - Very dissatisfied dkremember pon't know/remember refused Refused Refused User entered text		treatment regime?	fairly_satisfied	4 - Fairly satisfied
group_fu1 Hidden from user FOLLOW UP: We now want to ask you about any instructions for follow-up visits fairly_dissatisfied 2 - Fairly dissatisfied very_dissatisfied 1 - Very dissatisfied dkremember pon't know/remember refused Refused User entered text			neither	3 - Neither satisfied or
very_dissatisfied 1 - Very dissatisfied dkremember Don't know/remember refused Refused				dissatisfied
group_fu1 Hidden from user refused Hidden from user FOLLOW UP: We now want to ask you about any instructions for follow-up visits dkremember pon't know/remember refused Refused User entered text			fairly_dissatisfied	2 - Fairly dissatisfied
group_fu1 Hidden from user note_fu1 FOLLOW UP: We now want to ask you about any instructions for follow-up visits Refused refused Refused			very_dissatisfied	1 - Very dissatisfied
group_fu1 Hidden from user note_fu1 FOLLOW UP: We now want to ask you about any instructions for follow-up visits User entered text			dkremember	Don't know/remember
note_fu1 FOLLOW UP: We now want to ask you about any instructions for follow-up visits			refused	Refused
note_fu1 FOLLOW UP: We now want to ask you about any instructions for follow-up visits				
about any instructions for follow-up visits	oup_fu1	Hidden from user		
were first recommended to make any lifestyle changes or prescribed any medications for your high blood pressure.		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	User entered text	

fu_at_dx group_fu2 note_fu2	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.)? Hidden from user If were you advised return for a follow up visit, after what period/interval? Select only	yes no dkremember refused User entered te	Yes No Don't know/remember Refused
	one of the options below.		
fu_at_dx_days	Number of days:	User entered in	
fu_at_dx_months	Number of months:	User entered in	teger
fu_at_dx_other	Or:		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?	no	No
	auviseu !	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	forgot	Forgot to return
	as advised, why not?	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	yes	Y	'es
	referred to another health care provider for any further care (e.g.GP referred to a	no	N	No
	specialist)?	dkremember	С	Oon't know/remember
		refused	R	Refused
group_fu5	Hidden from user			
fu_at_dx_refer_facility	To which type of health facility were you referred?	facility_clinic		Clinic, health centre, health post
		facility_hosper	nerg	Hospital emergency room
		facility_hospcli	in	Hospital outpatient clinic
		facility_mission	n	Mission/NGO clinic
		facility_event		Public/community event (e.g. at community centre, kiosk, etc.)
		facility_phamacy		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
fu_at_dx_refer_fac_other	Specify other:	User entered text		
fu_at_dx_refer_outcome	Did you attend the referral appointment as advised?	no	No	
	auviseu !	yes1	Yes, a	at the advised time
		yes2	Yes, b	out before the advised period
		yes3	Yes, but after the advised period	
		dkremember	Don't	know/remember
		refused	Refus	eed
fu_at_dx_refer_non	If you did not attend the referral appointment as advised, why not?	forgot	Forgo	ot to return

		not_important unafforable commitment dkremember other refused	Did not think it was important Could not afford to return Unable to attend because of other commitment Don't know/remember Other: specify Refused
fu_at_dx_refer_non_other	Specify other:	User entered tex	Kt .
group_recent1 note_recent1	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.	User entered tex	xt
recent_visits	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.	User entered int	eger
recent_regular	How many of these were REGULAR and REPEATED consultations, experiences or instances of care?	User entered int	eger
recent_irregular	How many of these were NOT REGULAR and REPEATED consultations, experiences or instances of care?	User entered int	eger
note_recent_visitstotal	INTERVIEWER: Note that the sum of the REGULAR and NON-REGULAR	User entered tex	kt

