

Form\_1\_Patien\_recruitment\_sheet

Section 1: Patient Recruitment Sheet

<p><b>(1.1)Name:</b></p>
<p><b>(1.2)Date (fecha_captacion):</b></p>
<p><b>(1.3) Interviewer (encuestador_captacion):</b></p>
<p><b>(1.4)ID Code - ___ - ___ - ____</b></p>
<p><b>(1.5) Contact information:</b> Can we contact you by phone? Yes <input type="checkbox"/> No <input type="checkbox"/>  Phone number: _____  Can we visit you at home (twice as maximum)?Yes <input type="checkbox"/> No <input type="checkbox"/>  Address: _____  Directions to your home: _____  _____</p>
<p><b>(1.6)Preferred contact method:</b> Phone <input type="checkbox"/> Home visit <input type="checkbox"/>  Other: _____</p>

---Keep this information separate from the rest of the questionnaire---

**Section 2: Patient Recruitment Sheet**

ID Code (id\_participante): \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_\_

<p><b>(2.1) Sex (sexo):</b> Male <input type="checkbox"/> Female <input type="checkbox"/></p>																																	
<p><b>(2.2) Age (years old) (edad) :</b></p>																																	
<p><b>(2.3) Education (escolaridad)</b>  <b>How many years have you completed?</b> _____</p>																																	
<p><b>(2.4) Education level: (nivel_educativo)</b>                  Incomplete elementary education <input type="checkbox"/>                  Complete elementary education <input type="checkbox"/>                  Incomplete secondary education <input type="checkbox"/>                  Complete secondary education <input type="checkbox"/>                  Technological <input type="checkbox"/>                  University <input type="checkbox"/></p>																																	
<p><b>(2.5) Visits to Healthcare Center</b>                  Do you come to this healthcare center for medical assistance? (asistencia_centro_salud)                  Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																	
<p><b>(2.6) How often do you come? (regularidad_asiste)</b>  <input type="checkbox"/> Once a month or more  <input type="checkbox"/> Every 2 months  <input type="checkbox"/> Every 3 months  <input type="checkbox"/> Every 4 months  <input type="checkbox"/> Every 5 months  <input type="checkbox"/> 1-2 times a year</p>																																	
<p><b>(2.7) Medical history: mother and father</b>                  Has your father or mother suffered from any of the following health conditions?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Mother</th> <th colspan="3">Father</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Don't Know</th> <th>Yes</th> <th>No</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>High blood pressure</td> <td></td> <td></td> <td>(madre_presion_alta)</td> <td></td> <td></td> <td>(padre_presion_alta)</td> </tr> <tr> <td>High blood sugar</td> <td></td> <td></td> <td>(madre_azucar_alta)</td> <td></td> <td></td> <td>(padre_azucar_alta)</td> </tr> </tbody> </table> <p>Other heart problems/diseases: (madre_otras_enfermedades); (padre_otras_enfermedades)                  _____</p>								Mother			Father			Yes	No	Don't Know	Yes	No	Don't know	High blood pressure			(madre_presion_alta)			(padre_presion_alta)	High blood sugar			(madre_azucar_alta)			(padre_azucar_alta)
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<p><b>(2.8) Medical history: participant</b>                  Do you suffer from any of the following health conditions?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>High blood pressure (presion_alta)</td> <td></td> <td></td> </tr> <tr> <td>High blood sugar or diabetes (diabetes)</td> <td></td> <td></td> </tr> <tr> <td>Heart attack (infarto)</td> <td></td> <td></td> </tr> <tr> <td>Stroke (derrame)</td> <td></td> <td></td> </tr> <tr> <td>Arthritis (artritis)</td> <td></td> <td></td> </tr> <tr> <td>Kidney problems (rinon)</td> <td></td> <td></td> </tr> <tr> <td>Allergies/food problems (alergias)</td> <td></td> <td></td> </tr> </tbody> </table>								Yes	No	High blood pressure (presion_alta)			High blood sugar or diabetes (diabetes)			Heart attack (infarto)			Stroke (derrame)			Arthritis (artritis)			Kidney problems (rinon)			Allergies/food problems (alergias)					
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Other: (otra:condicion) \_\_\_\_\_

**(2.9) Time from diagnosis**

How long has it been since you were diagnosed with Diabetes mellitus type 2 or Hypertension?

