



UNICAMP

**City of Campinas
Health Survey
ISACAMP 2008**



Centro Colaborador em Análise
de Situação de Saúde

Relationship of residents in selected home SECTION A

A 01. Residence number: |_|_|_|_|_|_|_|_|

A02. Sector: |_|_|_|_|_|

A 03. Address:

A 04. Telephone of residence:

Note: Obtain e-mail and cell phone number for later contact with selected person(s).

Visit	Date	Time	Name of interviewer	Observations	Result of visit	
1 st	/					1. pre-survey held; residents qualify
2 nd	/					2. pre-survey held; residents do not qualify
3 rd	/					3. number non-existent
4 th	/					4. residence closed/vacant
						5. unable to locate any residents
						6. resident refused to make arrolamento
						7. other: _____

A 05. N°. of visits made to obtain or try to obtain the pre-survey : |_|_|

A 06. Result of visit: |_|_|

A 07. Interviewer's code: |_|_|_|_|

A 08. Date of completion of the pre-survey (or refusal/giving up): |_|_|_|_|/|_|_|_|_| (day/month)

Observations:

	verified	data entered
name		
date		

A 09. Type of residence: 1. private 2. collective

A 10. Number of families in home: [__]

A 11. Chart of residents in the home:

	Nº	Name	Relationship with head of household	Gender (F, M)	Age (years)	Lot (selection) (X)	nº in order of individuals selected by lots	Work (Y, N)
A 11a	1		Head of household 1					
A 11b	2							
A 11c	3							
A 11d	4							
A 11e	5							
A 11f	6							
A 11g	7							
A 11h	8							
A 11i	9							
A 11j	10							
A 11k	11							
A 11l	12							
A 11m	13							
A 11n	14							
A 11o	15							

Relationship to head of household:

- 2. spouse
- 3. child or stepchild
- 4. other relative
- 5. dependent
- 6. pension receiver
- 7. housekeeper
- 9. other

Note: When there is more than one family in the household, begin on the same chart with **Head of Household 2.**



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CONTROL PAGE

SECTION B

B 01. Questionnaire number: |_|_|_|_|_|_|_|_|

B 02. Sector: |_|_|_|_|_|

Address:

Tel.:

Cell:

e-mail:

Name of selected individual:

B 03. Residence number: |_|_|_|_|_|_|

B 04. Family number: |_|

B 05. Interviewee's number in order: |_| / |_|

B 06. Date of birth: |_|_| / |_|_| / |_|_|_|_|

B 07. Gender: 1. male 2. female

Visit	Date	Time	Name of interviewer	Observations	Result of visit
1 st	/				
2 nd	/				
3 rd	/				
4 th	/				

1. Performed 2. Postponed 3. Resident absent 4. Complete refusal 5. Partial refusal 6. Other: _____

B 08. N^o. of visits: |_|

B 09. Final result of visits: |_|

B 10. Time of interview: Beginning: |_|_| : |_|_|

End: |_|_| : |_|_|

B 11. Duration of interview: |_|_|_| minutes

B 12. Interviewer's code: |_|_|

B 13. Date of interview: |_|_| / |_|_| (day/month)

B 14. Who answered questionnaire? 1. person himself/herself 2. other

Observations:

	verified	coded	data entered
name			
date			

ILLNESS SECTION C

C 01. Have you had any health problems in the last 2 weeks?

1. yes 2. no → **proceed to C 07**
9. Don't know/No response (DK/NR)

C 02. What was your main health problem in the last 2 weeks in the last 2 weeks?

C 03. In the last 2 weeks, did you fail to perform any customary activities (household chores, work, school, etc.) due to health problems?

1. yes → **C 04.** how many days? |__|__| days
2. no → **proceed to C 07**
9. DK/NR

C 05. Were you bed ridden in the last 2 weeks?

1. yes → **C 06.** How many days? |__|__| days
2. no 9. DK/NR

Has any physician or other health professional told you that you have any of the following diseases? (If yes) Does this disease limit your daily activities?	a. Diagnosis			b. Limitation		
	Yes	No	DK	Yes	No	DK
C 07. Hypertension (high blood pressure) → if yes, fill out section C1	1	2	9	1	2	9
C 08. Diabetes → if yes, fill out section C2	1	2	9	1	2	9
C 09. Heart disease: __ __ __	1	2	9	1	2	9
C 10. Tumor / cancer: __ __ __	1	2	9	1	2	9
C 11. Rheumatism / arthritis / arthrosis	1	2	9	1	2	9
C 12. Osteoporosis	1	2	9	1	2	9
C 13. Asthma / bronchitis/ emphysema	1	2	9	1	2	9
C 14. Tendonitis / repetitive strain injury/ work-related musculoskeletal disease	1	2	9	1	2	9
C 15. Circulation problems (varicose veins, stroke): __ __ __	1	2	9	1	2	9
C 16. Other: __ __ __	1	2	9	1	2	9

Do you have any of the following health problems and/or disabilities? (If yes) Does this problem limit your daily activities?	a. Problem		b. Limitation	
	Yes	No	Yes	No
C 17. Frequent headaches/migraines	1	2	1	2
C 18. Back pain/back problems	1	2	1	2
C 19. Allergy: __ __ __	1	2	1	2
C 20. Emotional problem (anxiety / sadness) → if yes, fill out section C3	1	2	1	2
C 21. Dizziness / vertigo	1	2	1	2
C 22. Insomnia	1	2	1	2
C 23. Urinary problem: __ __ __	1	2	1	2
C 24. Phys. disability: c. type: 1. paralysis _____ 2. loss _____	1	2	1	2
C 25. Hearing impairment c. type: 1.deficiency 2.deaf in one ear 3.deaf in both ears	1	2	1	2
C 26. Seeing impairment c. type: 1.deficiency 2.blind in one eye 3. blind in both eyes	1	2	1	2
C 27. Others:	1	2	1	2

Do you use any of the following devices?	Yes	No	DK/NR
C28. Glasses and/or contact lenses	1	2	9
C29. Hearing aid	1	2	9
C30. Dental prosthesis (dentures)	1	2	9
C31. Cane, crutch or walker (only ask if there is doubt)	1	2	9
C32. Wheelchair (only ask if there is doubt)	1	2	9

HYPERTENSION**Section C1**

C1 01. How much time has elapsed since you were diagnosed with hypertension/high blood pressure?

|_|_| years

99. DK/NR

C1 02. What do you do to “control” your hypertension? (+1)

1. salt-free diet
2. diet to lose/maintain weight
3. physical activity
4. take medication regularly
5. take medication when there is a blood pressure “problem”
6. nothing
7. other: _____
9. DK/NR

C1 03. Do you regularly visit the doctor/health care service because of your hypertension?

1. no
2. no, only when there is a problem
3. yes → **proceed to C1 05**
9. DK/NR

C1 04. Why don't you regularly visit the doctor/health care service because of your hypertension? (+1)

1. financial problems
2. difficulty in access to service
3. doesn't consider it necessary
4. lack of time
5. doesn't know who to seek/where to go
6. other: _____
9. DK/NR

C1 05. When was the last time you went to the doctor/health care service because of your hypertension?

1. in the last month
2. 1 to 6 months ago
3. 6 months to 1 year ago
4. 1 to 5 years ago
5. more than 5 years ago
9. DK/NR

C1 06. Do you participate or have you participated in any group on hypertension/high blood pressure control at the health care service?

1. no
2. yes
9. DK/NR

C1 07. Have you received orientation from the health care service or your physician on how to take care of your hypertension?

1. no
2. yes
9. DK/NR

C1 08. In your opinion, what should be done to “control” hypertension? (+1)

1. salt-free diet
2. diet to lose/maintain weight
3. physical activity
4. take medication regularly
5. take medication when there is a blood pressure “problem”
6. nothing
7. other: _____
9. DK/NR

If the interviewee reported:
 diabetes → **section C2**
 emotional problem → **section C3**
 other → **section D**

DIABETES**Section C2**

C2 01. How much time has elapsed since you were diagnosed with diabetes?

|_|_| years

99. DK/NR

C2 02. What do you do to “control” your diabetes? (+1)

01. proper diet

02. diet to lose/maintain weight

03. physical activity

04. take insulin regularly

05. take insulin when there is a problem

06. take oral medication regularly

07. take oral medication when there is a problem

08. nothing

09. other: _____

99. DK/NR

C2 03. Do you regularly visit the doctor/health care service because of your diabetes?