	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	facility_home	At home
	care?	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_phamacy	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_pharmaci	st Pharmacist
		provider_chw	Community health worker
		provider_allied	Other health professional (midwife, nursing assistant, physiotherapist)
		provider_traditiona	Traditional healer
		provider_dkremem	ber 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
	privately, non-governmental organisation?	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
	provider?	know_provider	We know each other well and/or usually he/she treats my family
		convenient_near	It is nearby / convenient
		referrered_provide	Referred/recommended by another health care provider
		recommended_fan	nily 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
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		yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_regular_visit_bp	Blood pressure measurement	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_regular_visit_exam	Physical examination	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_regular_visit_xray	X-rays	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_regular_visit_ecg	ECG	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 te	xt
group_recent_regularfu7	Hidden from user		
recent_regular_visit_distance	How far from your home do these treatments/consultations take place?	home	At home
	treatments/consultations take place:	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	taxi	Taxi
	treatments/consultations?	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	10min	Less than 10 minutes
	typically last (including waiting time, time for treatment/consultation, tests, etc.)?	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?	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 intege	er
recent_regular_visit_hhoff	Do any other members of your household	yes	Yes
	have to take any time off of work to care for you?	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 intege	er
recent_regular_visit_carer Do you have to hire someone to provide care for you?		yes	Yes
	care for you?	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	insurance	Total cost paid for by health insurance
	experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so	government	Total cost paid by government (e.g. government hospital)
	forth. Select all that apply.	share_govt	Shared cost (between self and any insurance)
		share_insurance	Shared cost (between self and government)
		share_govt_insurand	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 to	ext
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-pocked 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.		
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 t	ext
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	none	None
	symptoms or problems that could have been related to high blood pressure?	headache	Severe headache
	Select all that apply.	fatigue	Fatigue
		confusion	Confusion
		vision	Vision problems
		angina	Chest pain (angina)

		breating	Difficu breath	Ity breathing, shortness of
		your ch		ar heartbeat (fluttering in hest, racing eat/tachycardia, slow eat/bradycardia)
			in the urine	
			ing in your chest, neck or	
		dkremember	Don't l	know/don't remember
		other	Other:	specify
		refused	Refuse	ed
recent_visit_symp_other	Specify other:	User entered text		
recent_visit_facility	Where did you consult?	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_phamacy		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_visit_provider	Who did you consult?	provider_gp		General practitioner, non-specialist physician or unknown speciality doctor

		provider_specialis provider_dentist provider_nurse provider_pharman provider_chw provider_allied provider_tradition provider_dkremen other refused	specialist physician Dentist Nurse Cist Pharmacist Community health worker Other health professional (midwife, nursing assistant, physiotherapist) Traditional healer
recent_visit_provider_other	Specify other:	User entered text	
recent_visit_sector	Was the care provided by the government, privately, non-governmental organisation?	government private ngo dkremember refused	Government Private NGO Don't know/remember Refused
recent_visit_reason_visit	What was the main reason for the consultation?	routine_check heart_prob diabetes_check other_check bp_worries	A routine health check-up/visit with a health professional A visit with a health professional for a problem with your heart A visit with a health professional for diabetes management A visit with a health professional for some health condition other than heart problems or diabetes You were worried about blood pressure and/or had symptoms

		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	usual_provider	This is my usual provider
provider?	provider:	know_provider	We know each other well and/or usually he/she treats my family
		convenient_near	r It is nearby / convenient
		referrered_provi	der Referred/recommended by another health care provider
recommended_far	Recommended by family or friend		
	covered_insurance	insurance/ work arrangements	
		advertisement by_chance	I saw/heard/read an advertisement/notice
			I came across them by chance/emergency/no other choice, self-referred
		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 this treatment/consultation?	User entered text	
reserved_name_for_field_list_labels_595		yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
		dkremember	Don't know/reme

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

		dkremember	Don't know/remember
		refused	Refused
recent_visit_other	Other	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	Osci cincica text	
recent_visit_fu	Were you instructed to return for a follow up visit?	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?	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
recent_visit_rx	Did you receive a prescription or any	yes	Yes
	advice for any type of treatment?	no	No
		dkremember	Don't know/remember
		refused	Refused
recent_visit_obtaintx	Did you obtain or purchase any	yes	Yes
	medication, treatment or intervention in	no	No
	response to this prescription/advice (including any herbal or traditional	dkremember	Don't know/remember
	medicines)?	refused	Refused
		Totuseu	TOTUSOU
recent_visit_lifestyle	Did you receive any advice to make any		\ <u>\</u>
	lifestyle changes (e.g. quit smoking,	yes	Yes
		no	No

	reduce alcohol intake, reduce salt intake,	dkremember	Don't know/remember
	increase fruit and vegetable intake, increase physical activity, lose weight)?	refused	Refused
group_fu7	Hidden from user		
recent_visit_distance	How far from your home did this treatment/consultation take place?	home	At home
	treatment/consultation take place:	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	public	Public transportation
	that you used to attend this treatment/consultation?	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 tex	t
ecent_visit_duration	How long did this visit to the provider last	10min	Less than 10 minutes
	(including waiting time, time for treatment/consultation, tests, etc.)?	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

