

TAKING THE SCREENING TESTS CLOSE TO THE PEOPLE



LOCATION, DATE:

1. Patient ID:
2. Birth date (year. month. day.):
3. Sex:
4. Zip code:

5. What ethnicity do you feel to belong to?

- | | | |
|---------------|----------------|-----------------|
| 1 – Hungarian | | 14 – Ukrainian |
| 2 – Bulgarian | 8 – Armenian | 15 – Arabic |
| 3 – Roma | 9 – Romanian | 16 – Chinese |
| 4 – Greek | 10 – Ruthenian | 17 – Russian |
| 5 – Croatian | 11 – Serbian | 18 – Vietnamese |
| 6 – Polish | 12 – Slovak | 19 – Other: |
| 7 – German | 13 – Slovenian | |

6. Do you identify as any other ethnicity?

- | | | |
|--|----------------|-----------------|
| 0 – Does not belong to any other ethnicity | 7 – German | 14 – Ukrainian |
| 1 – Hungarian | 8 – Armenian | 15 – Arabic |
| 2 – Bulgarian | 9 – Romanian | 16 – Chinese |
| 3 – Roma | 10 – Ruthenian | 17 – Russian |
| 4 – Greek | 11 – Serbian | 18 – Vietnamese |
| 5 – Croatian | 12 – Slovak | 19 – Other: |
| 6 – Polish | 13 – Slovenian | |

7. What is your highest level of education?

- 1- 8 grades or less
- 2- secondary education
- 3- tertiary education (university, collage)

8. What is your marital status?

- 1- single
- 2- married/ partnered
- 3- divorced
- 4- widow

9. Do you currently smoke?

- 1- yes, daily
- 2- yes, occasionally
- 3- I have never smoked
- 4- no, I stopped less than a year ago
- 5- no, I stopped more than a year ago

10. How many cigarettes do you smoke on average per day?

- 1- 0
- 2- from 1 to 9 cigarettes
- 3- from 10 to 19 cigarettes
- 4- over 20 cigarettes

11. What is the extent of physical activity during your work? Mark only one answer!

- 1- I do not work (e.g. retired, unemployed, stay-at-home mom, etc.)
- 2- I sit most of my work time (e.g. office worker)
- 3- I stand or walk most of my work time. However, my work does not require a lot of physical effort (e.g. shop assistant, hairdresser, security guard, childcare, etc.)
- 4- My job requires a lot of physical effort, including lifting heavy objects and using tools (e.g. plumber, electrician, carpenter, cleaner, nurse, gardener, postman, etc.)
- 5- My job requires a lot of physical effort, including lifting very heavy objects (e.g. construction worker, dustman, etc.)

12. How much time did you spend in the past week doing the following activities: swimming, jogging, aerobics, football, tennis, gym training, etc.?

- 1- none
- 2- less than 1 hour
- 3- 1-3 hours
- 4- more than 3 hours

13. How much time did you spend in the past week doing the following activities: cycling, including to and from work and for leisure?

- 1- none
- 2- less than 1 hour
- 3- 1-3 hours
- 4- more than 3 hours

14. How much time did you spend in the past week doing the following activities: walking, including to and from work, for shopping and for leisure?

- 1- none
- 2- less than 1 hour
- 3- 1-3 hours
- 4- more than 3 hours

15. In the past week, how much time did you spend on: housework/childcare?

- 1- none
- 2- less than 1 hour
- 3- 1-3 hours
- 4- more than 3 hours

16. In the past week, how much time did you spend on: gardening or „do it yourself“ activities?

- 1- none
- 2- less than 1 hour
- 3- 1-3 hours
- 4- more than 3 hours

17. How much time did you spend sitting last week (including during work, leisure activities, transport)?

- 1- less than 3 hours
- 2- 3-5 hours
- 3- 5-8 hours
- 4- more than 8 hours

18. How often do you eat fruits and vegetables?

- 1- every day
- 2- not every day

19. How often do you eat sweets (e.g. chocolate, biscuits, cakes, ice cream, etc.)?

- 1- never
- 2- up to 3 times a week
- 3- 4 or more times a week
- 4- occasionally

20. How often do you eat salty snacks (e.g. peanuts, chips, etc.)?

- 1- never
- 2- up to 3 times a week
- 3- 4 or more times a week

4 - occasionally

21. How often do you drink sugary drinks (e.g. Coke, Fanta, Sprite, Iced tea, etc.)?

- 1 - never
- 2 - up to 3 times a week
- 3 - 4 or more times a week
- 4 - occasionally

