

































































































































Variable Name	Question Text	Saved Value																														
note_title	RESPOND Household and Micro-Costing Follow-up Survey	User entered text																														
group_participant	Hidden from user																															
coversheet	Cover sheet	User entered text																														
note_px	Details of hypertensive participant to follow up	User entered text																														
state	Province/City	<table><tr><td>1</td><td>Quezon Province</td></tr><tr><td>2</td><td>Valenzuela City</td></tr></table>	1	Quezon Province	2	Valenzuela City																										
1	Quezon Province																															
2	Valenzuela City																															
mukim	Municipality	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																														
																																
																																
																																
																																
																																
																																
kampung	Barangay	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																														
																																
																																
																																
																																
																																
																																
																																
																																
																																
																																
																																
																																
																																
																																
																																

		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>						
namelast	Last name	User entered text						
namefirst	First name(s)	User entered text						
urbrur	Urban-rural setting	<table> <tr> <td>1</td><td>Urban</td></tr> <tr> <td>0</td><td>Rural</td></tr> </table>	1	Urban	0	Rural		
1	Urban							
0	Rural							
hx_hyp	Hypertension/high blood pressure at baseline	<table> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	99	Refused
1	Yes							
0	No							
99	Refused							
sex	Sex	<table> <tr> <td>1</td><td>Female</td></tr> <tr> <td>0</td><td>Male</td></tr> </table>	1	Female	0	Male		
1	Female							
0	Male							
ethnicity	Belongs to an indigenous group?	<table> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	99	Refused
1	Yes							
0	No							
99	Refused							
birthdate	Date of birth	User selected date						
age	Age in years at baseline	User entered integer						
address1	Address (line 1)	User entered text						
address2	Address (line 2)	User entered text						
address3	Address (line 3)	User entered text						
numbermobile	Mobile telephone number	User entered text						
other_contact1	Alternative telephone number (e.g. landline, second mobile, etc.)	User entered text						
other_contact	Other contact (additional phone number, email)	User entered text						
marital	Marital status	<table> <tr> <td>1</td><td>Never married</td></tr> </table>	1	Never married				
1	Never married							

		<table><tr><td>2</td><td>Currently married</td></tr><tr><td>3</td><td>Living with partner but not married</td></tr><tr><td>4</td><td>Widowed</td></tr><tr><td>5</td><td>Separated</td></tr><tr><td>6</td><td>Divorced</td></tr></table>	2	Currently married	3	Living with partner but not married	4	Widowed	5	Separated	6	Divorced				
2	Currently married															
3	Living with partner but not married															
4	Widowed															
5	Separated															
6	Divorced															
note_gis	Geographic coordinates of household	User entered text														
latitude	Latitude (N)	User entered decimal														
longitude	Longitude (E)	User entered decimal														
group_attempt	Hidden from user															
interviewer	Interviewer name	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>														
note_contact	[INTERVIEWER: please attempt at least three visits to re-establish contact with the participant]	User entered text														
attempt1	Date of follow up attempt 1	User selected date														
contact1	Was household contact established?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused								
1	Yes															
0	No															
99	Refused															
nocontact1	If no, select one of the following reasons	<table><tr><td>1</td><td>Sent away by security</td></tr><tr><td>2</td><td>Door locked</td></tr><tr><td>3</td><td>Neighbour reported family moved</td></tr><tr><td>4</td><td>Moved, address unknown</td></tr><tr><td>5</td><td>Original house not there</td></tr><tr><td>6</td><td>Unable to reach via telephone</td></tr><tr><td>7</td><td>Unable to reach via mail</td></tr></table>	1	Sent away by security	2	Door locked	3	Neighbour reported family moved	4	Moved, address unknown	5	Original house not there	6	Unable to reach via telephone	7	Unable to reach via mail
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2	Door locked															
3	Neighbour reported family moved															
4	Moved, address unknown															
5	Original house not there															
6	Unable to reach via telephone															
7	Unable to reach via mail															
attempt2	Date of follow up attempt 2 (do not complete if not applicable)	User selected date														
contact2	Was household contact established?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused								
1	Yes															
0	No															
99	Refused															
nocontact2	If no, select one of the following reasons	<table><tr><td></td><td></td></tr></table>														

		<table border="1"> <tr><td>1</td><td>Sent away by security</td></tr> <tr><td>2</td><td>Door locked</td></tr> <tr><td>3</td><td>Neighbour reported family moved</td></tr> <tr><td>4</td><td>Moved, address unknown</td></tr> <tr><td>5</td><td>Original house not there</td></tr> <tr><td>6</td><td>Unable to reach via telephone</td></tr> <tr><td>7</td><td>Unable to reach via mail</td></tr> </table>	1	Sent away by security	2	Door locked	3	Neighbour reported family moved	4	Moved, address unknown	5	Original house not there	6	Unable to reach via telephone	7	Unable to reach via mail
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4	Moved, address unknown															
5	Original house not there															
6	Unable to reach via telephone															
7	Unable to reach via mail															
attempt3	Date of follow up attempt 3 (do not complete if not applicable)	User selected date														
contact3	Was household contact established?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	99	Refused								
1	Yes															
0	No															
99	Refused															
nocontact3	If no, select one of the following reasons	<table border="1"> <tr><td>1</td><td>Sent away by security</td></tr> <tr><td>2</td><td>Door locked</td></tr> <tr><td>3</td><td>Neighbour reported family moved</td></tr> <tr><td>4</td><td>Moved, address unknown</td></tr> <tr><td>5</td><td>Original house not there</td></tr> <tr><td>6</td><td>Unable to reach via telephone</td></tr> <tr><td>7</td><td>Unable to reach via mail</td></tr> </table>	1	Sent away by security	2	Door locked	3	Neighbour reported family moved	4	Moved, address unknown	5	Original house not there	6	Unable to reach via telephone	7	Unable to reach via mail
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4	Moved, address unknown															
5	Original house not there															
6	Unable to reach via telephone															
7	Unable to reach via mail															
attempt4	Date of follow up attempt 4 (do not complete if not applicable)	User selected date														
contact4	Was household contact established?	<table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	99	Refused								
1	Yes															
0	No															
99	Refused															
nocontact4	If no, select one of the following reasons	<table border="1"> <tr><td>1</td><td>Sent away by security</td></tr> <tr><td>2</td><td>Door locked</td></tr> <tr><td>3</td><td>Neighbour reported family moved</td></tr> <tr><td>4</td><td>Moved, address unknown</td></tr> <tr><td>5</td><td>Original house not there</td></tr> <tr><td>6</td><td>Unable to reach via telephone</td></tr> <tr><td>7</td><td>Unable to reach via mail</td></tr> </table>	1	Sent away by security	2	Door locked	3	Neighbour reported family moved	4	Moved, address unknown	5	Original house not there	6	Unable to reach via telephone	7	Unable to reach via mail
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4	Moved, address unknown															
5	Original house not there															
6	Unable to reach via telephone															
7	Unable to reach via mail															

attempt5	Date of follow up attempt 5 (do not complete if not applicable)	User selected date	
contact5	Was household contact established?	1	Yes
		0	No
		99	Refused
nocontact5	If no, select one of the following reasons	1	Sent away by security
		2	Door locked
		3	Neighbour reported family moved
		4	Moved, address unknown
		5	Original house not there
		6	Unable to reach via telephone
		7	Unable to reach via mail
note_moveon	[INTERVIEWER: please attempt to follow up the next participant]	User entered text	
group_screen	Hidden from user		
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 revisiting participating households with adults that have high blood pressure/hypertension in order to re-interview them.	User entered text	
alive	[INTERVIEWER: Is the participant alive?]	1	Yes
		0	No
		98	Unknown
group_dead	Hidden from user		
death_date	If no, date of death:	User selected date	
death_cause	If no, cause of death:	1	Heart Disease (including heart attack, heart failure)
		2	Stroke
		3	Cancer
		4	COPD/Chronic Bronchitis/Emphysema
		5	Asthma
		6	Pneumonia

		<table><tr><td>7</td><td>Tuberculosis (TB)</td></tr><tr><td>8</td><td>HIV/AIDS</td></tr><tr><td>9</td><td>Typhoid</td></tr><tr><td>10</td><td>Malaria</td></tr><tr><td>11</td><td>Diarrhoea and Gastroenteritis / Dysentery</td></tr><tr><td>12</td><td>Related to pregnancy</td></tr><tr><td>13</td><td>Road traffic accident as a driver or passenger in a vehicle (e.g. car, bus, train)</td></tr><tr><td>14</td><td>Road traffic accident as a driver or passenger on a motorized 2-wheeler</td></tr><tr><td>15</td><td>Road traffic accident as a pedestrian</td></tr><tr><td>16</td><td>Road traffic accident as a cyclist</td></tr><tr><td>17</td><td>Falls</td></tr><tr><td>18</td><td>Burns</td></tr><tr><td>19</td><td>Drowning</td></tr><tr><td>20</td><td>Self harm / suicide</td></tr><tr><td>21</td><td>Kidney disease</td></tr><tr><td>22</td><td>Liver disease</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>96</td><td>Other, please specify</td></tr></table>	7	Tuberculosis (TB)	8	HIV/AIDS	9	Typhoid	10	Malaria	11	Diarrhoea and Gastroenteritis / Dysentery	12	Related to pregnancy	13	Road traffic accident as a driver or passenger in a vehicle (e.g. car, bus, train)	14	Road traffic accident as a driver or passenger on a motorized 2-wheeler	15	Road traffic accident as a pedestrian	16	Road traffic accident as a cyclist	17	Falls	18	Burns	19	Drowning	20	Self harm / suicide	21	Kidney disease	22	Liver disease	98	Unknown	96	Other, please specify
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21	Kidney disease																																					
22	Liver disease																																					
98	Unknown																																					
96	Other, please specify																																					
death_causeoth	Specify other cause of death	User entered text																																				
note_followup	[INTERVIEWER: Please approach the participant saying] We would like conduct a follow-up interview for 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 continue your participation in the study, please remember that you can stop and change your mind at any point during the interview. Otherwise, if you do not wish to continue and would like to withdraw your consent, you can tell me know.	User entered text																																				
followupstat	[INTERVIEWER: Please select participant's follow-up status. Select one option only.]	<table><tr><td>1</td><td>Agreed to continue participating in</td></tr></table>	1	Agreed to continue participating in																																		
1	Agreed to continue participating in																																					

		<table><tr><td></td><td>follow-up</td></tr><tr><td>2</td><td>Subject is alive (via family member, relative, friend, neighbour or other), but direct contact cannot be established; no further details can be provided for this current follow-up visit [END INTERVIEW]</td></tr><tr><td>3</td><td>Refused to continue participating in follow-up [END INTERVIEW]</td></tr><tr><td>4</td><td>Lost to follow-up [END INTERVIEW]</td></tr></table>		follow-up	2	Subject is alive (via family member, relative, friend, neighbour or other), but direct contact cannot be established; no further details can be provided for this current follow-up visit [END INTERVIEW]	3	Refused to continue participating in follow-up [END INTERVIEW]	4	Lost to follow-up [END INTERVIEW]
	follow-up									
2	Subject is alive (via family member, relative, friend, neighbour or other), but direct contact cannot be established; no further details can be provided for this current follow-up visit [END INTERVIEW]									
3	Refused to continue participating in follow-up [END INTERVIEW]									
4	Lost to follow-up [END INTERVIEW]									
note_endint	[INTERVIEWER: Thank the individual for their time, complete section 8, and please attempt to follow up the next participant]	User entered text								
proceed	Hidden from user									
group_sec1	Hidden from user									
note_sec1	Section 1: Follow up household census and participant update	User entered text								
note_proceed	Thank you for agreeing to continue. Let me assure you that any information you provide is strictly confidential.	User entered text								
addresschg	Has household contact address changed?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/don't remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/don't remember	99	Refused
1	Yes									
0	No									
98	Don't know/don't remember									
99	Refused									
group_addresschg	Hidden from user									
note_addresschg	If yes, details of new address:	User entered text								
addresschg1	New address (line 1)	User entered text								
addresschg2	New address (line 2)	User entered text								
addresschg3	New address (line 3)	User entered text								
mobilechg	Has your mobile number changed?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/don't remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/don't remember	99	Refused
1	Yes									
0	No									
98	Don't know/don't remember									
99	Refused									
numbermobilechg	New mobile telephone number	User entered text								

note_hxrec	Did any of the following events/ new diagnoses occur since the last interview (within the past 12 months or so)? Select all that apply.	User entered text	
hx_hyprec	Hypertension/high blood pressure	1	Yes
		0	No
		99	Refused
group_hyprec	Hidden from user		
hx_hypmedsrec	Do you take any regular treatments or medications for this condition?	1	Yes
		0	No
		99	Refused
hx_hypprofreq	Do you regularly see a health professional about this condition?	1	Yes
		0	No
		99	Refused
hx_dmrec	Diabetes	1	Yes
		0	No
		99	Refused
hx_dm_grouprec	Hidden from user		
hx_dmmedsrec	Do you take any regular treatments or medications for this condition?	1	Yes
		0	No
		99	Refused
hx_dmprofreq	Do you regularly see a health professional about this condition?	1	Yes
		0	No
		99	Refused
hx_strrec	Stroke	1	Yes
		0	No
		99	Refused
hx_str_grouprec	Hidden from user		
hx_strmedsrec	Do you take any regular treatments or medications for this condition?	1	Yes

		<table><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	0	No	99	Refused		
0	No							
99	Refused							
hx_strprofrec	Do you regularly see a health professional about this condition?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused
1	Yes							
0	No							
99	Refused							
hx_harec	Heart attack	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused
1	Yes							
0	No							
99	Refused							
hx_ha_grouprec	Hidden from user							
hx_hamedsrec	Do you take any regular treatments or medications for this condition?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused
1	Yes							
0	No							
99	Refused							
hx_haprofrec	Do you regularly see a health professional about this condition?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused
1	Yes							
0	No							
99	Refused							
hx_hfrec	Heart failure	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused
1	Yes							
0	No							
99	Refused							
hx_hf_grouprec	Hidden from user							
hx_hfmedsrec	Do you take any regular treatments or medications for this condition?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused
1	Yes							
0	No							
99	Refused							
hx_hfprofrec	Do you regularly see a health professional about this condition?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused
1	Yes							
0	No							
99	Refused							
hx_carec	Cancer	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes							
0	No							

		99	Refused
hx_ca_grouprec	Hidden from user		
hx_camedsrec	Do you take any regular treatments or medications for this condition?	1	Yes
		0	No
		99	Refused
hx_caprofreq	Do you regularly see a health professional about this condition?	1	Yes
		0	No
		99	Refused
hx_coprec	COPD (Chronic obstructive pulmonary disease, which is a chronic lung disease causing obstructed airflow from the lungs)	1	Yes
		0	No
		99	Refused
hx_cop_grouprec	Hidden from user		
hx_copmedsrec	Do you take any regular treatments or medications for this condition?	1	Yes
		0	No
		99	Refused
hx_coprofreq	Do you regularly see a health professional about this condition?	1	Yes
		0	No
		99	Refused
hx_astrec	Asthma	1	Yes
		0	No
		99	Refused
hx_ast_grouprec	Hidden from user		
hx_astmedsrec	Do you take any regular treatments or medications for this condition?	1	Yes
		0	No
		99	Refused
hx_astprofreq	Do you regularly see a health professional about this condition?	1	Yes

		0	No
		99	Refused
hx_vhdrec	Damage to the valves of your heart (valvular heart disease)	1	Yes
		0	No
		99	Refused
hx_vhd_grouprec	Hidden from user		
hx_vhdmedsrec	Do you take any regular treatments or medications for this condition?	1	Yes
		0	No
		99	Refused
hx_vhdprofrec	Do you regularly see a health professional about this condition?	1	Yes
		0	No
		99	Refused
hx_injrec	Any injuries that were serious enough to limit your normal activities for at least one day	1	Yes
		0	No
		99	Refused
hx_inj_grouprec	Hidden from user		
hx_injmedsrec	Do you take any regular treatments or medications for this condition?	1	Yes
		0	No
		99	Refused
hx_injprofrec	Do you regularly see a health professional about this condition?	1	Yes
		0	No
		99	Refused
group_hhsize	Hidden from user		
note_screen2rec	Number of individuals living in your household by age group:	User entered text	
members35rec	<35 years	User entered integer	
members70rec	>70 years	User entered integer	
members35_70rec	35-70 years	User entered integer	

group_screen4brec	Hidden from user													
note_screen4arec	Now, I would like to measure your blood pressure. Stay seated, and once I put this on your right arm keep it steady and at the level of your heart. We will need to take the blood pressure reading three times. It will squeeze your wrist a bit, but won't hurt. Relax.	User entered text												
sys1rec	Reading 1 systolic	User entered integer												
dia1rec	Reading 1 diastolic	User entered integer												
sys2rec	Reading 2 systolic	User entered integer												
dia2rec	Reading 2 diastolic	User entered integer												
sys3rec	Reading 3 systolic	User entered integer												
dia3rec	Reading 3 diastolic	User entered integer												
maritalcur	What is your current marital status?	<table><tr><td>1</td><td>Never married</td></tr><tr><td>2</td><td>Currently married</td></tr><tr><td>3</td><td>Living with partner but not married</td></tr><tr><td>4</td><td>Widowed</td></tr><tr><td>5</td><td>Separated</td></tr><tr><td>6</td><td>Divorced</td></tr></table>	1	Never married	2	Currently married	3	Living with partner but not married	4	Widowed	5	Separated	6	Divorced
1	Never married													
2	Currently married													
3	Living with partner but not married													
4	Widowed													
5	Separated													
6	Divorced													
education	What level of formal education have you achieved? (check highest level only):	<table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Primary/grade school</td></tr><tr><td>3</td><td>Secondary/high school</td></tr><tr><td>4</td><td>Trade School/vocational school</td></tr><tr><td>5</td><td>College/University</td></tr></table>	1	None	2	Primary/grade school	3	Secondary/high school	4	Trade School/vocational school	5	College/University		
1	None													
2	Primary/grade school													
3	Secondary/high school													
4	Trade School/vocational school													
5	College/University													
employedchg	Has your employment status changed since we last met?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused						
1	Yes													
0	No													
99	Refused													
employed1rec	Are you currently employed?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused						
1	Yes													
0	No													
99	Refused													
unemp_reasonrec	Why are you not currently employed?	<table><tr><td>1</td><td>Homemaker / caring for family</td></tr><tr><td>2</td><td>Could not find a job</td></tr><tr><td></td><td></td></tr></table>	1	Homemaker / caring for family	2	Could not find a job								
1	Homemaker / caring for family													
2	Could not find a job													

		3	Do voluntary work
		4	In studies / training
		5	Health problems/disabled
		6	Have to take care of family member
		7	Retired / too old to work
		8	Laid off / made redundant
		96	Other
		99	Refused
other_unemprec	Specify other:	User entered text	
group_job1rec	Hidden from user		
note_job1rec	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_occuprec	In your main job, what do you do?	1	Food preparation and serving related occupations
		2	Building and grounds cleaning and maintenance occupations
		3	Personal care and service occupations
		4	Sales and related occupations
		5	Office and administrative support occupations
		6	Farming, fishing, and forestry occupations
		7	Construction and extraction occupations
		8	Installation, maintenance, and repair occupations
		9	Production occupations
		10	Transportation and material moving occupations
		11	Protective service occupations
		12	Military specific occupations
		13	Management occupations
		14	Business and financial operations occupations
		15	Computer and mathematical

		occupations	
		16	Architecture and engineering occupations
		17	Life, physical, and social science occupations
		18	Community and social services occupations
		19	Legal occupations
		20	Education, training, and library occupations
		21	Arts, design, entertainment, sports, and media occupations
		22	Healthcare practitioners and technical occupations
		23	Healthcare support occupations
		99	Refused
job1_tenurerec	For your main job, are you fully employed, self-employed or casually employed?	1	Full-time employed
		2	Part-time employed
		3	Self-employed
		4	Casually employed
group_job3rec	Hidden from user		
note_job1arec	How strongly do you agree or disagree with the following statements about your main job?	User entered text	
lose_job1rec	Within the next six months, I may lose this job.	1	1 - Strongly disagree
		2	2 - Disagree
		3	3 - Agree
		4	4 - Strongly agree
		99	Refused
take_time1rec	I can easily take time off of work for important matters, such as to attend medical appointments.	1	1 - Strongly disagree
		2	2 - Disagree
		3	3 - Agree
		4	4 - Strongly agree
		99	Refused

employed2rec	Do you currently have more than one paid jobs?	1	Yes
		0	No
		99	Refused
job2_occuprec	For your second most important job, what do you do?	1	Food preparation and serving related occupations
		2	Building and grounds cleaning and maintenance occupations
		3	Personal care and service occupations
		4	Sales and related occupations
		5	Office and administrative support occupations
		6	Farming, fishing, and forestry occupations
		7	Construction and extraction occupations
		8	Installation, maintenance, and repair occupations
		9	Production occupations
		10	Transportation and material moving occupations
		11	Protective service occupations
		12	Military specific occupations
		13	Management occupations
		14	Business and financial operations occupations
		15	Computer and mathematical occupations
		16	Architecture and engineering occupations
		17	Life, physical, and social science occupations
		18	Community and social services occupations
		19	Legal occupations
		20	Education, training, and library occupations
		21	Arts, design, entertainment, sports, and media occupations

