

# **Use of Mobile Technology to Prevent Pre-hypertension Progression in Latin American Urban Areas**

## **FOCUS GROUP GUIDE: COMMUNITY PEOPLE**

### **Introduction: (10 minutes)**

#### **Welcome**

Good morning and welcome. Thanks for taking the time to join us on this focus group. Mi name is Paola and mi friend is Julissa. We are glad to be able to share this hour and a half with you.

#### **Background of the topic**

We have invited you to participate on this group of discussion because we are interested in knowing your opinions about high blood pressure, healthy lifestyles and use of mobile phone. Everything you say about these topics will help us to create an effective program that aims to promote healthy lifestyles on adults through mobile phones. This is why, it is very important for us to listen to everything you have to say.

#### **Rules**

Today's activity is about us having a conversation. There are not right or wrong answers; we are even expecting different points of view. Please, do not hesitate to share your opinion, even if it's different from the others.

We are going to record the conversation because we don't want to miss your comments. It is important to make clear that no name will be used on the reports that emerge from this activity. All the information you give will be confidential and exclusively used for this study and no one outside the group of researcher will have access to it.

We all have our names written on this sticker. This will be useful to remember all your names but also to help you. Do not think you have to talk to me all the time. If you want to follow up on something someone said, if you want to agree or disagree, give an example, do not hesitate on doing it. I'm here to make questions, listen and make sure that each one of you has the opportunity to speak. We are interested in listening to what you have to share. So if you are talking too much, I may ask you to give a chance to others to speak. If you don't speak much, I may ask you directly. We just want to make sure that all have the opportunity to share their ideas and opinions so we will learn from you.

If you have a mobile phone, I'm going to ask you to put it on silence mode, and if you need to answer a phone call you may do it outside the room. We brought you a snack so feel free to stand up at any time and take it.

--- Carry out a small activity on which all participants introduce themselves - -

### **Carrying out the main topics (100 minutes)**

#### **A. Blood Hypertension (10 minutes)**

*If not mentioned, explore:*

- *Symptoms: What do the persons feel when they have high blood pressure?*
- *Consequences: which complications do the hypertensive people may have?*
- *Causes, what is the cause of hypertension?*
- *What can you do for not having high blood pressure? (Transition question to address the following topic: healthy lifestyle).*

#### **B. Healthy lifestyles (50 minutes)**

##### **2. What does it mean for you to eat healthy?**

*[Explore: healthy food (fruits and vegetables, separately) and not healthy (high fat and salt)]*

##### **3. Have some of you tried to eat healthier? Which difficulties have you find when you have tried it?**

*[Explore: personal, family and community barriers]*

##### **4. What would help you to eat healthier?**

*[Explore: incentives (ex: education, social and family support, acknowledgement, reminders)]*

##### **5. What does it mean for you to work out? Which other ways are there for being physically active?**

*[Explore: importance granted, difference between both terms, type of physical activity and exercises practiced, knowledge about the recommendations]*

##### **6. Have some of you tried to do exercises or being more physically active? Which difficulties have you faced?**

*[Explore: personal barriers (ex.: physical limitations, lack of time), family and community barriers (ex.: violence, lack of space)]*

##### **7. What would help you to do more exercises or be more physically active?**

*[Explore: incentives (ex.: education, social and family support, acknowledgement, remainders)]*

##### **8. When do you consider a person is overweight?**

##### **9. Have you tried to lose weight? Which difficulties have you found?**

*[Explore: personal barriers (physical limitations, lack of time), family and community barriers (violence, lack of space)]*

##### **10. If you want or you need to lose weight, what would help you?**

*[Explore: incentives (education, social and family support, acknoglegement)]*

**11. Which health problems may cause to smoke cigarettes? Do you think being close to a smoker is harmful to health?**

*[Explore: relation to cardiovascular diseases, who smoked or actually smoke, strategies to stop smoking]*

**12. Which are some of the difficulties that people face when they want to stop smoking?**

*[Explore: personal barriers (stress, addiction)]*

**13. What would help people stop smoking?**

*[Explore: incentives (ex.: education, social and family support, acknowledgement)]*

**14. What do you think about the stress people have nowadays?**

*[Explore: do you consider you can manage it? Ability to low stress?]*

**15. When you are stressed or are worried, have you tried to calm down/relax? Which difficulties have you find on trying to do it?**

*[Explore: strategies to diminish stress, barriers they find when they want to relax]*

**16. What would help you calm down/relax?**

*[Explore: incentives (education, social and family support, acknowledgement)]*

**C. Use of mobile phone (15 minutes)**

**17. What do you use for the mobile phone on your everyday life?**

*If not mentioned explore:*

- Use frequency
- Ability to use it
- Availability, do they always have it with them or they share it with other persons?
- Do they like to speak on the mobile phone?
- Problems faced when they use mobile phone (ex.: stealing, extortions) and strategies to prevent them.

**18. What do you think about text messages?**

*If not mentioned explore:*

- Do they get text messages?, how frequently?
- What do they do with them? Do they read them? Do they read long messages? Do they erase them?
- Do they like to receive them or not? Why?
- Can they answer them? Do they answer them?

**D. Intervention Program (25 minutes)**

**Place chart 1**

- |   |
|---|
| <ol style="list-style-type: none"><li>1. Eat better</li><li>2. Do physical activity and exercises</li><li>3. Stop smoking</li></ol> |
|---|

*“Now I am going to talk about the program we are developing at INCAP. It is not still finished, since we want to take into account what you tell us and recommend to give the last details to the program.*

*What are we looking for with this program? Promote healthy lifestyles. People will be taught and encouraged to: (show chart 1) eat better, do physical activity and exercises and stop smoking.*

*How will we do it? The persons who decide to participate on the program will receive monthly phone calls to their mobile phone, through it a health professional will give then advices and encourage them to make changes to have a healthier life. Besides the phone call, the persons will receive weekly text messages. This message will be short and will also give recommendations to the people on how to live a healthier life”.*

**19. What do you think about the program?**

- *Would you like to talk with the health professional about how (show chart) to eat better, do physical activity and exercise and how to stop smoking? Or just the topics on which you are facing difficulties and/or are interested to change?*
- *What do you think about getting this type of calls once a month?*
- *How much time would you like this type of call to last? [Explore: 15 to 20 or maximum 30 minutes].*
- *Which day would you like to get the phone call from the health professional?*
- *What time will be more convenient for you?*
- *Which professional would you rather to speak to? Man or woman? Physician, nurse, social worker?*
- *Difficulties that may arise when receiving the call (ex.: lack of time, privacy).*

**20. Let’s imagine that you decide to accept to participate on the program and soon will receive a phone call from a health professional**

- *Would you like to get text messages about how to eat better, do physical activity and exercise or stop smoking? Or just the topics on which you are facing difficulties and/or are interested to change?*
- *How frequently do you get a text message? [Explore if once a week is too low, mucho or enough?*
- *Which will be the best time of the day to get a text message?*
- *What time will be the best for you to read it?*
- *Difficulties that may arise when receiving a text message?*

**Closure (5 minutes)**

- Ask the participants if they want to add something else that they may consider important for the development of the program.
- Thanks for their participation on the activity.

## Use of Mobile Technology to Prevent Pre-hypertension Progression in Latin American Urban Areas

### FORM 1: ELIGIBILITY

Date (MM/DD/20YY)(F1\_02)      .   -20

Interviewer's code (F1\_03)   

Please read the inclusion and exclusion criteria.

1. Inclusion criteria		YES	NO
a.	Are you able to read and write? (F1_1A)	<input type="checkbox"/>	<input type="checkbox"/>
b.	Are you a permanent resident of this city? (F1_1B)	<input type="checkbox"/>	<input type="checkbox"/>

2. Exclusion criteria		YES	NO
a	Ask only to women. Are you pregnant? (F1_2A)	<input type="checkbox"/>	<input type="checkbox"/>
b	Have you ever been told by a physician that your blood pressure is high or that you suffer from hypertension? (F1_2B)	<input type="checkbox"/>	<input type="checkbox"/>
c	Are you taking high blood pressure medication? (F1_2C)	<input type="checkbox"/>	<input type="checkbox"/>
d	Have you ever been told by a physician that you suffer from diabetes (or high sugar levels in blood or urine)? (F1_2D)	<input type="checkbox"/>	<input type="checkbox"/>
E	Are you taking diabetes medication? (F1_2E)	<input type="checkbox"/>	<input type="checkbox"/>

f	Have you ever been told by a physician that you suffered from: (F1_2F) 1- A heart attack or infarction 2- Chest pain 3- Heart failure 4- Stroke 5- Transient ischemic attack 6- Artery diseases or circulation problems in leg arteries Have you ever undergone any arterial procedure (angioplasty or bypass, or had a stent placed in any artery)?	<input type="checkbox"/>	<input type="checkbox"/>
g	Are you planning to move out of the city in the next year or in the following two years? (F1_2G)	<input type="checkbox"/>	<input type="checkbox"/>

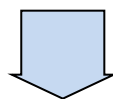
**If the individual answered *AFFIRMATIVELY* to every inclusion criteria, and *NEGATIVELY* to every exclusion criteria, measure his/her blood pressure.**

Measure the participant's blood pressure.

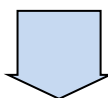
Before proceeding, be certain that the individual has rested or has been sitting down for at least 5 minutes.

3. Blood pressure [arm]		
a. Which hand you use for writing? (F1_3A)	<input type="checkbox"/> right	<input type="checkbox"/> left <input type="checkbox"/>
b. Arm on which blood pressure is taken (F1_3B)	<input type="checkbox"/> right	<input type="checkbox"/> left
c. Arm circumference (F1_3C)	<input type="text"/> <input type="text"/> cm	
d. Armband used (F1_3D)	<input type="checkbox"/> 1 Normal (22-32 cm)	<input type="checkbox"/> 2 Large (32-42 cm)
Blood Pressure	Systolic pressure	Diastolic pressure
e) Measurement 1	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] F1_3E1_S	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] F1_3E1_D
f) Measurement 2	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] F1_3F2_S	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] F1_3F2_D

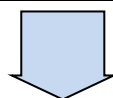
<b>g) Measurement 3</b>	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] F1_3G3_S	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] F1_3G3_D
Take measurement 4 if the difference between the systolic pressure measurements 2 and 3 is more than 10 mmHg, r more than 5mmHg on the diastolic pressure		
<b>h) Measurement 4</b>	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] F1_3H4_S	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] F1_3H4_d



<b>4. CALCULATE the AVERAGE of the last two blood pressure measurements</b>	Systolic Pressure	Diastolic Pressure
	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] F1_4_S	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] F1_4_D



*If the average systolic pressure value is between 120-139 mmHg and/or the average diastolic pressure value is between 80-89 mmHg*



**THE PARTICIPANT IS ELIGIBLE FOR THE STUDY**

- Determine if the participant is eligible.

<b>5. Eligible</b>	<b>YES</b>	<b>NO</b>
Is the participant eligible for the study? F1_5	<input type="checkbox"/>	<input type="checkbox"/>

- If the person is not eligible to participate, end the questionnaire.
- If so, read the consent to the participant.

<b>6. Informed consent</b>	<b>YES</b>	<b>NO</b>
The participant's gives his/her ORAL informed consent (APPLIES ONLY FOR ARGENTINA) F1_6	<input type="checkbox"/>	<input type="checkbox"/>

If the person IS ELIGIBLE and GAVE HIS/HER CONSENT, start questionnaires. If the person is ELEGIBLE but did not gave his/her CONSENT, continue section 7.