		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	yes	Yes
	have to take any time off of work to care for you?	no	No
		dkremember	Don't know/remember
		refused	Refused
recent_visit_hhoffdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered intege	г
recent_visit_carer	Did you have to hire someone to provide	yes	Yes
	care for you?	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?	insurance	Total cost paid for by health insurance
	Please include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so	government	Total cost paid by government (e.g. government hospital)
	forth. Select all that apply.	share_govt	Shared cost (between self and any insurance)
		share_insurance	Shared cost (between self and government)
		share_govt_insura	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

		borrow_bank borrow_lender sell_productive sell_non_productive pawn other_job out_school stop_treat move_house dkremember other refused	authorities or civil society organisations Borrowed money from bank/financial institution Borrowed money from money lender Sold productive assets (livestock, property) Sold non-productive assets (jewellery, furniture) Pawned items Took on another job Took child out of school Stopped taking treatments Moved to cheaper accommodation Don't know/remember Other Refused
recent_visit_pay_other recent_visit_cost	Specify other: How many Pesos in total did you spend for this specific instance? Please only include all costs that paid for out-of-pocked 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 text User entered integer	
recent_visit_resolved	Do you feel that any health issues discussed during this visit were resolved?	resolved_total resolved_mostly resolved_somewhat resolved_not resolved_dkremember	Totally resolved Mostly resolved Somewhat resolved Not resolved Don't know/remember

		refused		Refused
recent_visit_satisfied	Were you satisfied with the care that you received during this visit?	very_satisfied	5 - Ve	ery satisfied
		fairly_satisfied	4 - Fa	airly satisfied
		neither	3 - Ne	either satisfied or tisfied
		fairly_dissatisfi	ed 2 - Fa	airly dissatisfied
		very_dissatisfie	ed 1 - Ve	ery dissatisfied
		dkremember	Don't	know/remember
		refused	Refus	sed
recent_visit_outcome	very_sati		5 - Ve	ery satisfied
	visit regarding your blood pressure?	fairly_satisfied	4 - Fa	airly satisfied
		neither	3 - Ne	either satisfied or tisfied
		fairly_dissatisfi	ed 2 - Fa	airly dissatisfied
		very_dissatisfie	ed 1 - Ve	ery dissatisfied
		dkremember	Don't	know/remember
		refused	Refus	sed
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	prof_hosp	Health pro	ofessional at hospital
	blood pressure, who is your main point of contact, and you see most often (Select up to two answers)	prof_clinic		ofessional outpatient g. health centre, health c)
		pharmacist	Pharmaci	st at retail pharmacy
		gp_private	Private pl	nysician
		other_private	Other priv	vate health professional
		chw		ty or mission health ring home or community
		trad_healer	Traditiona	al healer

		friend_famil	Colleague, friend or family member	
		dk	Don't know	
		other	Other	
		refused	Refused	
regular_provider_other	Specify other:	User entered	l text	
regular_provider_visit	How often do you see this/these	monthly	Once a month	
	provider(s)?	bimonthly	Once every 2 months	
		trimonthly	Once every 3 months	
		4_5monthly	Once every 4-5 monhts	
		6_12month	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?	day Daily		
		week S	Several times a week	
		monthly Several times a month		
		year S	Several times a year	
		annual C	Once a year	
			Once every 2 or 3 years or more eldom	
		dk D	Oon't know	
		refused F	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	facility_home	At home
	care?	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_phamacy	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
ua_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_pharmacis	Pharmacist
		provider_chw	Community health worker
		provider_allied	Other health professional (midwife, nursing assistant, physiotherapist)
		provider_traditional	Traditional healer
		provider_dkrememb	er Don't know/remember
		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?	government	Government
	pstory, non-governmental organization.	private	Private
		ngo	NGO
		dkremember	Don't know/remember