		<table><tr><td>22</td><td>Healthcare practitioners and technical occupations</td></tr><tr><td>23</td><td>Healthcare support occupations</td></tr><tr><td>99</td><td>Refused</td></tr></table>	22	Healthcare practitioners and technical occupations	23	Healthcare support occupations	99	Refused										
22	Healthcare practitioners and technical occupations																	
23	Healthcare support occupations																	
99	Refused																	
job2_tenurerec	For your second job, are you fully employed, self-employed or casually employed?	<table><tr><td>1</td><td>Full-time employed</td></tr><tr><td>2</td><td>Part-time employed</td></tr><tr><td>3</td><td>Self-employed</td></tr><tr><td>4</td><td>Casually employed</td></tr></table>	1	Full-time employed	2	Part-time employed	3	Self-employed	4	Casually employed								
1	Full-time employed																	
2	Part-time employed																	
3	Self-employed																	
4	Casually employed																	
group_job4rec	Hidden from user																	
note_job2arec	How strongly do you agree or disagree with the following statements about your current second most important job?	User entered text																
lose_job2rec	Within the next six months, I may lose this job.	<table><tr><td>1</td><td>1 - Strongly disagree</td></tr><tr><td>2</td><td>2 - Disagree</td></tr><tr><td>3</td><td>3 - Agree</td></tr><tr><td>4</td><td>4 - Strongly agree</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - Strongly disagree	2	2 - Disagree	3	3 - Agree	4	4 - Strongly agree	99	Refused						
1	1 - Strongly disagree																	
2	2 - Disagree																	
3	3 - Agree																	
4	4 - Strongly agree																	
99	Refused																	
take_time2rec	I can easily take time off of work for important matters, such as to attend medical appointments.	<table><tr><td>1</td><td>1 - Strongly disagree</td></tr><tr><td>2</td><td>2 - Disagree</td></tr><tr><td>3</td><td>3 - Agree</td></tr><tr><td>4</td><td>4 - Strongly agree</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - Strongly disagree	2	2 - Disagree	3	3 - Agree	4	4 - Strongly agree	99	Refused						
1	1 - Strongly disagree																	
2	2 - Disagree																	
3	3 - Agree																	
4	4 - Strongly agree																	
99	Refused																	
group_assetsrec	Hidden from user																	
note_sec3rec	Section 3: Household characteristics and socioeconomic position	User entered text																
assetsrec	Does your household own any of the following? (check ALL that apply)	<table><tr><td>1</td><td>No possessions</td></tr><tr><td>2</td><td>Moped/motorbike/scooter/tricycle</td></tr><tr><td>3</td><td>Car/jeep</td></tr><tr><td>4</td><td>Bicycle/pedicab</td></tr><tr><td>5</td><td>Other four wheeler/tractor</td></tr><tr><td>6</td><td>Computer/ Laptop</td></tr><tr><td>7</td><td>Stereo/radio/karaoke</td></tr><tr><td></td><td></td></tr></table>	1	No possessions	2	Moped/motorbike/scooter/tricycle	3	Car/jeep	4	Bicycle/pedicab	5	Other four wheeler/tractor	6	Computer/ Laptop	7	Stereo/radio/karaoke		
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6	Computer/ Laptop																	
7	Stereo/radio/karaoke																	

		<table><tr><td>8</td><td>TV</td></tr><tr><td>9</td><td>Telephone - Landline</td></tr><tr><td>10</td><td>Telephone - Mobile/smart phone</td></tr><tr><td>11</td><td>Refrigerator</td></tr><tr><td>12</td><td>Washing machine</td></tr><tr><td>13</td><td>Kitchen mixer</td></tr><tr><td>14</td><td>Air conditioner</td></tr><tr><td>15</td><td>Electric fan (standing/wall/ceiling)</td></tr><tr><td>16</td><td>Invertor/Generator</td></tr><tr><td>17</td><td>Vacuum cleaner</td></tr><tr><td>18</td><td>Iron</td></tr><tr><td>19</td><td>Internet access</td></tr><tr><td>20</td><td>Livestock - Cattle (buffalo, cow, goat)</td></tr><tr><td>21</td><td>Livestock - Poultry</td></tr></table>	8	TV	9	Telephone - Landline	10	Telephone - Mobile/smart phone	11	Refrigerator	12	Washing machine	13	Kitchen mixer	14	Air conditioner	15	Electric fan (standing/wall/ceiling)	16	Invertor/Generator	17	Vacuum cleaner	18	Iron	19	Internet access	20	Livestock - Cattle (buffalo, cow, goat)	21	Livestock - Poultry
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17	Vacuum cleaner																													
18	Iron																													
19	Internet access																													
20	Livestock - Cattle (buffalo, cow, goat)																													
21	Livestock - Poultry																													
electricityrec	Does your household have electricity?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused																						
1	Yes																													
0	No																													
99	Refused																													
landrec	Does your household own any land you can grow things on?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused																						
1	Yes																													
0	No																													
99	Refused																													
homerec	Does your family / household own the house/apartment/condo?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused																						
1	Yes																													
0	No																													
99	Refused																													
roomsrec	Total number of rooms (including bedroom/sleeping areas and excluding bathrooms)	User entered integer																												
cookingrec	Where is the cooking for your household mostly done? (check ONE that apply)	<table><tr><td>1</td><td>Completely inside the house</td></tr><tr><td>2</td><td>Partially inside the house</td></tr><tr><td>3</td><td>Outside the house – open</td></tr><tr><td>4</td><td>Outside the house – covered</td></tr></table>	1	Completely inside the house	2	Partially inside the house	3	Outside the house – open	4	Outside the house – covered																				
1	Completely inside the house																													
2	Partially inside the house																													
3	Outside the house – open																													
4	Outside the house – covered																													

fuelrec	Primary fuel used for cooking? (check ONE only)	<table><tr><td>1</td><td>Kerosene</td></tr><tr><td>2</td><td>Charcoal/coal</td></tr><tr><td>3</td><td>Coal</td></tr><tr><td>4</td><td>Gas</td></tr><tr><td>5</td><td>Wood</td></tr><tr><td>6</td><td>Agriculture/crop</td></tr><tr><td>7</td><td>Liquid petroleum (LPG)/natural/gobar gas</td></tr><tr><td>8</td><td>Electricity</td></tr><tr><td>9</td><td>Animal dung</td></tr><tr><td>10</td><td>Shrub/grass</td></tr><tr><td>96</td><td>Other</td></tr></table>	1	Kerosene	2	Charcoal/coal	3	Coal	4	Gas	5	Wood	6	Agriculture/crop	7	Liquid petroleum (LPG)/natural/gobar gas	8	Electricity	9	Animal dung	10	Shrub/grass	96	Other
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2	Charcoal/coal																							
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8	Electricity																							
9	Animal dung																							
10	Shrub/grass																							
96	Other																							
fuel_other1rec	Specify other:	User entered text																						
group_incomerec	Hidden from user																							
subsidyrec	Does your household receive any regular cash transfers, subsidies or payments through the 4P or any other state or NGO cash benefits/support programme?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused																
1	Yes																							
0	No																							
99	Refused																							
remittancerec	Does your household receive any income from any family members living outside of the household (e.g. elsewhere in the country or abroad)?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused																
1	Yes																							
0	No																							
99	Refused																							
earnersrec	How many members in your household earn money from any source (e.g. employment, pensions, social assistance, etc.)?	User entered integer																						
incomerec	What is your current total monthly household income in Pesos after deducting taxes (including employment, pensions, social assistance, family support, from family abroad, etc.)	<table><tr><td>0</td><td>No income</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No income	98	Unknown/refuse																		
0	No income																							
98	Unknown/refuse																							
income_amountrec	Pesos per month	User entered integer																						
income_seasonalrec	Does anyone in your household receive any seasonal, irregular or one-off payments during the year (e.g. payment for harvest, etc.)?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know	99	Refused														
1	Yes																							
0	No																							
98	Don't know																							
99	Refused																							

group_income_seasonalrec	Hidden from user		
income_seasonal_amountrec	If yes, how much is typically received in total per year?	0	No income
		98	Unknown/refuse
income_amountrec	Pesos per year	User entered integer	
table_weekexprec	Hidden from user		
note_weekexprec	How much was spent in the last 7 days on the following?	User entered text	
exp_week_food1rec	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.)	0	No expenditure
		98	Unknown/refuse
exp_week_food2rec	Pesos per week	User entered integer	
exp_week_tobac1rec	Tobacco, alcoholic beverages for the entire household	0	No expenditure
		98	Unknown/refuse
exp_week_tobac2rec	Pesos per week	User entered integer	
exp_week_eatout1rec	Food eaten outside your home (at vendors, kiosks or restaurants)	0	No expenditure
		98	Unknown/refuse
exp_week_eatout2rec	Pesos per week	User entered integer	
table_monthexprec	Hidden from user		
note_monthexprec	How much was spent in the last 30 days on the following:	User entered text	
exp_month_rent1rec	Rent/mortgage and utilities (electricity, water, cooking/heating fuel, telephone/mobile phone, internet, cable TV, etc.) for the entire household?	0	No expenditure
		98	Unknown/refuse
exp_month_rent2rec	Pesos per month	User entered integer	
exp_month_clothes1rec	Clothing (footwear, shirts, pants, coats etc.) and other personal items (soap, shampoo, cosmetics, shaving cream, deodorants etc.) for the entire household?	0	No expenditure
		98	Unknown/refuse
exp_month_clothes2rec	Pesos per month	User entered integer	
exp_month_transpo1rec	Transportation costs (public transit fares, fuel for personal vehicle, etc.) for the entire household?	0	No expenditure
		98	Unknown/refuse
exp_month_transpo2rec	Pesos per month	User entered integer	

exp_month_other1rec	All other goods and services (interest on loans, housekeeping services, education, laundry supplies, housekeeping supplies, children’s toys, pet supplies, etc.) for the entire household?	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_month_other2rec	Pesos per month	User entered integer				
table_healthexprec	Hidden from user					
note_healthexprec	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_medfee1rec	Consultation fees by doctors and nurses	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_health_medfee2rec	Pesos per month	User entered integer				
exp_health_tradfee1rec	Consultation fees by traditional or alternative healers (Ayurveda, Homeopathy, Chinese medicine etc.)	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_health_tradfee2rec	Pesos per month	User entered integer				
exp_health_diagnos1rec	Diagnostic and laboratory tests such as X-rays or blood, urine tests	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_health_diagnos2rec	Pesos per month	User entered integer				
exp_health_drugs1rec	One month supply of medication or drugs (including prescription, non-prescription traditional, traditional Chinese, homeopathic, etc.)	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_health_drugs2rec	Pesos per month	User entered integer				
exp_health_dental1rec	Dentist or dental care	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_health_dental2rec	Pesos per month	User entered integer				
exp_health_ambul1rec	Ambulance	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_health_ambul2rec	Pesos per month	User entered integer				
exp_health_other1rec	Any other health care product or services that	<table><tr><td></td><td></td></tr></table>				

	were not included above?	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_health_other2rec	Pesos per month	User entered integer				
table_yearexprec	Hidden from user					
note_yearexprec	In the last 12 months, how much did the family spend on:	User entered text				
exp_year_educ1rec	Education fees and supplies (tuition, course fees, books etc.) for the entire household	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_year_educ2rec	Pesos per year	User entered integer				
exp_year_durable1rec	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	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_year_durable2rec	Pesos per year	User entered integer				
exp_year_tax1rec	Taxes (property tax, vehicle tax, income tax) and non-health related insurance (personal, vehicle, household, life, etc.) for the entire household	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_year_tax2rec	Pesos per year	User entered integer				
exp_year_insurance1rec	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	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_year_insurance2rec	Pesos per year	User entered integer				
exp_year_items1rec	Health related items (prescription glasses, hearing aids, canes, prosthetic devices etc.) for the entire household for the entire household. Note: Just include what you paid yourself and not anything that was reimbursed, for example, by insurance	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_year_items2rec	Pesos	User entered integer				
exp_year_inpatient1rec	Costs associated with overnight stays in hospital or health facility for the entire household. Note: Please exclude transportation costs and just include what you paid yourself and not anything that was reimbursed, for example, by insurance, including food, watcher, medicines, fees, documentation, etc.)	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse
0	No expenditure					
98	Unknown/refuse					
exp_year_inpatient2rec	Pesos per year	User entered integer				
		<table><tr><td></td><td></td></tr></table>				

exp_year_carehome1rec	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	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse																						
0	No expenditure																											
98	Unknown/refuse																											
exp_year_carehome2rec	Pesos per year	User entered integer																										
exp_year_other1rec	All other goods and services (fiestas, property, land, livestock, cleaning services, repair services, childcare services etc.) for the entire household	<table><tr><td>0</td><td>No expenditure</td></tr><tr><td>98</td><td>Unknown/refuse</td></tr></table>	0	No expenditure	98	Unknown/refuse																						
0	No expenditure																											
98	Unknown/refuse																											
exp_year_other2rec	Pesos per year	User entered integer																										
group_finan	Hidden from user																											
financesrec	As a whole, how would you assess the financial situation of your household in the last month?	<table><tr><td>5</td><td>5 - Very good</td></tr><tr><td>4</td><td>4 - Good</td></tr><tr><td>3</td><td>3 - Neither good nor bad</td></tr><tr><td>2</td><td>2 - Poor</td></tr><tr><td>1</td><td>1 - Very poor</td></tr><tr><td>99</td><td>Refused</td></tr></table>	5	5 - Very good	4	4 - Good	3	3 - Neither good nor bad	2	2 - Poor	1	1 - Very poor	99	Refused														
5	5 - Very good																											
4	4 - Good																											
3	3 - Neither good nor bad																											
2	2 - Poor																											
1	1 - Very poor																											
99	Refused																											
coping1rec	If you need urgently a large sum of money (e.g. Php2000-5000), what would you do first of all? (Not more than two answers)	<table><tr><td>1</td><td>Ask for money as gift from friends or family</td></tr><tr><td>2</td><td>Borrow from friends/relative/employer</td></tr><tr><td>3</td><td>Borrow from authorities, charities or NGOs</td></tr><tr><td>4</td><td>Borrow money from bank/financial institution</td></tr><tr><td>5</td><td>Borrow money from money lender</td></tr><tr><td>6</td><td>Sell productive assets (livestock, property)</td></tr><tr><td>7</td><td>Sell non-productive assets (jewellery, furniture)</td></tr><tr><td>8</td><td>Pawn items</td></tr><tr><td>9</td><td>Take on another job</td></tr><tr><td>10</td><td>Take child out of school</td></tr><tr><td>11</td><td>Stop taking treatments</td></tr><tr><td>12</td><td>Move to cheaper accommodations</td></tr><tr><td>13</td><td>I do not do anything</td></tr></table>	1	Ask for money as gift from friends or family	2	Borrow from friends/relative/employer	3	Borrow from authorities, charities or NGOs	4	Borrow money from bank/financial institution	5	Borrow money from money lender	6	Sell productive assets (livestock, property)	7	Sell non-productive assets (jewellery, furniture)	8	Pawn items	9	Take on another job	10	Take child out of school	11	Stop taking treatments	12	Move to cheaper accommodations	13	I do not do anything
1	Ask for money as gift from friends or family																											
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13	I do not do anything																											

		<table><tr><td>98</td><td>Don't know</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	98	Don't know	96	Other	99	Refused														
98	Don't know																					
96	Other																					
99	Refused																					
coping1_otherrec	Specify other:	User entered text																				
group_hx1rec	Hidden from user																					
note_sec4rec	Section 4: Health and medical history of the hypertensive individual	User entered text																				
health_todayrec	In general, how would you rate your health today?	<table><tr><td>5</td><td>5 - Very good</td></tr><tr><td>4</td><td>4 - Good</td></tr><tr><td>3</td><td>3 - Neither good nor bad</td></tr><tr><td>2</td><td>2 - Poor</td></tr><tr><td>1</td><td>1 - Very poor</td></tr><tr><td>99</td><td>Refused</td></tr></table>	5	5 - Very good	4	4 - Good	3	3 - Neither good nor bad	2	2 - Poor	1	1 - Very poor	99	Refused								
5	5 - Very good																					
4	4 - Good																					
3	3 - Neither good nor bad																					
2	2 - Poor																					
1	1 - Very poor																					
99	Refused																					
note_sec5rec	Section 5: Knowledge of hypertension	User entered text																				
info_messages	In the past 12 months, have you received/ heard/ seen any information or messages about high blood pressure or how to prevent diseases that affect the heart?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused														
1	Yes																					
0	No																					
99	Refused																					
info_source	If yes, what was the source(s)? Select all that apply and prompt for more.	<table><tr><td>1</td><td>Friends</td></tr><tr><td>2</td><td>Family</td></tr><tr><td>3</td><td>Health facility/medical personnel</td></tr><tr><td>4</td><td>Internet</td></tr><tr><td>5</td><td>Newspaper/other print media</td></tr><tr><td>6</td><td>Radio</td></tr><tr><td>7</td><td>Street corner/market/public event</td></tr><tr><td>8</td><td>Traditional healer</td></tr><tr><td>9</td><td>TV</td></tr><tr><td>96</td><td>Other</td></tr></table>	1	Friends	2	Family	3	Health facility/medical personnel	4	Internet	5	Newspaper/other print media	6	Radio	7	Street corner/market/public event	8	Traditional healer	9	TV	96	Other
1	Friends																					
2	Family																					
3	Health facility/medical personnel																					
4	Internet																					
5	Newspaper/other print media																					
6	Radio																					
7	Street corner/market/public event																					
8	Traditional healer																					
9	TV																					
96	Other																					
info_source_other	Specify other:	User entered text																				
knowhyp	How much do you know about 'blood pressure'?	<table><tr><td>1</td><td>Nothing at all</td></tr><tr><td>2</td><td>I have only heard the term before</td></tr></table>	1	Nothing at all	2	I have only heard the term before																
1	Nothing at all																					
2	I have only heard the term before																					

		<table><tr><td>3</td><td>I know a little about it</td></tr><tr><td>4</td><td>I am very familiar with it</td></tr><tr><td>99</td><td>Refused</td></tr></table>	3	I know a little about it	4	I am very familiar with it	99	Refused		
3	I know a little about it									
4	I am very familiar with it									
99	Refused									
group_knowhyp1	Hidden from user									
generated_table_list_label_257	Please tell me whether you believe the following statements to be true:	User entered text								
reserved_name_for_field_list_labels_258		<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know	99	Refused
1	Yes									
0	No									
98	Don't know									
99	Refused									
knowhyp_str	High blood pressure can cause a stroke	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know	99	Refused
1	Yes									
0	No									
98	Don't know									
99	Refused									
knowhyp_ca	High blood pressure can cause cancer	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know	99	Refused
1	Yes									
0	No									
98	Don't know									
99	Refused									
knowhyp_feelwell	People with high blood pressure generally feel well and do not notice that they have high blood pressure	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know	99	Refused
1	Yes									
0	No									
98	Don't know									
99	Refused									
knowhyp_stopmeds	People with high blood pressure can stop taking their medications when their blood pressure value is normal	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know	99	Refused
1	Yes									
0	No									
98	Don't know									
99	Refused									
knowhyp_medsunwell	People with high blood pressure only have to take their medication when they feel unwell	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr></table>	1	Yes	0	No	98	Don't know		
1	Yes									
0	No									
98	Don't know									

		99	Refused
group_knowhyp2	Hidden from user		
generated_table_list_label_264	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_265		5	Very ineffective
		4	Ineffective
		3	Sometimes effective and sometimes ineffective
		2	Effective
		1	Very effective
		98	Don't know
		99	Refused
knowhyp_westmeds	Taking modern medications (that require prescription)	5	Very ineffective
		4	Ineffective
		3	Sometimes effective and sometimes ineffective
		2	Effective
		1	Very effective
		98	Don't know
		99	Refused
knowhyp_tradmeds	Taking traditional medications (e.g. herbal)	5	Very ineffective
		4	Ineffective
		3	Sometimes effective and sometimes ineffective
		2	Effective
		1	Very effective
		98	Don't know
		99	Refused
knowhyp_weight	Losing body weight	5	Very ineffective
		4	Ineffective
		3	Sometimes effective and