<b>7. Causes for no participation F1_7</b>	
a) The person wants to participate but does not want to sign the consent.	<input type="checkbox"/>
b) The person does not want to participate now but will be willing to participate in the future.	<input type="checkbox"/>
c) The patient is not interested in participating	<input type="checkbox"/>
d) Other causes F1_7D_1 _____	

If the individual **IS ELIGIBLE** and **GAVE HIS/HER CONSENT**, you should ask for his/her consent again when is contacted through phone in order to be included in the study.

<b>8. Consents again his/her participation when is contacted through phone</b>	<b>YES</b>	<b>NO</b>
The Participants agrees to continue participating on the study F1_8	<input type="checkbox"/>	<input type="checkbox"/>
Date F1_8_D: ____/____/____		



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## Form 2: Anthropometric Assessment

Date of the interview **F2\_02** //20  
DD - MM - 20YY

Code of the interviewer **F2\_03**

1. Height	
a) Measurement 1 <b>F2_1A</b>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (cm)
b) Measurement 2 <b>F2_1B</b>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (cm)
Take measurement 3 only if there is a difference of 0.5 cm or more between measurement 1 and 2.	
c) Measurement 3 <b>F2_1C</b>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (cm)

2. Weight	
a) Measurement 1 <b>F2_2A</b>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (kg)
b) Measurement 2 <b>F2_2B</b>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (kg)
Take measurement 3 only if there is a difference of 0.5 kg or more between measurement 1 and 2.	
c) Measurement 3 <b>F2_2C</b>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (kg)

3. Waist circumference	
a) Measurement 1 <b>F2_3A</b>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (cm)

b) Measurement 2 **F2\_3B**

.  (cm)

Take measurement 3 only if there is a difference of 1 cm or more between measurement

c) Measurement **F2\_3C**

.  (cm)

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**Form 3: Identification and Socio-demographic Data**

Date (MM/DD/20YY)   -   - **20**

Interviewer's code

A. Location data			
d	Country <b>F3_AA</b>	1	Guatemala <input type="checkbox"/>
		2	Peru <input type="checkbox"/>
		3	Argentina <input type="checkbox"/>
6	Site <b>F3_AB</b>		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>

B. Contact data	
1a	Surname(s)
1b	Name(s)
2	Document of the participant
	a. Type of document
	<input type="checkbox"/> DNI/DPI
	<input type="checkbox"/> LC/LE
	<input type="checkbox"/> Identification card
	<input type="checkbox"/> Passport
	<input type="checkbox"/> Does not have a document
b.	Document Number
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	No sabe 98 <input type="checkbox"/>

3a. Mobile phone 1

Phone number to be contacted or to send SMS

Number

b. Which is the best moment (days) to call you during the week?

b.1 Monday through Friday: \_\_\_\_\_

b.2 Which is the best hour of the day to call you to this number during the week?

Morning 1

Afternoon 2

Night 3

c. Which is the best moment (day) to call you during the weekend?

c.1 Saturday and Sunday: \_\_\_\_\_

b.2 Which is the best hour of the day to call you to this number during the weekend?

Morning 1

Afternoon 2

Night 3

4a. Fixed line or cell phone number to be contacted. (Contact phone (2))

Number

b.

This phone number is from:

1 Home

2 Work

3 Neighbor/Friend/Relative  
Name \_\_\_\_\_

5a. Another phone number to be contacted. (Contact phone (3))

Number

B

This phone number is from:

1 Home

2 Work

3 Neighbor/Friend/Relative  
Name \_\_\_\_\_

6	E-mail address	_____ @ _____.
7	Current address	a. Address: _____ b. Municipality/District: _____ c. City: _____

**IMPORTANT:** The data in this section is confidential; it must be stored separately from the questionnaire.

A. Socio-demographic data		
8	Sex <b>F3_8</b>	1   Male
		2   Female
9	Date of birth <b>F3_9</b>	□□/□□/19□□ (MM/DD/19YY)
10	Age <b>F3_10</b>	□□ years
11	Marital status <b>F3_11</b>	1   Single
		2   Married
		3   Live-in partner (P)/ Unmarried partner (G)/ Live together (A)
		4   Separated
		5   Divorced
		6   Widow/Widower
		99   He/she does not answer
12	Education How many school years have you completed, including elementary? <b>F3_12</b>	□□ years
		98   He/she does not know
		99   He/she does not answer
13	Occupation Which option describes best your main <u>work activity</u> during the last 12 months? <b>F3_13</b>	1   Employee
		2   Self-employed
		3   Student
		4   Homemaker
		5   Retired
		6   Unemployed
		7   Other

		99	Does not answer
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### Form 4: Lifestyle and attitudes

<b>Section A: Tobacco consumption</b>			
1	Do you currently smoke any tobacco product such as cigarettes, cigars or pipe? <b>F4_1</b>	1	Yes some days → <b>Go to question 3</b>
		2	Yes, every day → <b>Go to question 3</b>
		3	I currently don't smoke → <b>Go to question 2</b>
		4	Never smoke → <b>Go to question 3</b>
		99	He/she does not answer → <b>Go to question 3</b>
2	How long ago did you stop smoking? <b>F4_2</b>	1	One year or more
		2	Less than one year
		99	Does not answer
<b>Section B: Alcohol Intake</b>			
3	During the last year, how often did you drink alcohol? <b>F4_3</b>	1	Never
		2	Less than once a month
		3	2 to 4 times a month
		4	2 to 3 times a week
		5	5 or more per week
		99	Does not answer
4	During the last year, how often did you drink 6 or more alcoholic beverages in a single occasion? <b>F4_4</b>	1	Never
		2	Less than once a month
		3	Monthly
		4	Weekly
		5	Daily or almost daily
		99	Does not answer
5	In the last year, how often did you have a hangover? <b>F4_5</b>	1	Never
		2	Less than once a month
		3	Once a month
		4	Several times a month
		5	Once a week
		6	Several times a week
		7	Every day
		99	Does not answer

Section C: Food Intake									
6. In the last month, how often did you eat the following foods? Mark with an X	1. Never	2. 1-2 times a month	3. Once a week	4. 2-4 times a week	5. 5-6 times a week	6. Once a day	7. 2-3 times a day	8. 4 or more times a day	99. Does not answer
Fresh Fruit <a href="#">F4_6_A</a>									
Natural fruit juice, no added sugar <a href="#">F4_6_B</a>									
Canned fruit or packed fruit juices with added sugar <a href="#">F4_6_C</a>									
Cooked or raw vegetables or herbs (excluding potato, yucca, and sweet potato) <a href="#">F4_6_D</a>									
Lightly fried vegetables or herbs <a href="#">F4_6_E</a>									
Canned vegetables (tomatoes, baby corn, pickles) or packed vegetable juices <a href="#">F4_6_F</a>									
Homemade natural vegetable juices (tomato, carrot, etc.) <a href="#">F4_6_G</a>									
Broth concentrate (bouillon cubes) or soups, pasta, instant mashed potatoes <a href="#">F4_6_H</a>									
Cold meats (sausage, salami, ham, bacon, <i>chorizo</i> , <i>longaniza</i> , etc.) <a href="#">F4_6_I</a>									
Canned sauces (tomato sauce), or dressings such as mayonnaise, ketchup, mustard, soy sauce <a href="#">F4_6_J</a>									
Salty snacks (potato chips, Doritos, Cheetos, <i>Palitos</i> , <i>Ricitos</i> , etc.) <a href="#">F4_6_K</a>									
Bakery products: pastries, doughnuts, cakes <a href="#">F4_6_L</a>									
Cookies <a href="#">F4_6_M</a>									
French and white bread, crackers <a href="#">F4_6_N</a>									
Fast food <a href="#">F4_6_O</a>									
Homemade fried foods (Milanese steak, vegetables deep-fried in egg batter, stuffed peppers, fried plantain, French fries, fried chicken) <a href="#">F4_6_P</a>									
Margarine or cream added to any food <a href="#">F4_6_Q</a>									
Chicken with skin or meat with fat <a href="#">F4_6_R</a>									
Typical food ( <i>tamales</i> , <i>tostadas</i> , <i>paches</i> , <i>tacos</i> , <i>rellenitos</i> ) <a href="#">F4_6_S</a>									
Hard and semi-hard cheese (yellow or sliced, cheddar, mozzarella, parmesan, cream cheese, dry cheese) <a href="#">F4_6_T</a>									
Entrails <a href="#">F4_6_U</a>									
<b>Regular</b> sodas (Coca-cola, Sprite, Pepsi, Mirinda) <a href="#">F4_6_V</a>									
Added sugar to food and beverages (soft drinks, coffee, fruit, etc.) <a href="#">F4_6_W</a>									
marmalades, jellies, <i>cajeta</i> <a href="#">F4_6_X</a>									
Sweets (for example, candy, bon bons, lollipops, gummies, chocolate, caramels) <a href="#">F4_6_Y</a>									

**SECTION D: STAGES OF CHANGE**



<b>7. Salta added to the preparation or when cooking food</b>			
7.1	Do you add salt to food when you cook it or prepare it at home? <b>F4_7_1</b>	1	Yes, continue on question 7.2
		2	No, continue on question 7.4
		98	Does not know, continue on question 8
		99	Does not answer, continue on question 7.2
7.2	On the next following 6 months, ¿are you planning to reduce or stop adding salt to the food when you cook or prepare them at home? <b>F4_7_2</b>	1	Yes, continue on question 7.3
		2	No, continue on question 8
		99	Does not answer, continue on question 8
7.3	And are you planning to do it in the next month? <b>F4_7_3</b>	1	Yes, continue on question 8
		2	No, continue on question 8
		99	Does not answer, continue on question 8
7.4	Have you done it for more than six months? <b>F4_7_4</b>	1	Yes
		2	No
		99	Does not answer
<b>8. Salt on the table</b>			
8.1	Do you add salt to the foods when they are served on the table? <b>F4_8_1</b>	1	Yes, continue on question 8.2
		2	No, Continue on question 8.4
		99	Does not answer, continue on question 8.2
8.2	In the next 6 months are you planning to stop adding salt to the food once it is served on the table? <b>F4_8_2</b>	1	Yes, Continue on question 8.3
		2	No, continue on question 9
		99	Does not answer, continue on question 9
8.3	And, are you planning to stop adding salt to the foods once they are served on the table during the next month? <b>F4_8_3</b>	1	Yes, continue on question 9
		2	No, continue on question 9
		99	Does not answer, continue on question 9
8.4	Have you done it for more than 6 months? <b>F4_8_4</b>	1	Yes, continue on question 9
		2	No, continue on question 9
		3	Does not answer, continue on question 9