		refused	Refused
ua_recent_regular_visit_reason_person	Why do you seek care from this particular	usual_provider	This is my usual provider
	provider?	know_provider	We know each other well and/or usually he/she treats my family
		convenient_near	It is nearby / convenient
		referrered_provider Referred/recommended by another health care provider	
		recommended_fa	mily Recommended by family or friend
		covered_insuranc	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	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	
eserved_name_for_field_list_labels_656		yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
a_recent_regular_visit_bp	Blood pressure measurement		v
0		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	yes	Yes
		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_regular_visit_other_text	Specify other:	User entered tex	ĸt
ua_group_recent_regularfu7	Hidden from user		
ua_recent_regular_visit_distance	How far from your home do these	home	At home
	treatments/consultations take place?	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_regular_visit_transport	What is the main mode of transportation	public	Public transportation
	that you use to attend this treatments/consultations?	taxi	Taxi
	treatments/consultations:	private	Private vehicle
		walk	Walk
		dkremember	Don't know/remember
		other	Other, specify
		refused	Refused
ua_recent_regular_visit_transport_other	Specify other:	User entered tex	xt
ua_recent_regular_visit_duration	How long do these visits to the provider	10min	Less than 10 minutes
	typically last (including waiting time, time for treatment/consultation, tests, etc.)?	30min	10-29 minutes
	io. a camoniconiculation, tests, etc./:	1hour	30-59 minutes
		2hours	1-2 hours
		2+hours	2 hours or more
		dkremember	Don't know/remember
		refused	Refused

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 intege	r	
ua_recent_regular_visit_hhoff	Do any other members of your household	yes	Yes	
	have to take any time off of work to care for you?	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 intege	r	
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 intege	r	
ua_recent_regular_visit_pay	How do you pay for the care costs associated with these regular visits?	insurance	Total cost paid for by health insurance	
	Please include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so	government	Total cost paid by government (e.g. government hospital)	
	forth. Select all that apply.	share_govt	Shared cost (between self and any insurance)	
		share_insurance	Shared cost (between self and government)	
		share_govt_insura	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/employe
borrow_org	Borrowed from authorities or civil socie 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

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-pocked 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

ua_group_recent3_count	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.] Hidden from user			
	Hidden from user			
ua_group_recent3 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	none	None	
	symptoms or problems? Select all that apply.	headache	Sever	e headache
		fatigue	Fatigu	е
		confusion	Confusion	
		vision	Vision problems	
		angina	Chest pain (angina)	
		breating	Difficulty breathing, shortness of breath	
		arrhythmia	your c	lar heartbeat (fluttering in hest, racing peat/tachycardia, slow peat/bradycardia)
		urine	Blood in the urine	
		palpitation	Pound	ling in your chest, neck or
		dkremember	Don't	know/don't remember
		other	Other: specify	
		refused	Refused	
ua_recent_visit_symp_other	Specify other:	User entered to	ext	
ua_recent_visit_facility	Where did you consult?	facility_home		At home
		facility_clinic Clinic, health centre post		Clinic, health centre, health post
		facility_hospe	merg	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_phamacy	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
ua_recent_visit_provider Who you consult?	Who you consult?	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_dkrememb	er Don't know/remember
		other	Other
		refused	Refused
ua_recent_visit_provider_other	Specify other:	User entered text	
ua_recent_visit_sector	Was the care provided by the government,	government	Government

	privately, non-governmental organisation?	private	Private	
		ngo	NGO	
		dkremember	Don't know/remember	
		refused	Refused	
ua_recent_visit_reason_visit	What was the main reason for the consultation?	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	
	dkrer	bp_worries	You were worried about blood pressure and/or had symptoms	
		dkremember	Don't know/remember	
		other	Other	
		refused	Refused	
ua_recent_visit_reason_visit_other	Specify other:	User entered text		
ua_recent_visit_reason_person	Why did you seek care from this particular	usual_provider	This is my usual provider	
	provider?	know_provider	We know each other well and/or usually he/she treats my family	
		convenient_near	It is nearby / convenient	
		referrered_provid	der Referred/recommended by another health care provider	
		recommended_family Recommended by or friend		
		covered_insuran	ce 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	yes	Yes
	up visit?	no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_refer	Were you referred to seek care from	yes	Yes
	another type of health care provider?		

