

Status of patients with cardiovascular disease in the pandemic context



Initials:

Date of birth:

Sex:

- Male*
- Female*

Education level

- None*
- Primary school*
- High school*
- Tertiary*
- College*

Occupation

- Housekeeper*
- Employee*
- Independent contractor*
- Academic degree*
- Retired*
- Unemployed*

Income level

- Very Low (NOT COVER BASIC NEEDS AND REQUIRES SOCIAL SUPPORT)*
- Low (COVER ONLY BASIC NEEDS AND MEDICATIONS)*
- Middle (EXCEEDS BASIC NEEDS AND ALLOWS SAVINGS)*
- High*

Size of your home based on number of rooms

- 1*
- 2*
- 3*
- 4*
- 5 or more*

How many people do you live with?

- None*
- 1 ó 2*
- 3 ó 4*
- 5 ó 6*
- 7 or more*

Cardiovascular history

- Stroke*
- Peripheral vascular disease*
- Coronary disease*
- Diabetes*
- Hypertension*
- Dyslipidemia*
- Heart failure*
- Cardiomyopathy*
- Valvular heart disease*
- Arrhythmias*
- Cardiac devices*
- Other*

Last hospitalization due to a cardiovascular event



- Never*
- 2020*
- 2019*
- 2018*
- 2017 or Earlier*

Number of pills taken per day

- 1 to 4*
- 5 to 8*
- 9 to 12*
- More than 12*

THE FOLLOWING QUESTION REFER TO THE LAST 30 DAYS

How often have you been physically active? (Any activity that involves movement including dance)

- Never*
- Less than 3 times per week*
- 3 or more times per week*
- Everyday*

Weekly amount in minutes of physical activity

- Less than 100 minutes*
- 100 to 150 minutes*
- 150 to 200 minutes*
- More than 200 minutes*

Physical activity made

- It has been less than in the previous months*
- It has been the same as in the previous months*
- It has been more than in the previous months*

Have you used any tutorial or phone app for training?



- Yes
- No

How often have you smoke?

- None
- 1 to 10
- 10 to 20
- More than 20

If you have smoked

- It has been less than in previous months
- It has been the same as in previous months
- It has been more than in previous months

If you have smoked. Have you considered Smoking cessation because of Coronavirus?

- Yes
- No

Did you consume any kind of alcoholic drink?

- Yes
- No

What kind of alcoholic drink?

- Wine
- Beer
- Spirit
- Other

How often did you drink alcoholic beverages?

- Occasionally
- Every week
- Almost everyday
- Everyday



If you have drunk

- It has been less than in previous months*
- It has been the same as in previous months*
- It has been more than in previous months*

Have you eaten fruits and vegetables?

- Rarely*
- 1 to 3 times per week*
- 4 to 6 times per week*
- Everyday*

How many servings of fruits and vegetables have you eaten in one day (average)?

- 1*
- 2 or 3*
- 4 or 5*
- More than 5*

How much food have you eaten (all types of food)?

- It has been less than in previous months*
- It has been the same as in previous months*
- It has been more than in previous months*

Are you weighing yourself at home?

- Yes*
- No*

In your perception

- Has gained weight*
- My weight has not changed*
- Has lost weight*



Have you had any problems accessing your medication?

- Yes
- No

Have you stopped any medications due to problems getting them?

- Yes
- No

Have you received flu shot?

- Yes
- No

Have you received pneumococcal vaccination in the last 3 years?

- Yes
- No

Have you made any medical consultation in person, by phone or computer?

- Yes
- No

Have you done new activities this month like arts and crafts, reading books, hobbies?

- Yes
- No

Have you been interested in activities you usually like to do?

- Yes
- No

Have you been feeling depressed?

- Yes
- No

Have you felt tired or less energetic?



- Yes
- No



Have you had trouble concentrating on work or watching television?

- Yes
- No

Do you look for pandemic news on TV or online newspapers?

- Never
- 1 to 3 times per week
- 4 a 6 times per week
- Everyday
- Several times each day

Have you had trouble getting a proper rest due to wakefulness, insomnia?

- Yes
- No

When you wake up in the morning. Do you feel that you rested well?

- Yes
- No