1. no

2. no, only when there is a problem

3. yes → **proceed to C2 05**

9. DK/NR

C2 04. Why don't you regularly visit the doctor/health care service because of diabetes? (+1)

1. financial problems

2. difficulty in access to service

3. doesn't consider it necessary

4. lack of time

5. doesn't know who to seek/where to go

6. other: _____

9. DK/NR

C2 05. When was the last time you went to the doctor/health care service because of your diabetes?

1. in the last month

2. 1 to 6 months ago

3. 6 months to a year ago

4. 1 to 5 years ago

5. more than 5 years ago

9. DK/NR

C2 06. Do you participate or have you participated in any group on diabetes?

1. no

2. yes

9. DK/NR

C2 07. Has any physician even told you that you have some “complication” due to diabetes? What? (+1)

1. no

2. yes, vision problem

3. yes, kidney problem

4. yes, circulatory problem

5. other: _____

9. DK/NR

C2 08. Have you received orientation from the health care service or your physician on how to take care of your diabetes?

1. no

2. yes

9. DK/NR

C2 09. In your opinion, what should be done to “control” diabetes? (+1)

01. proper diet

02. diet to lose/maintain weight

03. physical activity

04. take insulin regularly

05. take insulin when there is a problem

06. take oral medication regularly

07. take oral medication when there is a problem

08. nothing

09. other: _____

99. DK/NR

Emotional problem → **Section C3**

other → **Section D**

EMOTIONAL PROBLEM**Section C3**

C3 01. What type of emotional/mental health problem do you have?

_____ | | | | |

C3 02. How long have you had this problem?

|_|_| years 99. DK/NR

C3 03. Have you sought health care for this problem in the last 12 months?

1. yes → **proceed to C3 05**

2. no

9. DK/NR

C3 04. Why haven't you? (+1)

1. financial problems

2. shame

3. did not consider it necessary

4. lack of time

5. doesn't know who to seek/where to go

6. other: _____

9. DK/NR

→ **proceed to C3 12**

C3 05. Did you receive care?

1. yes → **proceed to C3 07**

2. no

9. DK/NR

C3 06. Why didn't you receive care? (+1)

1. there was no physician or necessary health professional at the service

2. did not have time to wait

3. no appointments available

4. other: _____

9. DK/NR

C3 07. What health services have you used in the last 12 months to deal with this problem? (+1)

1. basic health unit

2. psychosocial care center: _____

3. medical office

4. emergency room

5. hospital

6. other: _____

9. DK/NR

C3 08. What type of treatment have you had? (+1)

1. psychotherapy

2. takes medication regularly

3. takes medication when there is a "problem"

4. none

5. other: _____

9. DK/NR

C3 09. Do you pay directly for the care received?

1. yes, wholly → **proceed to C3 11**

2. yes, partially

3. no

9. DK/NR

C3 10. Who covers the costs of this care?

1. public health care system

2. company insurance: _____

3. individual insurance policy: _____

4. other: _____

9. DK/NR

C3 11. Are you satisfied with the care received?

1. very dissatisfied

2. dissatisfied

3. neither satisfied or dissatisfied

4. satisfied

5. very satisfied

9. DK/NR

C3 12. What do you think health services could offer to help in the treatment/control of this type of problem? (+1)

1. provide psychotherapy

2. provide alternative treatment

3. provide necessary medication

4. facilitate visits with specialized professional

5. other: _____

9. DK/NR

ACCIDENTS AND VIOLENCE

SECTION D

ACCIDENTS

We are now going to talk about accidents you may have suffered. They may be traffic accidents, falls, burns occurring at home, at work, etc.

D 01. Have you suffered any accidents in the last 12 months?

1. no → **proceed to D 11**
2. yes → **D 02.** How many? |_|_|
9. DK/NR

D 03. How did the main accident you suffered in the last 12 months occur?

_____ |_|_|_|_|

D 04. What were the main injuries or physical/emotional consequences caused by this accident?

_____ |_|_|_|_|
 _____ |_|_|_|_|
 _____ |_|_|_|_|

D 05. Where did the accident take place?

1. at home
2. at work
3. on the street
4. at school
5. at a club, sports court, gym
6. other: _____
9. DK/NR

D 06. Did this accident limit your normal activities?

1. no → **proceed to D 10**
2. yes → **D 07.** For how many days? |_|_|

D 08. Were you bed ridden?

1. no
2. yes → **D 09.** For how many days? |_|_|

D 10. Did you receive medical care because of this accident?

1. no
2. yes

VIOLENCE

We are now going to talk about any type of violence or aggression you may have suffered.

D 11. Were you the victim of any type of violence in the last 12 months, such as a mugging, physical aggression or other form of violence?

1. no → **proceed to section E**
2. yes → **D 12.** How many events? |_|_|
9. DK/NR

D 13. How did the main violence you suffered in the last 12 months occur?

_____ |_|_|_|_|

D 14. What were the main injuries or physical/emotional consequences caused by this violence?

_____ |_|_|_|_|
 _____ |_|_|_|_|
 _____ |_|_|_|_|

D 15. Where did the violence take place?

1. at home
2. at work
3. on the street
4. at school
5. at a club, sports court, gym
6. other: _____
9. DK/NR

D 16. Did this violence limit your normal activities?

1. no → **proceed to D 20**
2. yes → **D 17.** For how many days? |_|_|

D 18. Were you bed ridden?

1. no
2. yes → **D 19.** For how many days? |_|_|

D 20. Did you receive medical care because of this violence?

1. no
2. yes

EMOTIONAL HEALTH

(for individuals 15 or more years of age)

SECTION E

We are now going to talk about how you have felt in the last 30 days; if you have been sad, nervous or had other feelings...

I'm going to ask a series of questions about problems and pains that may have bothered you in the last 30 days. You will only answer yes or no, whichever best fits your experience. If you have any comments, play wait until I have finished to make them. Remember, all this information is confidential.

Have you had any of the following problems in the last 30 days?	No	Yes
E 01. Do you often have headaches?	1	2
E 02. Is your appetite poor?	1	2
E 03. Do you sleep badly?	1	2
E 04. Are you easily frightened?	1	2
E 05. Do you hands shake?	1	2
E 06. Do you feel nervous, tense or worried?	1	2
E 07. Is you digestion poor?	1	2
E 08. Do you have trouble thinking clearly?	1	2
E 09. Do you feel unhappy?	1	2
E 10. Do you cry more than usual?	1	2
E 11. Do you find it difficult to enjoy your daily activities?	1	2
E 12. Do you find it difficult to make decisions?	1	2
E 13. Is your daily work suffering? (student → school; housewife, retiree → daily tasks)	1	2
E 14. Are you unable to play a useful part in life?	1	2
E 15. Have you lost interest in things?	1	2
E 16. Do you feel that you are a worthless person?	1	2
E 17. Has the thought of ending your life been on your mind?	1	2
E 18. Do you feel tired all the time?	1	2
E 19. Do you have uncomfortable feelings in your stomach?	1	2
E 20. Are you easily tired?	1	2

Sometimes people experience many problems and suffering and think about ending their lives.

E 21. Have you ever seriously considered ending your life?

1. no → **proceed to next section**

2. yes 9. DK/NR

E 22. Have you ever outlined a plan to commit suicide?

1. no 2. yes 9. DK/NR

E 23. Have you ever attempted suicide?

1. no 2. yes 9. DK/NR

I'm going to repeat the same questions, but now only in relation to the last 12 months:

E 24. Has the thought of ending your life occurred to you in the last 12 months?

1. no → **proceed to next section**

2. yes 9. DK/NR

E 25. Have you made plans to commit suicide in the last 12 months?

1. no 2. yes 9. DK/NR

E 26. Have you attempted suicide in the last 12 months?

1. no 2. yes 9. DK/NR

QUALITY OF LIFE



SECTION F

F 01. In general, would you say your health is:

1. excellent 2. very good 3. good 4. fair 5. poor

FOR ALL INDIVIDUALS AGED 18 YEARS OR OLDER

F 02. Compared to one year ago, how would you rate your health in general now?