		no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_rx	Did you receive a prescription or any	yes	Yes
	advice for any type of medication, treatment or intervention?	no	No
		dkremember	Don't know/remember
		refused	Refused
ua_recent_visit_obtaintx	Did you obtain or purchase any medication, treatment or intervention in	yes	Yes
	response to this prescription/advice	no	No
	(including any herbal or traditional	dkremember	Don't know/remember
	medicines)?	refused	Refused
ua_recent_visit_lifestyle	Did you receive any advice to make any	yes	Yes
	lifestyle changes (e.g. quit smoking, reduce alcohol intake, reduce salt intake,	no	No
	increase fruit and vegetable intake,	dkremember	Don't know/remember
	increase physical activity, lose weight)?	refused	Refused
ua_group_fu7	Hidden from user		
ua_recent_visit_distance	How far from your home did this	home	At home
	treatment/consultation take place?	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	public	Public transportation
	that you used to attend this treatment/consultation?	taxi	Taxi
		private	Private vehicle
		walk	Walk

		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	10min	Less than 10 minutes	
	treatment/consultation, tests, etc.)?	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	
ua_recent_visit_off	Did you have to take any time off of work?	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			Yes	
	have to take any time off of work to care for you?	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	yes	Yes	
	care for you?	no	No	
		dkremember	Don't know/remember	
		refused	Refused	
ua_recent_visit_carerdays	If yes, how many days? Leave blank if	User entered intege	er	

	don't know or don't remember.		
associated with the specific instance? I linked to the care e transportation, tests other treatments, c	How did you pay for the care costs associated with the treatment for this	insurance	Total cost paid for by health insurance
	specific instance? Please include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees,	government	Total cost paid by government (e.g. government hospital)
	caregiver fees and so forth. Select all that apply.	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	F	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-pocked 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 intege	er		
ua_recent_visit_resolved	Do you feel that any health issues	resolved_total		Totally resolved	
	discussed during this visit were resolved?	resolved_mostly		Mostly resolved	
		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?	very_satisfied	5 - Ve	ery satisfied	
	received during this visit:	fairly_satisfied	4 - Fa	airly satisfied	
		neither	3 - Ne	either satisfied or tisfied	
		fairly_dissatisfied 2 - Fa		Fairly dissatisfied	
		very_dissatisfied	1 - Ve	ery dissatisfied	
		dkremember	Don't know/remember		
		refused Refused		sed	
ua_recent_visit_outcome	Were you satisfied with the outcome of this visit regarding your blood pressure?	very_satisfied	5 - Ve	ery satisfied	
	viole regarding your blood pressure?	fairly_satisfied	fairly_satisfied 4 - Fairly satisfied		
		neither	3 - Ne	either satisfied or	
		fairly_dissatisfied	2 - Fa	airly dissatisfied	

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. 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)	dkremember refused User entered tex prof_hosp prof_clinic pharmacist gp_private	Don't know/remember Refused At Health professional at hospital Health professional outpatient facility (e.g. health centre, health post, clinic) Pharmacist at retail pharmacy Private physician
experience or instance of receiving care during the last 12 months, unless all experiences have been covered. In relation to the management of your overall health, who is your main point of contact, and you see most often (Select up	prof_hosp prof_clinic pharmacist gp_private	Health professional at hospital Health professional outpatient facility (e.g. health centre, health post, clinic) Pharmacist at retail pharmacy
experience or instance of receiving care during the last 12 months, unless all experiences have been covered. In relation to the management of your overall health, who is your main point of contact, and you see most often (Select up	prof_hosp prof_clinic pharmacist gp_private	Health professional at hospital Health professional outpatient facility (e.g. health centre, health post, clinic) Pharmacist at retail pharmacy
overall health, who is your main point of contact, and you see most often (Select up	prof_clinic pharmacist gp_private	Health professional outpatient facility (e.g. health centre, health post, clinic) Pharmacist at retail pharmacy
		Private physician
	other private	
	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
Considerations	Lieur entered to	
	Oser entered tex	xt
provider(s)?	monthly	Once a month
	bimonthly	Once every 2 months
	trimonthly	Once every 3 months
	4_5monthly	Once every 4-5 monhts
		Sometimes (once every 6-12 months)
	rarely	Rarely (less than once per year)
	dk	Don't know
	refused	Refused
	Specify other: How often do you see this/these provider(s)?	trad_healer friend_family dk other refused Specify other: User entered te: How often do you see this/these provider(s)? monthly bimonthly trimonthly 4_5monthly 6_12monthly rarely dk

