### ALL RESPONDENTS

**Q1.** Have you ever been told by a doctor, nurse, or another health professional (e.g., nurse practitioner, physician assistant) that you had any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>High blood pressure or hypertension</td>
<td></td>
<td></td>
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<tr>
<td>Stroke</td>
<td></td>
<td></td>
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<tr>
<td>Heart attack, also called myocardial infarction</td>
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<tr>
<td>Coronary heart disease or angina</td>
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<td></td>
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<tr>
<td>Congestive heart failure or weak or failing heart</td>
<td></td>
<td></td>
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<tr>
<td>Diabetes or high blood sugar</td>
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<td></td>
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<tr>
<td>Chronic kidney disease or weak or failing kidneys</td>
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</tbody>
</table>

### ALL RESPONDENTS

**Q2.** How concerned are you about your blood pressure?

1. Very concerned
2. Somewhat concerned
3. Not very concerned
4. Not at all concerned

### ALL RESPONDENTS

**Q3.** Have you ever been told by a doctor, nurse, or another health professional to periodically check your blood pressure outside of the health care system?

1. Yes
2. No
ALL RESPONDENTS

Q4. Do you regularly monitor your own blood pressure?
   1. Yes
   2. No

If Q4 = 1

Q5. Why do you monitor your blood pressure?
Select all that apply.
   1. To be as healthy as possible
   2. Because my doctor suggested it
   3. To prevent a decline in my cognitive function
   4. To reduce my risk of stroke
   5. To reduce my risk of kidney disease
   6. To reduce my risk of heart disease
   7. Other

If Q4 = 1

Q6. Where do you monitor your blood pressure?
Select all that apply.
   1. At home
   2. In a clinic
   3. In the community (e.g., a pharmacy or grocery store)
   4. Some other place

ALL RESPONDENTS

Q7. Do you have a home blood pressure monitor device with an arm cuff?
   1. Yes, and I use it
   2. Yes, but I don’t use it
   3. No

If Q7 = 1

Q8. How often do you typically use a home blood pressure monitor device to check your blood pressure?
   1. Daily
   2. Several times a week
   3. Once a week
   4. One to three times a month
   5. Less than once a month
   6. Never

If Q7 = 3

Q9. Why do you not have a home blood pressure monitor device? Select all that apply.
   1. Too expensive
   2. Not able to find one
   3. Don’t think I need one/never thought about getting one
   4. Not sure how to use it/too complicated
   5. Don’t think they’re accurate
   6. Other

If Q8 = 1–5

Q10. Do you share your home blood pressure readings with a doctor, nurse or another health professional?
   1. Yes, I take them to my doctor visits
   2. Yes, my blood pressure device automatically reports them to my doctor
   3. Yes, I send them to my doctor
   4. No
If Q10 = 1, 2 or 3

Q11. Does your doctor, nurse or another health professional provide feedback on your home blood pressure readings?

1. Yes
2. No

Data Source and Methods

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by Ipsos Public Affairs, LLC (“Ipsos”) for the University of Michigan’s Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted by recruiting from Ipsos KnowledgePanel®, the largest national, probability-based panel in the U.S. This survey module was administered online in January 2021 to a randomly selected, stratified group of older adults age 50–80 (n=2,023). The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau. The completion rate was 77% among panel members contacted to participate. The margin of error is ±1 to 2 percentage points for questions asked of the full sample and higher among subgroups.

Findings from the National Poll on Healthy Aging do not represent the opinions of the University of Michigan. The University of Michigan reserves all rights over this material.

National Poll on Healthy Aging Team

Preeti Malani, MD, MSJ, MS, Director
Jeffrey Kullgren, MD, MS, MPH, Associate Director
Erica Solway, PhD, MPH, MSW, Associate Director
Deborah A. Levine, MD, MPH, Faculty Collaborator
Mellanie V. Springer, MD, MS, Faculty Collaborator
Dianne Singer, MPH, Production Manager
Matthias Kirch, MS, Data Analyst

Kimson Johnson, MSW, a doctoral student from the U-M School of Public Health; Emmanuel Quaye, MHS, a medical student from the U-M Medical School, and Bailey Reale, MPH, a medical student from the Lake Erie College of Osteopathic Medicine also contributed to this report.

The Regents of the University of Michigan

Jordan B. Acker, Huntington Woods  Denise Illitch, Bingham Farms
Michael J. Behm, Grand Blanc  Ron Weiser, Ann Arbor
Mark J. Bernstein, Ann Arbor  Katherine E. White, Ann Arbor
Paul W. Brown, Ann Arbor  Mark S. Schlissel (ex officio)
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