1. much better 2. somewhat better 3. about the same 4. somewhat worse 5. much worse

F 03. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
F 03a. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3 → proceed to F04
F 03b. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3
F 03c. Lifting or carrying groceries	1	2	3
F 03d. Climbing <u>several</u> flights of stairs	1	2	3 → proceed to F03f
F 03e. Climbing <u>one</u> flight of stairs	1	2	3
F 03f. Bending, kneeling or stooping	1	2	3
F 03g. Walking <u>more than a mile</u>	1	2	3 → proceed to F04
F 03h. Walking <u>several hundred yards</u>	1	2	3
F 03i. Walking <u>one hundred yards</u>	1	2	3
F 03j. Bathing or dressing yourself	1	2	3

F 04. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
F 04a. Cut down on the <u>amount of time</u> you spent on work or other activities	1	2	3	4	5
F 04b. <u>Accomplished less</u> than you would like	1	2	3	4	5
F 04c. Were limited in the <u>kind</u> of work or other activities	1	2	3	4	5
F 04d. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)	1	2	3	4	5

F 05. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
F 05a. Cut down on the <u>amount of time</u> you spent on work or other activities	1	2	3	4	5
F 05b. <u>Accomplished less</u> than you would like	1	2	3	4	5
F 05c. Did work or other activities <i>less carefully than usual</i>	1	2	3	4	5

F 06. During the past 4 weeks, to what extend has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups?

1. not at all 2. slightly 3. moderately 4. Quite a bit 5. extremely

F 07. How much bodily pain have you had during in the past 4 weeks?

1. none 2. very mild 3. mild 4. moderate 5. severe 6. very severe

F 08. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

1. not at all 2. A little bit 3. moderately 4. Quite a bit 5. extremely

F 09. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
F 09a. did you feel full of life?	1	2	4	5	6
F 09b. have you been very nervous?	1	2	4	5	6
F 09c. have you felt so down in the dumps that nothing could cheer you up?	1	2	4	5	6
F 09d. have you felt calm or peaceful?	1	2	4	5	6
F 09e. did you have a lot of energy?	1	2	4	5	6
F 09f. have you felt downhearted and depressed?	1	2	4	5	6
F 09g. Did you feel worn out?	1	2	4	5	6
F 09h. have you been happy?	1	2	4	5	6
F 09i. Did you feel tired?	1	2	4	5	6

F 10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

1. all the time 2. most of the time 3. some of the time 4. a little of the time 5. none of the time

F 11. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
F 11a. I seem to get sick a little easier than other people.	1	2	3	4	5
F 11b. I am as healthy as anybody I know.	1	2	3	4	5
F 11c. I expect my health to get worse.	1	2	3	4	5
F 11d. My health is excellent.	1	2	3	4	5

USE OF SERVICES SECTION G

G 01. In the last 2 weeks, have you sought any health service or professional for care related to your health?

1. yes
2. no → **proceed to G 10**
9. DK/NR

G 02. What was the main reason why you sought health care in the last 2 weeks?

1. illness: _____
|_|_|_|_|_|
2. injury
 - a. type of injury: _____
|_|_|_|_|_|
 - b. cause of injury: _____
|_|_|_|_|_|
3. dental problem
4. other reason: _____

G 03. Where did you first seek the health care for this problem in the last 2 weeks?

1. basic health unit: _____
2. physician's office
3. clinic
4. emergency room: _____
5. hospital: _____
6. home care: _____
7. other: _____
9. DK/NR

G 04. On the first occasion that you sought health care, were you seen?

1. yes
2. no → **proceed to G 09**

G 05. Did you pay directly for the care received?

1. yes, wholly → **proceed to G 07**
2. yes, partially
3. no
9. DK/NR

G 06. Who covered the costs of this care?

1. public health care system
2. company insurance: _____
3. individual insurance policy: _____
4. other: _____
9. DK/NR

G 07. On this occasion, were any of the following solicited or performed:

	Yes	No	DK/NR
07a. Laboratory exam	1	2	9
07b. Radiological exam (tomography, ultrasound)	1	2	9
07c. Graphic exam (electrocardiogram, electroencephalogram)	1	2	9
07d. Referral to other service or specialist	1	2	9
07e. Other procedure:	1	2	9

G 08. How would you rate the care received?

1. very good
2. good
3. fair
4. poor
5. very poor
9. DK/NR

→ **proceed to G 10**

G 09. Why did you not receive the care you sought at the health service?

1. unable to get appointment
2. no available physician
3. professional/service required was not available
4. equipment/service was not functioning
5. was unable to pay
6. waited a long time and gave up
7. other: _____
9. DK/NR

HOSPITALIZATION AND SURGERY

G 10. Have you been hospitalized in the last 12 months?

1. yes
2. no → **proceed to G 15**
9. DK/NR

G 11. How many times?

|_|_| hospitalizations 99. DK/NR

G 12. What was the reason for your last hospitalization?

_____ |_|_|_|_|

G 13. Did you pay directly for this hospitalization?

1. yes, wholly → **proceed to G 15**
2. yes, partially
3. no
9. DK/NR

G 14. Who covered the costs of this hospitalization?

1. public health care system
2. company insurance: _____
3. individual insurance policy: _____
4. other: _____
9. DK/NR

G 15. Have you ever undergone any type of surgery?

1. yes
2. no → **proceed to G 22**
9. DK/NR

G 16. How many surgeries have you had in your lifetime (including cesarean, plastic surgery, etc)?

|_|_| surgeries 99. DK/NR

G 17. What were the main surgeries you have had in your lifetime?

_____ |_|_|_|_|

_____ |_|_|_|_|

_____ |_|_|_|_|

G 18. Have you undergone surgery in the last 12 months?

1. yes **G 18a.** How many times? |_|_|_|
2. no → **proceed to G 22**
9. DK/NR

G 19. What was the reason for the last surgery you underwent in the last 12 months?

_____ |_|_|_|_|

G 20. Did you pay directly for this surgery?

1. yes, wholly → **proceed to G 22**
2. yes, partially
3. no
9. DK/NR

G 21. Who covered the costs of this hospitalization?

1. public health care system
2. company insurance: _____
3. individual insurance policy: _____
4. other: _____
9. DK/NR

DENTAL APPOINTMENTS

G 22. Have you been to the dentist in the last 12 months?

1. yes
2. no → **proceed to G 26**
9. DK/NR

G 23. For what reason? +1

1. problem with teeth
2. problem with gums
3. problem with dentures
4. periodic dental exam or prevention
5. orthodontic appointment (appliance)
6. other: _____
9. DK/NR

G 24. Did you pay directly for the care received?

1. yes, wholly → **proceed to G 27**
2. yes, partially
3. no
9. DK/NR

G 25. Who covered the costs?

1. public health care system
2. company insurance: _____
3. individual insurance policy: _____
4. other: _____
9. DK/NR

→ **proceed to G 27**

G 26. Why have you not been to the dentist in the last 12 months?

1. financial difficulty
2. difficulty in getting appointment
3. did not consider it necessary
4. lack of time
5. other: _____
9. NR

HEALTH PLANS

G 27. Do you have the right to any dental plan? If yes, which?

1. yes: _____
2. no
9. DK/NR

G 28. Do you have the right to any medical plan? If yes, which?

1. yes: _____
2. no → **proceed to G 31**
9. DK/NR

G 29. Have you ever needed care that your medical plan did not cover?

1. yes
2. no
9. DK/NR

G 30. How satisfied are you with the service offered by your medical plan?

1. very satisfied
2. satisfied
3. neither satisfied nor dissatisfied
4. dissatisfied
5. very dissatisfied
9. DK/NR

KNOWLEDGE AND USE: PUBLIC HEALTH CARE/FAMILY HEALTH PLAN

G 31. Do you have any knowledge regarding the public health care system?

1. yes
2. no → **proceed to G 34**
9. DK/NR

G 32. Have you ever used any public health services?

1. yes
2. no → **proceed to G 34**
9. DK/NR

G 33. What was the last public health service you used?

1. appointment
2. hospitalization
3. vaccine
4. medication
5. other: _____

G 34. How would you rate the public health care system in the city of Campinas?

1. excellent/very good
2. good
3. fair
4. poor
5. very poor
9. DK/NR

G 35. Do you know (have heard about) what the Family Health Program is?

1. yes
2. no → **end section**
9. DK/NR

G 36. Have you ever received a visit from a community agent from the Family Health Program?

1. yes
2. no
9. DK/NR

G 37. Do you use the Family Health Program?

1. yes
2. no
9. DK/NR

G 38. How would you rate the Family Health Program?