**9. In relation to the consumption of the following foods: (Show the cart \_foods with bad**

<b>fats)</b>			
9.1	Have you reduced or stopped eating at least one of the foods on this chart? <b>F4_9_1</b>	1	Yes, continue on question 9.4
		2	No, continue on question 9.2
		99	Does not answer, continue on question 9.2
9.2	On the following 6 months, are you planning to reduce or stop eating at least one of the foods on this chart? <b>F4_9_2</b>	1	Yes, continue on question 9.3
		2	No, Continue on question 10
		99	Does not answer, continue on question 10
9.3	And, are you planning to do it on the following month? <b>F4_9_3</b>	1	Yes, continue on question 10
		2	No, Continue on question 10
		99	Does not answer, continue on question 10
9.4	And, have you done it for more than 6 months? <b>F4_9_4</b>	1	Yes
		2	No
		99	Does not answer
<b>10. In relation to the consumption of the following foods and beverages (Show the chart – foods and beverages high in sugar)</b>			
10.1	Have you reduced or stopped eating or drinking at least one of the foods and/or beverages on this chart? <b>F4_10_1</b>	1	Yes, continue on question 10.4
		2	No, continue on question 10.2
		99	Does not answer, continue on question 10.2
10.2	On the following 6 months, are you planning to reduce or stop eating or drinking at least one of the foods and/or beverages on this chart? <b>F4_10_2</b>	1	Yes, continue on question 10.3
		2	No, continue on question 11
		99	Doesn't answer, continue on question 11
10.3	And, are you planning to do it on the following month? <b>F4_10_3</b>	1	Yes, continue on question 11
		2	No, continue on question 11
		99	Doesn't answer, continue on question 11
10.4	And, have you done it for more than 6 months? <b>F4_10_4</b>	1	Yes
		2	No
		99	Does not answer

**11. In relation to the consumption of the following foods (Show chart – Canned foods with**

<b>high content of sodium)</b>			
11.1	Have you reduced or stopped eating at least one of the foods on this chart? <b>F4_11_1</b>	1	Yes, continue on question 11.4
		2	No, continue on question 11.2
		99	Does not answer, continue on question 11.2
11.2	On the following 6 months, are you planning to reduce or stop eating at least one of the foods on this chart? <b>F4_11_2</b>	1	Yes, continue on question 11.3
		2	No, continue on question 12
		99	Does not answer, continue on question 12
11.3	And, are you planning to do it on the following month? <b>F4_11_3</b>	1	Yes, continue on question 12
		2	No, continue on question 12
		99	Does not answer, continue on question 12
11.4	have you done it for more than 6 months? <b>F4_11_4</b>	1	Yes
		2	No
		99	Does not answer
<b>12. I would like to know about your daily consumption of fruits and/or vegetables. Consider a portion of fruits or vegetables is equivalent to approximately one cup</b>			
12.1	1 Do you eat at least 5 portions of fruit and vegetables a day? <b>F4_12_1</b>	1	Yes, continue on question 12.4
		2	No, continue on question 12.2
		99	Does not answer; Continue on question 12.2
12.2	In the next 6 months, are you planning to increase the amount of fruit and vegetables you eat to at least 5 portions a day? <b>F4_12_2</b>	1	Yes, continue on question 12.3
		2	No, end of questionnaire
		99	Does not answer, end of questionnaire
12.3	And, are you planning to do it next month? <b>F4_12_3</b>	1	Yes, end of questionnaire
		2	No, end of questionnaire
		99	Does not answer, end of questionnaire
12.4	And have you done it for more than 6 months? <b>F4_12_4</b>	1	Yes, end of questionnaire
		2	No, end of questionnaire
		99	Does not answer, end of questionnaire

## **Use of Mobile Technology to Prevent Pre-hypertension Progression in Latin**

## American Urban Areas

### Form 5: Physical Activity

1. During the **last 7 days**, on how many days did you carry out **vigorous** activities such as lifting heavy objects, digging, practicing aerobics, or quick bicycle riding? **F5\_1**

Days a week

None vigorous physical activity **F5\_1A** → **CONTINUE TO QUESTION 3**

2. How much time did you spend each day doing such **vigorous** physical activity?

Hr. **F5\_2H**  Min. **F5\_2M**

Does not know/Is not sure **F5\_2A**

Think on all the **moderate** activities you carried out the last **7 days**. The moderate activities are those that require moderate physical effort that make you breath more intense than the normal. Think just about those physical activities that you did for at least **10 consecutive minutes**.

3. During the **last 7 days**, how many moderate activities such as lifting light objects, bicycle riding at a regular pace, or playing tennis, did you perform? Do not include walking. **F5\_3**

Days a week

None moderate activity **F5\_3A** → **CONTINUE TO QUESTION 5**

4. How much time did you spend each day doing **moderate** physical activities?

Hr **F5\_4H**.  Min. **F5\_4**

Does not know/Is not sure **F5\_4A**

Think about the time you walked during the last 7 days. This includes walking to walking at work and at home, walking from one place to another, and any other recreational, sport or outdoor long walk

5. During the last **7 days**, how many days did you walk for at least 10 consecutive minutes?  
**F5\_5**

Days a week

None → **GO TO QUESTION 7** **F5\_5A**

6. How much time did you walk each day?

Hrs. F5\_6H   Min. F5\_6M

Does not answer/Is not sure F5\_6A

---

The last two questions area about the time you spent sitting down watching TV and/or in front of the computer during the week (Monday to Friday) , including the weekend during the last 7 days. Do not include the time you did this activities during your work schedule.

7. During the last 7 days, on the weekdays (Monday to Friday) how much time did you spend sitting down watching TV and/or in front of the computer, during the past week?

Hrs. F5\_7H   Min. F5\_7M

Does not know/Is not sure F5\_7A

8. During the last 7 days, on the weekend (Saturday and Sunday), how much time did you spend *sitting down* watching TV and/or in front of the computer during one of this days during your spare time?

Hrs. F5\_8H   Min. F5\_8M

Does not know/Is not sure F5\_8A

9. We will ask you about the physical activity you regularly do. Include all the vigorous, moderate activities and walking.

- 9.1 In the last 7 days, did you do physical activity in a regular way, more than 30 minutes a day, at least 5 days a week? F5\_9\_1

Yes 1  → **GO TO QUESTION 9.4**  
No 2  → **GO TO QUESTION 9.2**  
Does not answer 99  → **GO TO QUESTION 9.2**

- 9.2 Do you intend to become more active in a regular basis during the next 6 months? F5\_9\_2

Yes 1  → **CONTINUE QUESTION 9.3**  
No 2  → **END OF QUESTIONNAIRE**  
Does not answer 99  → **END OF QUESTIONNAIRE**

9.3 Do you intend to become more active in a regular basis during the next month? F5\_9\_3

Yes 1  → **END OF QUESTIONNAIRE**  
No 2  → **END OF QUESTIONNAIRE**  
Does not answer 99  **END OF QUESTIONNAIRE**

9.4. Have you done it for more than 6 months? F5\_9\_4

Yes 1   
No 2   
Does not answer 99

## American Urban Areas

### FORM 6: EQ-5D-3L

Date (MM/DD/20YY) --20

Interviewer's code

Mark with an X the box with the answer that best describes your health today.

#### **Mobility F6\_1**

- I have no difficulty walking
- I have some difficulty walking
- I have to stay in bed

#### **Personal Care F6\_2**

- I have no difficulty with my personal care
- I have some difficulty to take a bath or dress myself
- I am not capable of taking a bath or dressing myself

#### **Everyday Activities (e.g.: working, studying, household chores, family activities, leisure activities) F6\_3**

- I have no difficulty carrying out my everyday activities
- I have some difficulty carrying out my everyday activities
- I am not capable of carrying out my everyday activities

#### **Pain/Discomfort F6\_4**

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have a lot of pain or discomfort

#### **Anxiety/Depression F6\_5**

- I do not feel anxious or depressed
- I feel slightly anxious or depressed

I feel very anxious or depressed





In order to help people describe how good or bad their health is we have drawn a scale resembling a thermometer, in which 100 indicates the best, and 0 the worst imaginable health condition.

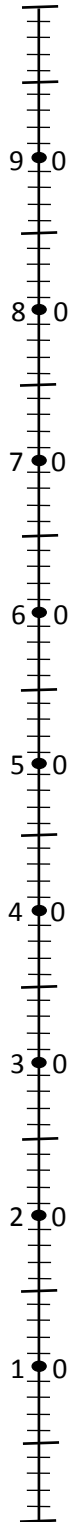
We will appreciate if you mark in this scale how good or bad your health is by drawing a line from the square indicating "Your health condition today", to the point in the thermometer that, in your opinion, indicates your health condition today.

**F6\_6**

**Your health  
condition today**

The best  
imaginable  
health  
condition

100



The worst  
imaginable  
health  
condition  
0

## Use of Mobile Technology to Prevent Pre-Hypertension Progression in Latin American Urban Areas

### FORM 7: Scale of Perceived Stress

Date (MM/DD/20YY)   -   - 20

Interviewer's code

These questions are about your feelings and thoughts during the LAST MONTH. In each case, mark with an "X" the answer that best represents how often you felt or thought in a specific way.

Section: Stress			
1	In the last month, how often have you been affected by an unexpected event? <b>F7_1</b>	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently
2	In the last month, how often have you felt incapable of controlling important things in your life? <b>F7_2</b>	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently
3	In the last month, how often have you felt nervous? <b>F7_3</b>	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently
4	In the last month, how often have you successfully handled minor and daily problems or difficulties? <b>F7_4</b>	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently
5	In the last month, how often have you felt facing effectively important changes in your life? <b>F7_5</b>	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently
6	In the last month, how often have you felt sure of you capability to handle personal problems? <b>F7_6</b>	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently
7	In the last month, how often have you felt things were going well for you? <b>F7_7</b>	1	Never
		2	Almost never
		3	Sometimes

		4	Frequently
		5	Very frequently
8	In the last month, how often did you feel unable to face the things you had to do? F7_8	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently
9	In the last month, how often were you able to control difficulties in your life? F7_9	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently
10	In the last month, how often have you felt in control of everything? F7_10	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently
11	In the last month, how often have you felt angry for things you could not control? F7_11	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently
12	In the last month, how often have you thought of things yet to be done? F7_12	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently
13	In the last month, how often have you been able to control how you manage time? F7_13	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently
14	In the last month, how often have you felt overwhelmed by difficulties? F7_14	1	Never
		2	Almost never
		3	Sometimes
		4	Frequently
		5	Very frequently

## Use of Mobile Technology to Prevent Pre-Hypertension Progression in Latin American Urban Areas

### Form 8: USE OF HEALTH SERVICES

Date (MM/DD/20YY)   -   -20

Interviewer's code

1. What was last month's family income, in quetzales including everyone's contribution?

Guatemala (quetzales) <b>F8_1_G</b>	Peru (Nuevos soles) <b>F8_1_P</b>	Argentina (pesos) <b>F8_1_A</b>	
Q.650 or less	S/301 or less	\$199 or less	1
From Q.651 to Q1,200	From S/302 to S/689	From \$2000 to \$3079	2
From Q. 1201 to Q2000	From S/690 to S/.1194	From \$3080 to \$4599	3
From Q2001 to Q5750	From S/.1195 to S/. 2106	From 4600 to \$7099	4
Q5751 or more	S/. 2107 or more	S7100 or more	5

2. How many people live in your house, including you? **F8\_2**

(number of people)

3. Health Insurance, What type of health insurance do you currently have? **F8\_3**

1	Social insurance <b>F8_3_1</b>
2	Private insurance/prepaid <b>F8_3_2</b>
3	Comprehensive Health Insurance (Peru) <b>F8_3_3</b>
4	He/she does not have insurance
99	He/she does not answer