Diabetes mellitus type 2: \_\_\_\_\_ NA (tiempo\_diabetes)

Hypertension: \_\_\_\_\_ NA (tiempo\_hipertension)

**(2.10) Current pregnancy**

Are you currently pregnant? Yes  No

**(2.11) Pregnancy plans**

Are you planning a pregnancy in the next 12 months? Yes  No

**(2.12) Smoking**

Do you smoke? (fumar) Yes  No

**Medications**

**(2.13) High blood pressure medications:**

Do you take high blood pressure medications? (toma\_medicamentos\_presion) Yes  No

Please, specify which medication(s): (medicamento\_presion1, medicamento\_presion2, medicamento\_presion3, medicamento\_presion4, medicamento\_presion5)

Comments: (meds\_presion\_comentarios)

**(2.14) High blood sugar/ diabetes medications:**

Do you take high sugar blood/diabetes medications? (toma\_medicamentos\_diabetes) Yes  No

Please, specify which medication(s): (medicamentos\_diabetes1, medicamentos\_diabetes2, medicamentos\_diabetes3, medicamentos\_diabetes4)

**(2.15) Other medications:**

Do you take any other medications? (otro\_medicamento) Yes  No

Please, specify what other medication(s): ? (otro\_medicamento\_cual)

**(2.16) Willingness to participate in educational sessions:**

Would you be willing to participate in educational group sessions? Yes  No

Available hours: \_\_\_\_\_

**(2.17) Distance to healthcare center: (distancia\_cs)**

Less than 1km

1-2 km

2-4 km

More than 4km

**(2.18) Usual means of transportation to healthcare center: (transporte\_cs)**

Walking

Bus/public transportation

Taxi

Bicycle

Motorcycle

Car/own vehicle

Other: \_\_\_\_\_ (transporte\_otro)

**(2.19) Occupation/trade:** (actividad\_laboral)

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**(2.20) Employment situation:** (situacion\_laboral)

Homemaker

Full-time job

Part-time job

Temporary job/day laborer

Unemployed

Retired, not working

Retired, but working

Other: (situacion\_laboral\_otro) \_\_\_\_\_

**(2.21) Current marital status:** (estadocivil)

Single

Married

Live-in partner

Widowed

Divorced

Separated

**(2.22) Who do you live with?** (con\_quien\_vive)

With your family

With your partner

By yourself, with no help

By yourself, with help once a week

By yourself, with help more than once a week

Comments:

(con\_quien\_vive\_text)

**(2.23) Participation in groups:** (grupo\_pertenencia)

Are you part of any group? (e.g.: religious, recreational, mutual support)

Yes  No

**(2.24) What type of group?** (grupo\_tipo) \_\_\_\_\_

**(2.25) Frequency of group activities** (frecuencia)

How often do you participate in these activities? \_\_\_\_\_

**Form 2: Clinical Data**

Patient ID \_\_\_\_\_

Date (fecha\_datos\_clinicos) \_\_\_\_\_

Person responsible for obtaining clinical measures \_\_\_\_\_

¿Did you have any food previous to this tests? \_\_yes \_\_no (ayunas\_laboratorios)

Measure	Value
Weight, kg	_____ kg (peso)
Height, cm	_____ cm (talla_c) _____ m (talla_m)
BMI, kg/m <sup>2</sup>	_____ (imc)
Waist circumference, cm	Value 1: _____ cm Value 2: _____ cm Average: _____ cm (circunferencia_cint)
Blood pressure, mmHg	Value 1: Value 2: Value 3: Average (presion_sistolica_ay)/(presion_diastolica_ay)
Glucose, mg/dl	_____ (glucosa)
Total Cholesterol, mg/dl	_____ (colesterol_total)
LDL-C, mg/dl	_____ (c_ldl)
HDL-C, mg/dl	_____ (c_hdl)
Triglyceridess, mg/dl	_____ (trigliceridos)