1. excellent/very good
2. good
3. fair
4. poor
5. very poor
9. DK/NR

G 39. Do you agree with the statement "The Family Health Program is an initiative that will help solve the health problems of the population"? (L)

1. fully agree
2. partially agree
3. neither agree or disagree
4. partially disagree
5. fully disagree
9. DK/NR

PREVENTIVE PRACTICES SECTION H

The section is administered to women aged 20 years or more and men aged 40 years or more

We are now going to talk about some prevention exams for cancer

FOR ALL WOMEN AGED 20 YEARS OR MORE

H 01. The Papanicolaou exam is used in uterine cancer prevention programs. When was the last time you took a Papanicolaou exam?

1. never
 2. less than 1 year ago
 3. 1 to 2 years ago
 4. 2 to 3 years ago
 5. more than 3 years ago
 9. DK/NR
- proceed to H 03

H 02. Why have you never taken this exam or haven't taken it in over three years?

01. wasn't necessary/I am healthy
02. didn't know about the exam/didn't know about its purpose or importance
03. I wasn't instructed to take the exam/the physician didn't solicit it
04. I had difficulty making an appointment
05. problems with distance/transportation/financial difficulties
06. it is very embarrassing/uncomfortable/shameful
07. I've never had sexual relations
08. I've never been to a gynecologist
09. I didn't need to go to a gynecologist in the last 3 years
10. other reason: _____
99. DK/NR

→ Whoever never took the exam, proceed to H08

H 03. What was your main reason for seeking the health service/gynecologist and taking your last Papanicolaou exam?

1. routine exam, with no complaints or symptoms
2. to check/examine a health problem
3. was encouraged through health campaign/material run in media
4. by orientation from a health professional
5. other reason: _____
9. DK/NR

H 04. The result of this exam was:

1. normal
2. abnormal/with alteration
3. don't know
9. NR

H 05. At what service did you take the exam?

1. basic health unit: _____
2. physician's office
3. clinic: _____
4. hospital _____
5. other: _____
9. DK/NR

H 06. Did you pay directly for the service?

1. yes, wholly → proceed to H 08
2. yes, partially
3. no
9. DK/NR

H 07. Who covered the costs of this exam?

1. public health care system
2. company insurance: _____
3. individual health plan: _____
4. other: _____
9. DK/NR

H 08. The clinical breast exam is performed by a physician or nurse to detect the presence of lumps/cysts in the breasts. When was your last clinical breast exam?

1. never took one → proceed to H 12
2. less than 1 year ago
3. 1 to 2 years ago
4. 2 to 3 years ago
5. more than 3 years ago
9. DK/NR

H 09. At what service did you take the exam?

1. basic health unit: _____
2. physician's office
3. clinic: _____
4. hospital _____
5. other: _____
9. DK/NR

H 10. Did you pay directly for the care received?

1. yes, wholly → proceed to H 12
2. yes, partially
3. no
9. DK/NR

H 11. Who covered the costs of this exam?

1. public health care system
2. company insurance: _____
3. individual health plan: _____
4. other: _____
9. DK/NR

H 12. Do you perform palpation of your breasts for lumps/cysts? How often?

1. never
2. monthly
3. sporadically
9. NR

H 13. Have you even received any orientation from a physician or health professional regarding the need for palpation of your breasts?

1. no
2. yes
9. DK/NR

H 14. Who taught you to perform the self-exam of your breasts?

1. no one
2. physician
3. nurse
4. other: _____
9. DK/NR

→ Women under 40 years of age, end section

FOR ALL WOMEN AGED 40 YEARS OR MORE

H 15. A mammogram is an X-ray of the breasts, which is used in breast cancer prevention programs. When was the last time you took this exam?

1. never took one
 2. less than 1 year ago
 3. 1 to 2 years ago
 4. 2 to 3 years ago
 5. more than 3 years ago
 9. DK/NR
- } → **proceed to H 17**

H 16. Why have you never taken this exam or haven't taken it in the last two years?

1. It wasn't necessary/I am healthy
2. didn't know about the exam/didn't know about its purpose or importance
3. had difficulty making an appointment
4. medical plan doesn't cover the exam
5. it's uncomfortable
6. no physician solicited the exam
7. other: _____
9. DK/NR

→ Whoever never took the exam, end section

H 17. What was your main reason for seeking the gynecologist and taking your last mammogram?

1. routine exam, with no complaints or symptoms
2. to check/examine a health problem in breasts
3. was encouraged through health campaign/material run in media
4. by orientation from a health professional
5. other reason: _____
9. DK/NR

H 18. The result of this exam was:

1. normal
2. abnormal/with alteration
3. don't know
9. NR

H 19. At what service did you take the exam?

1. basic health unit: _____
2. physician's office _____
3. clinic: _____
4. hospital _____
5. other: _____
9. DK/NR

H 20. Did you pay directly for the mammogram?

1. yes, wholly → **end section**
2. yes, partially
3. no
9. DK/NR

H 21. Who covered the costs of this exam?

1. public health care system
2. company insurance: _____
3. individual health plan: _____
4. other: _____
9. DK/NR

FOR ALL MEN AGED 40 YEARS OR MORE

There are exams that are used in prostate cancer prevention programs, such as PSA (blood exam) and the digital rectal exam.

H 22. When did you take your last PSA?

1. never took one
2. less than 1 year ago → **proceed to H 24**
3. 1 to 2 years ago
4. 2 to 3 years ago
5. more than 3 years ago
9. DK/NR

H 23. Why have you never taken the PSA exam or haven't taken it in the last year?

1. It wasn't necessary/I am healthy
2. didn't know about the exam/didn't know about its purpose or importance
3. had difficulty making an appointment
4. problems with distance/transportation/financial difficulties
5. medical plan doesn't cover the exam
6. no physician solicited the exam
7. other: _____
9. DK/NR

→ Whoever never took the exam, proceed to H29

H 24. What was your main reason for taking your last PSA exam?

1. routine exam, with no complaints or symptoms
2. to check/examine a health problem
3. was encouraged through health campaign/material run in media
4. by orientation from a health professional
5. other reason: _____
9. DK/NR

H 25. The result of this exam was:

1. normal
2. abnormal/with alteration
3. don't know
9. NR

H 26. At what service did you take the exam?

1. basic health unit: _____
2. physician's office
3. clinic: _____
4. hospital _____
5. other: _____
9. DK/NR

H 27. Did you pay directly for the exam?

1. yes, wholly → **proceed to H 29**
2. yes, partially
3. no
9. DK/NR

H 28. Who covered the costs of the exam?

1. public health care system
2. company insurance: _____
3. individual health plan: _____
4. other: _____
9. DK/NR

H 29. Another exam used for prostate cancer prevention is the digital rectal exam. When was the last time you took this exam?

1. never took the exam
2. less than one year ago → **proceed to H 31**
3. 1 to 2 years ago
4. 2 to 3 years ago
5. more than 3 years ago
9. DK/NR

H 30. Why have you never taken the digital rectal exam or haven't taken it in the last year?

1. It wasn't necessary/I am healthy
2. didn't know about the exam/didn't know about its purpose or importance
3. had difficulty making an appointment
4. problems with distance/transportation/financial difficulties
5. medical plan doesn't cover the exam
6. it is an uncomfortable/embarrassing exam
7. no physician solicited the exam
8. other: _____
9. DK/NR

→ **Whoever never took the exam, end section**

H 31. What was your main reason for taking your last toque retal exam?

1. routine exam, with no complaints or symptoms
2. to check/examine a health problem
3. was encouraged through health campaign/material run in media
4. by orientation from a health professional
5. other reason: _____
9. DK/NR

H 32. The result of this exam was:

1. normal
2. abnormal/with alteration
3. don't know
9. NR

H 33. At what service did you take the exam?

1. basic health unit: _____
2. physician's office
3. clinic: _____
4. hospital _____
5. other: _____
9. DK/NR

H 34. Did you pay directly for the care received?

1. yes, wholly → **end section**
2. yes, partially
3. no
9. DK/NR

H 35. Who covered the costs of this exam?

1. public health care system
2. company insurance: _____
3. individual health plan: _____
4. other: _____
9. DK/NR

IMMUNIZATION SECTION I

**This section is administered to:
All individuals → 10 to 19 years
All individuals → 60 years or more
Females → 10 to 49 years**

We are now going to talk about vaccines that you may have taken. If you have your vaccination card, it would be a good idea to get it.