Section B. Outpatient Care		
4	In the last six months, were you absent from work due to health problems? <b>F8_4</b>	1 Yes (Continue on question 5)
		2 No (Continue on question 6)
		99 He/she does not answer (Continue question 6)
		98 He/she does not work (Go to question 6)
5	In the last 6 months, how many days in total were you absent from work due to health problems?	_____ Hours <b>F8_5_H</b> _____ Days <b>F8_5_D</b>
		99 He/she does not answer <b>F8_5_A</b>
6	In the last six months, did you consult a nurse, midwife, health promoter, or health worker that is not a physician? (Do not include ER visits) <b>F8_6</b>	1 Yes → Go to question 7
		2 No → Go to question 8
		99 He/she does not answer → Go to question 8
7	In the last six months, How many times did you consult a nurse, midwife, health promoter, or health worker that is not a physician? (Do not include ER visits) <b>F8_7</b>	_____ Times
		99 He/she does not answer <b>F8_7_A</b>
8	In the last six months, did you consult a physician? (Do not include ER visits) <b>F8_8</b>	1 Yes → Go to question 9
		2 No → Go to question 10
		99 He/she does not answer → Go to question 10
9	How many times did you consult a physician in the last six months? (Do not include ER visits) <b>F8_9</b>	_____ Times
		99 He/she does not answer <b>F8_9_A</b>
10	In the last six months, did you consult an ER service? <b>F8_10</b>	1 Yes → Go to question 11
		2 No → Go to question 12
		99 He/she does not answer → Go to question 12
11	How many times did you consult an ER service in the last six months? <b>F8_11</b>	_____ Times
		99 He/she does not answer <b>F8_11_A</b>
12	How much time did you spend in your last consultation, including the time of the trip, waiting, and the consultation itself?	_____ hours <b>F8_12_H</b> _____ minutes <b>F8_12_M</b>
		1 Continue on question 14
		99 He/she does not answer
13	During your last consultation, how much of your own money did you pay including expenses for transportation, meals, cost of the consultation, bonuses or co-payments? <b>F8_13</b>	_____ Local Currency
		99 He/she does not answer <b>F8_13_A</b>

Section C: Medicine Consumption			
14	Are you currently taking any medication or pills to lower your cholesterol? <b>F8_14</b>	1	Yes
		2	No
		98	He/she does not know
		99	He/she doesnt answer
15	Are you currently under treatment to lose weight? <b>F8_15</b>	1	Yes
		2	No
		98	He/she does not know
		99	He/she does not answer

Section D: Procedures (diagnostic and therapeutic studies)			
16	Have you had any blood and/or urine test done in a laboratory <u>in the last six months</u> ? <b>F8_16</b>	1	Yes→Go to question 17
		2	No→ Go to question 18
		98	He/she does not know → Go to question 18
		99	He/she does not answer → Go to question 18
17	How many blood and/or urine tests have you had <u>during the last six months</u> ? <b>F8_17</b>	_____ Number of analyses	
		99	He/she does not answer <b>F8_17_A</b>
18	Have you had any OTHER tests such as: X-rays, ultrasound scans, or ECGs, <u>in the last six months</u> ? <b>F8_18</b>	1	Yes→Go to question 19
		2	No→ Go to question 20
		98	He/she does not know → Go to question 20
		99	He/she does not answer → Go to question 20
19	How many of these routine tests have you had? <b>F8_19</b>	_____ Number of simple tests	
		99	He/she does not answer <b>F8_19_A</b>
20	Have you had any OTHER tests such as: tomography, resonance, heart holter, <u>in the last six months</u> ? <b>F8_20</b>	1	Yes→Go to question 21
		2	No→ End of questionnaire
		98	He/she does not know → → End of questionnaire
		99	He/she does not answer → → End of questionnaire
21	How many of these routine tests have you had? <b>F8_21</b>	_____ Number of simple tests	
		99 He/She does not answer <b>F8_21_A</b>	

## Use of Mobile Technology to Prevent Pre-Hypertension Progression in Latin American Urban Areas

### FORM 9: ATTITUDES TOWARDS THE USE OF MOBILE PHONES

1. You use your mobile phone for: (you may choose more than one option)

- |  |                            |
|--|----------------------------|
| Receive/make phone calls <b>F9_1_1</b> | 1 <input type="checkbox"/> |
| Send text messages <b>F9_1_2</b>       | 2 <input type="checkbox"/> |
| Receive text messages <b>F9_1_3</b>    | 3 <input type="checkbox"/> |
| Chat <b>F9_1_4</b>                     | 4 <input type="checkbox"/> |
| Navigate on internet <b>F9_1_5</b>     | 5 <input type="checkbox"/> |

2. Do you know how to open a text message to read it? **F9\_2**

- |                 |                             |
|-----------------|-----------------------------|
| Yes             | 1 <input type="checkbox"/>  |
| No              | 2 <input type="checkbox"/>  |
| Does not answer | 99 <input type="checkbox"/> |

3. When you receive a text message of someone you know, do you read it? **F9\_3**

- |                  |                             |
|------------------|-----------------------------|
| Never            | 1 <input type="checkbox"/>  |
| Almost never     | 2 <input type="checkbox"/>  |
| Sometimes        | 3 <input type="checkbox"/>  |
| Most of the time | 4 <input type="checkbox"/>  |
| Always           | 5 <input type="checkbox"/>  |
| Does not answer  | 99 <input type="checkbox"/> |

4. What type of mobile contract do you have with the company of mobile phone? **F9\_4**

- |                              |                             |
|------------------------------|-----------------------------|
| Contract/Deposit/Postpayment | 1 <input type="checkbox"/>  |
| Prepaid/Cards                | 2 <input type="checkbox"/>  |
| Does not know                | 98 <input type="checkbox"/> |
| Does not answer              | 99 <input type="checkbox"/> |

5. Which is the company of your mobile phone? **F9\_5**

- |                        |                            |
|------------------------|----------------------------|
| Telefónica or Movistar | 1 <input type="checkbox"/> |
| Claro                  | 2 <input type="checkbox"/> |
| TIGO                   | 3 <input type="checkbox"/> |
| Personal               | 4 <input type="checkbox"/> |
| Nextel                 | 5 <input type="checkbox"/> |
| Other                  | 6 <input type="checkbox"/> |

6. How much do you spend monthly on mobile phone?

Guatemala (quetzales) F9_6_G	Peru (Nuevos soles) F9_6_P	Argentina (pesos) F9_6_A	
\$50 or less	S/.10 or less	\$30 or less	1 <input type="checkbox"/>
From \$51 to \$100	From S/.10 to S/.20	From \$31 to \$90	2 <input type="checkbox"/>
\$101 to \$150	From S/.21 to S/.40	From \$91 to \$150	3 <input type="checkbox"/>
Más to \$150	More than S/.41	More than \$150	4 <input type="checkbox"/>

7. How many times have you changes your mobile phone number on the last 12 months? F9\_7

- Never 1
- Once 2
- Twice 3
- 3 times 4
- Does not answer 99

8. Usually from Monday to Friday, how frequently do you speak on the mobile phone? F9\_8

- Never 1
- Less than once a day 2
- 1 time / day 3
- 2-3 times /day 4
- 4 or more times / day 5
- Does not answer 99

9. On Saturday and Sunday, how frequently do you speak on the mobile phone? F9\_9

- Never 1
- Less than once a day 2
- 1 time / day 3
- 2-3 times /day 4
- 4 or more times / day 5
- Does not answer 99

10. When you go out on week days, from Monday to Friday, how frequently do you carry your mobile phone with you? F9\_10

- Never 1
- Less than once a day 2
- 1 time / day 3
- 2-3 times /day 4
- 4 or more times / day 5
- Does not answer 99



11. ¿Cuándo sale de su casa los fines de semana, sábado y domingo, con qué frecuencia lleva consigo su celular? **F9\_11**

- Never 1
- Less than once a day 2
- 1 time / day 3
- 2-3 times /day 4
- 4 or more times / day 5
- Does not answer 99

12. How is the quality of the signal of your mobile phone at your home or zone on which you live? **F9\_12**

- Never 1
- Less than once a day 2
- 1 time / day 3
- 2-3 times /day 4
- 4 or more times / day 5
- Does not answer 99

13. Which of the following sentences describes best the use of your mobile phone? **F9\_13**

- Is mine and most of the time I am the only that uses it 1
- Sometimes my relatives or friends use it or take it with them 2
- Many times my relatives or friends take it with them 3
- It belongs to someone else who borrows it to me 4
- Does not answer 99

# Use of Mobile Technology to Prevent Pre-hypertension Progression in Latin American Urban Areas

## FOLLOW UP 6 months

Code of the participant:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Control code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of the interview	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 19 <input type="text"/> <input type="text"/>
Sex	<input type="checkbox"/> (F/M)

<b>Observations</b>
<hr/>
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# Use of Mobile Technology to Prevent Pre-hypertension Progression in Latin American Urban Areas

## 6 MONTHS FOLLOW UP - FORM 1: CONTACT DATA , BLOOD PRESSURE AND ANTHROPOMETRY

Date of the interview **S1\_F1\_02** --20

Interviewer's code **S1\_F1\_04**

We are going to ask you some questions about your personal data because we want to know whether they have changes since your last visit.

### A. Contact Data:

1. Mobile Phone 1 ¿Which is the mobile phone number you use regularly?

2. a. Residence number or mobile phone to contact you? (Phone contact 2)

2b. This telephone corresponds to:

Your house

Your work

Neighbor/friend/relative

2c. Name and relation:

---

3a. Other residence number of mobile phone to contact your (*Phone number contact 3*)

3b. This phone number corresponds to:

Your house

Your work

Neighbor/friend/relative

3c. Name and relation:

---

F1 – CONTACT INFORMATION AND BLOOD PRESSURE MEASUREMENT – FOLLOW UP

4. Email:

\_\_\_\_\_@\_\_\_\_\_

5. Actual Address:

a. Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

–

b. Municipality or District:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. City:

---

3. Blood pressure [arm]		
6. <u>Ask only to women.</u> Are you pregnant? <b>S1_F1_6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. <b>In the last six months,</b> have you been told by a physician that your blood pressure is high or that you suffer from hypertension? <b>S1_F1_7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Blood pressure		
a. Which hand you use for writing? <b>S1_F1_8A</b>	<input type="checkbox"/> right	<input type="checkbox"/> left
b. Arm on which blood pressure is taken <b>S1_F1_8B</b>	<input type="checkbox"/> right	<input type="checkbox"/> left
c. Arm circumference <b>S1_F1_8C</b>	<input type="text"/> <input type="text"/> cm	
d. Armband used <b>S1_F1_8D</b>	<input type="checkbox"/> 1 Normal (22-32 cm)	<input type="checkbox"/> 2 Large (32-42 cm)
Blood Pressure	Systolic pressure	Diastolic pressure
e) Measurement 1	_____ [mmHg] <b>S1_F1_8E1_S</b>	_____ [mmHg] <b>S1_F1_8E1_D</b>
f) Measurement 2	_____ [mmHg] <b>S1_F1_8F2_S</b>	_____ [mmHg] <b>S1_F1_8F2_D</b>
g) Measurement 3	_____ [mmHg] <b>S1_F1_8G3_S</b>	_____ [mmHg] <b>S1_F1_8G3_D</b>
Take measurement 4 if the difference between the systolic pressure measurements 2 and 3 is more than 10 mmHg, r more than 5mmHg on the diastolic pressure		
h) Measurement 4	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] <b>S1_F1_8H4_S</b>	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] <b>S1_F1_8H4_D</b>