\*\*\*Calculate risk classification: \_\_\_\_\_ (riesgo)

NOTES:(datos\_clinicos\_notas)

\_\_\_\_\_

### Form 3: Dietary habits questionnaire

Date: dd/mm/year \_\_\_\_/\_\_\_\_/\_\_\_\_ (fecha\_datos\_dietéticos)

Question	Never 0	Always 1	Sometimes 2	Does't know/Doesn't answer 9
1. Do you prepare most of the food you eat? (dieta1)				
2. When you buy food do you buy food that are "diet" or "light"? (dieta2)				
3. When you buy food do you usually buy canned food, sauces, stock cubes, instant soups? (dieta3)				
4. When you buy food do you usually buy canned or prepared food? (dieta4)				
5. ¿Do you add salt to your food after they have been prepared? (dieta5)				
6. How many spoons of sugar a day do you add to your beverage or food? (dieta6)				
7. How frequently do you use sweeteners (Splenda, Equal, Aspartame, etc)? (dieta7)				
8. ¿Do you eat whole grain foods (bread, rice, pasta, cookies, etc)? (dieta8)				
9. ¿Do you eat foods that are source of carbohydrates/flours? Bread, pasta, rice, potato, sweat potato, cookies, etc. (dieta9)				
10. Do you eat candies or sugar? ¿How frequently? (dieta10)				
11. Do you have breakfast? How frequently? (dieta11)				
12. Do you eat fruits? How frequently? (dieta12)				
13. Do you eat vegetables? How frequently? (dieta13)				
14. When you choose the food you will eat, do you do it thinking how healthy the food is? (dieta14)				
15. Do you take nutritionally supplements regularly? (dieta15)				
16. Do you eat most of your food watching TV or reading? (dieta16)				

Form 4\_IPAQ

1a. During the last 7 days, on how many days did you do vigorous activities such as heavy lifting digging, aerobics, or fast bicycling? Think about only those activities you did for at least 10 consecutive minutes.

\_\_\_\_\_ days a week (ipaq1)

1b. How much time did you spend each day doing vigorous physical activities?

\_\_\_\_\_ hours (ipaq2) \_\_\_\_\_ minute (ipaq3)

Or

none

2a. During the last 7 days, on how many days did you do moderate physical activities, like carrying light loads, bicycling at a regular pace or doubles tennis? Do not include walking. Again, think about only those physical activities that you did for at least 10 minutes at a time.

\_\_\_\_\_ days a week (ipaq4)

2b. How much time in total did you usually spend on one of those days doing moderate physical activities?

\_\_\_\_\_ hours (ipaq5) \_\_\_\_\_ minutes (ipaq6) or

none

3a. During the last 7 days, on how many days did you walk for at least 10 consecutive minutes at a time? This includes walking at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise or leisure

\_\_\_\_\_ days a week (caminar\_dias)

3b. How much time in total did you usually spend walking on one of those days?

\_\_\_\_\_ hours (caminar\_horas) \_\_\_\_\_ minutes (caminar\_mins) or  none

The last questions refer to the amount of time you spent sitting on weekdays while at work, at home, while doing course work and during leisure time. This includes time spent sitting at a desk, visiting friends, reading traveling on a bus or sitting or lying down to watch television.

4. During the last days, how much time did you usually spend sitting on a week day?

\_\_\_\_\_ hours (sentado\_horas) \_\_\_\_\_ minutes (sentado\_mins)

**This is the end of the questionnaire, thank you for participating**

Form 5

Self-efficacy Questions

Date: \_\_\_\_\_ (fecha\_auto\_eficacia)

We would like to know how confident you are in doing certain activities. For each of the following questions, please choose the answer that corresponds to your confidence that you can do the tasks regularly at the present time.

**1. How confident do you feel that you can eat fruits and vegetables every day? (autoef1)**

\_\_\_ Yes, I can do it

\_\_\_ Maybe, I can do it.