ua_regular_bp_measure	Overall, how often is your blood pressure measured currently?	day Daily		
	,	week	Several times a week	
		monthly	Several	times a month
		year	Several	times a year
		annual	Once a	year
		seldom	Once e	very 2 or 3 years or more
		dk	Don't kr	now
		refused	Refuse	d
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		notatall		1 - Not at all
		notmuch		2 - Not very much
		quite		3 - Quite a lot
		greatdea	I	4 - A great deal
		refused		Refused
trust_neighbour	Your neighbourhood	notatall		1 - Not at all
		notmuch		2 - Not very much
		quite		3 - Quite a lot
		greatdea	I	4 - A great deal
		refused		Refused
trust_personal	People you know personally	notatall		1 - Not at all
		notmuch		2 - Not very much
		quite		3 - Quite a lot
		greatdea	I	4 - A great deal
		refused		Refused

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	
member_sport	Sport or recreational organisation	nonmember	Don't belong Inactive member	

		active	Active member	
		refused	Refused	
member_culture	Art, music or educational organisation			
member_editare	Art, music of educational organisation	nonmember	Don't belong	
		inactive	Inactive member	
		active	Active member	
		refused	Refused	
member_charity	Humanitarian or charitable organisation	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		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	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	notatall	1 - Not at all	
		notmuch	2 - Not very much	
		quite	3 - Quite a lot	
		greatdeal	4 - A great deal	
		refused	Refused	

The health system The fused The your dissatisfied on the special system The your dissatisfied are your distance of the system of the system The system system The health system Th					
quite 3 - Quite a lot greatdeal 4 - A great deal refused Refused The health system The	confidence_government	The government	notatall	1 - N	lot at all
The health system The health sy			notmuch 2 -		lot very much
The health system The health sy			quite 3 - 0		Quite a lot
The health system The fused The yer dissatisfied			greatdeal	4 - A	great deal
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? 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? All things considered, how satisfied are you with your life as a whole the scale below and 10 means you are 'very dissatisfied' 2 2 3 3 3 4 4 5 5 5 6 6 6 7 7 7 8 8 8 8 9 9 9 10_very_satisfied refused Refused Ifvery_satisfied			refused	Refu	ised
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? 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? All things considered, how satisfied are you with your life as a whole the scale below and 10 means you are 'very dissatisfied' 2 2 3 3 3 4 4 5 5 5 6 6 6 7 7 7 8 8 8 8 9 9 9 10_very_satisfied refused Refused Ifvery_satisfied					
quite 3 - Quite a lot greatdeal 4 - A great deal refused Refused 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? 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? 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. To have the sat all and they are satisfied are you dissatisfied 1 - very dissatisfied 2 2 3 3 4 4 1 - no choice at all 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7	confidence_hs	The health system	notatall	1 - N	lot at all
greatdeal 4 - A great deal refused Refused 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? All things considered, how satisfied are you with your life as a whole these days? If 1 means you are 'very satisfied', where would you put your satisfied with your life as a whole? All things considered, how satisfied are you with your life as a whole these days? If 1 were you dissatisfied 2 2 3 3 3 4 4 4 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 10_very_satisfied refused Refused If 1 or very satisfied refused Refused 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.			notmuch	2 - N	lot very much
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? All things considered, how satisfied are you with your life as a whole these days? If 1 means you are "very satisfied", where would you put your satisfaction with your life as a whole? 5 5 6 6 6 7 7 7 8 8 8 9 9 10_very_satisfied 10 - very satisfied refused Refused If 1 - no choice at all 10 - very satisfied refused Refused 1 - very dissatisfied 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			quite	3 - 0	Quite a lot
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? 1			greatdeal	4 - A	great deal
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? 2 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 8 9 9 9 10_very_satisfied 10 - very satisfied refused Refused If e_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.			refused	Refu	ised
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? 2 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 8 9 9 9 10_very_satisfied 10 - very satisfied refused Refused If e_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.					
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? 2 3 3 3 4 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8 8 9 9 9 10_very_satisfied 10 - very satisfied refused Refused 3 3 3 4 4 5 5 6 6 6 7 7 7 8 8 8 8 9 9 9 10_very_satisfied 10 - very satisfied refused Refused 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	life_satisfied		1_very dissa	tisfied	1 - very dissatisfied
satisfied", where would you put your satisfaction with your life as a whole? 4 4 5 5 6 6 6 7 7 7 8 8 8 8 9 9 9 10_very_satisfied refused Refused 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.			2		2
satisfaction with your life as a whole? 4			3		3
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.			4		4
7 7 8 8 8 8 9 9 9 10_very_satisfied 10 - very satisfied refused Refused 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. 1			5		5
8 8 9 9 9 10_very_satisfied 10 - very satisfied refused Refused 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. 1			6		6
9 9 10_very_satisfied 10 - very satisfied refused Refused 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. 9 10_very_satisfied 10 - very satisfied refused 11 - no choice at all 2 2 3 3 3 4 4 4 5 5 5 6 6 6 6 7 7 7			7		7
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. 1			8		8
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. The fused in the fu			9		9
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. 1			10_very_satisfied		10 - very satisfied
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. 1			refused		Refused
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. 1					
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. 2 3 3 4 4 5 5 6 6 7 7	life_control		1	1 - no cho	pice at all
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. 4 4 5 5 6 6 7 7			2	2	
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. 4 4 5 5 6 6 7 7			3	3	
great deal of choice" to indicate how much freedom of choice and control you feel you have over the way your life turns out. 5 6 7 7			4 4		
have over the way your life turns out. 6 6 7 7		great deal of choice" to indicate how much	5	5	
7 7			6	6	
8 8		ovor and may your mo turns out.	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_heredity	There is nothing you can do; health is	agree1	1 - Strongly disagree	
	determined by heredity	agree2	2 - Disagree	
		agree3	3 - Agree	
		agree4	4 - Strongly agree	
		agree5	Don't know	
		refused	Refused	
fatalism_healthy	ism_healthy Keeping healthy depends upon the things that one can do	agree1	1 - Strongly disagree	
	that one can do	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	agree1	1 - Strongly disagree	
attack		agree2	2 - Disagree	
		agree3	3 - Agree	
		agree4	4 - Strongly agree	
		agree5	Don't know	