FOR ALL INDIVIDUALS BETWEEN 10 AND 19 YEARS OF AGE

- I 01.** Have you ever taken a vaccine for hepatitis B?
- 1. no
 - 2. yes → **proceed to I 03**
 - 9. DK → **proceed to I 07**

- I 02.** Why have you not taken a vaccine for hepatitis B?
- 1. didn't consider it necessary
 - 2. may cause a reaction
 - 3. didn't receive orientation
 - 4. difficulty in getting the vaccine
 - 5. other: _____
 - 9. DK/NR
- **proceed to I 07**

- I 03.** How many doses did you take?
- 1. three doses → **proceed to I 05**
 - 2. less than three doses
 - 9. DK/NR

- I 04.** Why didn't you complete the regimen of three doses?
- 1. didn't consider it necessary
 - 2. forgot to return
 - 3. due to reaction from the previous dose
 - 4. was not orientated/did not know about the need for 3 doses
 - 5. other: _____
 - 9. DK/NR

- I 05.** Was the service at which you were vaccinated public or private?
- 1. public → **proceed to I 07**
 - 2. private
 - 9. DK/NR

- I 06.** Why did you use a private service?
- 1. lack of vaccine at the public health post
 - 2. preference for private service
 - 3. more flexible hours

- 4. other: _____
- 9. DK/NR

- I 07.** Were you advised by a health professional regarding the importance of taking the vaccine for hepatitis B?
- 1. no
 - 2. yes
 - 9. don't remember/DK

(for interviewer to mark the response)

- I 08.** Was the information obtained from the vaccine card?
- 1. no
 - 2. yes
- **if adolescent male, end section**

FOR ALL FEMALES FROM 10 TO 49 YEARS

- I 09.** Have you ever taken a vaccine for rubella?
- 1. no
 - 2. yes → **proceed to I 11**
 - 9. DK → **proceed to I 13**

- I 10.** Why haven't you taken a vaccine for rubella?
- 1. didn't consider it necessary
 - 2. may cause a reaction
 - 3. didn't receive orientation
 - 4. difficulty in getting the vaccine
 - 5. other: _____
 - 9. DK/NR
- **proceed to I 13**

- I 11.** Was the service at which you were vaccinated public or private?
- 1. public → **proceed to I 13**
 - 2. private
 - 9. DK/NR

- I 12.** Why did you use a private service?
- 1. lack of vaccine at the public health post
 - 2. preference for private service
 - 3. more flexible hours
 - 4. other: _____
 - 9. DK/NR

- I 13.** Were you advised by a health professional regarding the importance of taking the vaccine for rubella?
- 1. no
 - 2. yes
 - 9. don't remember/DK

(for interviewer to mark the response)

- I 14.** Was the information obtained from the vaccine card?
- 1. no
 - 2. yes

FOR ALL INDIVIDUALS AGED 60 YEARS OR MORE

I 15. Have you received a flu vaccine in the last 12 months?

1. no
2. yes → **proceed to I 17**
9. DK → **proceed to I 19**

I 16. Why didn't you take a flu vaccine?

1. didn't consider it necessary
 2. may cause a reaction
 3. didn't receive orientation
 4. difficulty in access to health service
 5. other: _____
 9. DK/NR
- **proceed to I 19**

I 17. Was the service at which you were vaccinated public or private?

1. public → **proceed to I 19**
2. private
9. DK/NR

I 18. Why did you use a private service?

1. lack of vaccine at the public health post
2. preference for private service
3. more flexible hours
4. other: _____
9. DK/NR

I 19. Were you advised by a health professional regarding the importance of taking a flu vaccine?

1. no
2. yes
9. don't remember/DK

I 20. Have you received a pneumonia vaccine in the last 12 months?

1. no
2. yes → **proceed to I 22**
9. DK/NR → **proceed to I 24**

I 21. Why haven't you taken a vaccine for pneumonia?

1. didn't consider it necessary
 2. may cause a reaction
 3. didn't receive orientation
 4. difficulty in getting vaccine
 5. other: _____
 9. DK/NR
- **proceed to I 24**

I 22. Was the service at which you were vaccinated public or private?

1. public → **proceed to I 24**
2. private
9. DK/NR

I 23. Why did you use a private service?

1. lack of vaccine at the public health post
2. preference for private service
3. more flexible hours
4. other: _____
9. DK/NR

I 24. Were you advised by a health professional regarding the importance of taking the vaccine for pneumonia?

1. no
2. yes
9. don't remember/DK

I 25. When was the last time you took a vaccine for tetanus?

1. less than 5 years ago
2. between 5 and 10 years ago
3. more than 10 years ago
4. never took the vaccine
9. DK/don't remember

I 26. Were you advised by a health professional regarding the importance of taking the vaccine for tetanus?

1. no
2. yes
9. don't remember/DK

(for interviewer to mark the response)

I 27. Was the information obtained from the vaccine card?

	yes	no
a. influenza	1	2
b. pneumonia	1	2
c. tetanus	1	2

J 05c. Did you pay for the medicine?

- 1. no
- 2. yes, partially
- 3. yes, wholly → **proceed to J06 or J09**
- 9. DK/NR

J 05d. Who covered the costs?

- 1. public health care system – health center
- 2. public health care system – other locale: _____
- 3. people’s pharmacy program
- 4. company insurance: _____
- 5. individual health plan: _____
- 6. already had the medication
- 7. other: _____
- 9. DK/NR

MEDICATION 4

J 06. Name of medication:

|_|_|_|_|_|_|_| 9. DK/NR

J 06a. What was your main health problem that led you to take this medication?

|_|_|_|_| 8. DK 9. NR

J 06b. Who indicated this medication for this health problem?

- 1. physician or dentist
- 2. pharmacist/clerk at pharmacy
- 3. interviewee himself/herself
- 4. relative, friend or neighbor
- 5. other: _____
- 9. DK/NR

J 06c. Did you pay for the medicine?

- 1. no
- 2. yes, partially
- 3. yes, wholly → **proceed to J 07 or J 09**
- 9. DK/NR

J 06d. Who covered the costs?

- 1. public health care system – health center
- 2. public health care system – other locale: _____
- 3. people’s pharmacy program
- 4. company insurance: _____
- 5. individual health plan: _____
- 6. already had the medication
- 7. other: _____
- 9. DK/NR

MEDICATION 5

J 07. Name of medication:

|_|_|_|_|_|_|_| 9. DK/NR

J 07a. What was your main health problem that led you to take this medication?

|_|_|_|_| 8. DK 9. NR

J 07b. Who indicated this medication for this health problem?

- 1. physician or dentist
- 2. pharmacist/clerk at pharmacy
- 3. interviewee himself/herself
- 4. relative, friend or neighbor
- 5. other: _____
- 9. DK/NR

J 07c. Did you pay for the medicine?

- 1. no
- 2. yes, partially
- 3. yes, wholly → **proceed to J 08 or J 09**
- 9. DK/NR

J 07d. Who covered the costs?

- 1. public health care system – health center
- 2. public health care system – other locale: _____
- 3. people’s pharmacy program
- 4. company insurance: _____
- 5. individual health plan: _____
- 6. already had the medication
- 7. other: _____
- 9. DK/NR

MEDICATION 6

J 08. Name of medication:

|_|_|_|_|_|_|_| 9. DK/NR

J 08a. What was your main health problem that led you to take this medication?

|_|_|_|_| 8. DK 9. NR

J 08b. Who indicated this medication for this health problem?

- 1. physician or dentist
- 2. pharmacist/clerk at pharmacy
- 3. interviewee himself/herself
- 4. relative, friend or neighbor
- 5. other: _____
- 9. DK/NR

J 08c. Did you pay for the medicine?

1. no
2. yes, partially
3. yes, wholly → **proceed to J 09 or J 09**
9. DK/NR

J 08d. Who covered the costs?

1. public health care system – health center
2. public health care system – other locale: _____
3. people’s pharmacy program
4. company insurance: _____
5. individual health plan: _____
6. already had the medication
7. other: _____
9. DK/NR

J 09. When you need medication, do you use generic medications?

1. yes
2. no
9. DK/NR

J 10. In your opinion, what are the advantages of using generic medications? (+1)

1. there are no advantages
2. they are cheaper
3. there are a greater number of options
4. the medications are easier to find
5. others, specify: _____
9. DK/NR

J 11. In your opinion, what are the disadvantages of using generic medications (+1)

1. there are no advantages
2. they are harder to find
3. they are not as good as the brand names
4. others, specify: _____
9. DK/NR

J 12. Are you aware of the People’s Pharmacy Program?

1. no → **proceed to J 16**
2. yes
9. DK/NR

J 13. What People’s Pharmacy Program do you know?

