Questionnaire Health Habits – Pre-test

This questionnaire aims to evaluate health habits. Please respond to the following questions with utmost precision and sincerity. There are no right or wrong answers. In questions with more than one hypothesis of response, place a cross on the one that applies to you. Please answer the questions taking into account your usual health habits BEFORE hospitalization at the Cardiology Service.

The responses are confidential and are only used by the authors for research purposes.

1. Have you ever had a heart problem before?

   Yes:
   No

   Only the previous question was answered in the affirmative

   a) At that time you turned to the doctor?

      Yes
      No

   b) Followed the recommendations made by the doctor?

      Yes
      No

2. In terms of fat consumption your usual diet is:

   Fat free "none"
   Poor in fat
   "Normal" fats
   Rich in fats

3. In terms of salt consumption your usual diet is:

   Without salt
   Very little salt
   Seasoned
   Salty

4. Do you drink coffee?

   3 or more coffees per day
   2 coffees a day
   1 coffee per day
   I usually do not drink coffee

5. Do you usually drink alcohol?

   Every day
   Every other day
   Rarely
   Never

   a) If yes, please indicate which drink (s) you consume at least 3 times per week:
Mature white wine
Ripe red wine
Green wine
Beer
Whiskey
Brandy
Port wine
Gin tonic
Vodka
Other, indicate which:

6. Do you smoke?

Yes
No

(a) If yes, please indicate the amount of usual tobacco consumption:

Less than 10 cigarettes per day
20 cigarettes per day
20-40 cigarettes per day
Over 40 cigarettes per day

7. What kind of physical activity do you practice?

I usually do not exercise
Walk consecutively more than 1h a day
Swimming
Gymnasium
Bike
Other, indicate which:

a) Indicate the frequency of your physical activity:

Everyday
Every other day
Once a week

8. Do you usually measure your blood pressure?

Weekly
Monthly
Every 3 months
Every 6 months
Usually do not evaluate blood pressure

Thank you very much for your cooperation!
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1. **Followed the recommendations made by the doctor?**
   - Yes
   - No

2. **In terms of fat consumption your usual diet is:**
   - Fat free "none"
   - Poor in fat
   - "Normal" fats
   - Rich in fats

3. **In terms of salt consumption your usual diet is:**
   - Without salt
   - Very little salt
   - Seasoned
   - Salty

4. **Do you drink coffee?**
   - 3 or more coffees per day
   - 2 coffees a day
   - 1 coffee per day
   - I usually do not drink coffee

5. **Do you usually drink alcohol?**
   - Every day
   - Every other day
   - Rarely
   - Never
   
   a) **If yes, please indicate which drink (s) you consume at least 3 times per week:**
   - Mature white wine
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   - Green wine
   - Beer
   - Whiskey
   - Brandy
   - Port wine
   - Gin tonic
   - Vodka
   - Other, indicate which:

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