9. Weight	
a) Measurement 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (kg) <b>S1_F1_9A</b>
b) Measurement 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (kg) <b>S1_F1_9B</b>
Take measurement 3 only if there is a difference of 0.5 Kg or more between 1 and 2.	
h) Measurement 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (kg) <b>S1_F1_9C</b>

## Use of Mobile Technology to Prevent Pre-hypertension Progression in Latin American Urban Areas

### 6 MONTHS FOLLOW UP - FORM 2: LIFESTYLE AND ATTITUDES

#### STAGES OF CHANGE

##### 1. Salt added to the preparation or when cooking foods

1.1 Do you add salt to the food when you cook them or prepare at home? **S1\_F2\_1\_1**

Yes	1	Continue on question 1.2
No	2	Continue on question 1.4
Does not know	98	Continue on question 2
Does not answer	99	Continue on question 1.2

1.2 On the next following 6 months, ¿are you planning to reduce or stop adding salt to the food when you cook or prepare them at home? **S1\_F2\_1\_2**

Yes	1	Continue on question 1.3
No	2	Continue on question 2
Does not answer	99	Continue on question 2

1.3 And are you planning to do it in the next month? **S1\_F2\_1\_3**

Yes	1	Continue on question 2
No	2	Continue on question 2
Does not answer	99	Continue on question 2

1.4 Have you done it for more than six months? **S1\_F2\_1\_4**

Yes	1
No	2
Does not answer	99

##### 2. Salt on the table

2.1 Do you add salt to the foods when they are served on the table? **S1\_F2\_2\_1**

Yes	1	Continue on question 2.2
No	2	Continue on question 2.4
Does not answer	99	Continue on question 2.2

2.2. In the next 6 months are you planning to stop adding salt to the food once it is served on the table? **S1\_F2\_2\_2**

Yes	1	Continue on question 2.3
No	2	Continue on question 3
Does not answer	99	Continue on question 3

2.3 And, are you planning to stop adding salt to the foods once they are served on the table during the next month? **S1\_F2\_2\_3**

Yes	1	Continue on question 3
No	2	Continue on question 3
Does not answer	99	Continue on question 3

2.4 Have you done it for more than 6 months? **S1\_F2\_2\_4**

Yes	1	Continue on question 3
No	2	Continue on question 3
Does not answer	99	Continue on question 3

**3. In relation to the consumption of the following foods: (Show the cart 2 – foods with bad fats)**

3.1 ¿Have you reduced or stopped eating at least one of the foods on this chart? **S1\_F2\_3\_1**

Yes	1	Continue on question 3.4
No	2	Continue on question 3.2
Does not answer	99	Continue on question 3.2

3.2 On the following 6 months, are you planning to reduce or stop eating at least one of the foods on this chart? **S1\_F2\_3\_2**

Yes	1	Continue on question 3.3
No	2	Continue on question 4
Does not answer	99	Continue on question 4

3.3 And, are you planning to do it on the following month? **S1\_F2\_3\_3**

Yes	1	Continue on question 4
No	2	Continue on question 4
Does not answer	99	Continue on question 4

3.4 And, have you done it for more than 6 months? **S1\_F2\_3\_4**

Yes	1
No	2
Does not answer	99

**4. In relation to the consumption of the following foods and beverages (Show the chart 3 – foods and beverages high in sugar)**

4.1 ¿Have you reduced or stopped eating or drinking at least one of the foods and/or beverages on this chart? **S1\_F2\_4\_1**

Yes	1	Continue on question 4.4
No	2	Continue on question 4.2
Does not answer	99	Continue on question 4.2

4.2 On the following 6 months, are you planning to reduce or stop eating or drinking at least one of the foods and/or beverages on this chart? **S1\_F2\_4\_2**

Yes	1	Continue on question 4.3
No	2	Continue on question 5
Does not answer	99	Continue on question 5



4.3 And, are you planning to do it on the following month? **S1\_F2\_4\_3**

Yes	1	Continue on question 5
No	2	Continue on question 5
Does not answer	99	Continue on question 5

4.4 And, have you done it for more than 6 months? **S1\_F2\_4\_4**

Yes	1
No	2
Does not answer	99

**5. In relation to the consumption of the following foods (Show chart 4 - Canned foods with high content of sodium)**

5.1 ¿Have you reduced or stopped eating at least one of the foods on this chart? **S1\_F2\_5\_1**

Yes	1	Continue on question 5.4
No	2	Continue on question 5.2
Does not answer	99	Continue on question 5.2

5.2 On the following 6 months, are you planning to reduce or stop eating at least one of the foods on this chart? **S1\_F2\_5\_2**

Yes	1	Continue on question 5.3
No	2	Continue on question 6
Does not answer	99	Continue on question 6

5.3 And, are you planning to do it on the following month? **S1\_F2\_5\_3**

Yes	1	Continue on question 6
No	2	Continue on question 6
Does not answer	99	Continue on question 6

5.4 And, have you done it for more than 6 months? **S1\_F2\_5\_4**

Yes	1
No	2
Does not answer	99

**6. I would like to know about your daily consumption of fruits and/or vegetables. Consider a portion of fruits or vegetables is equivalent to approximately one cup**

6.1 Do you eat at least 5 portions of fruit and vegetables a day? **S1\_F2\_6\_1**

Yes	1	Continue on question 6.4
No	2	Continue on question 6.2
Does not answer	99	Continue on question 6.2

6.2 In the next 6 months, are you planning to increase the amount of fruit and vegetables you eat to at least 5 portions a day? **S1\_F2\_6\_2**

Yes	1	Continue on question 6.3
No	2	End of questionnaire
Does not answer	99	End of questionnaire

6.3 And, are you planning to do it next month? **S1\_F2\_6\_3**

Yes	1	Go to question 7
No	2	Go to question 7
Does not answer	99	Go to question 7

6.4 And have you done it for more than 6 months? **S1\_F2\_6\_4**

Yes	1	End of questionnaire
No	2	End of questionnaire
Does not answer	99	End of questionnaire

**7. We will ask you about the physical activity you regularly do. Include all the vigorous, moderate activities and walking.**

7.1 During the last 7 days, did you do physical activity in a regular way, more than 30 minutes a day, at least 5 days a week? **S1\_F2\_7\_1**

Yes 1  → **GO TO QUESTION 7.4**  
No 2  → **GO TO QUESTION 7.2**  
Does not answer 99  → **GO TO QUESTION 7.2**

7.2 Do you intend to become more active in a regular basis during the next 6 months?  
**S1\_F2\_7\_2**

Yes 1  → **CONTINUE QUESTION 7.3**  
No 2  → **END OF QUESTIONNAIRE**  
No response 99  → **END OF QUESTIONNAIRE**

7.3 Do you intend to become more active in a regular basis during the next month?  
**S1\_F2\_7\_3**

Yes 1  → **END OF QUESTIONNAIRE**  
No 2  → **END OF QUESTIONNAIRE**  
Does not answer 99  → **END OF QUESTIONNAIRE**

7.4. Have you done it for more than 6 months? **S1\_F2\_7\_4**

Yes 1   
No 2   
Does not answer 99

# Use of Mobile Technology to Prevent Pre-hypertension Progression in Latin American Urban Areas

## 6 MONTHS FOLLOW UP - FORM 3: USE OF HEALTH SERVICES

### SECTION A: Outpatient care

1. In the last six months, were you absent from work due to health problems? **Do not include hospitalizations** **S1\_F3\_1**

Yes	1	<input type="checkbox"/>	→	<b>GO TO QUESTION 2</b>
No	2	<input type="checkbox"/>	→	<b>GO TO QUESTION 3</b>
Does not answer	99	<input type="checkbox"/>	→	<b>GO TO QUESTION 3</b>
Does not work	98	<input type="checkbox"/>	→	<b>GO TO QUESTION 3</b>

2. In the last six months, how many days in total were you absent from work due to health problems? **Do not include hospitalizations**

(Hours) **S1\_F3\_2\_H**       (Days) **S1\_F3\_2\_D**

Does not answer      99

3. In the last six months, did you consult a nurse or other health professional not a physician, such as: nutritionist, health promoter, etc (Do not include visits to the ER) **S1\_F3\_3**

Yes	1	<input type="checkbox"/>	→	<b>GO TO QUESTION 4</b>
No	2	<input type="checkbox"/>	→	<b>GO TO QUESTION 5</b>
Does not answer	99	<input type="checkbox"/>	→	<b>GO TO QUESTION 5</b>

4. In the last six months, how many times did you consult a nurse or other health professional not a physician, such as a nutritionist, health promoter, etc (Do not include visits to the ER) **S1\_F3\_4**

(Number of times)

Does not answer      99  **S1\_F3\_4\_A**

5. In the last six months, did you consult a physician? (Do not include visits to the ER)  
**S1\_F3\_5**

Yes 1  → **GO TO QUESTION 6**  
No 2  → **GO TO QUESTION 7**  
Does not answer 99  → **GO TO QUESTION 7**

6. In the last six months, how many times did you consult a physician? (Do not include visits to the ER) **S1\_F3\_6**

(Number of times)

Does not answer 99  **S1\_F3\_6\_A**

7. In the last six months, did you visit the ER service? **S1\_F3\_7**

Yes 1  → **GO TO QUESTION 8**  
No 2  → **GO TO QUESTION 9**  
Does not answer 99  → **GO TO QUESTION 9**

8. In the last six months, how many times did you consult an ER service? Please do not include accidents

(Number of times) **S1\_F3\_8**

Does not answer 99  **S1\_F3\_8\_A**

9. In the last six months, how much time did you spend in your last consultation including the time of the trip, waiting and the consultation itself?

Hrs. **S1\_F3\_9\_H**  Min. **S1\_F3\_9\_M**

Did not had a consultation on the last six months **S1\_F3\_9\_A** 1   
Does not answer **S1\_F3\_9\_A** 99

10. In the last six months, during your last consultation how much of your own Money did you pay including expenses for transportation, meals, cost of the consultation, bonuses or co-payments?