		<table><tr><td></td><td>sometimes ineffective</td></tr><tr><td>2</td><td>Effective</td></tr><tr><td>1</td><td>Very effective</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>		sometimes ineffective	2	Effective	1	Very effective	98	Don't know	99	Refused				
	sometimes ineffective															
2	Effective															
1	Very effective															
98	Don't know															
99	Refused															
knowhyp_salt	Taking less salt	<table><tr><td>5</td><td>Very ineffective</td></tr><tr><td>4</td><td>Ineffective</td></tr><tr><td>3</td><td>Sometimes effective and sometimes ineffective</td></tr><tr><td>2</td><td>Effective</td></tr><tr><td>1</td><td>Very effective</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	5	Very ineffective	4	Ineffective	3	Sometimes effective and sometimes ineffective	2	Effective	1	Very effective	98	Don't know	99	Refused
5	Very ineffective															
4	Ineffective															
3	Sometimes effective and sometimes ineffective															
2	Effective															
1	Very effective															
98	Don't know															
99	Refused															
knowhyp_exercise	Increasing physical exercise	<table><tr><td>5</td><td>Very ineffective</td></tr><tr><td>4</td><td>Ineffective</td></tr><tr><td>3</td><td>Sometimes effective and sometimes ineffective</td></tr><tr><td>2</td><td>Effective</td></tr><tr><td>1</td><td>Very effective</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	5	Very ineffective	4	Ineffective	3	Sometimes effective and sometimes ineffective	2	Effective	1	Very effective	98	Don't know	99	Refused
5	Very ineffective															
4	Ineffective															
3	Sometimes effective and sometimes ineffective															
2	Effective															
1	Very effective															
98	Don't know															
99	Refused															
knowhyp_stress	Reducing stress	<table><tr><td>5</td><td>Very ineffective</td></tr><tr><td>4</td><td>Ineffective</td></tr><tr><td>3</td><td>Sometimes effective and sometimes ineffective</td></tr><tr><td>2</td><td>Effective</td></tr><tr><td>1</td><td>Very effective</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	5	Very ineffective	4	Ineffective	3	Sometimes effective and sometimes ineffective	2	Effective	1	Very effective	98	Don't know	99	Refused
5	Very ineffective															
4	Ineffective															
3	Sometimes effective and sometimes ineffective															
2	Effective															
1	Very effective															
98	Don't know															
99	Refused															
group_6A	Hidden from user															
note_sec6Arec	Section 6A: Treatment seeking pathway for AWARE HYPERTENSIVES WHO HAD BEEN UNAWARE OF THEIR CONDITION PRIOR TO	User entered text														

	THE BASELINE SURVEY																									
note_diagrec	DIAGNOSIS: Earlier you told me that you had been diagnosed with high blood pressure by a health professional since our first interview with you about one year ago.	User entered text																								
dx_facility	Where did this happen?	<table> <tr><td>1</td><td>At home</td></tr> <tr><td>2</td><td>Clinic, health centre, health post</td></tr> <tr><td>3</td><td>Hospital emergency room</td></tr> <tr><td>4</td><td>Hospital outpatient clinic</td></tr> <tr><td>5</td><td>Mission/NGO clinic</td></tr> <tr><td>6</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr> <tr><td>7</td><td>Retail pharmacy</td></tr> <tr><td>8</td><td>Facility providing traditional medicine, homeopathy</td></tr> <tr><td>9</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr> <tr><td>10</td><td>Don't know/remember</td></tr> <tr><td>96</td><td>Other</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	At home	2	Clinic, health centre, health post	3	Hospital emergency room	4	Hospital outpatient clinic	5	Mission/NGO clinic	6	Public/community event (e.g. at community centre, kiosk, etc.)	7	Retail pharmacy	8	Facility providing traditional medicine, homeopathy	9	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	10	Don't know/remember	96	Other	99	Refused
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10	Don't know/remember																									
96	Other																									
99	Refused																									
dx_facility_other	Specify other:	User entered text																								
dx_provider	Who told you that you had high blood pressure?	<table> <tr><td>1</td><td>General practitioner, non-specialist physician or unknown speciality doctor</td></tr> <tr><td>2</td><td>Cardiologist or other specialist physician</td></tr> <tr><td>3</td><td>Dentist</td></tr> <tr><td>4</td><td>Nurse</td></tr> <tr><td>5</td><td>Pharmacist</td></tr> <tr><td>6</td><td>Community health worker</td></tr> <tr><td>7</td><td>Other health professional (midwife, nursing assistant, physiotherapist)</td></tr> <tr><td>8</td><td>Traditional healer</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>96</td><td>Other</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	General practitioner, non-specialist physician or unknown speciality doctor	2	Cardiologist or other specialist physician	3	Dentist	4	Nurse	5	Pharmacist	6	Community health worker	7	Other health professional (midwife, nursing assistant, physiotherapist)	8	Traditional healer	98	Don't know/remember	96	Other	99	Refused		
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8	Traditional healer																									
98	Don't know/remember																									
96	Other																									
99	Refused																									

dx_provider_other	Specify other:	User entered text																		
dx_sector	Was the care provided by the government, privately, non-governmental organisation?	<table border="1"> <tr><td>1</td><td>Government</td></tr> <tr><td>2</td><td>Private</td></tr> <tr><td>3</td><td>NGO</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Government	2	Private	3	NGO	98	Don't know/remember	99	Refused								
1	Government																			
2	Private																			
3	NGO																			
98	Don't know/remember																			
99	Refused																			
dx_reason_visit	When you were first diagnosed with high blood pressure, what was the reason for the visit?	<table border="1"> <tr><td>1</td><td>A routine health check-up/visit with a health professional</td></tr> <tr><td>2</td><td>A visit with a health professional for a problem with your heart</td></tr> <tr><td>3</td><td>A visit with a health professional for diabetes management</td></tr> <tr><td>4</td><td>A visit with a health professional for some health condition other than heart problems or diabetes</td></tr> <tr><td>5</td><td>You were worried about blood pressure and/or had symptoms</td></tr> <tr><td>6</td><td>You were advised/referred by the RESPOND study team to seek care for hypertension</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>96</td><td>Other</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	A routine health check-up/visit with a health professional	2	A visit with a health professional for a problem with your heart	3	A visit with a health professional for diabetes management	4	A visit with a health professional for some health condition other than heart problems or diabetes	5	You were worried about blood pressure and/or had symptoms	6	You were advised/referred by the RESPOND study team to seek care for hypertension	98	Don't know/remember	96	Other	99	Refused
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98	Don't know/remember																			
96	Other																			
99	Refused																			
dx_reason_visit_other	Specify other:	User entered text																		
dx_reason_person	What was the reason that you sought care from this person?	<table border="1"> <tr><td>1</td><td>This is my usual provider</td></tr> <tr><td>2</td><td>We know each other well and/or usually he/she treats my family</td></tr> <tr><td>3</td><td>It is nearby / convenient</td></tr> <tr><td>4</td><td>Referred/recommended by another health care provider</td></tr> <tr><td>5</td><td>Recommended by family or friend</td></tr> <tr><td>6</td><td>It is covered by my insurance/ work arrangements</td></tr> <tr><td>7</td><td>I saw/heard/read an advertisement/notice</td></tr> </table>	1	This is my usual provider	2	We know each other well and/or usually he/she treats my family	3	It is nearby / convenient	4	Referred/recommended by another health care provider	5	Recommended by family or friend	6	It is covered by my insurance/ work arrangements	7	I saw/heard/read an advertisement/notice				
1	This is my usual provider																			
2	We know each other well and/or usually he/she treats my family																			
3	It is nearby / convenient																			
4	Referred/recommended by another health care provider																			
5	Recommended by family or friend																			
6	It is covered by my insurance/ work arrangements																			
7	I saw/heard/read an advertisement/notice																			

		<table><tr><td>8</td><td>I came across them by chance/emergency/no other choice, self-referred</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	8	I came across them by chance/emergency/no other choice, self-referred	98	Don't know/remember	96	Other	99	Refused				
8	I came across them by chance/emergency/no other choice, self-referred													
98	Don't know/remember													
96	Other													
99	Refused													
dx_reason_person_other	Specify other:	User entered text												
dx_bp_measured	During this visit, was your blood pressure measured (using a device placed around your upper arm)?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused				
1	Yes													
0	No													
98	Don't know/remember													
99	Refused													
dx_tests	During this visit, were any other tests done (e.g. blood test)?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused				
1	Yes													
0	No													
98	Don't know/remember													
99	Refused													
group_dx_cost	Hidden from user													
dx_cost_dkremember	How much money in total did you spend for this specific instance (in Pesos)? Please only include all costs that paid for out-of-pocket and exclude those that were covered by your insurance, the government, etc. Include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth.	<table><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	98	Don't know/remember	99	Refused								
98	Don't know/remember													
99	Refused													
dx_cost	Pesos	User entered integer												
dx_resolved	Do you feel that any health issues discussed during this visit were resolved?	<table><tr><td>4</td><td>Totally resolved</td></tr><tr><td>3</td><td>Mostly resolved</td></tr><tr><td>2</td><td>Somewhat resolved</td></tr><tr><td>1</td><td>Not resolved</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	4	Totally resolved	3	Mostly resolved	2	Somewhat resolved	1	Not resolved	98	Don't know/remember	99	Refused
4	Totally resolved													
3	Mostly resolved													
2	Somewhat resolved													
1	Not resolved													
98	Don't know/remember													
99	Refused													
dx_satisfied	Were you satisfied with the care that you received during this visit?	<table><tr><td>5</td><td>5 - Very satisfied</td></tr><tr><td>4</td><td>4 - Fairly satisfied</td></tr><tr><td>3</td><td>3 - Neither satisfied or</td></tr></table>	5	5 - Very satisfied	4	4 - Fairly satisfied	3	3 - Neither satisfied or						
5	5 - Very satisfied													
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3	3 - Neither satisfied or													

		<table><tr><td></td><td>dissatisfied</td></tr><tr><td>2</td><td>2 - Fairly dissatisfied</td></tr><tr><td>1</td><td>1 - Very dissatisfied</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>		dissatisfied	2	2 - Fairly dissatisfied	1	1 - Very dissatisfied	98	Don't know/remember	99	Refused
	dissatisfied											
2	2 - Fairly dissatisfied											
1	1 - Very dissatisfied											
98	Don't know/remember											
99	Refused											
dx_bp	Do you remember what your blood pressure measurement was when you were first told that you were hypertensive?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused		
1	Yes											
0	No											
98	Don't know/remember											
99	Refused											
group_dx_bp	Hidden from user											
note_dx_bp	If yes, what was your blood pressure when you were first told that you were hypertensive?	User entered text										
dx_bp_sbp	Systolic	User entered integer										
dx_bp_dbp	Diastolic	User entered integer										
dx_bp_2x	Since you were diagnosed with hypertension, has your blood pressure been measured to be 140/90 mmHg or more at least two separate times?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused		
1	Yes											
0	No											
98	Don't know/remember											
99	Refused											
group_dx_bp_2x	Hidden from user											
generated_table_list_label_299	-	User entered text										
note_dx_bp_2x	If yes, when your blood pressure was measured to be at least 140/90 mmHg or more:	User entered text										
reserved_name_for_field_list_labels_301		<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused		
1	Yes											
0	No											
98	Don't know/remember											
99	Refused											
dx_bp_2x_symp	Were you experiencing any symptoms?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused		
1	Yes											
0	No											
98	Don't know/remember											
99	Refused											
dx_bp_2x_5min	Did you rest for at least 5 minutes before your											

	blood pressure was measured?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused																
1	Yes																									
0	No																									
98	Don't know/remember																									
99	Refused																									
group_predx1	Hidden from user																									
note_predx	PRE-DIAGNOSIS: We now want to ask you about any times that you received any health-related information and suggestions from anyone during the 1 month before you were told you had high blood pressure.	User entered text																								
predx_advice	Did you receive any information or suggestions about high blood pressure or any indication that you might have high blood pressure from anyone or anywhere during the 1 month period before this diagnosis was made? This may have been from a health care professional, colleague, family member, friend, etc.?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused																
1	Yes																									
0	No																									
98	Don't know/remember																									
99	Refused																									
group_predx2	Hidden from user																									
predx_advice_num	If yes, approximately from how many different people did you receive any information or suggestions about high blood pressure or any indication that you might have high blood pressure during the 1 month before this diagnosis was made?	User entered integer																								
predx_advice_facility	Please tell me all of the types of places that you received any information or suggestions about high blood pressure during the 1 month before you were told. Select all that apply.	<table><tr><td>1</td><td>At home</td></tr><tr><td>2</td><td>Clinic, health centre, health post</td></tr><tr><td>3</td><td>Hospital emergency room</td></tr><tr><td>4</td><td>Hospital outpatient clinic</td></tr><tr><td>5</td><td>Mission/NGO clinic</td></tr><tr><td>6</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr><tr><td>7</td><td>Retail pharmacy</td></tr><tr><td>8</td><td>Facility providing traditional medicine, homeopathy</td></tr><tr><td>9</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr><tr><td>10</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	At home	2	Clinic, health centre, health post	3	Hospital emergency room	4	Hospital outpatient clinic	5	Mission/NGO clinic	6	Public/community event (e.g. at community centre, kiosk, etc.)	7	Retail pharmacy	8	Facility providing traditional medicine, homeopathy	9	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	10	Don't know/remember	96	Other	99	Refused
1	At home																									
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9	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)																									
10	Don't know/remember																									
96	Other																									
99	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.	1	General practitioner, non-specialist physician or unknown speciality doctor
		2	Cardiologist or other specialist physician
		3	Dentist
		4	Nurse
		5	Pharmacist
		6	Community health worker
		7	Other health professional (midwife, nursing assistant, physiotherapist)
		8	Traditional healer
		98	Don't know/remember
		96	Other
		99	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 received provided by the government, privately, non-governmental organisation? Select all that apply.	1	Government
		2	Private
		3	NGO
		98	Don't know/remember
		99	Refused
predx_advice_bp	During any of these visits that occurred 1 month before this diagnosis was made, was your blood pressure measured (using a device placed around your upper arm)?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
group_predx3	Hidden from user		
generated_table_list_label_317	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_318		1	Yes
		0	No

		<table><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	98	Don't know/remember	99	Refused				
98	Don't know/remember									
99	Refused									
predx_advice_meds	Take medications/modern medicines	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
predx_advice_herbs	Take traditional medicines (e.g. herbs)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
predx_advice_nonmed	Non-medical interventions (e.g. massage, acupuncture)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
predx_advice_diet	Change diet	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
predx_advice_weight	Reduce weight	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
predx_advice_exercise	Increase physical activity	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
predx_advice_stress	Reduce stress	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes									
0	No									

		<table><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	98	Don't know/remember	99	Refused				
98	Don't know/remember									
99	Refused									
predx_advice_return	Return for a follow up visit to be reviewed	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
predx_advice_refer	Visit a doctor or nurse at a health facility	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
predx_advice_selfmonitor	Obtain a blood pressure measuring device to self-monitor	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
predx_advice_other	Other:	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
predx_advice_other_txt	Specify other:	User entered text								
group_tx1	Hidden from user									
note_tx1	TREATMENT: We now want to ask you about any prescriptions or advice you may have received during the visit at which you were first diagnosed with high blood pressure.	User entered text								
tx_at_dx	When you were first diagnosed, were you advised to take any modern medications for your high blood pressure or heart disease?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
group_tx2	Hidden from user									
note_tx2	If yes, please list all medication(s) for your high	User entered text								

	blood pressure or heart disease that you were prescribed when you were first diagnosed with high blood pressure?																																					
meds_at_dx	Hidden from user																																					
meds_at_dx_gen	Medication generic name	<table><tr><td>1</td><td>captopril*</td></tr><tr><td>2</td><td>enalapril*</td></tr><tr><td>3</td><td>ramipril*</td></tr><tr><td>4</td><td>amlodipine*</td></tr><tr><td>5</td><td>metoprolol*</td></tr><tr><td>6</td><td>atenolol*</td></tr><tr><td>7</td><td>furosemide*</td></tr><tr><td>8</td><td>hydrocholorthiazide*</td></tr><tr><td>9</td><td>simvastatin</td></tr><tr><td>10</td><td>atorvastatin</td></tr><tr><td>11</td><td>aspirin</td></tr><tr><td>12</td><td>clopidogrel</td></tr><tr><td>13</td><td>losartan*</td></tr><tr><td>14</td><td>trimetazidine</td></tr><tr><td>15</td><td>nitrates (e.g. isosorbide)</td></tr><tr><td>96</td><td>other blood pressure or CVD medication</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	captopril*	2	enalapril*	3	ramipril*	4	amlodipine*	5	metoprolol*	6	atenolol*	7	furosemide*	8	hydrocholorthiazide*	9	simvastatin	10	atorvastatin	11	aspirin	12	clopidogrel	13	losartan*	14	trimetazidine	15	nitrates (e.g. isosorbide)	96	other blood pressure or CVD medication	98	Don't know/remember	99	Refused
1	captopril*																																					
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99	Refused																																					
meds_at_dx_brand	Medication brand name (leave blank if don't know/remember)	User entered text																																				
meds_at_dx_purchased	Did you obtain/purchase it?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused																												
1	Yes																																					
0	No																																					
98	Don't know/remember																																					
99	Refused																																					
meds_at_dx_source	If yes, where was it purchased/obtained?	<table><tr><td>1</td><td>At home</td></tr><tr><td>2</td><td>Clinic, health centre, health post</td></tr><tr><td>3</td><td>Hospital emergency room</td></tr><tr><td>4</td><td>Hospital outpatient clinic</td></tr><tr><td>5</td><td>Mission/NGO clinic</td></tr><tr><td></td><td></td></tr></table>	1	At home	2	Clinic, health centre, health post	3	Hospital emergency room	4	Hospital outpatient clinic	5	Mission/NGO clinic																										
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96	Other															
99	Refused															
meds_at_dx_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered integer														
meds_at_dx_duration	If yes, how many days does the medication last (leave blank if don't know/remember)?	User entered integer														
med_change	Since you were first diagnosed with high blood pressure until now, approximately how many times has your prescription for high blood pressure or heart disease medications changed (including if you initially were not prescribed any medications, but then subsequently were)?	<table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1-2</td></tr><tr><td>2</td><td>3-4</td></tr><tr><td>3</td><td>5+</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	0	0	1	1-2	2	3-4	3	5+	98	Don't know/remember	99	Refused		
0	0															
1	1-2															
2	3-4															
3	5+															
98	Don't know/remember															
99	Refused															
group_med_change	Hidden from user															
med_change_decision	For the most recent time that your prescription for high blood pressure or heart disease medications was changed, who was mainly responsible for the decision to change the prescription?	<table><tr><td>1</td><td>I made the decision without consulting anyone</td></tr><tr><td>2</td><td>I made the decision after consulting a retail pharmacist</td></tr><tr><td>3</td><td>I made the decision after consulting a modern medicine provider</td></tr><tr><td>4</td><td>I made the decision after consulting a traditional medicine provider</td></tr><tr><td>5</td><td>I made the decision after consulting friends, family, other sources of information</td></tr><tr><td>6</td><td>Provider of modern medicine made the decision</td></tr><tr><td>7</td><td>Provider of traditional medicine</td></tr></table>	1	I made the decision without consulting anyone	2	I made the decision after consulting a retail pharmacist	3	I made the decision after consulting a modern medicine provider	4	I made the decision after consulting a traditional medicine provider	5	I made the decision after consulting friends, family, other sources of information	6	Provider of modern medicine made the decision	7	Provider of traditional medicine
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6	Provider of modern medicine made the decision															
7	Provider of traditional medicine															

		<table border="1"> <tr><td></td><td>made the decision</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>96</td><td>Other: specify</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>		made the decision	98	Don't know/remember	96	Other: specify	99	Refused												
	made the decision																					
98	Don't know/remember																					
96	Other: specify																					
99	Refused																					
med_change_decision_other	Specify other:	User entered text																				
med_change_reason	What were the main reasons why the medication was changed? Select up to two answers.	<table border="1"> <tr><td>1</td><td>Blood pressure was adequately controlled</td></tr> <tr><td>2</td><td>Sub-optimal/poor response to previous medication regime</td></tr> <tr><td>3</td><td>Adverse drug reaction/made me feel unwell</td></tr> <tr><td>4</td><td>Prescribed drug/regime not affordable</td></tr> <tr><td>5</td><td>Prescribed drug/regime not available or not in stock</td></tr> <tr><td>6</td><td>Source of medication too far away/ not easy to obtain</td></tr> <tr><td>7</td><td>Taking too many medications</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>96</td><td>Other: specify</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Blood pressure was adequately controlled	2	Sub-optimal/poor response to previous medication regime	3	Adverse drug reaction/made me feel unwell	4	Prescribed drug/regime not affordable	5	Prescribed drug/regime not available or not in stock	6	Source of medication too far away/ not easy to obtain	7	Taking too many medications	98	Don't know/remember	96	Other: specify	99	Refused
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98	Don't know/remember																					
96	Other: specify																					
99	Refused																					
med_change_reason_other	Specify other:	User entered text																				
med_change_place	Where did the decision to change medication take place?	<table border="1"> <tr><td>1</td><td>At home</td></tr> <tr><td>2</td><td>Clinic, health centre, health post</td></tr> <tr><td>3</td><td>Hospital emergency room</td></tr> <tr><td>4</td><td>Hospital outpatient clinic</td></tr> <tr><td>5</td><td>Mission/NGO clinic</td></tr> <tr><td>6</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr> <tr><td>7</td><td>Retail pharmacy</td></tr> <tr><td>8</td><td>Facility providing traditional medicine, homeopathy</td></tr> <tr><td>9</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr> <tr><td>10</td><td>Don't know/remember</td></tr> </table>	1	At home	2	Clinic, health centre, health post	3	Hospital emergency room	4	Hospital outpatient clinic	5	Mission/NGO clinic	6	Public/community event (e.g. at community centre, kiosk, etc.)	7	Retail pharmacy	8	Facility providing traditional medicine, homeopathy	9	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	10	Don't know/remember
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10	Don't know/remember																					