1. People’s Pharmacy Program in private drugstores
2. People’s Pharmacy of the Brazilian Federal Government
3. didn’t know there was more than one
9. DK/NR

J 14 . Do you use medications from this program?

1. no
2. yes
9. DK/NR

J 15. What do you think of the medications of the People’s Pharmacy Program? (+1)

1. there are no advantages
2. they are not as good as the brand names
3. they are cheaper
4. there are a greater number of options
5. others, specify: _____
9. DK/NR

J 16. Is there any medication that you should have taken due to medical indication in the last 2 weeks that you did not take because you were unable to afford or obtain it?

1. yes → **J 17 .** How many? [__]
2. no → **end section**
9. DK/NR

J 18. What were the medications and why couldn’t you obtain them?

	Name of medication	Code	Reason
1			
2			
3			
4			

Code for reasons: **1.** not available in public system; **2.** unable to afford it; **3.** plan did not cover it; **4.** unable to find in pharmacies; **5.** other, specify; **9.** DK/NR

HEALTH-RELATED BEHAVIOR

SECTION K

PHYSICAL ACTIVITY

The following questions are related to the time you spend practicing physical activity in a normal, usual or customary week. The questions include activities you perform at work, going from one place to another, practicing sports, exercise or as part of your activities at home or in the yard.

When answering the questions, remember that:

- Strenuous physical activities are those that require considerable effort and make you breathe much harder than normal;
- Moderate activities are those that require some effort and make you breathe a little harder than normal.

PART 1- PHYSICAL ACTIVITY AT WORK

This part includes the activities you perform at work (whether paid or voluntary), at school or other type of non-paid work outside the home. Do not include non-paid work performed at home, such as household chores, gardening or taking care of the family; these will be addressed in part 3.

K 01a. Do you currently work or do volunteer work outside your home?

1. no → **proceed to part 2**
2. yes
9. DK/NR

The next questions regard all the physical activity you perform normal week as part of your paid or unpaid work. Do not include transportation to work. Think only about the activities you perform for at least ten continuous minutes:

K 01b. How many days a week do you perform strenuous activities for at least 10 continuous minutes, such as heavy construction work, carrying heavy weight, working with a hoe, digging or climbing stairs as part of your work:

days/week
 none → **proceed to K 01d**

K 01c. How much time a day do you usually spend performing strenuous activities as part of your work?

hours minutes

K 01d. How many days a week do you perform moderate activities for at least 10 continuous minutes, such carrying light weight, as part of your work?

days/week
 none → **proceed to K 01f**

K 01e. How much time a day do you usually spend performing moderate activities as part of your work?

hours minutes

K 01f. How many days a week do you normally walk for at least 10 continuous minutes as part of your work? Please, do not include walking as a way of getting to or returning from work.

days/week
 none → **proceed to part 2**

K 01g. How much time per day do you usually spend walking as part of your work?

hours minutes

PART 2 – PHYSICAL ACTIVITY AS MEANS OF TRANSPORTATION

These questions address the typical way you go from one place to another (work, school, movies, store, etc.).

K 02a. How many days a week do you normally drive a car or take the bus or train?

days/week
 none → **proceed to K 02c**

K 02b. How much time per day do you normally spend driving a car or taking the bus or train?

hours minutes

Now, only consider walking or biking to go from one place to another in a typical week.

K 02c. How many days a week do you normally cycle for at least 10 continuous minutes to go from one place to another? Do not include cycling for recreation or exercise.

days/week
 none → **proceed to K 02e**

K 02d. On the days that you cycle, how much time per day do you cycle to go from one place to another?

hours minutes

K 02e. How many days a week do you normally walk for at least 10 continuous minutes to go from one place to another? Do not include walking for recreation or exercise.

days/week
 none → **proceed to part 3**

K 02f. How much time do you spend per day walking to go from one place to another? Do not include walking for recreation or exercise.

hours minutes

PART 3 – PHYSICAL ACTIVITY AT HOME: WORK, HOUSEHOLD CHORES AND TAKING CARE OF THE FAMILY

This part addresses the physical activities you normally perform in a week in or around your home, such as working at home, gardening, yard work, home maintenance or taking care of your family. Please, only consider the activities you perform for at least 10 continuous minutes.

K 03a. How many days a week do you normally perform strenuous activities **in the garden or yard** for at least 10 minutes, such as pruning trees, scrubbing the patio, etc.?

days/week
 none → **proceed to K 03c**

K 03b. On the days that you perform strenuous activities in the yard, how much time do you spend per day?

hours minutes

K 03c. How many days a week do you normally perform moderate activities in the garden or yard for at least 10 minutes, such as carrying light weights, washing windows, sweeping, raking the grass?

days/week
 none → **proceed to K 03e**

K 03d. On the days that you perform moderate activities in the yard, how much time do you spend per day?

hours minutes

K 03e. How many days a week do you normally perform moderate activities **in the home** for at least 10 minutes, such as carrying light weights, washing windows, sweeping, washing the floor?

days/week
 none → **proceed to part 4**

K 03f. On the days that you perform moderate activities **in the home**, how much time do you spend per day?

hours minutes

PART 4 – PHYSICAL ACTIVITIES – RECREATION, SPORTS, EXERCISE AND LEISURE

This part addresses the physical activities you normally perform in a week only in terms of recreation, sports, exercise or leisure. Remember, only consider the activities you perform for at least 10 continuous minutes. Please, do not include activities that you have already mentioned.

K 04a. Without counting any walking you mentioned earlier, how many days a week do you normally walk for at least 10 continuous minutes in your free time? days/week

none → **proceed to K 04c**

K 04b. On the days that you walk in your free time, how much time do you spend per day?

hours minutes

K 04c. How many days a week do you normally perform strenuous activities in your free time for at least 10 continuous minutes, such as jogging, aerobics, swimming fast, cycling fast or running:

days/week
 none → **proceed to K 04e**

K 04d. On the days that you perform strenuous activities in your free time, how much time do you spend per day?

hours minutes

K 04e. How many days a week do you normally perform moderate activities in your free time for at least 10 continuous minutes, such as cycling or swimming at a comfortable pace, playing soccer, volleyball, basketball, tennis, etc.:

days/week
 none → **proceed to part 5**

K 04f. On the days that you perform moderate activities in your free time, how much time do you spend per day?

hours minutes

PART 5 – TIME SPENT SITTING

These last questions are about the time you remain sitting throughout the day at work, school, home and during your free time. This includes time spent studying, resting, doing homework, visiting friends, reading and watching TV (sitting or reclining). Do not include time spent sitting during transportation in a bus, train or car.

K 05a. How much time do you spend sitting on a weekday?

hours minutes

K 05b. How much time do you spend sitting on a weekend day?

hours minutes

K 06. On average, how much time do you spend on the following activities on a weekday or weekend day?

	Weekday	DK/NR	Weekend Day	DK/NR
K 06a. Sleeping	_ _ h _ _ min	99	_ _ h _ _ min	99
K 06b. Watching TV	_ _ h _ _ min	99	_ _ h _ _ min	99
K 06c. Working	_ _ h _ _ min	99	_ _ h _ _ min	99
K 06d. Studying	_ _ h _ _ min	99	_ _ h _ _ min	99
K 06e. In transportation	_ _ h _ _ min	99	_ _ h _ _ min	99
K 06f. Doing housework	_ _ h _ _ min	99	_ _ h _ _ min	99
K 06g. Practicing leisure activity	_ _ h _ _ min	99	_ _ h _ _ min	99
K 06h. At the computer	_ _ h _ _ min	99	_ _ h _ _ min	99

If reported using a computer

K 07. What do you use the computer for? (+1)

1. work
2. study
3. games/music
4. relationships
5. other: _____

K 08. Do you regularly practice any type of physical activity or sport at least once a week?

1. no → **proceed to K 10**
2. yes
9. DK/NR

K 09. What activities? How many days a week? How many minutes per day?

