



Federal University of Pelotas
Posgraduate Program in Epidemiology
Questionnaire - Elderly - 60 years old or more

Do not write
in this column

IDENTIFICATION

Interviewer number: __ __	NUENT __ __
Basic health Unit: __ __	UBS __ __
Micro-area number: __ __	MICRO __ __
Block number: __ __	QUADRA __ __
House number: __ __ __	DOM __ __ __
Number of person in the household: __ __	NPED __ __
Interview date: __ __ / __ __	
Interview start time: __ __ : __ __ hs	
Address _____	
Contact phone: (____) _____	

ATTENTION INTERVIEWER: DO NOT ASK, JUST OBSERVE

1. Skin color or race of the interviewee: (1) White (2) Black (3) Yellow (4) Brown (5) Indigenous	CORPEL __
2. Gender of the interviewee: (0) Male (1) Female	SEXO __

START INTERVIEW: INTERVIEWEE IDENTIFICATION DATA

3. What is your name?	
4. How old are you? __ __ __ (full years)	IDADE _____
5. What is your date of birth? __ / __ / ____	DN _____

ASK THE INTERVIEWEE

6. What is your current weight? __ __ __ , __ kg (888,8)NSA* (999,9)IGN** *NSA= Does Not Applied ** IGN= Ignored	PEK __ __ __ , __
7. How tall are you? __ __ __ cm (888)NSA (999)IGN	ALTC __ __ __
8. What color is your skin or race? (1) White (2) Black (3) Yellow (4) Brown (5) Indigenous (9) IGN	CORAUT __
9. In your opinion, what color is my skin or race? (1) White (2) Black (3) Yellow (4) Brown (5) Indigenous (9) IGN	CORENT __
10. Did you attend school? (0) No - SKIP TO QUESTION 12 (9) IGN (1) Yes	FREQESC __
11. Up to which grade did you study? Series: _____ Degree: _____ (Code after closing the questionnaire) Complete years of study: _____ years (88)NSA (9) IGN	SERESTA __ __
12. Do you know how to read and write? (0) No (9) IGN (1) Yes (2) Only sign	LERESC __
13. Did you work, being paid, in the last month?	TRABULTM _____

(0) No (1) Yes	(9) IGN	
14. Are you retired? (0) No - SKIP TO QUESTION 16 (1) Yes	(9) IGN	APOS __
15. At what age did you retire? __ __ Years old	(88)NSA (99) IGN	IDAPOS __ __
16. What is your current marital status (1) Married (2) Single or without a partner - SKIP TO QUESTION 18 (3) Separated or divorced - - SKIP TO QUESTION 18 (4) Widowed - - JUMP FOR QUESTION 18		SITCONJ__
17. How old is your spouse / partner? _____ (complete years)	(888)NSA (999) IGN	IDESPA __ __ __
18. Do you have or have had children (includes adopted children)? (0) No - SKIP TO QUESTION 20 (1) Yes	(99) IGN	FILHO__
19. If YES, how many? __ __ (number of male children) __ __ (number of female daughters)	(88)NSA (99) IGN	FILQTH__ FILQTM__
20. The house in which you live is: (0) Own (1) Rented (2) From a relative or friend. Which one. Which? _____ (9)IGN		CASAPR__ CASAPRQ__
21. Do you live alone? (0) No (1) Yes - SKIP TO QUESTION 24		MORSOZ__
22. In addition to you, how many people live in this house? _____ people	(88)NSA	QTSMOR__ __
23. What is the relationship of these people with you? Spouse / partner (0) No (1) Yes (8) NSA Father (0) No (1) Yes (8) NSA Mother (0) No (1) Yes (8) NSA Grandson (0) No (1) Yes (8) NSA Father-in-law/Mother-in-law (0) No (1) Yes (8) NSA Children / daughter (0) No (1) Yes (8) NSA Brother / sister (0) No (1) Yes (8) NSA Other family members (0) No (1) Yes (8) NSA Employee (0) No (1) Yes (8) NSA OtherEmployee: _____		ESPMO__ PAIMO__ MAEMO__ NETOMO__ SOGMO__ FILHOMO__ IRMOR__ OUTMO__ EMPMO__ OUMO__
24. Do you usually be alone during the day (day and night)? (0) Never or rarely (1) Yes, about an hour (2) Yes, long periods of time - ex: every morning, every afternoon (3) Yes, only during the day (4) Yes, only at night (5) Yes, alone all the time	(9) IGN	FICARSOZ__
25. Do you use any of this equipment or accessories in your daily life? Bengal (0) No (1) Yes (8) NSA Walker (0) No (1) Yes (8) NSA Wheelchair (0) No (1) Yes (8) NSA Hearing aid (in ear) (0) No (1) Yes (8) NSA Upper denture (0) No (1) Yes (8) NSA Denture at the bottom (0) No (1) Yes (8) NSA Femur prosthesis (0) No (1) Yes (8) NSA Foam mattress with dots (pyramidal) (0) No (1) Yes (8) NSA Air cushion for chair or bed (0) No (1) Yes (8) NSA Others: _____		USABENG__ USAAND__ USACADR__ USAAPARAUD__ USADENTSUP__ USADENTINF__ USAPROTFEM__ USACOP__ USAALM__ USAOUT__
26. How do you consider your health? <i>SHOW THE FACES CARD!</i> (1) Poor (2) Bad (3) Regular (4) Good (5) Great	(9) IGN	ISAUD__
27. Compared to <THE LAST 5 YEARS>, you would say that your health today is: (1) Better (2) Same thing (3) Worse	(9) IGN	ISAUDH__