		<table border="1"> <tr> <td>96</td><td>Other</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	96	Other	99	Refused																
96	Other																					
99	Refused																					
med_change_place_other	Specify other:	User entered text																				
med_stop	Since you were first diagnosed with high blood pressure and started taking medications, have you ever stopped taking medications altogether?	<table border="1"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> <tr> <td>98</td><td>Don't know/remember</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	98	Don't know/remember	99	Refused												
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99	Refused																					
group_med_stop	Hidden from user																					
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med_stop_reason_other	Specify other:	User entered text																												
med_current	Are you currently taking any medications for your high blood pressure?	<table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes, and medications are the same as when first diagnosed</td></tr><tr><td>2</td><td>Yes, and medications have changed since first diagnosed</td></tr><tr><td>99</td><td>Refused</td></tr></table>	0	No	1	Yes, and medications are the same as when first diagnosed	2	Yes, and medications have changed since first diagnosed	99	Refused																				
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group_med_current	Hidden from user																													
note_med_current	Please list all medication(s) that you are currently taking (at least once a week for the last month) for your high blood pressure?	User entered text																												
meds_current	Hidden from user																													
meds_current_gen	Medication generic name	<table><tr><td>1</td><td>captopril*</td></tr><tr><td>2</td><td>enalapril*</td></tr><tr><td>3</td><td>ramipril*</td></tr><tr><td>4</td><td>amlodipine*</td></tr><tr><td>5</td><td>metoprolol*</td></tr><tr><td>6</td><td>atenolol*</td></tr><tr><td>7</td><td>furosemide*</td></tr><tr><td>8</td><td>hydrocholorthiazide*</td></tr><tr><td>9</td><td>simvastatin</td></tr><tr><td>10</td><td>atorvastatin</td></tr><tr><td>11</td><td>aspirin</td></tr><tr><td>12</td><td>clopidogrel</td></tr><tr><td>13</td><td>losartan*</td></tr><tr><td>14</td><td>trimetazidine</td></tr></table>	1	captopril*	2	enalapril*	3	ramipril*	4	amlodipine*	5	metoprolol*	6	atenolol*	7	furosemide*	8	hydrocholorthiazide*	9	simvastatin	10	atorvastatin	11	aspirin	12	clopidogrel	13	losartan*	14	trimetazidine
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meds_current_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered integer																								
meds_current_duration	If yes, how many days does the medication last (leave blank if don't know/remember)?	User entered integer																								
med_adhere	In the past 12 months, did you always take your current blood pressure medications as the doctor prescribed? (Check ONE only)	<table> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	99	Refused																		
1	Yes																									
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group_med_adhere	Hidden from user											
generated_table_list_label_375	Regarding the blood pressure medications that you are currently taking, in the past 12 months:	User entered text										
reserved_name_for_field_list_labels_376		<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
1	None of the time											
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99	Refused											
med_adhere_1	How often do you forget to take your medicine?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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med_adhere_2	How often do you decide not to take your medicine?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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med_adhere_3	How often do you miss taking your medicine because you feel better?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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99	Refused											
med_adhere_4	How often do you decide to take less of your medicine?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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med_adhere_5	How often do you stop taking your medicine because you feel sick due to effects of the medicine?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr></table>	1	None of the time	2	Some of the time						
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		<table><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	3	Most of the time	4	All the time	99	Refused				
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4	All the time											
99	Refused											
med_adhere_6	How often do you forget to bring along your medicine when you travel away from home?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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med_adhere_7	How often do you NOT take you medicine because you run out of them at home?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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99	Refused											
tmed_at_dx	When you were first diagnosed, were you advised to take any traditional medicines (e.g. herbs, homeopathy) for your high blood pressure?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused		
1	Yes											
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98	Don't know/remember											
99	Refused											
group_tx3	Hidden from user											
note_tx3	If yes, please list all traditional medication(s) that you were prescribed when you were first diagnosed with high blood pressure?	User entered text										
tmeds_at_dx	Hidden from user											
tmeds_at_dx_brand	Traditional medication name (leave blank if don't know/remember)	User entered text										
tmeds_at_dx_purchased	Did you obtain/purchase it?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused		
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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 blood pressure until now, approximately how many times has the recommended traditional medication regime changed (including if you initially were not recommended any medications, but then subsequently were)?	<table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1-2</td></tr><tr><td>2</td><td>3-4</td></tr><tr><td>3</td><td>5+</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	0	0	1	1-2	2	3-4	3	5+	98	Don't know/remember	99	Refused						
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group_tmed_change	Hidden from user																			
tmed_change_decision	For the most recent time that your traditional medication regime was changed, who was mainly responsible for the decision to change the prescription?	<table><tr><td>1</td><td>I made the decision without consulting anyone</td></tr><tr><td>2</td><td>I made the decision after consulting a retail pharmacist</td></tr><tr><td>3</td><td>I made the decision after consulting a modern medicine provider</td></tr><tr><td>4</td><td>I made the decision after consulting a traditional medicine provider</td></tr><tr><td>5</td><td>I made the decision after consulting friends, family, other sources of information</td></tr></table>	1	I made the decision without consulting anyone	2	I made the decision after consulting a retail pharmacist	3	I made the decision after consulting a modern medicine provider	4	I made the decision after consulting a traditional medicine provider	5	I made the decision after consulting friends, family, other sources of information								
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tmed_change_decision_other	Specify other:	User entered text																				
tmed_change_reason	What were the main reasons why the traditional medication regime was changed? Select up to two answers.	<table><tr><td>1</td><td>Blood pressure was adequately controlled</td></tr><tr><td>2</td><td>Sub-optimal/poor response to previous medication regime</td></tr><tr><td>3</td><td>Adverse drug reaction/made me feel unwell</td></tr><tr><td>4</td><td>Prescribed drug/regime not affordable</td></tr><tr><td>5</td><td>Prescribed drug/regime not available or not in stock</td></tr><tr><td>6</td><td>Source of medication too far away/ not easy to obtain</td></tr><tr><td>7</td><td>Taking too many medications</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other: specify</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Blood pressure was adequately controlled	2	Sub-optimal/poor response to previous medication regime	3	Adverse drug reaction/made me feel unwell	4	Prescribed drug/regime not affordable	5	Prescribed drug/regime not available or not in stock	6	Source of medication too far away/ not easy to obtain	7	Taking too many medications	98	Don't know/remember	96	Other: specify	99	Refused
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tmed_stop	Since you were first diagnosed with high blood pressure and started taking traditional medications, have you ever stopped taking them altogether?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused												
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tmed_stop_reason	If yes, what were the main reasons why you stopped? Select up to two answers.	<table border="1"> <tr> <td>1</td><td>Blood pressure was adequately controlled</td></tr> <tr> <td>2</td><td>Sub-optimal/poor response to previous medication regime</td></tr> <tr> <td>3</td><td>Adverse drug reaction/made me feel unwell</td></tr> <tr> <td>4</td><td>Prescribed drug/regime not affordable</td></tr> <tr> <td>5</td><td>Prescribed drug/regime not available or not in stock</td></tr> <tr> <td>6</td><td>Source of medication too far away/ not easy to obtain</td></tr> <tr> <td>7</td><td>Taking too many medications</td></tr> <tr> <td>98</td><td>Don't know/remember</td></tr> <tr> <td>96</td><td>Other: specify</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	1	Blood pressure was adequately controlled	2	Sub-optimal/poor response to previous medication regime	3	Adverse drug reaction/made me feel unwell	4	Prescribed drug/regime not affordable	5	Prescribed drug/regime not available or not in stock	6	Source of medication too far away/ not easy to obtain	7	Taking too many medications	98	Don't know/remember	96	Other: specify	99	Refused
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tmed_stop_reason_other	Specify other:	User entered text																				
tmed_current	Are you currently taking any traditional medications for your high blood pressure?	<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yes, and medications are the same as when first diagnosed</td></tr> <tr> <td>2</td><td>Yes, and medications have changed since first diagnosed</td></tr> </table>	0	No	1	Yes, and medications are the same as when first diagnosed	2	Yes, and medications have changed since first diagnosed														
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group_tmed_current	Hidden from user																									
note_tmed_current	Please list all traditional medication(s) that you are currently taking (at least once a week for the last month) for your high blood pressure?	User entered text																								
tmeds_current	Hidden from user																									
tmeds_current_brand	Traditional medication name (leave blank if don't know/remember)	User entered text																								
tmeds_current_purchased	Did you obtain/purchase it?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused																
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tmeds_current_source	If yes, where was it purchased/obtained?	<table><tr><td>1</td><td>At home</td></tr><tr><td>2</td><td>Clinic, health centre, health post</td></tr><tr><td>3</td><td>Hospital emergency room</td></tr><tr><td>4</td><td>Hospital outpatient clinic</td></tr><tr><td>5</td><td>Mission/NGO clinic</td></tr><tr><td>6</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr><tr><td>7</td><td>Retail pharmacy</td></tr><tr><td>8</td><td>Facility providing traditional medicine, homeopathy</td></tr><tr><td>9</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr><tr><td>10</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	At home	2	Clinic, health centre, health post	3	Hospital emergency room	4	Hospital outpatient clinic	5	Mission/NGO clinic	6	Public/community event (e.g. at community centre, kiosk, etc.)	7	Retail pharmacy	8	Facility providing traditional medicine, homeopathy	9	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	10	Don't know/remember	96	Other	99	Refused
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tmeds_current_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered integer																								
tmeds_current_duration	If yes, how many days does the traditional medication last (leave blank if don't know/remember)?	User entered integer																								
tmed_adhere	In the past 12 months, did you always take your traditional medications from blood pressure as prescribed? (Check ONE only)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																				
1	Yes																									
0	No																									

		99	Refused
group_tmed_adhere	Hidden from user		
generated_table_list_label_421	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_422		1	None of the time
		2	Some of the time
		3	Most of the time
		4	All the time
		99	Refused
tmed_adhere_1	How often do you forget to take your medicine?	1	None of the time
		2	Some of the time
		3	Most of the time
		4	All the time
		99	Refused
tmed_adhere_2	How often do you decide not to take your medicine?	1	None of the time
		2	Some of the time
		3	Most of the time
		4	All the time
		99	Refused
tmed_adhere_3	How often do you miss taking your medicine because you feel better?	1	None of the time
		2	Some of the time
		3	Most of the time
		4	All the time
		99	Refused
tmed_adhere_4	How often do you decide to take less of your medicine?	1	None of the time
		2	Some of the time
		3	Most of the time
		4	All the time
		99	Refused

tmed_adhere_5	How often do you stop taking your medicine because you feel sick due to effects of the medicine?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
1	None of the time											
2	Some of the time											
3	Most of the time											
4	All the time											
99	Refused											
tmed_adhere_6	How often do you forget to bring along your medicine when you travel away from home?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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tmed_adhere_7	How often do you NOT take you medicine because you run out of them at home?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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4	All the time											
99	Refused											
nonmed_at_dx	When you were first diagnosed, were you advised to take up any non-medical interventions (e.g. massage, acupuncture) for your high blood pressure?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused		
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group_tx4	Hidden from user											
note_tx4	If yes, please list all non-medical interventions that you were advised to take up when you were first diagnosed with high blood pressure?	User entered text										
nonmeds_at_dx	Hidden from user											
nonmeds_at_dx_brand	Intervention name (leave blank if don't know/remember)	User entered text										
nonmeds_at_dx_purchased	Did you obtain/purchase it?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused		
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96	Other																									
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nonmeds_at_dx_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered integer																								
nonmed_change	Since you were first diagnosed with high blood pressure until now, approximately how many times has your regime of non-medical interventions changed (including if you initially were not recommended any interventions but then subsequently were)?	<table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1-2</td></tr><tr><td>2</td><td>3-4</td></tr><tr><td>3</td><td>5+</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	0	0	1	1-2	2	3-4	3	5+	98	Don't know/remember	99	Refused												
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group_nonmed_change	Hidden from user																									
nonmed_change_decision	For the most recent time that your non-medical recommendations were changed, who was mainly responsible for the decision to change?	<table><tr><td>1</td><td>I made the decision without consulting anyone</td></tr><tr><td>2</td><td>I made the decision after consulting a retail pharmacist</td></tr><tr><td>3</td><td>I made the decision after consulting a modern medicine provider</td></tr><tr><td>4</td><td>I made the decision after consulting a traditional medicine provider</td></tr><tr><td>5</td><td>I made the decision after consulting friends, family, other</td></tr></table>	1	I made the decision without consulting anyone	2	I made the decision after consulting a retail pharmacist	3	I made the decision after consulting a modern medicine provider	4	I made the decision after consulting a traditional medicine provider	5	I made the decision after consulting friends, family, other														
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nonmed_change_reason_other	Specify other:	User entered text																				
nonmed_stop	Since you were first diagnosed with high blood pressure and started using non-medical interventions, have you ever stopped using them altogether?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused												
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nonmed_stop_reason_other	Specify other:	User entered text																				
nonmed_current	Are you currently using non-medical methods to treat your high blood pressure?	<table border="1"> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yes, and medications are the same as when first diagnosed</td></tr> <tr> <td>2</td><td>Yes, and medications have</td></tr> </table>	0	No	1	Yes, and medications are the same as when first diagnosed	2	Yes, and medications have														
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group_nonmed_current	Hidden from user																									
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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_464	When you were first diagnosed, were you advised to make any of the following lifestyle changes for your high blood pressure?	User entered text																								
		<table><tr><td></td><td></td></tr></table>																								

reserved_name_for_field_list_labels_465		<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>97</td><td>Not applicable</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	97	Not applicable	99	Refused
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smok_at_dx	Quit smoking	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>97</td><td>Not applicable</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	97	Not applicable	99	Refused
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97	Not applicable											
99	Refused											
alc_at_dx	Reduce alcohol intake	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>97</td><td>Not applicable</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	97	Not applicable	99	Refused
1	Yes											
0	No											
98	Don't know/remember											
97	Not applicable											
99	Refused											
salt_at_dx	Reduce salt (sodium) intake	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>97</td><td>Not applicable</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	97	Not applicable	99	Refused
1	Yes											
0	No											
98	Don't know/remember											
97	Not applicable											
99	Refused											
fruit_at_dx	Eat more fruit and vegetables	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>97</td><td>Not applicable</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	97	Not applicable	99	Refused
1	Yes											
0	No											
98	Don't know/remember											
97	Not applicable											
99	Refused											
fat_at_dx	Eat less fatty / fried food	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>97</td><td>Not applicable</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	97	Not applicable	99	Refused
1	Yes											
0	No											
98	Don't know/remember											
97	Not applicable											
99	Refused											

sugar_at_dx	Eat/drink less sugary beverages / sweets	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>97</td><td>Not applicable</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	98	Don't know/remember	97	Not applicable	99	Refused
1	Yes											
0	No											
98	Don't know/remember											
97	Not applicable											
99	Refused											
weight_at_dx	Lose weight	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>97</td><td>Not applicable</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	98	Don't know/remember	97	Not applicable	99	Refused
1	Yes											
0	No											
98	Don't know/remember											
97	Not applicable											
99	Refused											
exercise_at_dx	Do more exercise or sports	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>97</td><td>Not applicable</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	98	Don't know/remember	97	Not applicable	99	Refused
1	Yes											
0	No											
98	Don't know/remember											
97	Not applicable											
99	Refused											
stress_at_dx	Reduce stress	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>97</td><td>Not applicable</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	98	Don't know/remember	97	Not applicable	99	Refused
1	Yes											
0	No											
98	Don't know/remember											
97	Not applicable											
99	Refused											
other_at_dx	Others: specify	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>97</td><td>Not applicable</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	98	Don't know/remember	97	Not applicable	99	Refused
1	Yes											
0	No											
98	Don't know/remember											
97	Not applicable											
99	Refused											
other_at_dx_text	Specify other:	User entered text										
group_tx6	Hidden from user											
generated_table_list_label_477	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_478		1	Yes
		0	No
		97	Not applicable
		99	Refused
smok_current	Quit smoking	1	Yes
		0	No
		97	Not applicable
		99	Refused
alc_current	Reduce alcohol intake	1	Yes
		0	No
		97	Not applicable
		99	Refused
salt_current	Reduce salt (sodium) intake	1	Yes
		0	No
		97	Not applicable
		99	Refused
fruit_current	Eat more fruit and vegetables	1	Yes
		0	No
		97	Not applicable
		99	Refused
fat_current	Eat less fatty / fried food	1	Yes
		0	No
		97	Not applicable
		99	Refused
sugar_current	Eat/drink less sugary beverages / sweets	1	Yes
		0	No
		97	Not applicable
		99	Refused

weight_current	Lose weight	1	Yes
		0	No
		97	Not applicable
		99	Refused
exercise_current	Do more exercise or sports	1	Yes
		0	No
		97	Not applicable
		99	Refused
stress_current	Reduce stress	1	Yes
		0	No
		97	Not applicable
		99	Refused
other_current	Others: specify	1	Yes
		0	No
		97	Not applicable
		99	Refused
other_current_text	Specify other:	User entered text	
tx_current_helpful	Do you feel that your current treatment regime (all modern and traditional medications, and non-pharmaceutical interventions) is helping to control your high blood pressure?	5	5 - Very helpful
		4	4 - Fairly helpful
		3	3 - Neither helpful or unhelpful
		2	2 - Fairly unhelpful
		1	1 - Very unhelpful
		98	Don't know
		99	Refused
tx_current_satisfied	Are you satisfied with your current treatment regime?	5	5 - Very satisfied
		4	4 - Fairly satisfied
		3	3 - Neither satisfied or dissatisfied
		2	2 - Fairly dissatisfied
		1	1 - Very dissatisfied

		<table><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	98	Don't know/remember	99	Refused								
98	Don't know/remember													
99	Refused													
group_fu1	Hidden from user													
note_fu1	FOLLOW UP: We now want to ask you about any instructions for follow-up visits that you may have received at the time you were first recommended to make any lifestyle changes or prescribed any medications for your high blood pressure.	User entered text												
fu_at_dx	When you were first diagnosed, were you advised to return for a follow up visit (e.g. to check your health, review your medications, etc.)?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused				
1	Yes													
0	No													
98	Don't know/remember													
99	Refused													
group_fu2	Hidden from user													
note_fu2	If were you advised return for a follow up visit, after what period/interval? Select only one of the options below.	User entered text												
fu_at_dx_days	Number of days:	User entered integer												
fu_at_dx_months	Number of months:	User entered integer												
fu_at_dx_other	Or:	<table><tr><td>1</td><td>No specific period/interval, when you feel ill or if blood pressure is high</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	No specific period/interval, when you feel ill or if blood pressure is high	98	Don't know/remember	99	Refused						
1	No specific period/interval, when you feel ill or if blood pressure is high													
98	Don't know/remember													
99	Refused													
group_fu4	Hidden from user													
fu_at_dx_outcome	Did you return for the follow up visit as advised?	<table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes, at the advised time</td></tr><tr><td>2</td><td>Yes, but before the advised period</td></tr><tr><td>3</td><td>Yes, but after the advised period</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	0	No	1	Yes, at the advised time	2	Yes, but before the advised period	3	Yes, but after the advised period	98	Don't know/remember	99	Refused
0	No													
1	Yes, at the advised time													
2	Yes, but before the advised period													
3	Yes, but after the advised period													
98	Don't know/remember													
99	Refused													
fu_at_dx_non	If you did not return for the follow up visit as advised, why not?	<table><tr><td>1</td><td>Forgot to return</td></tr><tr><td>2</td><td>Did not think it was important</td></tr><tr><td>3</td><td>Could not afford to return</td></tr></table>	1	Forgot to return	2	Did not think it was important	3	Could not afford to return						
1	Forgot to return													
2	Did not think it was important													
3	Could not afford to return													