	Type of exercise	a. n° of days	b. Duration
K 09a.	Walking (don't count walking to work)		_ _ h _ _ min
K 09b.	Jogging/Running (ground or treadmill)		_ _ h _ _ min
K 09c.	Weight lifting		_ _ h _ _ min
K 09d.	Hydrogymnastics		_ _ h _ _ min
K 09e.	General calisthenics		_ _ h _ _ min
K 09f.	Swimming		_ _ h _ _ min
K 09g.	Martial arts and fights		_ _ h _ _ min
K 09h.	Cycling (Bike or Stationary Bike)		_ _ h _ _ min
K 09i.	Soccer		_ _ h _ _ min
K 09j.	Basketball		_ _ h _ _ min
K 09l.	Volleyball		_ _ h _ _ min
K 09m.	Tennis		_ _ h _ _ min
K 09n.	Dance		_ _ h _ _ min
K 09o.	Others:		_ _ h _ _ min

→ **proceed to K 11**

K 10. Why not? (+1)

1. I don't have time
2. I don't not enjoy it
3. I feel very tired
4. I can't afford it
5. I don't have the space/adequate place to practice activities
6. other: _____
9. DK/NR

K 11. What do you think the city could offer to encourage the practice of physical exercise or sports? (+1)

1. construction of new sport/leisure areas
2. improvement of existing sport/leisure areas
3. offer activities at schools, health units, sport fields/courts and other locations
4. hire instructors trained in teaching/accompanying the practice of exercises and sports
5. ensure security and lighting at locations for the practice of physical activities
6. others: _____
9. DK/NR

BEVERAGE CONSUMPTION

K 12. What beverage do you most prefer?

_____ | | |

If alcoholic beverage → **proceed to K 15**

9. DK/NR

K 13. What alcoholic beverage do you most prefer?

_____ | | |

If alcoholic beverage → **proceed to K 15**

2. Doesn't drink alcohol

9. DK/NR

K 14. How long have you not had any alcoholic beverages?

- 1. never drank
 - 2. in more than 1 year
 - 3. stopped drinking less than 1 year ago
 - 9. DK/NR
- } → **proceed to K 27**

FOR INDIVIDUALS 12 YEARS OF AGE OR OLDER

We are now going to talk about your consumption of alcoholic beverages in the last 12 months.

Interviewer: Remember that 1 dose corresponds to 1 glass of wine, 1 dose of liquor (whiskey, vodka, cachaça) or 1 can of beer.

K 15. How often do (did) you drink alcoholic beverages?

Never	Once a month or less	2-4 times a month	2-3 times a week	4 or more times a week
0	1	2	3	4

K 16. How many doses of alcohol do (did) you drink on a typical day?

0 or 1	2 or 3	4 or 5	6 or 7	8 or more
0	1	2	3	4

K 17. How often do (did) you drink five or more doses on a single occasion?

Never	Less than once a month	Once a month	Once a week	Almost every day
0	1	2	3	4

K 18. How many times in the last 12 months have you thought that you would be unable to stop drinking once you started?

Never	Less than once a month	Once a month	Once a week	Almost every day
0	1	2	3	4

K 19. How many times in the last 12 months have you been unable to do what was expected of you because of alcohol?

Never	Less than once a month	Once a month	Once a week	Almost every day
0	1	2	3	4

K 20. How many times in the last 12 months have you needed to have a drink in the morning in order to feel good throughout the day because you had drunk too much the day before?

Never	Less than once a month	Once a month	Once a week	Almost every day
0	1	2	3	4

K 21. How many times in the last 12 months have you felt guilty or remorseful after having drunk?

Never	Less than once a month	Once a month	Once a week	Almost every day
0	1	2	3	4

K 22. How many times in the last 12 months have you been unable to remember what happened because of alcohol?

Never	Less than once a month	Once a month	Once a week	Almost every day
0	1	2	3	4

K 23. Have you ever caused injury or harm to yourself or another person after having drunk?

No	Yes, but not in the last year	Yes, in the last year
0	2	4

K 24. Has any relative, friend, acquaintance or doctor ever worried about the fact that you drink and has asked you to stop?

No	Yes, but not in the last year	Yes, in the last year
0	2	4

K 25. Have you ever felt that you should reduce your alcohol intake or stop drinking?

- 1. no → **proceed to K 27**
- 2. yes
- 9. DK/NR

K 26. Have you ever sought a health services to help you reduce your alcohol intake or stop drinking?

- 1. no
- 2. yes
- 9. DK/NR

SMOKING

K 27. Do you smoke or have you ever smoked (at least 100 cigarettes or 5 packs) ?

1. no → **proceed to K 47**
2. yes 99. DK/NR

K 28. At what age did you begin to smoke regularly (at least one cigarette a week)?

____ years 99. DK/NR

K 29. Do you currently smoke?

1. no
 2. yes, every day
 3. yes, but not every day
- } **proceed to K 34**

K 30. How long has it been since you quit smoking?

____ years ____ months 99. DK/NR

K 31. Why did you quit smoking? (+1)

1. it is bad for one's health
2. had health problem: _____
3. restriction at work/public places
4. restriction at home
5. advice from physician/health professional
6. other: _____
9. DK/NR

K 32. Did you rely on support to quit smoking?

1. no → proceed to K34
2. yes
9. DK/NR

K 33. On what type of support did you rely? (+1)

1. support group at health service
2. relatives or friends
3. acupuncture
4. treatment with medication, patch or chewing gum
5. other: _____
9. DK/NR

K 34. How many cigarettes do (did) you smoke per day?

____ cigarettes *If ex-smoker* → **proceed to K 47**

K 35. How long after you get up do you smoke your 1st cigarette?

1. in first 5 minutes
2. 6-30 minutes
3. 31 – 60 minutes
4. more than 60 minutes
9. DK/NR

K 36. Do you have difficulty not smoking in places in which it is forbidden?

1. no
2. yes 9. DK/NR

K 37. What cigarette is most satisfying?

1. the 1st in the morning
2. any one 9. DK/NR

K 38. Do you smoke more at the beginning of the day?

1. no
2. yes 9. DK/NR

K 39. Do you smoke even when you are sick?

1. no
2. yes 9. DK/NR

K 40. Have you ever tried quitting smoking?

1. no → **proceed to K 46**
2. yes → **K 41.** How many times? ____
9. DK/NR

K 42. Why did you try to quit smoking? (+1)

1. it is bad for one's health
2. had health problem: _____
3. restriction at work/public places
4. restriction at home
5. advice from physician/health professional
6. other: _____ 9. DK/NR

K 43. Did you rely on support when you tried to quit smoking?

1. no → **proceed to K45**
2. yes 9. DK/NR

K 44. What type of support did you rely on? (+1)

1. support group at health service
2. relatives or friends
3. acupuncture
4. treatment with medication, patch or chewing gum
5. other: _____ 9. DK/NR

K 45. What do you think made you go back? (+1)

1. irritation, anxiety and/or nervousness
2. fear of gaining weight
3. overwhelming desire
4. headaches, insomnia and/or dizziness
5. other: _____ 9. DK/NR

K 46. With regard to the intention to quit smoking, would you say that you: (L)

1. are not thinking about quitting
2. are thinking about quitting some time in your life
3. are thinking about quitting, but have no defined date
4. want to quit in the next four weeks 9. DK/NR

K 47. What do you think health services could offer to people who want to quit smoking? (+1)

1. treatment with medication
2. treatment with patches/chewing gum
3. treatment with acupuncture
5. other: _____ 9. DK/NR

K 48. At your home: (L)

1. smoking is not allowed anywhere
2. smoking is allowed in certain places and at certain times
3. smoking is allowed everywhere
4. there are no rules about smoking 9. DK/NR

K 49. At your work or school: (L)

1. smoking is not allowed anywhere
2. smoking is allowed in certain places and at certain times
3. smoking is allowed everywhere
4. there are no rules about smoking
8. does not apply 9. DK/NR

K 50. Among the people with whom you live, who smokes? (+1)

1. father
2. mother
3. sibling
4. other relative
5. spouse, boy/girlfriend
6. friends
7. other: _____
8. no one 9. DK/NR

For non-smokers

K 51. How many hours a day are you exposed to cigarette smoke or are near someone who is smoking?

____ hours/day 99. DK/NR

EATING HABITS

SECTION L

I am now going to ask you some questions about your weight and eating habits.

L 01. (If woman), are you pregnant?

- 1. no
- 2. yes
- 9. DK/NR

L 02. How tall are you?

__|__ m __|__|__ cm 9. DK/NR

L 03. How much do you weigh?

__|__|__|__|Kg __|__|__|__| g 9. DK/NR

L 04. Would you like to gain or lose weight?

- 1 no → **proceed to L 09**
- 2. yes, gain weight
- 3. yes, lose weight
- 9. DK/NR

L 05. How much would you like to weigh?

__|__|__|__|Kg __|__|__|__| g 9 |__| DK/NR

→ **If wishes to gain weight, proceed to L 09**

L 06. Do you do anything to lose weight?