(Local currency) **S1\_F3\_10**

Does not answer 99  **S1\_F3\_10\_A**

## SECTION B: Medicine Consumption

11. Are you currently taking any medication or pills to lower your cholesterol? **S1\_F3\_11**

Yes 1   
No 2   
Does not know 98   
No response 99

12. Are you currently taking any medication or pills to control your blood pressure?  
**S1\_F3\_12**

Yes 1   
No 2   
Does not know 98   
Does not answer 99

13. Are you currently under treatment to lose weight? **S1\_F3\_13**

Yes 1   
No 2   
Does not know 98   
Does not answer 99

## Section C: Procedures (diagnostic and therapeutic studies)

14. In the last six months, have you had any blood and/or urine test done in the laboratory? **S1\_F3\_14**

Yes 1  → **GO TO QUESTION 15**  
No 2  → **GO TO QUESTION 16**  
Does not know 98  → **GO TO QUESTION 16**  
Does not answer 99  → **GO TO QUESTION 16**

15. How many blood and/or urine tests have you had during the last six months?  
**S1\_F3\_15**

(Number of tests)

Does not answer 99  **S1\_F3\_15\_A**

16. Have you had any other tests such as: X-rays, ultrasound scans, or ECGs, in the last six months? Exclude all the tests that were made due to obstetric motives)  
**S1\_F3\_16**

Yes 1  → **GO TO QUESTION 17**  
No 2  → **GO TO QUESTION 18**  
Does not know 98  → **GO TO QUESTION 18**  
Does not answer 99  → **GO TO QUESTION 18**

17. How many of these tests have you had in the last six months? **S1\_F3\_17**

(Number of tests)

Does not answer 99  **S1\_F3\_17\_A**

#### Section D: Hospitalizations

18. Were you hospitalized in the last six months? (Man)

Were you hospitalized in the last six months, were you hospitalized not due to a obstetric motive? **S1\_F3\_18**

Yes 1  → **GO TO QUESTION 19**  
No 2  → **GO TO QUESTION 28**  
Does not know 98  → **GO TO QUESTION 28**  
Does not answer 99  → **GO TO QUESTION 28**

19. How many times were you hospitalized during the last six months? (Man)

How many times were you hospitalized due to a non obstetric motive during the last six months? **S1\_F3\_19**(woman)

(Number of tests)

Does not answer 99  **S1\_F3\_19\_A**

20. How long were you hospitalized during the last six months? (Choose only 1)

Days **S1\_F3\_20\_D**  Months **S1\_F3\_20\_M**

21. Which was the main reason of your last hospitalization? **S1\_F3\_21**

Stroke 1\_\_\_\_  
Heart attack 2\_\_\_\_  
Other (Speficy) 3\_\_\_\_ **S1\_F3\_21\_E**  
Does not know 99\_\_\_\_  
Does not answer 99\_\_\_\_

22. What type of treatment did you get on your last hospitalization? (**Choose just one**)  
**S1\_F3\_22**

Surgery 1\_\_\_\_  
Others 2\_\_\_\_  
Does not know 98\_\_\_\_  
Does not answer 99\_\_\_\_

23. Were you are the intensive care unit on your last hospitalization? **S1\_F3\_23**

Yes 1  → **GO TO QUESTION 24**  
No 2  → **GO TO QUESTION 25**  
Does not know 98  → **GO TO QUESTION 25**  
Does not answer 99  → **GO TO QUESTION 25**

24. How long were you hospitalized at the intensive care unit on your last hospitalization? (Choose just one)

Days **S1\_F3\_24\_D**       Weeks **S1\_F3\_24\_S**

Months **S1\_F3\_24\_M**       98 Does not know

25. How many days were you absent from work due to hospitalization? **S1\_F3\_25**

Days \_\_\_\_\_  
Does not work 1 \_\_\_\_\_ **S1\_F3\_25\_A**  
Does not answer 99 \_\_\_\_\_

26. How much did you pay for the hospitalization and treatments indicated, were paid or still owe them (if you did not have to pay mark 0). Do not include expenses such as transportation and food.

(Local currency) **S1\_F3\_26**

Does not answer      99  **S1\_F3\_26\_A**

27. Who paid for the expenses of hospitalization and treatments indicated? (Choose one option). **S1\_F3\_27**

Social Insurance	1 _____
Private insurance/prepaid	2 _____
Comprehensive Health Insurance (Peru)	3 _____
The Public Hospital (Argentina)	4 _____
Sanitary unit or "Salita" (Argentina)	5 _____
Just you and do not recover it	6 _____
Other (Specify)	7 _____ <b>S1_F3_27_A</b>
Does not know	98 _____
Does not answer	99 _____

### Section E: change of habits

28. Did you improve your food consumption and became healthier? **S1\_F3\_28**

Yes	1 <input type="checkbox"/>	→	<b>GO TO QUESTION 29</b>
No	2 <input type="checkbox"/>	→	<b>GO TO QUESTION 31</b>
Does not know	98 <input type="checkbox"/>	→	<b>GO TO QUESTION 31</b>
Does not answer	99 <input type="checkbox"/>	→	<b>GO TO QUESTION 31</b>

29. Did the expenses at your home increase due to the changes made to eat healthier during the last six months? **S1\_F3\_29**

Yes	1 <input type="checkbox"/>	→	<b>GO TO QUESTION 29</b>
No	2 <input type="checkbox"/>	→	<b>GO TO QUESTION 31</b>
Does not know	98 <input type="checkbox"/>	→	<b>GO TO QUESTION 31</b>
Does not answer	99 <input type="checkbox"/>	→	<b>GO TO QUESTION 31</b>

30. Which is the approximate amount that the monthly expenses for food increased at your home due to this change? **S1\_F3\_30**

(Local currency)

Does not answer 99  **S1\_F3\_30\_A**

31. Did the amount of physical activity increased in the last six months? **S1\_F3\_31**

Yes 1  → **GO TO QUESTION 32**  
No 2  → **End of questionnaire**  
Does not know 98  → **End of questionnaire**  
Does not answer 99  → **End of questionnaire**

32. Did your personal expenses increased to do more exercise/physical activity during the last six months? **S1\_F3\_32**

Yes 1  → **GO TO QUESTION 33**  
No 2  → **End of questionnaire**  
Does not know 98  → **End of questionnaire**  
Does not answer 99  → **End of questionnaire**

33. Could you tell approximately how much were your personal expenses during this six months due to this change? (think about the total of new expenses to do more physical activity, the ones that were made only once, such as bicycle, cloth, or monthly such as attending the gym or a dance class) **S1\_F3\_33**

(Local currency)

Does not answer 99  **S1\_F3\_33\_A**



# Use of Mobile Technology to Prevent Pre-hypertension Progression in Latin American Urban Areas

## FOLLOW UP 12 months

Code of the participant:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Control code	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of the interview	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 19 <input type="text"/> <input type="text"/>
Sex	<input type="checkbox"/> (F/M)

<b>Observations</b>
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**Use of Mobile Technology to Prevent Pre-hypertension Progression in  
Latin American Urban Areas**

**12 MONTHS FOLLOW UP - FORM 1:  
CONTACT DATA , BLOOD PRESSURE AND  
ANTHROPOMETRY**

Date of the interview **S2\_F1\_02** --20

Control code

Interviewer's code **S2\_F1\_04**

We are going to ask you some questions about your personal data because we want to know whether they have changes since your last visit.

**B. Contact Data:**

3. Mobile Phone 1 ¿Which is the mobile phone number you use regularly?

4. a. Residence number or mobile phone to contact you? (Phone contact 2)

2b. This telephone corresponds to:

Your house

Your work

Neighbor/friend/relative

2c. Name and relation:

---

3a. Other residence number of mobile phone to contact your (Phone number contact 3)

3b. This phone number corresponds to:

Your house

Your work

Neighbor/friend/relative

3c. Name and relation:

---

F1 – CONTACT INFORMATION AND BLOOD PRESSURE MEASUREMENT – FOLLOW UP

10. Email:

\_\_\_\_\_@\_\_\_\_\_

11. Actual Address:

d. Address:

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e. Municipality or District:

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f. City:

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<b>3. Blood pressure [arm]</b>		
12. <u>Ask only to women.</u> Are you pregnant? <b>S2_F1_6</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. <b>In the last six months,</b> have you been told by a physician that your blood pressure is high or that you suffer from hypertension? <b>S2_F1_7</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>14. Blood pressure</b>		
e. Which hand you use for writing? <b>S2_F1_8A</b>	<input type="checkbox"/> right	<input type="checkbox"/> left
f. Arm on which blood pressure is taken <b>S2_F1_8B</b>	<input type="checkbox"/> right	<input type="checkbox"/> left
g. Arm circumference <b>S2_F1_8C</b>	<input type="text"/> <input type="text"/> cm	
h. Armband used <b>S2_F1_8D</b>	<input type="checkbox"/> 1 Normal (22-32 cm)	<input type="checkbox"/> 2 Large (32-42 cm)
<b>Blood Pressure</b>	<b>Systolic pressure</b>	<b>Diastolic pressure</b>
e) Measurement 1	_____ [mmHg] <b>S2_F1_8E1_S</b>	_____ [mmHg] <b>S2_F1_8E2_D</b>
f) Measurement 2	_____ [mmHg] <b>S2_F1_8F1_S</b>	_____ [mmHg] <b>S2_F1_8F2_D</b>
g) Measurement 3	_____ [mmHg] <b>S2_F1_8G1_S</b>	_____ [mmHg] <b>S2_F1_8G2_D</b>
Take measurement 4 if the difference between the systolic pressure measurements 2 and 3 is more than 10 mmHg, r more than 5mmHg on the diastolic pressure		
h) Measurement 4	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] <b>S2_F1_8H4_S</b>	<input type="text"/> <input type="text"/> <input type="text"/> [mmHg] <b>S2_F1_8H4_D</b>

15. Weight	
a) Measurement 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (kg) <b>S2_F1_9A</b>
b) Measurement 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (kg) <b>S2_F1_9B</b>
Take measurement 3 only if there is a difference of 0.5 Kg or more between 1 and 2.	
h) Measurement 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (kg) <b>S2_F1_9C</b>

16. Waist circumference	
a) Measurement 1 <b>S2_F1_10A</b>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (cm)
e) Measurement 2 <b>S2_F1_10B</b>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (cm)
Take measurement 3 only if there is a difference of 1 cm or more between measurement 1 and 2.	
f) Measurement <b>S2_F1_10C</b>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> (cm)



steak, vegetables deep-fried in egg batter, stuffed peppers, fried plantain, French fries, fried chicken) <b>S2_F2_1P</b>									
q. Margarine or cream added to any food <b>S2_F2_1Q</b>									
r. Chicken with skin or meat with fat <b>S2_F2_1R</b>									
s. Typical food ( <i>tamales, tostadas, paches, tacos, rellenitos</i> ) <b>S2_F2_1S</b>									
t. Hard and semi-hard cheese (yellow or sliced, cheddar, mozzarella, parmesan, cream cheese, dry cheese) <b>S2_F2_1T</b>									
u. Entrails <b>S2_F2_1U</b>									
v. <b>Regular</b> sodas (Coca-cola, Sprite, Pepsi, Mirinda) <b>S2_F2_1V</b>									
w. Added sugar to food and beverages (soft drinks, coffee, fruit, etc.) <b>S2_F2_1W</b>									
x. marmalades, jellies, cajeta <b>S2_F2_1X</b>									
y. Sweets (for example, candy, bon bons, lollipops, gummies, chocolate, caramels) <b>S2_F2_1Y</b>									

## SECTION B: STAGES OF CHANGE

### 2. Salt added to the preparation or when cooking foods

2.1. Do you add salt to the food when you cook them or prepare at home? **S2\_F2\_2\_1**

Yes	1	Continue on question 2.2
No	2	Continue on question 2.4
Does not know	98	Continue on question 3
Does not answer	99	Continue on question 2.2

2.2 On the next following 6 months, ¿are you planning to reduce or stop adding salt to the food when you cook or prepare them at home? **S2\_F2\_2\_2**

Yes	1	Continue on question 2.3
No	2	Continue on question 3
Does not answer	99	Continue on question 3

2.3 And are you planning to do it in the next month? **S2\_F2\_2\_3**

Yes	1	Continue on question 3
No	2	Continue on question 2
Does not answer	99	Continue on question 2

2.4 Have you done it for more than six months? **S2\_F2\_2\_4**

Yes	1
No	2
Does not answer	99

### 3. Salt on the table

3.1 Do you add salt to the foods when they are served on the table? **S1\_F2\_3\_1**

Yes	1	Continue on question 3.2
No	2	Continue on question 3.4
Does not answer	99	Continue on question 3.2

3.2. In the next 6 months are you planning to stop adding salt to the food once it is served on the table? **S1\_F2\_3\_2**