22. How often do you drink energy drinks (e.g. Red Bull, Hell, Burn, etc.)?

- 1 - never
- 2 - up to 3 times a week
- 3 - 4 or more times a week
- 4 - occasionally

23. How often do you drink alcohol?

- 1 - never
- 2 - monthly or less
- 3 - twice or four times a month
- 4 - twice or three times a week
- 5 - four or more times a week

24. Have you ever felt the need to cut back on the amount of alcohol you used to drink?

- 1 - yes
- 2 - no
- 3 - I cannot answer
- 4 - I do not want to answer

25. Looking back over the last 12 months, how do you identify your health status?

- 1 - very good
- 2 - good
- 3 - average
- 4 - poor
- 5 - very poor
- 6 - I cannot answer
- 7 - I do not want to answer

Do you have any of the diseases listed below?

- | | | | |
|--|---------|--------|------------------|
| 26. Do you have hypertension? | 1 – yes | 2 – no | 3 – I don't know |
| 27. Do you have any chronic pulmonary diseases? | 1 – yes | 2 – no | 3 – I don't know |
| 28. Do you have any coronary diseases? | 1 – yes | 2 – no | 3 – I don't know |
| 29. Do you have any cerebrovascular diseases? | 1 – yes | 2 – no | 3 – I don't know |
| 30. Do you have peripheral artery disease? | 1 – yes | 2 – no | 3 – I don't know |
| 31. Do you have Type 2 diabetes? | 1 – yes | 2 – no | 3 – I don't know |
| 32. Do you have Type 1 diabetes? | 1 – yes | 2 – no | 3 – I don't know |
| 33. Do you have any chronic kidney diseases? | 1 – yes | 2 – no | 3 – I don't know |
| 34. Do you have any mental disorders (depression, anxiety, etc.)? | 1 – yes | 2 – no | 3 – I don't know |
| 35. Had anyone in your family (siblings, parents, grandparents) under the age of 50 a heart attack or stroke? | 1 – yes | 2 – no | 3 – I don't know |
| 36. Do you have any other diseases? | 1 - yes | 2 – no | 3 – I don't know |

Other diseases:

37. . Are you being treated for a chronic disease?

- 1- yes
- 2- no

38. Who is mainly responsible for your treatment?

- 1- GP
- 2- medical specialist
- 3- both of them

39. Does your disease make it difficult for you to go about your daily life?

- 1- yes
- 2- no

40. Do you have any help with your disease in everyday life?

- 1- yes, my family members help
- 2- yes, in the form of home care
- 3- yes, neighbours and friends help
- 4- I have no help

41. Do you have any problems getting to the place of health care?

- 1- no
- 2- yes, because of financial problems
- 3- yes, because of reduced mobility
- 4- yes, because the medical institution is far away
- 5- yes, because I do not have enough time
- 6- yes, because I cannot make an appointment
- 7- yes, because there is no such care in the area (within 60 km)
- 8- yes, because I have no help

42. What information was given to you about your disease during your health care?

- 1- I have been fully informed
- 2- I also received full information and patient education
- 3- I was partially informed, but it would be good to know more about it
- 4- I do not know what my disease is, I have not been informed

43. Apart from health care specialists, from whom or where did you get information about your disease?

- 1- family, friends
- 2- newspapers
- 3- television, radio
- 4- internet
- 5- I have not checked
- 6- I have not found any information about it

44. Do you follow the treatment plan?

- 1- yes
- 2- partly
- 3- no, because I disagree with the treatment
- 4- no, because I cannot afford the medicines
- 5- no, because there was a side effect
- 6- no, because I don't know how to use it
- 7- no, because I do not trust its effectiveness
- 8- no, because I am afraid of side effects

Measured results:

Body weight		kg	
Body height		cm	
Waist circumference		cm	
Blood pressure left arm, systolic		mmHg	
Blood pressure left arm, diastolic		mmHg	
Ankle-brachial index, right		mmHg	
Ankle-brachial index, left		mmHg	
Total cholesterol		mmol/l	
<i>Are you treated for high cholesterol?</i>	<i>yes</i>	<i>no</i>	<i>not relevant</i>
Blood glucose		mmol/l	
<i>Was it recorded on an empty stomach?</i>	<i>yes</i>	<i>no</i>	
<i>Are you treated for high blood glucose?</i>	<i>yes</i>	<i>no</i>	<i>not relevant</i>