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!

Questionnaire Health Habits - Post-test and follow-up

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

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

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 Once every 3 months Once every 6 months Usually do not measure blood pressure

Thank you very much for your cooperation!