Yes	1	Continue on question 3.3
No	2	Continue on question 4
Does not answer	99	Continue on question 4

3.3 And, are you planning to stop adding salt to the foods once they are served on the table during the next month? **S1\_F2\_3\_3**

Yes	1	Continue on question 4
No	2	Continue on question 4
Does not answer	99	Continue on question 4

3.4 Have you done it for more than 6 months? **S1\_F2\_3\_4**

Yes	1
No	2
Does not answer	99

### 4. In relation to the consumption of the following foods: (Show the cart 2 – foods with bad fats)

4.1 ¿Have you reduced or stopped eating at least one of the foods on this chart? **S2\_F2\_4\_1**

Yes	1	Continue on question 4.4
No	2	Continue on question 4.2
Does not answer	99	Continue on question 4.2

4.2 On the following 6 months, are you planning to reduce or stop eating at least one of the foods on this chart? **S2\_F2\_4\_2**

Yes	1	Continue on question 4.3
No	2	Continue on question 5
Does not answer	99	Continue on question 5

4.3 And, are you planning to do it on the following month? **S2\_F2\_4\_3**

Yes	1	Continue on question 5
No	2	Continue on question 5
Does not answer	99	Continue on question 5

4.4 And, have you done it for more than 6 months? **S2\_F2\_4\_4**

Yes	1
No	2
Does not answer	99



**5. In relation to the consumption of the following foods and beverages (Show the chart 3 –foods and beverages high in sugar)**

5.1 ¿Have you reduced or stopped eating or drinking at least one of the foods and/or beverages on this chart? **S2\_F2\_5\_1**

Yes	1	Continue on question 5.4
No	2	Continue on question 5.2
Does not answer	99	Continue on question 5.2

5.2 On the following 6 months, are you planning to reduce or stop eating or drinking at least one of the foods and/or beverages on this chart? **S2\_F2\_5\_2**

Yes	1	Continue on question 5.3
No	2	Continue on question 6
Does not answer	99	Continue on question 6

5.3 And, are you planning to do it on the following month? **S2\_F2\_5\_3**

Yes	1	Continue on question 6
No	2	Continue on question 6
Does not answer	99	Continue on question 6

5.4 And, have you done it for more than 6 months? **S2\_F2\_5\_4**

Yes	1
No	2
Does not answer	99

**6. In relation to the consumption of the following foods (Show chart 4 - Canned foods with high content of sodium)**

6.1 ¿Have you reduced or stopped eating at least one of the foods on this chart? **S2\_F2\_6\_1**

Yes	1	Continue on question 6.4
No	2	Continue on question 6.2
Does not answer	99	Continue on question 6.2

6.2 On the following 6 months, are you planning to reduce or stop eating at least one of the foods on this chart? **S2\_F2\_6\_2**

Yes	1	Continue on question 6.3
No	2	Continue on question 7
Does not answer	99	Continue on question 7

6.3 And, are you planning to do it on the following month? **S2\_F2\_6\_3**

Yes	1	Continue on question 7
No	2	Continue on question 7
Does not answer	99	Continue on question 7

6.4 And, have you done it for more than 6 months? **S2\_F2\_6\_4**

Yes	1
No	2
Does not answer	99

**7. I would like to know about your daily consumption of fruits and/or vegetables. Consider a portion of fruits or vegetables is equivalent to approximately one cup**

7.1 Do you eat at least 5 portions of fruit and vegetables a day? **S2\_F2\_7\_1**

Yes	1	Continue on question 7.4
No	2	Continue on question 7.2
Does not answer	99	Continue on question 7.2

7.2 In the next 6 months, are you planning to increase the amount of fruit and vegetables you eat to at least 5 portions a day? **S2\_F2\_7\_2**

Yes	1	Continue on question 7.3
No	2	End of questionnaire
Does not answer	99	End of questionnaire

7.3 And, are you planning to do it next month? **S2\_F2\_7\_3**

Yes	1	Go to question 8
No	2	Go to question 8
Does not answer	99	Go to question 8

7.4 And have you done it for more than 6 months? **S2\_F2\_7\_4**

No	2	End of questionnaire
Does not answer	99	End of questionnaire

## Use of Mobile Technology to Prevent Pre-hypertension Progression in Latin American Urban Areas

### 12 MONTHS FOLLOW UP - FORM3: PHYSICAL ACTIVITY

We are interested in finding out about the type of physical activities people carry out as part of their daily lives. **The questions refer to the amount of time you were physically active in the past 7 days.**

Please answer each question even if you don't consider yourself an active person. Please, think about your activities at work; as part of house chores including the yard, garden or land around your house; to go from place to place; and in your spare time for recreation, exercise, or sports.

Think about all the vigorous activities that you carry out in the past **7 days**. The vigorous physical activities refer to those that require intense and strenuous physical effort and that make you breath very heavily.

Think about just those physical activities that you carried out for more than **10 minutes**.

1. During the **last 7 days**, on how many days did you carry out **vigorous** activities such as lifting heavy objects, digging, practicing aerobics, or quick bicycle riding? **S2\_F3\_1**

Days a week

None vigorous physical activity **S2\_F3\_1A** → **CONTINUE TO**

#### QUESTION 3

1. How much time did you spend each day doing such **vigorous** physical activity?

Hr. **S2\_F3\_2H**

Min. **S2\_F3\_2M**

Does not know/Is not sure **S2\_F3\_2A**

Think on all the **moderate** activities you carried out the last **7 days**. The moderate activities are those that require moderate physical effort that make you breath more intense than the normal. Think just about those physical activities that you did for at least **10 consecutive minutes**.

2. During the **last 7 days**, how many moderate activities such as lifting light objects, bicycle riding at a regular pace, or playing tennis, did you perform? Do not include walking. **S2\_F3\_3**

Days a week

None moderate activity **S2\_F3\_3A** → **CONTINUE TO QUESTION 5**

3. How much time did you spend each day doing **moderate** physical activities?

Hr **S2\_F3\_4H**.  Min. **S2\_F3\_4M**

Does not know/Is not sure **S2\_F3\_4A**

Think about the time you walked during the last 7 days. This includes walking to walking at work and at home, walking from one place to another, and any other recreational, sport or outdoor long walk

4. During the last **7 days**, how many days did you walk for at least 10 consecutive minutes? **S2\_F3\_5**

Days a week

None → **GO TO QUESTION 7** **S2\_F3\_5A**

5. How much time did you walk each day?

Hrs. **S2\_F3\_6H**  Min. **S2\_F3\_6M**

Does not answer/Is not sure **S2\_F3\_6A**

---

The last two questions area about the time you spent sitting down watching TV and/or in front of the computer during the week (Monday to Friday) , including the weekend during the last 7 days. Do not include the time you did this activities during your work schedule.

6. During the last 7 days, on the weekdays (Monday to Friday) how much time did you spend sitting down watching TV and/or in front of the computer, during the past week?

Hrs. **S2\_F3\_7H**  Min. **S2\_F3\_7M**  
 Does not know/is not sure **S2\_F3\_7A**

7. During the last 7 days, on the weekend (Saturday and Sunday), how much time did you spend *sitting down* watching TV and/or in front of the computer during one of this days during your spare time?

Hrs. **S2\_F3\_8H**  Min. **S2\_F3\_8M**  
 Does not know/Is not sure **S2\_F3\_8A**

8. We will ask you about the physical activity you regularly do. Include all the vigorous, moderate activities and walking.

- 8.1. During the last 7 days, did you do physical activity in a regular way, more than 30 minutes a day, at least 5 days a week? **S2\_F3\_9\_1**

Yes 1  → **GO TO QUESTION 9.4**  
 No 2  → **GO TO QUESTION 9.2**  
 Does not answer 99  → **GO TO QUESTION 9.2**

- 8.2. Do you intend to become more active in a regular basis during the next 6 months? **S2\_F3\_9\_2**

Sí 1  → **CONTINUE QUESTION 9.3**  
 No 2  → **END OF QUESTIONNAIRE**  
 No responde 99  → **END OF QUESTIONNAIRE**

- 9.3 Do you intend to become more active in a regular basis during the next month? **S2\_F3\_9\_3**

Yes 1  → **END OF QUESTIONNAIRE**  
 No 2  → **END OF QUESTIONNAIRE**  
 Does not answer 99  → **END OF QUESTIONNAIRE**

9.4. Have you done it for more than 6 months? **S2\_F3\_9\_4**

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>
Does not answer	99	<input type="checkbox"/>

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**12 MONTHS FOLLOW UP - FORM 4: EQ-5D-3L**

Date (MM/DD/20YY)   -   -20

Interviewer's code

Mark with an X the box with the answer that best describes your health today.

**1. Mobility** *S2\_F4\_1*

- I have no difficulty walking
- I have some difficulty walking
- I have to stay in bed

**2. Personal Care** *S2\_F4\_2*

- I have no difficulty with my personal care
- I have some difficulty to take a bath or dress myself
- I am not capable of taking a bath or dressing myself

**3. Everyday Activities** (*e.g.: working, studying, household chores, family activities, leisure activities*) *S2\_F4\_3*

- I have no difficulty carrying out my everyday activities
- I have some difficulty carrying out my everyday activities
- I am not capable of carrying out my everyday activities

**4. Pain/Discomfort** *S2\_F4\_4*

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have a lot of pain or discomfort

**5. Anxiety/Depression** *S2\_F4\_5*

- I do not feel anxious or depressed
- I feel slightly anxious or depressed
- I feel very anxious or depressed

6. In order to help people describe how good or bad their health is we have drawn a scale resembling a thermometer, in which 100 indicates the best, and 0 the worst imaginable health condition. [S2\\_F4\\_6](#)

We will appreciate if you mark in this scale how good or bad your health is by drawing a line from

**Your health  
condition today**

The best  
imaginable  
health  
condition

100

90

80

70

60

50

40

30

20

10

The worst  
imaginable  
health  
condition

0



**Use of Mobile Technology to Prevent Pre-hypertension Progression in  
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**12 MONTHS FOLLOW-UP FORM 5: USE OF HEALTH  
SERVICES**

**SECTION A: Outpatient care**

34. In the last six months, were you absent from work due to health problems? **Do not include hospitalizations** **S2\_F5\_1**

Yes	1	<input type="checkbox"/>	→	<b>GO TO QUESTION 2</b>
No	2	<input type="checkbox"/>	→	<b>GO TO QUESTION 3</b>
Does not answer	99	<input type="checkbox"/>	→	<b>GO TO QUESTION 3</b>
Does not work	98	<input type="checkbox"/>	→	<b>GO TO QUESTION 3</b>

35. In the last six months, how many days in total were you absent from work due to health problems? **Do not include hospitalizations**

(Hours) **S2\_F5\_2H**       (Days) **S2\_F5\_2D**

Does not answer      99  **S2\_F5\_2A**

36. In the last six months, did you consult a nurse or other health professional not a physician, such as: nutritionist, health promoter, etc (Do not include visits to the ER) **S2\_F5\_3**

Yes	1	<input type="checkbox"/>	→	<b>GO TO QUESTION 4</b>
No	2	<input type="checkbox"/>	→	<b>GO TO QUESTION 5</b>
Does not answer	99	<input type="checkbox"/>	→	<b>GO TO QUESTION 5</b>

37. In the last six months, how many times did you consult a nurse or other health professional not a physician, such as a nutritionist, health promoter, etc (Do not include visits to the ER) **S2\_F5\_4**

(Number of times)

Does not answer      99  **S2\_F5\_4\_A**

38. In the last six months, did you consult a physician? (Do not include visits to the ER) **S2\_F5\_5**

Yes 1  → **GO TO QUESTION 6**  
No 2  → **GO TO QUESTION 7**  
Does not answer 99  → **GO TO QUESTION 7**

39. In the last six months, how many times did you consult a physician? (Do not include visits to the ER) **S2\_F5\_6**

(Number of times)

Does not answer 99  **S2\_F5\_6\_A**

40. In the last six months, did you visit the ER service? **S2\_F5\_7**

Yes 1  → **GO TO QUESTION 8**  
No 2  → **GO TO QUESTION 9**  
Does not answer 99  → **GO TO QUESTION 9**

41. In the last six months, how many times did you consult an ER service? Please do not include accidents

(Number of times) **S2\_F5\_8**

Does not answer 99  **S2\_F5\_8\_A**

42. In the last six months, how much time did you spend in your last consultation including the time of the trip, waiting and the consultation itself?