- 1. no → **proceed to L 09**
- 2 . yes

L 07. What do you do to lose weight?

- 1. nothing
- 2. careful about food intake
- 3. diet
- 4. exercise, sports, walking
- 5. medication: _____
- 6. skipping a meal
- 7. other: _____

L 08. What have you done to lose weight in the last 12 months?

- 1. nothing
- 2. careful about food intake
- 3. diet
- 4. exercise, sports, walking
- 5. medication: _____
- 6. skipping a meal
- 7. other: _____

L 09. Now I am going to ask you about how often you normally eat or drink these foods and beverages:	Everyday	4 to 6 days a week	1 to 3 days a week	< once a week	< once a month
L 10. Fruit	1	2	3	4	5
L 11. Raw vegetables (salads)	1	2	3	4	5
L 12. Cooked vegetables and legumes	1	2	3	4	5
L 13. Beans	1	2	3	4	5
L 14. Soft drinks	1	2	3	4	5
L 15. Milk	1	2	3	4	5

SOCIOECONOMIC CHARACTERISTICS

SECTION M

M 01. Your race is: (L)

1. White
2. Black
3. Asian
4. Mulatto
5. Indigenous
6. other: _____
9. DK/NR

M 02. What is your religion or sect?

_____ |__|__|

→ *if no religion, proceed to M 05*

M 03. How often do you go to church (or other place of worship)?

1. doesn't go/less than once a month
2. at least once a month, less than once a week
3. once a week
4. more than once a week
9. NR

M 04. How long have you practiced your religion?

|__|__| years

M 05. Where were you born?

1. in Campinas
2. another city in the state of São Paulo
3. other state or country: _____
9. DK/NR

M 06 How long have you lived in Campinas?

|__|__| years

99. DK/NR

M 07. How long have you lived in your current home?

|__|__| years

99. DK/NR

M 08. What is your marital status?

1. officially married
2. living together/co-habitation without marriage
3. broken up/separated/divorced
4. widowed
5. single
9. DK/NR

M 09. Do you have any children? How many?

|__|__| children

M 10. Do you go to school? If yes, public or private?

1. yes, public system
2. yes, private system
3. no

M 11. How many years of schooling do you have?

01. none, can't read or write
02. none, can read and write
- 1__. Elementary School (11-14)
- 1__. Middle School (15-18)
- 2__. High School (21-23)
25. incomplete mid-level technical course
26. complete mid-level technical course
30. incomplete university
31. complete university
32. postgraduate course
99. DK/NR

M 12. Do you currently attend any classes, such as for computer skills, language, dance, art, etc..?

1. yes
2. no → **proceed to M 14**

M 13. What type of class? (+1)

1. language
2. computer
3. dance
4. music
5. professionalizing: _____
6. others: _____

M 14. Do you currently exercise some paid or unpaid work activity?

- 1. yes, in activity
- 2. yes, but on leave due to illness
- 3. yes, and also retired
- 4. no, unemployed → **proceed to M 16**
- 5. no, retired or on pension
- 6. no, housewife → **proceed to M 22**
- 7. no, only student
- 8. others
- 9. DK/NR

} → **proceed to M 16**

} → **proceed to N 01**

M 15. Were you retired for:

- 1. illness/disability
- 2. time spent working/age

M 16. What is (was) your occupation in your main job? → *if retired, specify previous occupation*

_____ | | | | |
999. DK/NR

M 17. In your main job, you are (were):

- 1. salaried employee with signed working papers
- 2. salaried employee without signed working papers
- 3. unpaid family employee
- 4. self-employed with establishment
- 5. self-employed without establishment
- 6. employer with up to 4 regular employees
- 7. employer with 5 or more regular employees
- 8. other: _____
- 9. DK/NR

ONLY FOR INDIVIDUALS WHO WORKED IN THE PREVIOUS MONTH

M 18. How many hours a week did you dedicate to this job on average in the last month?

|_|_| hours
99. DK/NR

M 19. At other jobs?

|_|_| hours
88. doesn't have other jobs
99. DK/NR

What was your net income with salary, wages or pension in the past month?

		Amount in Reals	DK/NR
M 20.	With main job?	R\$ _ _ _ _ _ . 00	99999
M 21.	With other jobs?	R\$ _ _ _ _ _ . 00	99999
M 22.	With retirement or pension?	R\$ _ _ _ _ _ . 00	99999
M 23.	Other:	R\$ _ _ _ _ _ . 00	99999

Residence N°. |_|_|_|_|_|_|_|_|

N 01 b. Family N°. |_|_|

CHARACTERISTICS OF FAMILY AND RESIDENCE**SECTION N****FILL OUT ONE FORM FOR EACH FAMILY**

Questions N 2 to N 11 should be answered by the interviewer. Only ask the interviewee in cases of doubt.

N 02. Characterization of residence:

1. house
2. apartment
3. shack/small house
4. shanty
5. other: _____
9. DK/NR

On the street of the residence, is there:	yes	no
N 03. Pavement?	1	2
N 04. Curbs and gutters?	1	2
N 05. Public lighting?	1	2

In the home:	yes	no
N 06. Is there piped water from the public supply?	1	2
N 07. Is there internal piped water in the home?		
N 08. Is there electric lighting?	1	2
N 09. Is the home connected to the sewage system?	1	2
N 10. Is there public trash collection?	1	2
N 11. Is there a toilet?	1	2

N 12. Do you own the home in which you live or is it rented?

1. owned, paid off
2. owned, paying mortgage
3. rented
4. granted use
5. other condition: _____
9. DK/NR

N 13. How many rooms are there in this home?

|_|_| 99. DK/NR

N 14. How many bathrooms are there in this home?

(consider only those that contain shower/bathtub and toilet)

|_|

Do the residents in this home have the following appliances? How many?

N 15. |_|_| radio**N 16.** |_|_| MP3/MP4/MP5 player**N 17.** |_|_| color television**N 18.** |_|_| refrigerator**N 19.** |_|_| freezer**N 20.** |_|_| washing machine → *don't count merely a tank***N 21.** |_|_| microwave oven**N 22.** |_|_| videocassette/DVD player**N 23.** |_|_| dishwasher**N 24.** |_|_| air conditioner**N 25.** |_|_| vacuum cleaner**N 26.** |_|_| telephone (fixed line)**N 27.** |_|_| cell phone**N 28.** |_|_| digital camera**N 29.** |_|_| computer → *if not, proceed to N 31***N 30.** Is there Internet access in your home?

1. yes

2. no

9. DK/NR

Do the residents in this home have a:

N 31. Car? 1. yes 2. no**N 32.** Motorcycle? 1. yes 2. no**N 33.** Real estate other than this home?

1. yes

2. no

N 34. Does this home have paid housekeepers?

1. no

2. yes → **N 35.** How many? [__]

If the interviewee is the head of the household, proceed to chart below.

N 36. How many years of schooling does the head of the household have?

01. none, can't read or write

02. none, can read and write

1__ Elementary School (11-14)

1__ Middle School (15-18)

2__ High School (21-23)

25. incomplete mid-level technical course

26. complete mid-level technical course

30. incomplete university

31. complete university

32. postgraduate course

99. DK/NR

N 37. What is (was) the occupation of the head of the household in his/her main work? → *if retired, specify previous occupation*

_____ | | | | |

999. DK/NR

N 38. In his/her principal job, the head of the household is (was):

1. salaried employee with signed working papers

2. salaried employee without signed working papers

3. unpaid family employee

4. self-employed with establishment

5. self-employed without establishment

6. employer with up to 4 regular employees

7. employer with 5 or more regular employees

8. other: _____

9. DK/NR

Net income of different members of the family in the previous month:

	Name	a. Relationship to head of household	b. Net Income	DK/NR
N 39.			R\$ [__][__][__][__].00	99999
N 40.			R\$ [__][__][__][__].00	99999
N 41.			R\$ [__][__][__][__].00	99999
N 42.			R\$ [__][__][__][__].00	99999
N 43.			R\$ [__][__][__][__].00	99999
N 44.			R\$ [__][__][__][__].00	99999
N 45.			R\$ [__][__][__][__].00	99999
N 46.			R\$ [__][__][__][__].00	99999
N 47.			R\$ [__][__][__][__].00	99999
N 48.			R\$ [__][__][__][__].00	99999

Code for relationship to head of household

1. head of household

2. spouse/companion

3. child/stepchild

4. other relative

5. dependent

9. other