

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

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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
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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!