Hrs. **S2\_F5\_9\_H**  Min. **S2\_F5\_9\_M**

Did not had a consultation on the last six months 1  → **GO TO**

**QUESTION 11**

Does not answer **S2\_F5\_9\_A** 99

43. In the last six months, during your last consultation how much of your own Money did you pay including expenses for transportation, meals, cost of the consultation, bonuses or co-payments?

(Local currency) **S2\_F5\_10**

Does not answer 99  **S2\_F5\_10\_A**

**SECTION B: Medicine Consumption**

44. Are you currently taking any medication or pills to lower your cholesterol?  
**S2\_F5\_11**

Yes 1   
No 2   
Does not know 98   
No responde 99

45. Are you currently taking any medication or pills to control your blood pressure?  
**S2\_F5\_12**

Yes 1   
No 2   
Does not know 98   
Does not answer 99

46. Are you currently under treatment to lose weight? **S2\_F5\_13**

Yes 1   
No 2   
Does not know 98   
Does not answer 99

**Section C: Procedures (diagnostic and therapeutic studies)**

47. In the last six months, have you had any blood and/or urine test done in the laboratory? **S2\_F5\_14**

- |                 |    |                          |   |                          |
|-----------------|----|--------------------------|---|--------------------------|
| Yes             | 1  | <input type="checkbox"/> | → | <b>GO TO QUESTION 15</b> |
| No              | 2  | <input type="checkbox"/> | → | <b>GO TO QUESTION 16</b> |
| Does not know   | 98 | <input type="checkbox"/> | → | <b>GO TO QUESTION 16</b> |
| Does not answer | 99 | <input type="checkbox"/> | → | <b>GO TO QUESTION 16</b> |

48. How many blood and/or urine tests have you had during the last six months? **S2\_F5\_15**

(Number of tests)

Does not answer 99  **S2\_F5\_15\_A**

49. Have you had any other tests such as: X-rays, ultrasound scans, or ECGs, in the last six months? Exclude all the tests that were made due to obstetric motives) **S2\_F5\_16**

- |                 |    |                          |   |                          |
|-----------------|----|--------------------------|---|--------------------------|
| Yes             | 1  | <input type="checkbox"/> | → | <b>GO TO QUESTION 17</b> |
| No              | 2  | <input type="checkbox"/> | → | <b>GO TO QUESTION 18</b> |
| Does not know   | 98 | <input type="checkbox"/> | → | <b>GO TO QUESTION 18</b> |
| Does not answer | 99 | <input type="checkbox"/> | → | <b>GO TO QUESTION 18</b> |

50. How many of these tests have you had in the last six months? **S2\_F5\_17**

(Number of tests)

Does not answer 99  **S2\_F5\_17\_A**

**Section D: Hospitalizations**

51. Were you hospitalized in the last six months? (Man)  
Were you hospitalized in the last six months, were you hospitalized not due to a obstetric motive? **S2\_F5\_18**

- |                 |    |                          |   |                          |
|-----------------|----|--------------------------|---|--------------------------|
| Yes             | 1  | <input type="checkbox"/> | → | <b>GO TO QUESTION 19</b> |
| No              | 2  | <input type="checkbox"/> | → | <b>GO TO QUESTION 28</b> |
| Does not know   | 98 | <input type="checkbox"/> | → | <b>GO TO QUESTION 28</b> |
| Does not answer | 99 | <input type="checkbox"/> | → | <b>GO TO QUESTION 28</b> |

52. How many times were you hospitalized during the last six months? (Man)  
How many times were you hospitalized due to a non obstetric motive during the last six months? (woman) **S2\_F5\_19**

(Number of tests)

Does not answer 99  **S2\_F5\_19\_A**

53. How long were you hospitalized during the last six months? (Choose only 1)

<input type="checkbox"/>	<input type="checkbox"/>	Days	<b>S2_F5_20_D</b>
<input type="checkbox"/>	<input type="checkbox"/>	Days	<b>S2_F5_20_S</b>
<input type="checkbox"/>	<input type="checkbox"/>	Months	<b>S2_F5_20_M</b>
<input type="checkbox"/>	<input type="checkbox"/>	Does not answer	<b>S2_F5_20_A</b>

54. Which was the main reason of your last hospitalization? **S2\_F5\_21**

Stroke	1	_____
Heart attack	2	_____
Other (Specify)	3	_____ <b>S2_F5_21_E</b>
Does not know	99	_____
Does not answer	99	_____

55. What type of treatment did you get on your last hospitalization? (Choose just one) **S2\_F5\_22**

Surgery	1	_____
Others	2	_____
Does not know	98	_____
Does not answer	99	_____

56. Were you are the intensive care unit on your last hospitalization? **S2\_F5\_23**

Yes	1	<input type="checkbox"/>	→	<b>GO TO QUESTION 24</b>
No	2	<input type="checkbox"/>	→	<b>GO TO QUESTION 25</b>
Does not know	98	<input type="checkbox"/>	→	<b>GO TO QUESTION 25</b>
Does not answer	99	<input type="checkbox"/>	→	<b>GO TO QUESTION 25</b>

57. How long were you hospitalized at the intensive care unit on your last hospitalization? (Choose just one)

<input type="checkbox"/>	<input type="checkbox"/>	Days	<b>S2_F5_24_D</b>	<input type="checkbox"/>	<input type="checkbox"/>	Weeks	<b>S2_F5_24_S</b>
<input type="checkbox"/>	<input type="checkbox"/>	Months	<b>S2_F5_24_M</b>	<input type="checkbox"/>	<input type="checkbox"/>	98	Does not know

**S2\_F5\_24\_A**

58. How many days were you absent from work due to hospitalization? **S2\_F5\_25**

Days	_____
Does not work	1 _____ <b>S2_F5_25_A</b>
Does not answer	99 _____

59. How much did you pay for the hospitalization and treatments indicated, were paid or still owe them (if you did not have to pay mark 0). Do not include expenses such as transportation and food.

(Local currency) **S2\_F5\_26**

Does not answer 99  **S2\_F5\_26\_A**

60. Who paid for the expenses of hospitalization and treatments indicated? (Choose one option). **S2\_F5\_27**

Social Insurance	1	_____
Private insurance/prepaid	2	_____
Comprehensive Health Insurance (Peru)	3	_____
The Public Hospital (Argentina)	4	_____
Sanitary unit or "Salita" (Argentina)	5	_____
Just you and do not recover it	6	_____
Other (Specify)	7	_____ <b>S2_F5_27_E1</b>
Does not know	98	_____
Does not answer	99	_____

#### Section E: change of habits

61. Did you improve your food consumption and became healthier? **S2\_F5\_28**

Yes	1	<input type="checkbox"/>	→	<b>GO TO QUESTION 29</b>
No	2	<input type="checkbox"/>	→	<b>GO TO QUESTION 31</b>
Does not know	98	<input type="checkbox"/>	→	<b>GO TO QUESTION 31</b>
Does not answer	99	<input type="checkbox"/>	→	<b>GO TO QUESTION 31</b>

62. Did the expenses at your home increase due to the changes made to eat healthier during the last six months? **S2\_F5\_29**

Yes	1	<input type="checkbox"/>	→	<b>GO TO QUESTION 29</b>
No	2	<input type="checkbox"/>	→	<b>GO TO QUESTION 31</b>
Does not know	98	<input type="checkbox"/>	→	<b>GO TO QUESTION 31</b>
Does not answer	99	<input type="checkbox"/>	→	<b>GO TO QUESTION 31</b>

63. Which is the approximate amount that the monthly expenses for food increased at your home due to this change? **S2\_F5\_30**

(Local currency)

Does not answer 99  **S2\_F5\_30\_A**

64. Did the amount of physical activity increased in the last six months? **S2\_F5\_31**

Yes	1	<input type="checkbox"/>	→	<b>GO TO QUESTION 32</b>
No	2	<input type="checkbox"/>	→	<b>End of questionnaire</b>
Does not know	98	<input type="checkbox"/>	→	<b>End of questionnaire</b>
Does not answer	99	<input type="checkbox"/>	→	<b>End of questionnaire</b>

65. Did your personal expenses increased to do more exercise/physical activity during the last six months? **S2\_F5\_32**

Yes 1  → **GO TO QUESTION 33**

No 2  → **End of questionnaire**

Does not know 98  → **End of questionnaire**

Does not answer 99  → **End of questionnaire**

66. Could you tell approximately how much were your personal expenses during this six months due to this change? (think about the total of new expenses to do more physical activity, the ones that were made only once, such as bicycle, cloth, or monthly such as attending the gym or a dance class) **S2\_F5\_33**

(Local currency)

Does not answer 99  **S2\_F5\_33\_A**

# Use of Mobile Technology to Prevent Pre-hypertension Progression in Latin American Urban Areas

## End of participation on the study

Code of the participant:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Control code	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of the interview <b>FT_05</b>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 19 <input type="text"/> <input type="text"/>
Sex	<input type="checkbox"/> (F/M)

<b>Observaciones</b> <b>FT_04</b> <hr/> <hr/> <hr/> <hr/>
---

Name of the person who filled the form: <b>FT_08</b>
--



Participant's code  
SUBJID:

□ □ - □ □ - □ □ □ □

1. On which moment did you end your participation on the study? FT\_1

During the period between baseline and first follow up  
(completed the baseline but not the 6 months follow up) \_\_\_\_\_ 1

During the period between the first and second follow up visit  
(completed the 6 months evaluation, but not the 12 months evaluation) \_\_\_\_\_ 2

During the period between the second follow up visit and the final evaluation  
(completed the 12 months evaluation, but not the 18 months evaluation) \_\_\_\_\_ 3

At the end of the study (completed all) \_\_\_\_\_ 4

2. Why did the person finished his/her participation on the study? FT\_2

The person completed the study \_\_\_\_\_ 1

The person did not want to continue on the study \_\_\_\_\_ 2

A relative gave a reason why the person could not continue on the study  
(ex., went out of the country) \_\_\_\_\_ 3

Due to medical prescription \_\_\_\_\_ 4

Person did not like the intervention (e.x., calls are too long) \_\_\_\_\_ 5

The person got sick \_\_\_\_\_ 6

Other reason: \_\_\_\_\_ 7

Specify the reason in case you chose options (2, 3, 4, 5, 6, o 7): FT\_3

\_\_\_\_\_  
\_\_\_\_\_

Other observations: FT\_4

\_\_\_\_\_  
\_\_\_\_\_  
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