\_\_\_ It's difficult

\_\_\_ No, I can't do it

\_\_\_ N/A

**2A. (For diabetics) How confident do you feel that you can follow your diet when you have to prepare or share food with other people who do not have diabetes? (autoef2a)**

\_\_\_ Yes, I can do it

\_\_\_ Maybe, I can do it.

\_\_\_ It's difficult

\_\_\_ No, I can't do it

\_\_\_ N/A

**2B. (For people with hypertension) How confident do you feel that you can follow your diet when you have to prepare or share food with other people who do not have hypertension? (autoef2b)**

\_\_\_ Yes, I can do it

\_\_\_ Maybe, I can do it.

\_\_\_ It's difficult

\_\_\_ No, I can't do it

\_\_\_ N/A



**3. How confident do you feel that you can choose the appropriate foods to eat when you are hungry (for example snacks)? (autoef3)**

\_\_\_ Yes, I can do it

\_\_\_ Maybe, I can do it.

\_\_\_ It's difficult

\_\_\_ No, I can't do it

\_\_\_ N/A

**4. How confident do you feel that you can exercise 15 to 30 minutes, 4 to 5 times a week? (autoef4)**

\_\_\_ Yes, I can do it

\_\_\_ Maybe, I can do it.

\_\_\_ It's difficult

\_\_\_ No, I can't do it

\_\_\_ N/A

**5. (For diabetics) How confident do you feel that you know what to do when your blood sugar level goes higher or lower than it should be? (autoef5)**

\_\_\_ Yes, I can do it

\_\_\_ Maybe, I can do it.

\_\_\_ It's difficult

\_\_\_ No, I can't do it

\_\_\_ N/A

**6. How confident do you feel that you can judge when the changes in your illness mean that you should visit the doctor? (autoef6)**

\_\_\_ Yes, I can do it

\_\_\_ Maybe, I can do it.

\_\_\_ It's difficult

\_\_\_ No, I can't do it

\_\_\_ N/A

**7. How confident do you feel that you can take your medicine as it is prescribed? (autoef7)**

\_\_\_ Yes, I can do it

\_\_\_ Maybe, I can do it.

\_\_\_ It's difficult

\_\_\_ No, I can't do it

\_\_\_ N/A

Form 6: Stages of change

Code: \_\_\_\_\_

Habits		Purple	Blue	Orange	Red	Green
		Precontemplation I don't want to change, I don't intend to do so	Contemplation I am considering a little change	Preparation Well, how do I do it? How do I start?	Action I have started	Maintenance I changed 6 months ago and I continue
1	Take medications exactly as prescribed (schedule and doses) (etapas1)	1A	1B	1C	1D	1E
2	Change diet (etapas2)	2A	2B	2C	2D	2E
3	Increase intake of certain foods (e.g.: salads, fresh fruit) (etapas3)	3A	3B	3C	3D	3E
4	Reduce intake of certain foods (e.g.: bread, cookies, cold meats, cooking fats) (etapas4)	4A	4B	4C	4D	4E
5	Begin physical activity (such as walking) most days of the week (etapas5)	5A	5B	5C	5D	5E
6	Improve communication with family to avoid misunderstandings or annoyance regarding the disease. (etapas6)	6A	6B	6C	6D	6E
7	Improve healthcare habits such as not missing lab tests or appointments at the healthcare center. (etapas7)	7A	7B	7C	7D	7E
8	Don't stress out and get enough sleep (etapas8)	8A	8B	8C	8D	8E

Comments

(optional

for

researchers)

(etapas\_comentario

## FORM 7 KNOWLEDGE

ID: \_\_\_\_\_

1-Risk factors and protective factors

**Mark with an X the correct answer**

**1.1-The risk factors for heart disease are:**

- High blood pressure [conocimientos1\_1]
- Too much sleep [conocimientos1\_2]
- High cholesterol [conocimientos1\_3]
- Smoking and alcohol intake [conocimientos1\_4]
- Cough [conocimientos1\_5]
- Diabetes [conocimientos1\_6]
- Overweight [conocimientos1\_7]
- Poor diet [conocimientos1\_8]
- Lack of exercise [conocimientos1\_9]
- Worry too much [conocimientos1\_10]