		<table> <tr> <td>4</td><td>Unable to attend because of other commitment</td></tr> <tr> <td>98</td><td>Don't know/remember</td></tr> <tr> <td>96</td><td>Other: specify</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	4	Unable to attend because of other commitment	98	Don't know/remember	96	Other: specify	99	Refused														
4	Unable to attend because of other commitment																							
98	Don't know/remember																							
96	Other: specify																							
99	Refused																							
fu_at_dx_non_other	Specify other:	User entered text																						
fu_at_dx_refer	When you were first diagnosed, were you referred to another health care provider for any further care (e.g.GP referred to a specialist)?	<table> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> <tr> <td>98</td><td>Don't know/remember</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	98	Don't know/remember	99	Refused														
1	Yes																							
0	No																							
98	Don't know/remember																							
99	Refused																							
group_fu5	Hidden from user																							
fu_at_dx_refer_facility	To which type of health facility were you referred?	<table> <tr> <td>1</td><td>Clinic, health centre, health post</td></tr> <tr> <td>2</td><td>Hospital emergency room</td></tr> <tr> <td>3</td><td>Hospital outpatient clinic</td></tr> <tr> <td>4</td><td>Mission/NGO clinic</td></tr> <tr> <td>5</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr> <tr> <td>6</td><td>Retail pharmacy</td></tr> <tr> <td>7</td><td>Facility providing traditional medicine, homeopathy</td></tr> <tr> <td>8</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr> <tr> <td>98</td><td>Don't know/remember</td></tr> <tr> <td>96</td><td>Other</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	1	Clinic, health centre, health post	2	Hospital emergency room	3	Hospital outpatient clinic	4	Mission/NGO clinic	5	Public/community event (e.g. at community centre, kiosk, etc.)	6	Retail pharmacy	7	Facility providing traditional medicine, homeopathy	8	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	98	Don't know/remember	96	Other	99	Refused
1	Clinic, health centre, health post																							
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98	Don't know/remember																							
96	Other																							
99	Refused																							
fu_at_dx_refer_fac_other	Specify other:	User entered text																						
fu_at_dx_refer_outcome	Did you attend the referral appointment as advised?	<table> <tr> <td>0</td><td>No</td></tr> <tr> <td>1</td><td>Yes, at the advised time</td></tr> <tr> <td>2</td><td>Yes, but before the advised period</td></tr> <tr> <td>3</td><td>Yes, but after the advised period</td></tr> <tr> <td>98</td><td>Don't know/remember</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	0	No	1	Yes, at the advised time	2	Yes, but before the advised period	3	Yes, but after the advised period	98	Don't know/remember	99	Refused										
0	No																							
1	Yes, at the advised time																							
2	Yes, but before the advised period																							
3	Yes, but after the advised period																							
98	Don't know/remember																							
99	Refused																							

fu_at_dx_refer_non	If you did not attend the referral appointment as advised, why not?	<table><tr><td>1</td><td>Forgot to return</td></tr><tr><td>2</td><td>Did not think it was important</td></tr><tr><td>3</td><td>Could not afford to return</td></tr><tr><td>4</td><td>Unable to attend because of other commitment</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other: specify</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Forgot to return	2	Did not think it was important	3	Could not afford to return	4	Unable to attend because of other commitment	98	Don't know/remember	96	Other: specify	99	Refused								
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4	Unable to attend because of other commitment																							
98	Don't know/remember																							
96	Other: specify																							
99	Refused																							
fu_at_dx_refer_non_other	Specify other:	User entered text																						
group_regular_provider	Hidden from user																							
note_regular_provider	In relation to the management of your high blood pressure, where is your main point of contact, and who do you see most often? Select up to two answers.	User entered text																						
regular_provider_facility	Which type of facility do you visit most often? Select up to two answers.	<table><tr><td>1</td><td>Clinic, health centre, health post</td></tr><tr><td>2</td><td>Hospital emergency room</td></tr><tr><td>3</td><td>Hospital outpatient clinic</td></tr><tr><td>4</td><td>Mission/NGO clinic</td></tr><tr><td>5</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr><tr><td>6</td><td>Retail pharmacy</td></tr><tr><td>7</td><td>Facility providing traditional medicine, homeopathy</td></tr><tr><td>8</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Clinic, health centre, health post	2	Hospital emergency room	3	Hospital outpatient clinic	4	Mission/NGO clinic	5	Public/community event (e.g. at community centre, kiosk, etc.)	6	Retail pharmacy	7	Facility providing traditional medicine, homeopathy	8	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	98	Don't know/remember	96	Other	99	Refused
1	Clinic, health centre, health post																							
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98	Don't know/remember																							
96	Other																							
99	Refused																							
regular_provider_facility_other	Specify other:	User entered text																						
regular_provider	What type of provider do you see most often? Select up to two answers.	<table><tr><td>1</td><td>General practitioner, non-specialist physician or unknown speciality doctor</td></tr><tr><td>2</td><td>Cardiologist or other specialist physician</td></tr><tr><td></td><td></td></tr></table>	1	General practitioner, non-specialist physician or unknown speciality doctor	2	Cardiologist or other specialist physician																		
1	General practitioner, non-specialist physician or unknown speciality doctor																							
2	Cardiologist or other specialist physician																							

		<table> <tr><td>3</td><td>Dentist</td></tr> <tr><td>4</td><td>Nurse</td></tr> <tr><td>5</td><td>Pharmacist</td></tr> <tr><td>6</td><td>Community health worker</td></tr> <tr><td>7</td><td>Other health professional (midwife, nursing assistant, physiotherapist)</td></tr> <tr><td>8</td><td>Traditional healer</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>96</td><td>Other</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	3	Dentist	4	Nurse	5	Pharmacist	6	Community health worker	7	Other health professional (midwife, nursing assistant, physiotherapist)	8	Traditional healer	98	Don't know/remember	96	Other	99	Refused
3	Dentist																			
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7	Other health professional (midwife, nursing assistant, physiotherapist)																			
8	Traditional healer																			
98	Don't know/remember																			
96	Other																			
99	Refused																			
regular_provider_other	Specify other:	User entered text																		
regular_provider_sector	Is your regular hypertension care provided by the government, privately, non-governmental organisation? Select up to two answers.	<table> <tr><td>1</td><td>Government</td></tr> <tr><td>2</td><td>Private</td></tr> <tr><td>3</td><td>NGO</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Government	2	Private	3	NGO	98	Don't know/remember	99	Refused								
1	Government																			
2	Private																			
3	NGO																			
98	Don't know/remember																			
99	Refused																			
regular_provider_visit	How often do you see this/these provider(s)?	<table> <tr><td>6</td><td>Once a month</td></tr> <tr><td>5</td><td>Once every 2 months</td></tr> <tr><td>4</td><td>Once every 3 months</td></tr> <tr><td>3</td><td>Once every 4-5 months</td></tr> <tr><td>2</td><td>Sometimes (once every 6-12 months)</td></tr> <tr><td>1</td><td>Rarely (less than once per year)</td></tr> <tr><td>98</td><td>Don't know</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	6	Once a month	5	Once every 2 months	4	Once every 3 months	3	Once every 4-5 months	2	Sometimes (once every 6-12 months)	1	Rarely (less than once per year)	98	Don't know	99	Refused		
6	Once a month																			
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4	Once every 3 months																			
3	Once every 4-5 months																			
2	Sometimes (once every 6-12 months)																			
1	Rarely (less than once per year)																			
98	Don't know																			
99	Refused																			
regular_bp_measure	Overall, how often is your blood pressure measured currently?	<table> <tr><td>6</td><td>Daily</td></tr> <tr><td>5</td><td>Several times a week</td></tr> <tr><td>4</td><td>Several times a month</td></tr> <tr><td>3</td><td>Several times a year</td></tr> <tr><td>2</td><td>Once a year</td></tr> <tr><td>1</td><td>Once every 2 or 3 years or more seldom</td></tr> </table>	6	Daily	5	Several times a week	4	Several times a month	3	Several times a year	2	Once a year	1	Once every 2 or 3 years or more seldom						
6	Daily																			
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98	Don't know																							
99	Refused																							
regular_bp_device	Do you have a device to monitor your blood pressure at home or easy access to such a device (e.g. at neighbour, family member, local pharmacy/shop)?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused														
1	Yes																							
0	No																							
98	Don't know/remember																							
99	Refused																							
group_6B	Hidden from user																							
note_sec6Brec	Section 6B: Treatment seeking pathway for AWARE HYPERTENSIVES DIAGNOSED PRIOR TO THE BASELINE SURVEY	User entered text																						
note_diagprev	When we first interviewed you about 1 year ago, you told me that you had been diagnosed with high blood pressure by a health professional.	User entered text																						
pa_med_current	Are you currently taking any medications for your high blood pressure?	<table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes, and medications are the same as when first diagnosed</td></tr><tr><td>2</td><td>Yes, and medications have changed since first diagnosed</td></tr><tr><td>99</td><td>Refused</td></tr></table>	0	No	1	Yes, and medications are the same as when first diagnosed	2	Yes, and medications have changed since first diagnosed	99	Refused														
0	No																							
1	Yes, and medications are the same as when first diagnosed																							
2	Yes, and medications have changed since first diagnosed																							
99	Refused																							
pa_group_med_current	Hidden from user																							
pa_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																						
pa_meds_current	Hidden from user																							
pa_meds_current_gen	Medication generic name	<table><tr><td>1</td><td>captopril*</td></tr><tr><td>2</td><td>enalapril*</td></tr><tr><td>3</td><td>ramipril*</td></tr><tr><td>4</td><td>amlodipine*</td></tr><tr><td>5</td><td>metoprolol*</td></tr><tr><td>6</td><td>atenolol*</td></tr><tr><td>7</td><td>furosemide*</td></tr><tr><td>8</td><td>hydrocholorthiazide*</td></tr><tr><td>9</td><td>simvastatin</td></tr><tr><td>10</td><td>atorvastatin</td></tr><tr><td></td><td></td></tr></table>	1	captopril*	2	enalapril*	3	ramipril*	4	amlodipine*	5	metoprolol*	6	atenolol*	7	furosemide*	8	hydrocholorthiazide*	9	simvastatin	10	atorvastatin		
1	captopril*																							
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9	simvastatin																							
10	atorvastatin																							

		<table> <tr><td>11</td><td>aspirin</td></tr> <tr><td>12</td><td>clopidogrel</td></tr> <tr><td>13</td><td>losartan*</td></tr> <tr><td>14</td><td>trimetazidine</td></tr> <tr><td>15</td><td>nitrates (e.g. isosorbide)</td></tr> <tr><td>96</td><td>other blood pressure or CVD medication</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	11	aspirin	12	clopidogrel	13	losartan*	14	trimetazidine	15	nitrates (e.g. isosorbide)	96	other blood pressure or CVD medication	98	Don't know/remember	99	Refused								
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98	Don't know/remember																									
99	Refused																									
pa_meds_current_brand	Medication brand name (leave blank if don't know/remember)	User entered text																								
pa_meds_current_purchased	Did you obtain/purchase it?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	98	Don't know/remember	99	Refused																
1	Yes																									
0	No																									
98	Don't know/remember																									
99	Refused																									
pa_meds_current_source	If yes, where was it purchased/obtained?	<table> <tr><td>1</td><td>At home</td></tr> <tr><td>2</td><td>Clinic, health centre, health post</td></tr> <tr><td>3</td><td>Hospital emergency room</td></tr> <tr><td>4</td><td>Hospital outpatient clinic</td></tr> <tr><td>5</td><td>Mission/NGO clinic</td></tr> <tr><td>6</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr> <tr><td>7</td><td>Retail pharmacy</td></tr> <tr><td>8</td><td>Facility providing traditional medicine, homeopathy</td></tr> <tr><td>9</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr> <tr><td>10</td><td>Don't know/remember</td></tr> <tr><td>96</td><td>Other</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	At home	2	Clinic, health centre, health post	3	Hospital emergency room	4	Hospital outpatient clinic	5	Mission/NGO clinic	6	Public/community event (e.g. at community centre, kiosk, etc.)	7	Retail pharmacy	8	Facility providing traditional medicine, homeopathy	9	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	10	Don't know/remember	96	Other	99	Refused
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96	Other																									
99	Refused																									
pa_meds_current_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered integer																								
pa_meds_current_duration	If yes, how many days does the medication last (leave blank if don't know/remember)?	User entered integer																								

pa_med_adhere	In the past 12 months, did you always take your current blood pressure medications as the doctor prescribed? (Check ONE only)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused				
1	Yes											
0	No											
99	Refused											
pa_group_med_adhere	Hidden from user											
generated_table_list_label_543	Regarding the blood pressure medications that you are currently taking, in the past 12 months:	User entered text										
reserved_name_for_field_list_labels_544		<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
1	None of the time											
2	Some of the time											
3	Most of the time											
4	All the time											
99	Refused											
pa_med_adhere_1	How often do you forget to take your medicine?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
1	None of the time											
2	Some of the time											
3	Most of the time											
4	All the time											
99	Refused											
pa_med_adhere_2	How often do you decide not to take your medicine?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
1	None of the time											
2	Some of the time											
3	Most of the time											
4	All the time											
99	Refused											
pa_med_adhere_3	How often do you miss taking your medicine because you feel better?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
1	None of the time											
2	Some of the time											
3	Most of the time											
4	All the time											
99	Refused											
pa_med_adhere_4	How often do you decide to take less of your medicine?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time		
1	None of the time											
2	Some of the time											
3	Most of the time											
4	All the time											

		99	Refused
pa_med_adhere_5	How often do you stop taking your medicine because you feel sick due to effects of the medicine?	1	None of the time
		2	Some of the time
		3	Most of the time
		4	All the time
		99	Refused
pa_med_adhere_6	How often do you forget to bring along your medicine when you travel away from home?	1	None of the time
		2	Some of the time
		3	Most of the time
		4	All the time
		99	Refused
pa_med_adhere_7	How often do you NOT take you medicine because you run out of them at home?	1	None of the time
		2	Some of the time
		3	Most of the time
		4	All the time
		99	Refused
pa_tmed_current	Are you currently taking any traditional medications for your high blood pressure?	0	No
		1	Yes, and medications are the same as when first diagnosed
		2	Yes, and medications have changed since first diagnosed
		99	Refused
pa_group_tmed_current	Hidden from user		
pa_note_tmed_current	Please list all traditional medication(s) that you are currently taking (at least once a week for the last month) for your high blood pressure?	User entered text	
pa_tmeds_current	Hidden from user		
pa_tmeds_current_brand	Traditional medication name (leave blank if don't know/remember)	User entered text	
pa_tmeds_current_purchased	Did you obtain/purchase it?	1	Yes
		0	No

		<table><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	98	Don't know/remember	99	Refused																				
98	Don't know/remember																									
99	Refused																									
pa_tmeds_current_source	If yes, where was it purchased/obtained?	<table><tr><td>1</td><td>At home</td></tr><tr><td>2</td><td>Clinic, health centre, health post</td></tr><tr><td>3</td><td>Hospital emergency room</td></tr><tr><td>4</td><td>Hospital outpatient clinic</td></tr><tr><td>5</td><td>Mission/NGO clinic</td></tr><tr><td>6</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr><tr><td>7</td><td>Retail pharmacy</td></tr><tr><td>8</td><td>Facility providing traditional medicine, homeopathy</td></tr><tr><td>9</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr><tr><td>10</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	At home	2	Clinic, health centre, health post	3	Hospital emergency room	4	Hospital outpatient clinic	5	Mission/NGO clinic	6	Public/community event (e.g. at community centre, kiosk, etc.)	7	Retail pharmacy	8	Facility providing traditional medicine, homeopathy	9	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	10	Don't know/remember	96	Other	99	Refused
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99	Refused																									
pa_tmeds_current_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered integer																								
pa_tmeds_current_duration	If yes, how many days does the traditional medication last (leave blank if don't know/remember)?	User entered integer																								
pa_tmed_adhere	In the past 12 months, did you always take your traditional medications from blood pressure as prescribed? (Check ONE only)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused																		
1	Yes																									
0	No																									
99	Refused																									
pa_group_tmed_adhere	Hidden from user																									
generated_table_list_label_564	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_565		<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused														
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99	Refused																									

pa_tmed_adhere_1	How often do you forget to take your medicine?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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3	Most of the time											
4	All the time											
99	Refused											
pa_tmed_adhere_2	How often do you decide not to take your medicine?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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99	Refused											
pa_tmed_adhere_3	How often do you miss taking your medicine because you feel better?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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4	All the time											
99	Refused											
pa_tmed_adhere_4	How often do you decide to take less of your medicine?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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2	Some of the time											
3	Most of the time											
4	All the time											
99	Refused											
pa_tmed_adhere_5	How often do you stop taking your medicine because you feel sick due to effects of the medicine?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time	99	Refused
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4	All the time											
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pa_tmed_adhere_6	How often do you forget to bring along your medicine when you travel away from home?	<table><tr><td>1</td><td>None of the time</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>All the time</td></tr></table>	1	None of the time	2	Some of the time	3	Most of the time	4	All the time		
1	None of the time											
2	Some of the time											
3	Most of the time											
4	All the time											

		99	Refused
pa_tmed_adhere_7	How often do you NOT take you medicine because you run out of them at home?	1	None of the time
		2	Some of the time
		3	Most of the time
		4	All the time
		99	Refused
pa_nonmed_current	Are you currently using non-medical methods to treat your high blood pressure?	0	No
		1	Yes, and medications are the same as when first diagnosed
		2	Yes, and medications have changed since first diagnosed
		99	Refused
pa_group_nonmed_current	Hidden from user		
pa_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	
pa_nonmeds_current	Hidden from user		
pa_nonmeds_current_brand	Intervention name (leave blank if don't know/remember)	User entered text	
pa_nonmeds_current_purchased	Did you obtain/purchase it?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
pa_nonmeds_current_source	If yes, where was it purchased/obtained?	1	At home
		2	Clinic, health centre, health post
		3	Hospital emergency room
		4	Hospital outpatient clinic
		5	Mission/NGO clinic
		6	Public/community event (e.g. at community centre, kiosk, etc.)
		7	Retail pharmacy
		8	Facility providing traditional medicine, homeopathy

		<table><tr><td>9</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr><tr><td>10</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	9	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	10	Don't know/remember	96	Other	99	Refused
9	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)									
10	Don't know/remember									
96	Other									
99	Refused									
pa_nonmeds_current_cost	If yes, how much was paid in Pesos (leave blank if don't know/remember)?	User entered integer								
pa_group_tx6	Hidden from user									
generated_table_list_label_583	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_584		<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not applicable</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	97	Not applicable	99	Refused
1	Yes									
0	No									
97	Not applicable									
99	Refused									
pa_smok_current	Quit smoking	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not applicable</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	97	Not applicable	99	Refused
1	Yes									
0	No									
97	Not applicable									
99	Refused									
pa_alc_current	Reduce alcohol intake	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not applicable</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	97	Not applicable	99	Refused
1	Yes									
0	No									
97	Not applicable									
99	Refused									
pa_salt_current	Reduce salt (sodium) intake	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not applicable</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	97	Not applicable	99	Refused
1	Yes									
0	No									
97	Not applicable									
99	Refused									
pa_fruit_current	Eat more fruit and vegetables	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not applicable</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	97	Not applicable	99	Refused
1	Yes									
0	No									
97	Not applicable									
99	Refused									

pa_fat_current	Eat less fatty / fried food	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not applicable</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	97	Not applicable	99	Refused
1	Yes									
0	No									
97	Not applicable									
99	Refused									
pa_sugar_current	Eat/drink less sugary beverages / sweets	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not applicable</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	97	Not applicable	99	Refused
1	Yes									
0	No									
97	Not applicable									
99	Refused									
pa_weight_current	Lose weight	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not applicable</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	97	Not applicable	99	Refused
1	Yes									
0	No									
97	Not applicable									
99	Refused									
pa_exercise_current	Do more exercise or sports	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not applicable</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	97	Not applicable	99	Refused
1	Yes									
0	No									
97	Not applicable									
99	Refused									
pa_stress_current	Reduce stress	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not applicable</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	97	Not applicable	99	Refused
1	Yes									
0	No									
97	Not applicable									
99	Refused									
pa_other_current	Others: specify	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not applicable</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	97	Not applicable	99	Refused
1	Yes									
0	No									
97	Not applicable									
99	Refused									
pa_other_current_text	Specify other:	User entered text								
pa_tx_current_helpful	Do you feel that your current treatment regime (all modern and traditional medications, and non-pharmaceutical interventions) is helping to control your high blood pressure?	<table> <tr><td>5</td><td>5 - Very helpful</td></tr> <tr><td>4</td><td>4 - Fairly helpful</td></tr> <tr><td>3</td><td>3 - Neither helpful or unhelpful</td></tr> <tr><td></td><td></td></tr> </table>	5	5 - Very helpful	4	4 - Fairly helpful	3	3 - Neither helpful or unhelpful		
5	5 - Very helpful									
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3	3 - Neither helpful or unhelpful									