<p>28. In comparison with other people your age, would you say that your health is: (1) Better (2) Equal (3) Worse (9) IGN</p>	<p>ISAUOUT__</p>
<p>29. How do you feel about your life in general? (0) Dissatisfied (1) Satisfied - SKIP to question 31 (9) IGN</p>	<p>ISENT__</p>
<p>30. What are the main reasons for your dissatisfaction with life? (Note up to 3 reasons (1) Economic problem (debt, little money); (2) Health problem; (3) Housing problem; (4) Transport problem (there is no way to leave the house); (5) Conflict in personal relationships; (6) Lack of activity (7) Another problem_____ (8)NSA (9) IGN</p>	<p>IMDIMP1__ IMDIMP2__ IMDIMP3__</p>
<p>31. Since <THREE MONTHS AGO> did you consult with any doctor, in an emergency service (SAMU, Emergency Room)? (0) No (1) Yes, how many___ times (99) IGN</p>	<p>CONM3__</p>
<p>32. Since <THREE MONTHS AGO> did you consult with a doctor in services that were not urgent? (0) No - SKIP TO QUESTION 34 (1) Yes, how many___ times (99) IGN</p>	<p>CONMA__ CONNUVEZ__</p>
<p>33. IF YES, where was your last appointment? (01) Health post (02) Private doctor (03) Doctor with health agency (04) Other_____ (88)NSA (99) IGN</p>	<p>LOCONUV__</p>
<p>34. Did any doctor say that you have high blood pressure? (0) No - SKIP TO QUESTION 36 (1) Yes - How long: ___ years ___ months (99)IGN</p>	<p>HASREF__ HASTEMA__ HASTEMM__</p>
<p>35. Are you taking any medicine recommended or prescribed by your doctor for high blood pressure? (0) No (1) Yes (8)NSA (9)IGN</p>	<p>HREMED__</p>
<p>36. Did any doctor say that you have diabetes or high blood sugar? (0) No - SKIP TO QUESTION 38 (1) Yes - How long: ___ years ___ months (99)IGN</p>	<p>DIAREF__ DIATEMA__ DIATEMM__</p>
<p>37. Are you taking any medicine recommended or prescribed by the doctor for diabetes? (0) No (1) Yes (8)NSA (9)IGN</p>	<p>DIAREMED__</p>
<p>38. Did any doctor say that you have a lung problem (bronchitis, emphysema, COPD, asthma)? (0) No - SKIP TO QUESTION 40 (1) Yes - How long: ___ years ___ months (99)IGN</p>	<p>PULREF__ PULTEMA__ PULTEMM__</p>
<p>39. Are you taking any medicine recommended or prescribed by the doctor for the lung problem (bronchitis, emphysema, COPD, asthma)? (0) No (1) Yes (8)NSA (9)IGN</p>	<p>PULREMD__</p>
<p>40. In this year (2008) did you get the flu vaccine? (0) No. Why not?_____ (1) Yes. Where?_____ (9)IGN</p>	<p>VACGRIFE__ VACNÃOPOQ__ VACONDE__</p>
<p>41. <IN THE LAST 10 YEARS> did you get the tetanus vaccine? (0) No (1) Yes (9)IGN</p>	<p>VACTET__</p>