**1.2 – To prevent heart disease we must:**

- Sit for long periods [conocimientos2\_1]
- Exercise [conocimientos2\_2]
- smoke and drink alcohol [conocimientos2\_3]
- Eat everything and abundantly [conocimientos2\_4]
- Eat appropriate and healthy food [conocimientos2\_5]
- Go to the doctor at least 1 a year [conocimientos2\_6]
- Do not smoke [conocimientos2\_7]
- Relax and talk when worried [conocimientos2\_8]
- Take medication [conocimientos2\_9]

## 2- Healthy eating

### 2.1-Mark an X: Which habits are important to maintain at all ages?

- ( ) Drink whole milk [conocimientos3\_1]
- ( ) Eat fruits in the morning and at lunch as dessert [conocimientos3\_2]
- ( ) Eat chicken with skin [conocimientos3\_3]
- ( ) Eat beans [conocimientos3\_4]
- ( ) Eat some sugar and sweets [conocimientos3\_5]
- ( ) Drink low fat milk. [conocimientos3\_6]

## 3-Diabetes

### 3.1- Choose the ways to identify a food that is high in carbohydrates:

- ( ) Foods are too liquid. [conocimientos4\_1]
- ( ) Sweet foods that don't read "low sugar" [conocimientos4\_2]
- ( ) Foods that have a paste or flour consistency. [conocimientos4\_3]
- ( ) Foods high in fiber. [conocimientos4\_4]

### 3.2- Select the right answer: A person with diabetes should eat every: [conocimientos5]

- ( ) 1 o 2 hours
- ( ) 3 a 4 hours
- ( ) 5 a 6 hours

### 3.4- Select an option: when should you administer insulin: [conocimientos6]

- ( ) 10 minutes before eating
- ( ) 20 minutes before eating
- ( ) 20 minutes after eating
- ( ) 1 hour after eating

#### 4- Hypertension

- 4.1-When someone has high blood pressure, his/her blood pressure is: [conocimientos7]  
( ) 120/80                      ( ) more than 140/90                      ( ) more than 150/100  
( ) Doesn't know the answer

#### 4.2-Which foods are high in sodium [conocimientos8]

- ( ) Meats [conocimientos8\_1]                      ( ) Fresh root crop [conocimientos8\_5]  
( ) Cubitos [conocimientos8\_2]                      ( ) Packaged food (like chips) [conocimientos8\_6]  
( ) Canned food [conocimientos8\_3]                      ( ) Milk [conocimientos8\_7]  
( ) Bottled sauces [conocimientos8\_4]                      ( ) Ice creams [conocimientos8\_8]  
( ) Doesn't know the answer [conocimientos8\_98]

#### 5- Selfcare

Write true or false on the following statements

##### As a patient with diabetes or hypertension

- ( ) I must stay home to take care of myself [conocimientos9]  
( ) I must sleep every night from 7 to 8 hours [conocimientos10]  
( ) If I feel okay I must stop taking the medication [conocimientos11]  
( ) I must work 20 minutes 3 times a week. [conocimientos12]  
( ) I must go out with friends and relatives at least once a week [conocimientos13]  
( ) In order to physical activity to work it has to be done continuously. [conocimientos14]

#### 6- Steps to achieve a "Corazón pura vida"

##### 6.1 Select an option, the tryglicerides are: [conocimientos15]

- ( ) a type of insect that gets into the blood  
( ) A fat  
( ) Sugar

**6.2 Mention the 3 main things to control cholesterol :**

1 \_\_\_\_\_ [conocimientos16]

2- \_\_\_\_\_ [conocimientos17]

3- \_\_\_\_\_ [conocimientos18]

**6.3 The support of family is very important. To achieve it the most important is:**

- ( ) Demand to adopt healthy habits. [conocimientos19\_1]
- ( ) Explain my needs and ask them to support me. [conocimientos19\_2]
- ( ) Go on with my life and care for them to see I can do it alone. [conocimientos19\_3]
- ( ) Doesn't know the answer [conocimientos19\_98]

Punteo conocimientos: [punteo\_conocimientos]