		<table><tr><td>2</td><td>2 - Fairly unhelpful</td></tr><tr><td>1</td><td>1 - Very unhelpful</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	2	2 - Fairly unhelpful	1	1 - Very unhelpful	98	Don't know	99	Refused						
2	2 - Fairly unhelpful															
1	1 - Very unhelpful															
98	Don't know															
99	Refused															
pa_tx_current_satisfied	Are you satisfied with your current treatment regime?	<table><tr><td>5</td><td>5 - Very satisfied</td></tr><tr><td>4</td><td>4 - Fairly satisfied</td></tr><tr><td>3</td><td>3 - Neither satisfied or dissatisfied</td></tr><tr><td>2</td><td>2 - Fairly dissatisfied</td></tr><tr><td>1</td><td>1 - Very dissatisfied</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	5	5 - Very satisfied	4	4 - Fairly satisfied	3	3 - Neither satisfied or dissatisfied	2	2 - Fairly dissatisfied	1	1 - Very dissatisfied	98	Don't know/remember	99	Refused
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1	1 - Very dissatisfied															
98	Don't know/remember															
99	Refused															
pa_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 text														
pa_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 integer														
pa_recent_regular	How many of these were REGULAR and REPEATED consultations, experiences or instances of care?	User entered integer														
pa_recent_irregular	How many of these were NOT REGULAR and REPEATED consultations, experiences or instances of care?	User entered integer														
pa_note_recent_visitstotal	INTERVIEWER: Note that the sum of the REGULAR and NON-REGULAR consultations, experiences or instances of care recorded must	User entered text														

	equal the total number of reported visits in the past 12 months																									
pa_recent_visitstotal	Hidden from user																									
pa_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																								
pa_group_recent_regular	Hidden from user																									
pa_recent_regular_visit_facility	Where do you consult for this regular care?	<table><tr><td>1</td><td>At home</td></tr><tr><td>2</td><td>Clinic, health centre, health post</td></tr><tr><td>3</td><td>Hospital emergency room</td></tr><tr><td>4</td><td>Hospital outpatient clinic</td></tr><tr><td>5</td><td>Mission/NGO clinic</td></tr><tr><td>6</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr><tr><td>7</td><td>Retail pharmacy</td></tr><tr><td>8</td><td>Facility providing traditional medicine, homeopathy</td></tr><tr><td>9</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr><tr><td>10</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	At home	2	Clinic, health centre, health post	3	Hospital emergency room	4	Hospital outpatient clinic	5	Mission/NGO clinic	6	Public/community event (e.g. at community centre, kiosk, etc.)	7	Retail pharmacy	8	Facility providing traditional medicine, homeopathy	9	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	10	Don't know/remember	96	Other	99	Refused
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pa_recent_regular_visit_provider_other	Specify other:	User entered text																						
pa_recent_regular_visit_sector	Is the care provided by the government, privately, non-governmental organisation?	<table><tr><td>1</td><td>Government</td></tr><tr><td>2</td><td>Private</td></tr><tr><td>3</td><td>NGO</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Government	2	Private	3	NGO	98	Don't know/remember	99	Refused												
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98	Don't know/remember																							
99	Refused																							
pa_recent_regular_visit_reason_person	Why do you seek care from this particular provider?	<table><tr><td>1</td><td>This is my usual provider</td></tr><tr><td>2</td><td>We know each other well and/or usually he/she treats my family</td></tr><tr><td>3</td><td>It is nearby / convenient</td></tr><tr><td>4</td><td>Referred/recommended by another health care provider</td></tr><tr><td>5</td><td>Recommended by family or friend</td></tr><tr><td>6</td><td>It is covered by my insurance/ work arrangements</td></tr><tr><td>7</td><td>I saw/heard/read an advertisement/notice</td></tr><tr><td>8</td><td>I came across them by chance/emergency/no other choice, self-referred</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	This is my usual provider	2	We know each other well and/or usually he/she treats my family	3	It is nearby / convenient	4	Referred/recommended by another health care provider	5	Recommended by family or friend	6	It is covered by my insurance/ work arrangements	7	I saw/heard/read an advertisement/notice	8	I came across them by chance/emergency/no other choice, self-referred	98	Don't know/remember	96	Other	99	Refused
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pa_recent_regular_visit_reason_person_other	Specify other:	User entered text																						
pa_group_recent_regular4	Hidden from user																							
generated_table_list_label_612	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_613		<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr></table>	1	Yes	0	No	98	Don't know/remember																
1	Yes																							
0	No																							
98	Don't know/remember																							

		99	Refused
pa_recent_regular_visit_bp	Blood pressure measurement	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
pa_recent_regular_visit_exam	Physical examination	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
pa_recent_regular_visit_xray	X-rays	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
pa_recent_regular_visit_ecg	ECG	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
pa_recent_regular_visit_lab	Laboratory test (e.g. blood, urine tests)	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
pa_recent_regular_visit_minop	Minor operation	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
pa_recent_regular_visit_majop	Major operation	1	Yes
		0	No
		98	Don't know/remember

		<table><tr><td>99</td><td>Refused</td></tr></table>	99	Refused														
99	Refused																	
pa_recent_regular_visit_other	Other	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused								
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pa_recent_regular_visit_other_text	Specify other:	User entered text																
pa_group_recent_regularfu7	Hidden from user																	
pa_recent_regular_visit_distance	How far from your home do these treatments/consultations take place?	<table><tr><td>1</td><td>At home</td></tr><tr><td>2</td><td>Less than 10 minutes from home</td></tr><tr><td>3</td><td>10-29 minutes from home</td></tr><tr><td>4</td><td>30-59 minutes from home</td></tr><tr><td>5</td><td>1-2 hours from home</td></tr><tr><td>6</td><td>2 hours or more from home</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	At home	2	Less than 10 minutes from home	3	10-29 minutes from home	4	30-59 minutes from home	5	1-2 hours from home	6	2 hours or more from home	98	Don't know/remember	99	Refused
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6	2 hours or more from home																	
98	Don't know/remember																	
99	Refused																	
pa_recent_regular_visit_transport	What is the main mode of transportation that you use to attend this treatments/consultations?	<table><tr><td>1</td><td>Public transportation</td></tr><tr><td>2</td><td>Taxi</td></tr><tr><td>3</td><td>Private vehicle</td></tr><tr><td>4</td><td>Walk</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other, specify</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Public transportation	2	Taxi	3	Private vehicle	4	Walk	98	Don't know/remember	96	Other, specify	99	Refused		
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3	Private vehicle																	
4	Walk																	
98	Don't know/remember																	
96	Other, specify																	
99	Refused																	
pa_recent_regular_visit_transport_other	Specify other:	User entered text																
pa_recent_regular_visit_duration	How long do these visits to the provider typically last (including waiting time, time for treatment/consultation, tests, etc.)?	<table><tr><td>1</td><td>Less than 10 minutes</td></tr><tr><td>2</td><td>10-29 minutes</td></tr><tr><td>3</td><td>30-59 minutes</td></tr><tr><td>4</td><td>1-2 hours</td></tr><tr><td>5</td><td>2 hours or more</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Less than 10 minutes	2	10-29 minutes	3	30-59 minutes	4	1-2 hours	5	2 hours or more	98	Don't know/remember	99	Refused		
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pa_recent_regular_visit_off	Do you have to take any time off of work?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused												
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pa_recent_regular_visit_offdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer																				
pa_recent_regular_visit_hhoff	Do any other members of your household have to take any time off of work to care for you?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused												
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pa_recent_regular_visit_hhoffdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer																				
pa_recent_regular_visit_carer	Do you have to hire someone to provide care for you?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused												
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pa_recent_regular_visit_carerdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer																				
pa_recent_regular_visit_pay	How do you pay for the care costs associated with these regular visits? Please include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Select all that apply.	<table><tr><td>1</td><td>Total cost paid for by health insurance</td></tr><tr><td>2</td><td>Total cost paid by government (e.g. government hospital)</td></tr><tr><td>3</td><td>Shared cost (between self and any insurance)</td></tr><tr><td>4</td><td>Shared cost (between self and government)</td></tr><tr><td>5</td><td>Shared cost (between government and any insurance)</td></tr><tr><td>6</td><td>Current income / savings</td></tr><tr><td>7</td><td>Asked for money as gift/donation from friends/relative/other</td></tr><tr><td>8</td><td>Borrowed from friends/relative/employer</td></tr><tr><td>9</td><td>Borrowed from authorities or civil society organisations</td></tr><tr><td></td><td></td></tr></table>	1	Total cost paid for by health insurance	2	Total cost paid by government (e.g. government hospital)	3	Shared cost (between self and any insurance)	4	Shared cost (between self and government)	5	Shared cost (between government and any insurance)	6	Current income / savings	7	Asked for money as gift/donation from friends/relative/other	8	Borrowed from friends/relative/employer	9	Borrowed from authorities or civil society organisations		
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		10	Borrowed money from bank/financial institution
		11	Borrowed money from money lender
		12	Sold productive assets (livestock, property)
		13	Sold non-productive assets (jewellery, furniture)
		14	Pawned items
		15	Took on another job
		16	Took child out of school
		17	Stopped taking treatments
		18	Moved to cheaper accommodation
		98	Don't know/remember
		96	Other
		99	Refused
pa_recent_regular_visit_pay_other	Specify other:	User entered text	
pa_recent_regular_visit_cost	How many Pesos in total do you spend for each of these regular visits? Please only include all costs that paid for out-of-pocket and exclude those that were covered by your insurance, the government, etc. Include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Leave blank if don't know or don't remember.	User entered integer	
pa_note_recent2	Now I will ask you about each of the NON-REGULAR instances of care in the past 12 months, starting with the earliest. [INTERVIEWER: Starting with the earliest experience or instance of receiving care during the last 12 months, ask the following questions, and then repeat the process for each subsequent experience or instance of receiving care until all experiences have been covered.]	User entered text	
pa_group_recent3_count	Hidden from user		
pa_group_recent3	Hidden from user		
pa_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	

pa_recent_visit_symp	At the time, were you experiencing any symptoms or problems that could have been related to high blood pressure? Select all that apply.	<table> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>Severe headache</td></tr> <tr><td>3</td><td>Fatigue</td></tr> <tr><td>4</td><td>Confusion</td></tr> <tr><td>5</td><td>Vision problems</td></tr> <tr><td>6</td><td>Chest pain (angina)</td></tr> <tr><td>7</td><td>Difficulty breathing, shortness of breath</td></tr> <tr><td>8</td><td>Irregular heartbeat (fluttering in your chest, racing heartbeat/tachycardia, slow heartbeat/bradycardia)</td></tr> <tr><td>9</td><td>Blood in the urine</td></tr> <tr><td>10</td><td>Pounding in your chest, neck or ears</td></tr> <tr><td>98</td><td>Don't know/don't remember</td></tr> <tr><td>96</td><td>Other: specify</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	None	2	Severe headache	3	Fatigue	4	Confusion	5	Vision problems	6	Chest pain (angina)	7	Difficulty breathing, shortness of breath	8	Irregular heartbeat (fluttering in your chest, racing heartbeat/tachycardia, slow heartbeat/bradycardia)	9	Blood in the urine	10	Pounding in your chest, neck or ears	98	Don't know/don't remember	96	Other: specify	99	Refused
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3	NGO																							
98	Don't know/remember																							
99	Refused																							
pa_recent_visit_reason_visit	What was the main reason for the consultation?	<table><tr><td>1</td><td>A routine health check-up/visit with a health professional</td></tr><tr><td>2</td><td>A visit with a health professional for a problem with your heart</td></tr><tr><td>3</td><td>A visit with a health professional for diabetes management</td></tr><tr><td>4</td><td>A visit with a health professional for some health condition other than heart problems or diabetes</td></tr><tr><td>5</td><td>You were worried about blood pressure and/or had symptoms</td></tr><tr><td>6</td><td>You were advised/referred by the RESPOND study team to seek care for hypertension</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr></table>	1	A routine health check-up/visit with a health professional	2	A visit with a health professional for a problem with your heart	3	A visit with a health professional for diabetes management	4	A visit with a health professional for some health condition other than heart problems or diabetes	5	You were worried about blood pressure and/or had symptoms	6	You were advised/referred by the RESPOND study team to seek care for hypertension	98	Don't know/remember	96	Other						
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99	Refused																							
pa_recent_visit_reason_visit_other	Specify other:	User entered text																						
pa_recent_visit_reason_person	Why did you seek care from this particular provider?	<table><tr><td>1</td><td>This is my usual provider</td></tr><tr><td>2</td><td>We know each other well and/or usually he/she treats my family</td></tr><tr><td>3</td><td>It is nearby / convenient</td></tr><tr><td>4</td><td>Referred/recommended by another health care provider</td></tr><tr><td>5</td><td>Recommended by family or friend</td></tr><tr><td>6</td><td>It is covered by my insurance/ work arrangements</td></tr><tr><td>7</td><td>I saw/heard/read an advertisement/notice</td></tr><tr><td>8</td><td>I came across them by chance/emergency/no other choice, self-referred</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	This is my usual provider	2	We know each other well and/or usually he/she treats my family	3	It is nearby / convenient	4	Referred/recommended by another health care provider	5	Recommended by family or friend	6	It is covered by my insurance/ work arrangements	7	I saw/heard/read an advertisement/notice	8	I came across them by chance/emergency/no other choice, self-referred	98	Don't know/remember	96	Other	99	Refused
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98	Don't know/remember																							
96	Other																							
99	Refused																							
pa_recent_visit_reason_person_other	Specify other:	User entered text																						
pa_group_recent4	Hidden from user																							
generated_table_list_label_652	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_653		<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused														
1	Yes																							
0	No																							
98	Don't know/remember																							
99	Refused																							
pa_recent_visit_bp	Blood pressure measurement	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused														
1	Yes																							
0	No																							
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99	Refused																							
pa_recent_visit_exam	Physical examination	<table><tr><td>1</td><td>Yes</td></tr></table>	1	Yes																				
1	Yes																							

		<table><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	0	No	98	Don't know/remember	99	Refused		
0	No									
98	Don't know/remember									
99	Refused									
pa_recent_visit_xray	X-rays	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
pa_recent_visit_ecg	ECG	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
pa_recent_visit_lab	Laboratory test (e.g. blood, urine tests)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
pa_recent_visit_minop	Minor operation	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
pa_recent_visit_majop	Major operation	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
pa_recent_visit_other	Other	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
pa_recent_visit_other_text	Specify other:	User entered text								

pa_group_fu6	Hidden from user		
pa_recent_visit_fu	Were you instructed to return for a follow up visit?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
pa_recent_visit_refer	Were you referred to seek care from another type of health care provider?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
pa_recent_visit_rx	Did you receive a prescription or any advice for any type of treatment?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
pa_recent_visit_obtainrx	Did you obtain or purchase any medication, treatment or intervention in response to this prescription/advice (including any herbal or traditional medicines)?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
pa_recent_visit_lifestyle	Did you receive any advice to make any lifestyle changes (e.g. quit smoking, reduce alcohol intake, reduce salt intake, increase fruit and vegetable intake, increase physical activity, lose weight)?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
pa_group_fu7	Hidden from user		
pa_recent_visit_distance	How far from your home did this treatment/consultation take place?	1	At home
		2	Less than 10 minutes from home
		3	10-29 minutes from home
		4	30-59 minutes from home
		5	1-2 hours from home
		6	2 hours or more from home
		98	Don't know/remember
		99	Refused

pa_recent_visit_transport	What was the main mode of transportation that you used to attend this treatment/consultation?	<table> <tr><td>1</td><td>Public transportation</td></tr> <tr><td>2</td><td>Taxi</td></tr> <tr><td>3</td><td>Private vehicle</td></tr> <tr><td>4</td><td>Walk</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>96</td><td>Other, specify</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Public transportation	2	Taxi	3	Private vehicle	4	Walk	98	Don't know/remember	96	Other, specify	99	Refused
1	Public transportation															
2	Taxi															
3	Private vehicle															
4	Walk															
98	Don't know/remember															
96	Other, specify															
99	Refused															
pa_recent_visit_transport_other	Specify other:	User entered text														
pa_recent_visit_duration	How long did this visit to the provider last (including waiting time, time for treatment/consultation, tests, etc.)?	<table> <tr><td>1</td><td>Less than 10 minutes</td></tr> <tr><td>2</td><td>10-29 minutes</td></tr> <tr><td>3</td><td>30-59 minutes</td></tr> <tr><td>4</td><td>1-2 hours</td></tr> <tr><td>5</td><td>2 hours or more</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Less than 10 minutes	2	10-29 minutes	3	30-59 minutes	4	1-2 hours	5	2 hours or more	98	Don't know/remember	99	Refused
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3	30-59 minutes															
4	1-2 hours															
5	2 hours or more															
98	Don't know/remember															
99	Refused															
pa_recent_visit_off	Did you have to take any time off of work?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	98	Don't know/remember	99	Refused						
1	Yes															
0	No															
98	Don't know/remember															
99	Refused															
pa_recent_visit_offdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer														
pa_recent_visit_hhoff	Did any other members of your household have to take any time off of work to care for you?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	98	Don't know/remember	99	Refused						
1	Yes															
0	No															
98	Don't know/remember															
99	Refused															
pa_recent_visit_hhoffdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer														
pa_recent_visit_carer	Did you have to hire someone to provide care for you?	<table> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td></td><td></td></tr> </table>	1	Yes	0	No	98	Don't know/remember								
1	Yes															
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		<table><tr><td>99</td><td>Refused</td></tr></table>	99	Refused																																								
99	Refused																																											
pa_recent_visit_carerdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer																																										
pa_recent_visit_pay	How did you pay for the care costs associated with this specific instance? Please include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Select all that apply.	<table><tr><td>1</td><td>Total cost paid for by health insurance</td></tr><tr><td>2</td><td>Total cost paid by government (e.g. government hospital)</td></tr><tr><td>3</td><td>Shared cost (between self and any insurance)</td></tr><tr><td>4</td><td>Shared cost (between self and government)</td></tr><tr><td>5</td><td>Shared cost (between government and any insurance)</td></tr><tr><td>6</td><td>Current income / savings</td></tr><tr><td>7</td><td>Asked for money as gift/donation from friends/relative/other</td></tr><tr><td>8</td><td>Borrowed from friends/relative/employer</td></tr><tr><td>9</td><td>Borrowed from authorities or civil society organisations</td></tr><tr><td>10</td><td>Borrowed money from bank/financial institution</td></tr><tr><td>11</td><td>Borrowed money from money lender</td></tr><tr><td>12</td><td>Sold productive assets (livestock, property)</td></tr><tr><td>13</td><td>Sold non-productive assets (jewellery, furniture)</td></tr><tr><td>14</td><td>Pawned items</td></tr><tr><td>15</td><td>Took on another job</td></tr><tr><td>16</td><td>Took child out of school</td></tr><tr><td>17</td><td>Stopped taking treatments</td></tr><tr><td>18</td><td>Moved to cheaper accommodation</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Total cost paid for by health insurance	2	Total cost paid by government (e.g. government hospital)	3	Shared cost (between self and any insurance)	4	Shared cost (between self and government)	5	Shared cost (between government and any insurance)	6	Current income / savings	7	Asked for money as gift/donation from friends/relative/other	8	Borrowed from friends/relative/employer	9	Borrowed from authorities or civil society organisations	10	Borrowed money from bank/financial institution	11	Borrowed money from money lender	12	Sold productive assets (livestock, property)	13	Sold non-productive assets (jewellery, furniture)	14	Pawned items	15	Took on another job	16	Took child out of school	17	Stopped taking treatments	18	Moved to cheaper accommodation	98	Don't know/remember	96	Other	99	Refused
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pa_recent_visit_pay_other	Specify other:	User entered text																																										

pa_recent_visit_cost	How many Pesos in total did you spend for this specific instance? Please only include all costs that paid for out-of-pocket and exclude those that were covered by your insurance, the government, etc. Include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Leave blank if don't know or don't remember.	User entered integer														
pa_recent_visit_resolved	Do you feel that any health issues discussed during this visit were resolved?	<table><tr><td>4</td><td>Totally resolved</td></tr><tr><td>3</td><td>Mostly resolved</td></tr><tr><td>2</td><td>Somewhat resolved</td></tr><tr><td>1</td><td>Not resolved</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	4	Totally resolved	3	Mostly resolved	2	Somewhat resolved	1	Not resolved	98	Don't know/remember	99	Refused		
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3	Mostly resolved															
2	Somewhat resolved															
1	Not resolved															
98	Don't know/remember															
99	Refused															
pa_recent_visit_satisfied	Were you satisfied with the care that you received during this visit?	<table><tr><td>5</td><td>5 - Very satisfied</td></tr><tr><td>4</td><td>4 - Fairly satisfied</td></tr><tr><td>3</td><td>3 - Neither satisfied or dissatisfied</td></tr><tr><td>2</td><td>2 - Fairly dissatisfied</td></tr><tr><td>1</td><td>1 - Very dissatisfied</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	5	5 - Very satisfied	4	4 - Fairly satisfied	3	3 - Neither satisfied or dissatisfied	2	2 - Fairly dissatisfied	1	1 - Very dissatisfied	98	Don't know/remember	99	Refused
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2	2 - Fairly dissatisfied															
1	1 - Very dissatisfied															
98	Don't know/remember															
99	Refused															
pa_recent_visit_outcome	Were you satisfied with the outcome of this visit regarding your blood pressure?	<table><tr><td>5</td><td>5 - Very satisfied</td></tr><tr><td>4</td><td>4 - Fairly satisfied</td></tr><tr><td>3</td><td>3 - Neither satisfied or dissatisfied</td></tr><tr><td>2</td><td>2 - Fairly dissatisfied</td></tr><tr><td>1</td><td>1 - Very dissatisfied</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	5	5 - Very satisfied	4	4 - Fairly satisfied	3	3 - Neither satisfied or dissatisfied	2	2 - Fairly dissatisfied	1	1 - Very dissatisfied	98	Don't know/remember	99	Refused
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2	2 - Fairly dissatisfied															
1	1 - Very dissatisfied															
98	Don't know/remember															
99	Refused															
generated_note_name_688	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														
group_pa_regular_provider	Hidden from user															