		refused	Refused	
fatalism_cancer	There are certain things that one can do for oneself to reduce the risk of getting cancer	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		yes	Yes	
		no	No	
		dk	Don't know	
		refused	Refused	
rely_depress	If you were feeling low, sad or depressed	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	yes	Yes	
	yoursell of a member of your family	no	No	
		dk	Don't know	
		refused	Refused	
rely_borrow	If you needed to borrow money to pay an	yes	Yes	
	urgent bill like electricity, gas, rent or mortgage	no	No	
		dk	Don't know	
		refused	Refused	

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. Parent Respondent's husband or wife child Respondent's children parent Respondent's parents others Other adults end2 In general, what was the respondent's others Other adults In general, what was the respondent's 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	
end2 In general, what was the respondent's attitude during the interview? In general, what was the respondent's friendly attitude during the interview? In general, what was the respondent's children parent attitude during the interview? Friendly Friendly, interested 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 Teferletter Were referral letters provided to household members as required? Yes Yes	
end2 In general, what was the respondent's others others Other adults friendly Friendly, interested cooperative 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	
end2 In general, what was the respondent's attitude during the interview? In general, what was the respondent's attitude during the interview? 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?	
end2 In general, what was the respondent's attitude during the interview? 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?	
end2 In general, what was the respondent's attitude during the interview? In general, what was the respondent's attitude during the interview? Friendly Friendly, interested 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 Friendly Friendly, interested was cooperative, but not particularly interested impatient, worried hostile Understood well notwell Did not understand very well poorly Understood poorly	
end3 Did the respondent understand the questions? Did the respondent understand the questions? Did not understand very well poorly Were referral letters provided to household members as required?	
end3 Did the respondent understand the questions? 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	
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	
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	
questions? notwell Did not understand very well	
questions? notwell Did not understand very well	
referletter Were referral letters provided to household members as required? poorly Did not understand very well poorly Understood poorly	
referletter Were referral letters provided to household members as required? yes Yes	
members as required?	
members as required?	
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 User entered text	
note_end	
time_end	
result Final result complete Completed full interview	
screening Screening not complete	

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