note_pa_regular_provider	In relation to the management of your high blood pressure, where is your main point of contact, and who do you see most often? Select up to two answers.	User entered text																						
pa_regular_provider_facility	Which type of facility do you visit most often? Select up to two answers.	<table border="1"> <tr><td>1</td><td>Clinic, health centre, health post</td></tr> <tr><td>2</td><td>Hospital emergency room</td></tr> <tr><td>3</td><td>Hospital outpatient clinic</td></tr> <tr><td>4</td><td>Mission/NGO clinic</td></tr> <tr><td>5</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr> <tr><td>6</td><td>Retail pharmacy</td></tr> <tr><td>7</td><td>Facility providing traditional medicine, homeopathy</td></tr> <tr><td>8</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>96</td><td>Other</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	Clinic, health centre, health post	2	Hospital emergency room	3	Hospital outpatient clinic	4	Mission/NGO clinic	5	Public/community event (e.g. at community centre, kiosk, etc.)	6	Retail pharmacy	7	Facility providing traditional medicine, homeopathy	8	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	98	Don't know/remember	96	Other	99	Refused
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98	Don't know/remember																							
96	Other																							
99	Refused																							
pa_regular_provider_facility_other	Specify other:	User entered text																						
pa_regular_provider	What type of provider do you see most often? Select up to two answers.	<table border="1"> <tr><td>1</td><td>General practitioner, non-specialist physician or unknown speciality doctor</td></tr> <tr><td>2</td><td>Cardiologist or other specialist physician</td></tr> <tr><td>3</td><td>Dentist</td></tr> <tr><td>4</td><td>Nurse</td></tr> <tr><td>5</td><td>Pharmacist</td></tr> <tr><td>6</td><td>Community health worker</td></tr> <tr><td>7</td><td>Other health professional (midwife, nursing assistant, physiotherapist)</td></tr> <tr><td>8</td><td>Traditional healer</td></tr> <tr><td>98</td><td>Don't know/remember</td></tr> <tr><td>96</td><td>Other</td></tr> <tr><td>99</td><td>Refused</td></tr> </table>	1	General practitioner, non-specialist physician or unknown speciality doctor	2	Cardiologist or other specialist physician	3	Dentist	4	Nurse	5	Pharmacist	6	Community health worker	7	Other health professional (midwife, nursing assistant, physiotherapist)	8	Traditional healer	98	Don't know/remember	96	Other	99	Refused
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98	Don't know/remember																							
96	Other																							
99	Refused																							
pa_regular_provider_other	Specify other:	User entered text																						

pa_regular_provider_sector	Is your regular hypertension care provided by the government, privately, non-governmental organisation? Select up to two answers.	<table><tr><td>1</td><td>Government</td></tr><tr><td>2</td><td>Private</td></tr><tr><td>3</td><td>NGO</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Government	2	Private	3	NGO	98	Don't know/remember	99	Refused						
1	Government																	
2	Private																	
3	NGO																	
98	Don't know/remember																	
99	Refused																	
pa_regular_provider_visit	How often do you see this/these provider(s)?	<table><tr><td>6</td><td>Once a month</td></tr><tr><td>5</td><td>Once every 2 months</td></tr><tr><td>4</td><td>Once every 3 months</td></tr><tr><td>3</td><td>Once every 4-5 monhts</td></tr><tr><td>2</td><td>Sometimes (once every 6-12 months)</td></tr><tr><td>1</td><td>Rarely (less than once per year)</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	6	Once a month	5	Once every 2 months	4	Once every 3 months	3	Once every 4-5 monhts	2	Sometimes (once every 6-12 months)	1	Rarely (less than once per year)	98	Don't know	99	Refused
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1	Rarely (less than once per year)																	
98	Don't know																	
99	Refused																	
pa_regular_bp_measure	Overall, how often is your blood pressure measured currently?	<table><tr><td>6</td><td>Daily</td></tr><tr><td>5</td><td>Several times a week</td></tr><tr><td>4</td><td>Several times a month</td></tr><tr><td>3</td><td>Several times a year</td></tr><tr><td>2</td><td>Once a year</td></tr><tr><td>1</td><td>Once every 2 or 3 years or more seldom</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	6	Daily	5	Several times a week	4	Several times a month	3	Several times a year	2	Once a year	1	Once every 2 or 3 years or more seldom	98	Don't know	99	Refused
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1	Once every 2 or 3 years or more seldom																	
98	Don't know																	
99	Refused																	
pa_regular_bp_device	Do you have a device to monitor your blood pressure at home or easy access to such a device (e.g. at neighbour, family member, local pharmacy/shop)?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused								
1	Yes																	
0	No																	
98	Don't know/remember																	
99	Refused																	
group_6C	Hidden from user																	
note_sec6C	Section 6C: Treatment seeking pathway for UNAWARE HYPERTENSIVES IDENTIFIED DURING THE BASELINE SURVEY WHO DID NOT RECEIVE A HYPERTENSION DIAGNOSIS	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 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.	User entered text																
ua_recent_visits	How many times in the past 12 months did you receive care (based on the types of experiences of interest just described)? If you feel that you do not remember all of the possible experience/instances of care, please just count the number of times that you can distinctly remember.	User entered integer																
ua_recent_regular	How many of these were REGULAR and REPEATED consultations, experiences or instances of care?	User entered integer																
ua_recent_irregular	How many of these were NOT REGULAR and REPEATED consultations, experiences or instances of care?	User entered integer																
ua_note_recent_visitstotal	INTERVIEWER: Note that the sum of the REGULAR and NON-REGULAR consultations, experiences or instances of care recorded must equal the total number of reported visits in the past 12 months	User entered text																
ua_recent_visitstotal	Hidden from user																	
ua_recent_visitstotal_error	Please go back to check the number of REGULAR and NON-REGULAR consultations, experiences or instances of care recorded as the sum must equal the total number of reported visits in the past 12 months	User entered text																
ua_group_recent_regular	Hidden from user																	
ua_recent_regular_visit_facility	Where do you consult for this regular care?	<table><tr><td>1</td><td>At home</td></tr><tr><td>2</td><td>Clinic, health centre, health post</td></tr><tr><td>3</td><td>Hospital emergency room</td></tr><tr><td>4</td><td>Hospital outpatient clinic</td></tr><tr><td>5</td><td>Mission/NGO clinic</td></tr><tr><td>6</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr><tr><td>7</td><td>Retail pharmacy</td></tr><tr><td>8</td><td>Facility providing traditional</td></tr></table>	1	At home	2	Clinic, health centre, health post	3	Hospital emergency room	4	Hospital outpatient clinic	5	Mission/NGO clinic	6	Public/community event (e.g. at community centre, kiosk, etc.)	7	Retail pharmacy	8	Facility providing traditional
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98	Don't know/remember																							
96	Other																							
99	Refused																							
ua_recent_regular_visit_provider_other	Specify other:	User entered text																						
ua_recent_regular_visit_sector	Is the care provided by the government, privately, non-governmental organisation?	<table> <tr> <td>1</td> <td>Government</td> </tr> <tr> <td>2</td> <td>Private</td> </tr> <tr> <td>3</td> <td>NGO</td> </tr> <tr> <td>98</td> <td>Don't know/remember</td> </tr> <tr> <td>99</td> <td>Refused</td> </tr> </table>	1	Government	2	Private	3	NGO	98	Don't know/remember	99	Refused												
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2	Private																							
3	NGO																							
98	Don't know/remember																							
99	Refused																							
ua_recent_regular_visit_reason_person	Why do you seek care from this particular provider?	<table> <tr> <td>1</td> <td>This is my usual provider</td> </tr> <tr> <td>2</td> <td>We know each other well and/or usually he/she treats my family</td> </tr> <tr> <td>3</td> <td>It is nearby / convenient</td> </tr> <tr> <td>4</td> <td>Referred/recommended by another health care provider</td> </tr> </table>	1	This is my usual provider	2	We know each other well and/or usually he/she treats my family	3	It is nearby / convenient	4	Referred/recommended by another health care provider														
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99	Refused															
ua_recent_regular_visit_reason_person_other	Specify other:	User entered text														
ua_group_recent_regular4	Hidden from user															
generated_table_list_label_720	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_721		<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused						
1	Yes															
0	No															
98	Don't know/remember															
99	Refused															
ua_recent_regular_visit_bp	Blood pressure measurement	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused						
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98	Don't know/remember															
99	Refused															
ua_recent_regular_visit_exam	Physical examination	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused						
1	Yes															
0	No															
98	Don't know/remember															
99	Refused															
ua_recent_regular_visit_xray	X-rays	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused						
1	Yes															
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ua_recent_regular_visit_ecg	ECG	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused						
1	Yes															
0	No															
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ua_recent_regular_visit_lab	Laboratory test (e.g. blood, urine tests)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused						
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ua_recent_regular_visit_minop	Minor operation	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused						
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ua_recent_regular_visit_other	Other	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused						
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99	Refused															
ua_recent_regular_visit_other_text	Specify other:	User entered text														
ua_group_recent_regularfu7	Hidden from user															
ua_recent_regular_visit_distance	How far from your home do these treatments/consultations take place?	<table><tr><td>1</td><td>At home</td></tr><tr><td>2</td><td>Less than 10 minutes from home</td></tr><tr><td>3</td><td>10-29 minutes from home</td></tr><tr><td>4</td><td>30-59 minutes from home</td></tr><tr><td>5</td><td>1-2 hours from home</td></tr><tr><td>6</td><td>2 hours or more from home</td></tr><tr><td>98</td><td>Don't know/remember</td></tr></table>	1	At home	2	Less than 10 minutes from home	3	10-29 minutes from home	4	30-59 minutes from home	5	1-2 hours from home	6	2 hours or more from home	98	Don't know/remember
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ua_recent_regular_visit_transport	What is the main mode of transportation that you use to attend this treatments/consultations?	<table> <tr> <td>1</td><td>Public transportation</td></tr> <tr> <td>2</td><td>Taxi</td></tr> <tr> <td>3</td><td>Private vehicle</td></tr> <tr> <td>4</td><td>Walk</td></tr> <tr> <td>98</td><td>Don't know/remember</td></tr> <tr> <td>96</td><td>Other, specify</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	1	Public transportation	2	Taxi	3	Private vehicle	4	Walk	98	Don't know/remember	96	Other, specify	99	Refused
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99	Refused															
ua_recent_regular_visit_transport_other	Specify other:	User entered text														
ua_recent_regular_visit_duration	How long do these visits to the provider typically last (including waiting time, time for treatment/consultation, tests, etc.)?	<table> <tr> <td>1</td><td>Less than 10 minutes</td></tr> <tr> <td>2</td><td>10-29 minutes</td></tr> <tr> <td>3</td><td>30-59 minutes</td></tr> <tr> <td>4</td><td>1-2 hours</td></tr> <tr> <td>5</td><td>2 hours or more</td></tr> <tr> <td>98</td><td>Don't know/remember</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	1	Less than 10 minutes	2	10-29 minutes	3	30-59 minutes	4	1-2 hours	5	2 hours or more	98	Don't know/remember	99	Refused
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ua_recent_regular_visit_off	Do you have to take any time off of work?	<table> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> <tr> <td>98</td><td>Don't know/remember</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	98	Don't know/remember	99	Refused						
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ua_recent_regular_visit_offdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer														
ua_recent_regular_visit_hhoff	Do any other members of your household have to take any time off of work to care for you?	<table> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> <tr> <td>98</td><td>Don't know/remember</td></tr> <tr> <td>99</td><td>Refused</td></tr> </table>	1	Yes	0	No	98	Don't know/remember	99	Refused						
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ua_recent_regular_visit_hhoffdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer														
ua_recent_regular_visit_carer	Do you have to hire someone to provide care for you?	<table> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> <tr> <td></td><td></td></tr> </table>	1	Yes	0	No										
1	Yes															
0	No															

		98	Don't know/remember
		99	Refused
ua_recent_regular_visit_carerdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer	
ua_recent_regular_visit_pay	How do you pay for the care costs associated with these regular visits? Please include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Select all that apply.	1	Total cost paid for by health insurance
		2	Total cost paid by government (e.g. government hospital)
		3	Shared cost (between self and any insurance)
		4	Shared cost (between self and government)
		5	Shared cost (between government and any insurance)
		6	Current income / savings
		7	Asked for money as gift/donation from friends/relative/other
		8	Borrowed from friends/relative/employer
		9	Borrowed from authorities or civil society organisations
		10	Borrowed money from bank/financial institution
		11	Borrowed money from money lender
		12	Sold productive assets (livestock, property)
		13	Sold non-productive assets (jewellery, furniture)
		14	Pawned items
		15	Took on another job
		16	Took child out of school
		17	Stopped taking treatments
		18	Moved to cheaper accommodation
		98	Don't know/remember
		96	Other
		99	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-pocket and exclude those that were covered by your insurance, the government, etc. Include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Leave blank if don't know or don't remember.	User entered integer																										
ua_note_recent2	Now I will ask you about each of the NON-REGULAR instances of care in the past 12 months, starting with the earliest. [INTERVIEWER: Starting with the earliest experience or instance of receiving care during the last 12 months, ask the following questions, and then repeat the process for each subsequent experience or instance of receiving care until all experiences have been covered.]	User entered text																										
ua_group_recent3_count	Hidden from user																											
ua_group_recent3	Hidden from user																											
ua_recent_visit_date	In what month (approximately) and year did the [first, second, third...] experience or instance of care take place?	User selected date																										
ua_recent_visit_symp	At the time, were you experiencing any symptoms or problems? Select all that apply.	<table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Severe headache</td></tr><tr><td>3</td><td>Fatigue</td></tr><tr><td>4</td><td>Confusion</td></tr><tr><td>5</td><td>Vision problems</td></tr><tr><td>6</td><td>Chest pain (angina)</td></tr><tr><td>7</td><td>Difficulty breathing, shortness of breath</td></tr><tr><td>8</td><td>Irregular heartbeat (fluttering in your chest, racing heartbeat/tachycardia, slow heartbeat/bradycardia)</td></tr><tr><td>9</td><td>Blood in the urine</td></tr><tr><td>10</td><td>Pounding in your chest, neck or ears</td></tr><tr><td>98</td><td>Don't know/don't remember</td></tr><tr><td>96</td><td>Other: specify</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	None	2	Severe headache	3	Fatigue	4	Confusion	5	Vision problems	6	Chest pain (angina)	7	Difficulty breathing, shortness of breath	8	Irregular heartbeat (fluttering in your chest, racing heartbeat/tachycardia, slow heartbeat/bradycardia)	9	Blood in the urine	10	Pounding in your chest, neck or ears	98	Don't know/don't remember	96	Other: specify	99	Refused
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ua_recent_visit_provider_other	Specify other:	User entered text																								
ua_recent_visit_sector	Was the care provided by the government,	<table> <tr><td>1</td><td>Government</td></tr> </table>	1	Government																						
1	Government																									

	privately, non-governmental organisation?	2	Private
		3	NGO
		98	Don't know/remember
		99	Refused
ua_recent_visit_reason_visit	What was the main reason for the consultation?	1	A routine health check-up/visit with a health professional
		2	A visit with a health professional for a problem with your heart
		3	A visit with a health professional for diabetes management
		4	A visit with a health professional for some health condition other than heart problems or diabetes
		5	You were worried about blood pressure and/or had symptoms
		6	You were advised/referred by the RESPOND study team to seek care for hypertension
		98	Don't know/remember
		96	Other
		99	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 provider?	1	This is my usual provider
		2	We know each other well and/or usually he/she treats my family
		3	It is nearby / convenient
		4	Referred/recommended by another health care provider
		5	Recommended by family or friend
		6	It is covered by my insurance/ work arrangements
		7	I saw/heard/read an advertisement/notice
		8	I came across them by chance/emergency/no other choice, self-referred
		98	Don't know/remember

		<table><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	96	Other	99	Refused				
96	Other									
99	Refused									
ua_recent_visit_reason_person_other	Specify other:	User entered text								
ua_group_recent4	Hidden from user									
generated_table_list_label_760	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_761		<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
ua_recent_visit_bp	Blood pressure measurement	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
ua_recent_visit_exam	Physical examination	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
ua_recent_visit_xray	X-rays	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
ua_recent_visit_ecg	ECG	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused
1	Yes									
0	No									
98	Don't know/remember									
99	Refused									
ua_recent_visit_lab	Laboratory test (e.g. blood, urine tests)	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td></td><td></td></tr></table>	1	Yes	0	No				
1	Yes									
0	No									

		98	Don't know/remember
		99	Refused
ua_recent_visit_minop	Minor operation	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
ua_recent_visit_majop	Major operation	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
ua_recent_visit_other	Other	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
ua_recent_visit_other_text	Specify other:	User entered text	
ua_group_fu6	Hidden from user		
ua_recent_visit_fu	Were you instructed to return for a follow up visit?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
ua_recent_visit_refer	Were you referred to seek care from another type of health care provider?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
ua_recent_visit_rx	Did you receive a prescription or any advice for any type of medication, treatment or intervention?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused

ua_recent_visit_obtaintx	Did you obtain or purchase any medication, treatment or intervention in response to this prescription/advice (including any herbal or traditional medicines)?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused								
1	Yes																	
0	No																	
98	Don't know/remember																	
99	Refused																	
ua_recent_visit_lifestyle	Did you receive any advice to make any lifestyle changes (e.g. quit smoking, reduce alcohol intake, reduce salt intake, increase fruit and vegetable intake, increase physical activity, lose weight)?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused								
1	Yes																	
0	No																	
98	Don't know/remember																	
99	Refused																	
ua_group_fu7	Hidden from user																	
ua_recent_visit_distance	How far from your home did this treatment/consultation take place?	<table><tr><td>1</td><td>At home</td></tr><tr><td>2</td><td>Less than 10 minutes from home</td></tr><tr><td>3</td><td>10-29 minutes from home</td></tr><tr><td>4</td><td>30-59 minutes from home</td></tr><tr><td>5</td><td>1-2 hours from home</td></tr><tr><td>6</td><td>2 hours or more from home</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	At home	2	Less than 10 minutes from home	3	10-29 minutes from home	4	30-59 minutes from home	5	1-2 hours from home	6	2 hours or more from home	98	Don't know/remember	99	Refused
1	At home																	
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3	10-29 minutes from home																	
4	30-59 minutes from home																	
5	1-2 hours from home																	
6	2 hours or more from home																	
98	Don't know/remember																	
99	Refused																	
ua_recent_visit_transport	What was the main mode of transportation that you used to attend this treatment/consultation?	<table><tr><td>1</td><td>Public transportation</td></tr><tr><td>2</td><td>Taxi</td></tr><tr><td>3</td><td>Private vehicle</td></tr><tr><td>4</td><td>Walk</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other, specify</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Public transportation	2	Taxi	3	Private vehicle	4	Walk	98	Don't know/remember	96	Other, specify	99	Refused		
1	Public transportation																	
2	Taxi																	
3	Private vehicle																	
4	Walk																	
98	Don't know/remember																	
96	Other, specify																	
99	Refused																	
ua_recent_visit_transport_other	Specify other:	User entered text																
ua_recent_visit_duration	How long did this visit to the provider last (including waiting time, time for treatment/consultation, tests, etc.)?	<table><tr><td>1</td><td>Less than 10 minutes</td></tr><tr><td>2</td><td>10-29 minutes</td></tr><tr><td>3</td><td>30-59 minutes</td></tr><tr><td>4</td><td>1-2 hours</td></tr><tr><td>5</td><td>2 hours or more</td></tr><tr><td>98</td><td>Don't know/remember</td></tr></table>	1	Less than 10 minutes	2	10-29 minutes	3	30-59 minutes	4	1-2 hours	5	2 hours or more	98	Don't know/remember				
1	Less than 10 minutes																	
2	10-29 minutes																	
3	30-59 minutes																	
4	1-2 hours																	
5	2 hours or more																	
98	Don't know/remember																	

		99	Refused
ua_recent_visit_off	Did you have to take any time off of work?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
ua_recent_visit_offdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer	
ua_recent_visit_hhoff	Did any other members of your household have to take any time off of work to care for you?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
ua_recent_visit_hhoffdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer	
ua_recent_visit_carer	Did you have to hire someone to provide care for you?	1	Yes
		0	No
		98	Don't know/remember
		99	Refused
ua_recent_visit_carerdays	If yes, how many days? Leave blank if don't know or don't remember.	User entered integer	
ua_recent_visit_pay	How did you pay for the care costs associated with the treatment for this specific instance? Please include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Select all that apply.	1	Total cost paid for by health insurance
		2	Total cost paid by government (e.g. government hospital)
		3	Shared cost (between self and any insurance)
		4	Shared cost (between self and government)
		5	Shared cost (between government and any insurance)
		6	Current income / savings
		7	Asked for money as gift/donation from friends/relative/other
		8	Borrowed from friends/relative/employer

		9	Borrowed from authorities or civil society organisations
		10	Borrowed money from bank/financial institution
		11	Borrowed money from money lender
		12	Sold productive assets (livestock, property)
		13	Sold non-productive assets (jewellery, furniture)
		14	Pawned items
		15	Took on another job
		16	Took child out of school
		17	Stopped taking treatments
		18	Moved to cheaper accommodation
		98	Don't know/remember
		96	Other
		99	Refused
ua_recent_visit_pay_other	Specify other:	User entered text	
ua_recent_visit_cost	How many Pesos in total did you spend on the treatment for this specific instance? Please only include all costs that paid for out-of-pocket and exclude those that were covered by your insurance, the government, etc. Include all costs linked to the care experience, for example transportation, tests, costs of medicines, other treatments, consultation fees, caregiver fees and so forth. Leave blank if don't know or don't remember.	User entered integer	
ua_recent_visit_resolved	Do you feel that any health issues discussed during this visit were resolved?	4	Totally resolved
		3	Mostly resolved
		2	Somewhat resolved
		1	Not resolved
		98	Don't know/remember
		99	Refused
ua_recent_visit_satisfied	Were you satisfied with the care that you received during this visit?	5	5 - Very satisfied
		4	4 - Fairly satisfied

		<table><tr><td>3</td><td>3 - Neither satisfied or dissatisfied</td></tr><tr><td>2</td><td>2 - Fairly dissatisfied</td></tr><tr><td>1</td><td>1 - Very dissatisfied</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	3	3 - Neither satisfied or dissatisfied	2	2 - Fairly dissatisfied	1	1 - Very dissatisfied	98	Don't know/remember	99	Refused										
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2	2 - Fairly dissatisfied																					
1	1 - Very dissatisfied																					
98	Don't know/remember																					
99	Refused																					
ua_recent_visit_outcome	Were you satisfied with the outcome of this visit regarding your blood pressure?	<table><tr><td>5</td><td>5 - Very satisfied</td></tr><tr><td>4</td><td>4 - Fairly satisfied</td></tr><tr><td>3</td><td>3 - Neither satisfied or dissatisfied</td></tr><tr><td>2</td><td>2 - Fairly dissatisfied</td></tr><tr><td>1</td><td>1 - Very dissatisfied</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	5	5 - Very satisfied	4	4 - Fairly satisfied	3	3 - Neither satisfied or dissatisfied	2	2 - Fairly dissatisfied	1	1 - Very dissatisfied	98	Don't know/remember	99	Refused						
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2	2 - Fairly dissatisfied																					
1	1 - Very dissatisfied																					
98	Don't know/remember																					
99	Refused																					
generated_note_name_796	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																				
group_ua_regular_provider	Hidden from user																					
note_ua_regular_provider	In relation to the management of your overall health, where is your main point of contact, and who do you see most often? Select up to two answers.	User entered text																				
ua_regular_provider_facility	Which type of facility do you visit most often? Select up to two answers.	<table><tr><td>1</td><td>Clinic, health centre, health post</td></tr><tr><td>2</td><td>Hospital emergency room</td></tr><tr><td>3</td><td>Hospital outpatient clinic</td></tr><tr><td>4</td><td>Mission/NGO clinic</td></tr><tr><td>5</td><td>Public/community event (e.g. at community centre, kiosk, etc.)</td></tr><tr><td>6</td><td>Retail pharmacy</td></tr><tr><td>7</td><td>Facility providing traditional medicine, homeopathy</td></tr><tr><td>8</td><td>General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr></table>	1	Clinic, health centre, health post	2	Hospital emergency room	3	Hospital outpatient clinic	4	Mission/NGO clinic	5	Public/community event (e.g. at community centre, kiosk, etc.)	6	Retail pharmacy	7	Facility providing traditional medicine, homeopathy	8	General retailer (e.g. supermarket, convenience store, shop, kiosk, etc.)	98	Don't know/remember	96	Other
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98	Don't know/remember																					
96	Other																					

		<table><tr><td>99</td><td>Refused</td></tr></table>	99	Refused																				
99	Refused																							
ua_regular_provider_facility_other	Specify other:	User entered text																						
ua_regular_provider	What type of provider do you see most often? Select up to two answers.	<table><tr><td>1</td><td>General practitioner, non-specialist physician or unknown speciality doctor</td></tr><tr><td>2</td><td>Cardiologist or other specialist physician</td></tr><tr><td>3</td><td>Dentist</td></tr><tr><td>4</td><td>Nurse</td></tr><tr><td>5</td><td>Pharmacist</td></tr><tr><td>6</td><td>Community health worker</td></tr><tr><td>7</td><td>Other health professional (midwife, nursing assistant, physiotherapist)</td></tr><tr><td>8</td><td>Traditional healer</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	General practitioner, non-specialist physician or unknown speciality doctor	2	Cardiologist or other specialist physician	3	Dentist	4	Nurse	5	Pharmacist	6	Community health worker	7	Other health professional (midwife, nursing assistant, physiotherapist)	8	Traditional healer	98	Don't know/remember	96	Other	99	Refused
1	General practitioner, non-specialist physician or unknown speciality doctor																							
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8	Traditional healer																							
98	Don't know/remember																							
96	Other																							
99	Refused																							
ua_regular_provider_other	Specify other:	User entered text																						
ua_regular_provider_sector	Is your regular hypertension care provided by the government, privately, non-governmental organisation? Select up to two answers.	<table><tr><td>1</td><td>Government</td></tr><tr><td>2</td><td>Private</td></tr><tr><td>3</td><td>NGO</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Government	2	Private	3	NGO	98	Don't know/remember	99	Refused												
1	Government																							
2	Private																							
3	NGO																							
98	Don't know/remember																							
99	Refused																							
ua_regular_provider_visit	How often do you see this/these provider(s)?	<table><tr><td>6</td><td>Once a month</td></tr><tr><td>5</td><td>Once every 2 months</td></tr><tr><td>4</td><td>Once every 3 months</td></tr><tr><td>3</td><td>Once every 4-5 months</td></tr><tr><td>2</td><td>Sometimes (once every 6-12 months)</td></tr><tr><td>1</td><td>Rarely (less than once per year)</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	6	Once a month	5	Once every 2 months	4	Once every 3 months	3	Once every 4-5 months	2	Sometimes (once every 6-12 months)	1	Rarely (less than once per year)	98	Don't know	99	Refused						
6	Once a month																							
5	Once every 2 months																							
4	Once every 3 months																							
3	Once every 4-5 months																							
2	Sometimes (once every 6-12 months)																							
1	Rarely (less than once per year)																							
98	Don't know																							
99	Refused																							

ua_regular_bp_measure	Overall, how often is your blood pressure measured currently?	<table><tr><td>6</td><td>Daily</td></tr><tr><td>5</td><td>Several times a week</td></tr><tr><td>4</td><td>Several times a month</td></tr><tr><td>3</td><td>Several times a year</td></tr><tr><td>2</td><td>Once a year</td></tr><tr><td>1</td><td>Once every 2 or 3 years or more seldom</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	6	Daily	5	Several times a week	4	Several times a month	3	Several times a year	2	Once a year	1	Once every 2 or 3 years or more seldom	98	Don't know	99	Refused
6	Daily																	
5	Several times a week																	
4	Several times a month																	
3	Several times a year																	
2	Once a year																	
1	Once every 2 or 3 years or more seldom																	
98	Don't know																	
99	Refused																	
ua_regular_bp_device	Do you have a device to monitor your blood pressure at home or easy access to such a device (e.g. at neighbour, family member, local pharmacy/shop)?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know/remember</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know/remember	99	Refused								
1	Yes																	
0	No																	
98	Don't know/remember																	
99	Refused																	
note_sec7	Section 7: Social capital, self-actualisation and fatalism	User entered text																
group_trust	Hidden from user																	
generated_table_list_label_811	Tell me for each whether or not you trust people from each of these groups.	User entered text																
reserved_name_for_field_list_labels_812		<table><tr><td>1</td><td>1 - Not at all</td></tr><tr><td>2</td><td>2 - Not very much</td></tr><tr><td>3</td><td>3 - Quite a lot</td></tr><tr><td>4</td><td>4 - A great deal</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - Not at all	2	2 - Not very much	3	3 - Quite a lot	4	4 - A great deal	99	Refused						
1	1 - Not at all																	
2	2 - Not very much																	
3	3 - Quite a lot																	
4	4 - A great deal																	
99	Refused																	
trust_neighbour	Your neighbourhood	<table><tr><td>1</td><td>1 - Not at all</td></tr><tr><td>2</td><td>2 - Not very much</td></tr><tr><td>3</td><td>3 - Quite a lot</td></tr><tr><td>4</td><td>4 - A great deal</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - Not at all	2	2 - Not very much	3	3 - Quite a lot	4	4 - A great deal	99	Refused						
1	1 - Not at all																	
2	2 - Not very much																	
3	3 - Quite a lot																	
4	4 - A great deal																	
99	Refused																	
trust_personal	People you know personally	<table><tr><td>1</td><td>1 - Not at all</td></tr><tr><td>2</td><td>2 - Not very much</td></tr><tr><td>3</td><td>3 - Quite a lot</td></tr><tr><td>4</td><td>4 - A great deal</td></tr></table>	1	1 - Not at all	2	2 - Not very much	3	3 - Quite a lot	4	4 - A great deal								
1	1 - Not at all																	
2	2 - Not very much																	
3	3 - Quite a lot																	
4	4 - A great deal																	

		99	Refused
trust_firsttime	People you met for the first time	1	1 - Not at all
		2	2 - Not very much
		3	3 - Quite a lot
		4	4 - A great deal
		99	Refused
trust_religion	People of another religion	1	1 - Not at all
		2	2 - Not very much
		3	3 - Quite a lot
		4	4 - A great deal
		99	Refused
trust_nationalities	People of another nationality	1	1 - Not at all
		2	2 - Not very much
		3	3 - Quite a lot
		4	4 - A great deal
		99	Refused
group_member	Hidden from user		
generated_table_list_label_818	Are you actively involved in the following organisations?	User entered text	
reserved_name_for_field_list_labels_819		1	Don't belong
		2	Inactive member
		3	Active member
		99	Refused
member_religion	Church or religious organisation	1	Don't belong
		2	Inactive member
		3	Active member
		99	Refused
member_sport	Sport or recreational organisation	1	Don't belong
		2	Inactive member

		<table><tr><td>3</td><td>Active member</td></tr><tr><td>99</td><td>Refused</td></tr></table>	3	Active member	99	Refused						
3	Active member											
99	Refused											
member_culture	Art, music or educational organisation	<table><tr><td>1</td><td>Don't belong</td></tr><tr><td>2</td><td>Inactive member</td></tr><tr><td>3</td><td>Active member</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Don't belong	2	Inactive member	3	Active member	99	Refused		
1	Don't belong											
2	Inactive member											
3	Active member											
99	Refused											
member_charity	Humanitarian or charitable organisation	<table><tr><td>1</td><td>Don't belong</td></tr><tr><td>2</td><td>Inactive member</td></tr><tr><td>3</td><td>Active member</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Don't belong	2	Inactive member	3	Active member	99	Refused		
1	Don't belong											
2	Inactive member											
3	Active member											
99	Refused											
group_confidence	Hidden from user											
generated_table_list_label_824	How much confidence do you have in the following organisations?	User entered text										
reserved_name_for_field_list_labels_825		<table><tr><td>1</td><td>1 - Not at all</td></tr><tr><td>2</td><td>2 - Not very much</td></tr><tr><td>3</td><td>3 - Quite a lot</td></tr><tr><td>4</td><td>4 - A great deal</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - Not at all	2	2 - Not very much	3	3 - Quite a lot	4	4 - A great deal	99	Refused
1	1 - Not at all											
2	2 - Not very much											
3	3 - Quite a lot											
4	4 - A great deal											
99	Refused											
confidence_police	The police	<table><tr><td>1</td><td>1 - Not at all</td></tr><tr><td>2</td><td>2 - Not very much</td></tr><tr><td>3</td><td>3 - Quite a lot</td></tr><tr><td>4</td><td>4 - A great deal</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - Not at all	2	2 - Not very much	3	3 - Quite a lot	4	4 - A great deal	99	Refused
1	1 - Not at all											
2	2 - Not very much											
3	3 - Quite a lot											
4	4 - A great deal											
99	Refused											
confidence_court	The courts	<table><tr><td>1</td><td>1 - Not at all</td></tr><tr><td>2</td><td>2 - Not very much</td></tr><tr><td>3</td><td>3 - Quite a lot</td></tr><tr><td>4</td><td>4 - A great deal</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - Not at all	2	2 - Not very much	3	3 - Quite a lot	4	4 - A great deal	99	Refused
1	1 - Not at all											
2	2 - Not very much											
3	3 - Quite a lot											
4	4 - A great deal											
99	Refused											
confidence_government	The government	<table><tr><td>1</td><td>1 - Not at all</td></tr><tr><td></td><td></td></tr></table>	1	1 - Not at all								
1	1 - Not at all											

		<table><tr><td>2</td><td>2 - Not very much</td></tr><tr><td>3</td><td>3 - Quite a lot</td></tr><tr><td>4</td><td>4 - A great deal</td></tr><tr><td>99</td><td>Refused</td></tr></table>	2	2 - Not very much	3	3 - Quite a lot	4	4 - A great deal	99	Refused														
2	2 - Not very much																							
3	3 - Quite a lot																							
4	4 - A great deal																							
99	Refused																							
confidence_hs	The health system	<table><tr><td>1</td><td>1 - Not at all</td></tr><tr><td>2</td><td>2 - Not very much</td></tr><tr><td>3</td><td>3 - Quite a lot</td></tr><tr><td>4</td><td>4 - A great deal</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - Not at all	2	2 - Not very much	3	3 - Quite a lot	4	4 - A great deal	99	Refused												
1	1 - Not at all																							
2	2 - Not very much																							
3	3 - Quite a lot																							
4	4 - A great deal																							
99	Refused																							
life_satisfied	All things considered, how satisfied are you with your life as a whole these days? If 1 means you are “very dissatisfied” on the scale below and 10 means you are “very satisfied”, where would you put your satisfaction with your life as a whole?	<table><tr><td>1</td><td>1 - very dissatisfied</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10 - very satisfied</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - very dissatisfied	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 - very satisfied	99	Refused
1	1 - very dissatisfied																							
2	2																							
3	3																							
4	4																							
5	5																							
6	6																							
7	7																							
8	8																							
9	9																							
10	10 - very satisfied																							
99	Refused																							
life_control	Some people feel they have completely free choice and control over their lives, while other people feel that what they do has no real effect on what happens to them. Please use this scale where 1 means “no choice at all” and 10 means “a great deal of choice” to indicate how much freedom of choice and control you feel you have over the way your life turns out.	<table><tr><td>1</td><td>1 - no choice at all</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10 - great deal of choice</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - no choice at all	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10 - great deal of choice	99	Refused
1	1 - no choice at all																							
2	2																							
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5	5																							
6	6																							
7	7																							
8	8																							
9	9																							
10	10 - great deal of choice																							
99	Refused																							

group_fatalism	Hidden from user													
generated_table_list_label_832	To what extent do you agree with the following statements?	User entered text												
reserved_name_for_field_list_labels_833		<table><tr><td>1</td><td>1 - Strongly disagree</td></tr><tr><td>2</td><td>2 - Disagree</td></tr><tr><td>3</td><td>3 - Agree</td></tr><tr><td>4</td><td>4 - Strongly agree</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - Strongly disagree	2	2 - Disagree	3	3 - Agree	4	4 - Strongly agree	98	Don't know	99	Refused
1	1 - Strongly disagree													
2	2 - Disagree													
3	3 - Agree													
4	4 - Strongly agree													
98	Don't know													
99	Refused													
fatalism_heredit	There is nothing you can do; health is determined by heredity	<table><tr><td>1</td><td>1 - Strongly disagree</td></tr><tr><td>2</td><td>2 - Disagree</td></tr><tr><td>3</td><td>3 - Agree</td></tr><tr><td>4</td><td>4 - Strongly agree</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - Strongly disagree	2	2 - Disagree	3	3 - Agree	4	4 - Strongly agree	98	Don't know	99	Refused
1	1 - Strongly disagree													
2	2 - Disagree													
3	3 - Agree													
4	4 - Strongly agree													
98	Don't know													
99	Refused													
fatalism_healthy	Keeping healthy depends upon the things that one can do	<table><tr><td>1</td><td>1 - Strongly disagree</td></tr><tr><td>2</td><td>2 - Disagree</td></tr><tr><td>3</td><td>3 - Agree</td></tr><tr><td>4</td><td>4 - Strongly agree</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - Strongly disagree	2	2 - Disagree	3	3 - Agree	4	4 - Strongly agree	98	Don't know	99	Refused
1	1 - Strongly disagree													
2	2 - Disagree													
3	3 - Agree													
4	4 - Strongly agree													
98	Don't know													
99	Refused													
fatalism_ha	There are certain things that one can do for oneself to reduce the risk of heart attack	<table><tr><td>1</td><td>1 - Strongly disagree</td></tr><tr><td>2</td><td>2 - Disagree</td></tr><tr><td>3</td><td>3 - Agree</td></tr><tr><td>4</td><td>4 - Strongly agree</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	1 - Strongly disagree	2	2 - Disagree	3	3 - Agree	4	4 - Strongly agree	98	Don't know	99	Refused
1	1 - Strongly disagree													
2	2 - Disagree													
3	3 - Agree													
4	4 - Strongly agree													
98	Don't know													
99	Refused													
fatalism_cancer	There are certain things that one can do for oneself to reduce the risk of getting cancer	<table><tr><td>1</td><td>1 - Strongly disagree</td></tr><tr><td>2</td><td>2 - Disagree</td></tr><tr><td>3</td><td>3 - Agree</td></tr><tr><td>4</td><td>4 - Strongly agree</td></tr></table>	1	1 - Strongly disagree	2	2 - Disagree	3	3 - Agree	4	4 - Strongly agree				
1	1 - Strongly disagree													
2	2 - Disagree													
3	3 - Agree													
4	4 - Strongly agree													

		<table><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	98	Don't know	99	Refused						
98	Don't know											
99	Refused											
group_rely	Hidden from user											
generated_table_list_label_838	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_839		<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know	99	Refused		
1	Yes											
0	No											
98	Don't know											
99	Refused											
rely_depress	If you were feeling low, sad or depressed	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know	99	Refused		
1	Yes											
0	No											
98	Don't know											
99	Refused											
rely_job	If you needed help finding a job for yourself or a member of your family	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know	99	Refused		
1	Yes											
0	No											
98	Don't know											
99	Refused											
rely_borrow	If you needed to borrow money to pay an urgent bill like electricity, gas, rent or mortgage	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	98	Don't know	99	Refused		
1	Yes											
0	No											
98	Don't know											
99	Refused											
note_complete	INTERVIEWER: THANK THE RESPONDENT FOR COMPLETING THE INTERVIEW	User entered text										
group_end	Hidden from user											
note_sec8	Section 8: Interviewer's Remarks	User entered text										
end1	Was anyone else present during the interview? Select all that apply.	<table><tr><td>1</td><td>No one else was present</td></tr><tr><td>2</td><td>Respondent's husband or wife</td></tr><tr><td>3</td><td>Respondent's children</td></tr><tr><td>4</td><td>Respondent's parents</td></tr><tr><td>96</td><td>Other adults</td></tr></table>	1	No one else was present	2	Respondent's husband or wife	3	Respondent's children	4	Respondent's parents	96	Other adults
1	No one else was present											
2	Respondent's husband or wife											
3	Respondent's children											
4	Respondent's parents											
96	Other adults											

end2	In general, what was the respondent's attitude during the interview?	<table><tr><td>4</td><td>Friendly, interested</td></tr><tr><td>3</td><td>Was cooperative, but not particularly interested</td></tr><tr><td>2</td><td>Impatient, worried</td></tr><tr><td>1</td><td>Hostile</td></tr></table>	4	Friendly, interested	3	Was cooperative, but not particularly interested	2	Impatient, worried	1	Hostile								
4	Friendly, interested																	
3	Was cooperative, but not particularly interested																	
2	Impatient, worried																	
1	Hostile																	
end3	Did the respondent understand the questions?	<table><tr><td>3</td><td>Understood well</td></tr><tr><td>2</td><td>Did not understand very well</td></tr><tr><td>1</td><td>Understood poorly</td></tr></table>	3	Understood well	2	Did not understand very well	1	Understood poorly										
3	Understood well																	
2	Did not understand very well																	
1	Understood poorly																	
referletter	Were referral letters provided to household members as required?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Refused</td></tr></table>	1	Yes	0	No	99	Refused										
1	Yes																	
0	No																	
99	Refused																	
end4	Interviewer's comments:	User entered text																
start	Hidden from user	Timestamp of form open																
end	Hidden from user	Timestamp of form save																
note_start	Interview start date: \${1}	User entered text																
note_end	Interview completion date: \${0}	User entered text																
time_end	Interview completion time:	User selected time																
result	Final result	<table><tr><td>7</td><td>Completed full interview</td></tr><tr><td>6</td><td>Screening not complete</td></tr><tr><td>5</td><td>Household not eligible</td></tr><tr><td>4</td><td>Interview interrupted</td></tr><tr><td>3</td><td>Eligible respondent not available after 3 attempts</td></tr><tr><td>2</td><td>Entire household absent</td></tr><tr><td>1</td><td>Dwelling abandoned</td></tr><tr><td>99</td><td>Refused</td></tr></table>	7	Completed full interview	6	Screening not complete	5	Household not eligible	4	Interview interrupted	3	Eligible respondent not available after 3 attempts	2	Entire household absent	1	Dwelling abandoned	99	Refused
7	Completed full interview																	
6	Screening not complete																	
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4	Interview interrupted																	
3	Eligible respondent not available after 3 attempts																	
2	Entire household absent																	
1	Dwelling abandoned																	
99	Refused																	
deviceid	Hidden from user	Device ID (IMEI, Wi-Fi MAC, Android ID)																
idunique	Hidden from user																	
followup	Hidden from user																	
validatedby	Validator's name	<div>XXXXXXXXXX</div>																

		<div><div></div><div></div></div>
validatedon	Date validated and finalised	User selected date
meta	Hidden from user	
instanceID	Hidden from user	
instanceName	Hidden from user	