42. Did any doctor say that you have a heart problem? (0) No - SKIP TO QUESTION 44 (1) Yes - How long: ___ years ___ months. (99) IGN	CORREF ___ CORTEMA ___ ___ CORTEMM ___ ___
43. Are you taking any medicine recommended or prescribed by the doctor for the heart problem? (0) No (1) Yes (8) NSA (9) IGN	CORREMED ___
44. Did any doctor say that you had a stroke or stroke? (0) No (1) Yes - How long: ___ years ___ months (99) IGN	DERREF ___ DERTEMA ___ ___ DERTEMM ___ ___
45. Did any doctor say that you have a spinal disease? (0) No (1) Yes - How long: ___ years ___ months (99) IGN	COLREF ___ COLTEMA ___ ___ COLTEMM ___ ___
46. Did any doctor say that you have rheumatism, arthritis or osteoarthritis? (0) No (1) Yes - How long: ___ years ___ months (99) IGN	RAAREF ___ RAATEMA ___ ___ RAATEMM ___ ___
47. Did any doctor say that you have a kidney problem? (0) No (1) Yes - How long: ___ years ___ months (99) IGN	RIAREF ___ RITEMA ___ ___ RITEMM ___ ___
48. Are you undergoing hemodialysis? (0) No (1) Yes - How long: ___ years ___ months (99) IGN	HEMOD ___ HEMTEMA ___ ___ HEMTEMM ___ ___
49. Did any doctor ever tell you that you had cancer? (0) No - SKIP TO QUESTION 52 (1) Yes - How long: ___ years ___ months (88) NSA (99) IGN Where in the body: _____ (88) NSA (99) IGN How long: ___ years ___ months (88) NSA (99) IGN Where in the body: _____ (88) NSA (99) IGN	CAREF ___ CATEMA1 ___ ___ CATEM1 ___ ___ CALUG1 ___ ___ CATEMA2 ___ ___ CATEM2 ___ ___ CALUG2 ___ ___
50. Are you currently undergoing any cancer treatment? (0) No - SKIP TO QUESTION 52 (1) Yes - How long: ___ years ___ months (8) NSA (9) IGN	TCAREF ___ TCATEMA ___ ___ TCATEMM ___ ___
51. IF YES, what treatment? (1) Chemotherapy (2) Radiotherapy (3) Other _____ (8) NSA (9) IGN	TIPOTRATCA ___
52. Have you ever had to amputate any part of your body in your life? (0) No (1) Yes - How long: ___ years ___ months What part of the body? _____ (9) IGN	AMPREF ___ AMPTEMA ___ ___ AMPTEMM ___ ___ AMPLUG ___ ___
53. Do you have a problem losing some urine and getting wet accidentally (there is no time to get to the bathroom, or when you are sleeping; or when you cough or sneeze, or force yourself)? (0) No - SKIP TO QUESTION 57 (1) Yes (9) IGN	INCURIN ___
54. <IN THE LAST 30 DAYS> how often did this happen? (1) Once or twice a day (2) More than twice a day (3) Once or twice a week (4) More than twice a week (5) Once or twice a month (6) More than twice a month (8) NSA (9) IGN	FREINCURIN ___

55. Due to your problem of losing a little urine and accidentally getting wet, do you have to wear a diaper (liner, absorbent)? (0) No - SKIP TO QUESTION 57 (1) Yes (8) NSA (9) IGN							PROPERUR __
56. IF YES, you wear a diaper (liner, absorbent): (1) Just to leave (2) Only for sleeping (3) All the time (8) NSA (9) IGN							FRALDA __
NOW LET'S TALK ABOUT THE USE OF MEDICINE (MEDICINES)							
57. Now let's talk about any medicine you have used <IN THE LAST 7 DAYS>. It can be a remedy for headache, high blood pressure or another remedy that you always use or only occasionally. <IN THE LAST 7 DAYS>, did you use any medicine? (0) No - SKIP TO QUESTION 65 (1) Yes (9) IGN							TOREMED __
58. Could you bring the boxes or packages of all the medicines you took <IN THE LAST 7 DAYS>? (88) NSA							
MEDICATION (NAME)	How many days have you been taking it?	How many times a day?	How many pills do you take at the same time?	How many times have you forgotten to take it?	What reason are you taking for?	It works well 1-Very well 2-Well 3-Not very well	MEDIC1 __ TEMPMEDM1 __ __ TEMPMEDD1 __ __ VEZDIAMED1 __ __ VEZESQMED1 __ __ MOTIVMED1 __ __ FUNCIMED1 __ __
1. _____	__ __ month __ __ day						MEDIC2 __ TEMPMEDM2 __ __ TEMPMEDD2 __ __ VEZDIAMED2 __ __ VEZESQMED2 __ __ MOTIVMED2 __ __ FUNCIMED2 __ __
2. _____	__ __ month __ __ day						MEDIC3 __ TEMPMEDM3 __ __ TEMPMEDD3 __ __ VEZDIAMED3 __ __ VEZESQMED3 __ __ MOTIVMED3 __ __ FUNCIMED3 __ __
3. _____	__ __ month __ __ day						MEDIC4 __ TEMPMEDM4 __ __ TEMPMEDD4 __ __ VEZDIAMED4 __ __ VEZESQMED4 __ __ MOTIVMED4 __ __ FUNCIMED4 __ __
4. _____	__ __ month __ __ day						MEDIC5 __ TEMPMEDM5 __ __ TEMPMEDD5 __ __ VEZDIAMED5 __ __ VEZESQMED5 __ __ MOTIVMED5 __ __ FUNCIMED5 __ __
5. _____	__ __ month __ __ day						MEDIC6 __ TEMPMEDM6 __ __ TEMPMEDD6 __ __ VEZDIAMED6 __ __ VEZESQMED6 __ __ MOTIVMED6 __ __ FUNCIMED6 __ __
6. _____	__ __ month __ __ day						MEDIC7 __ TEMPMEDM7 __ __ TEMPMEDD7 __ __ VEZDIAMED7 __ __ VEZESQMED7 __ __ MOTIVMED7 __ __ FUNCIMED7 __ __
7. _____	__ __ month __ __ day						MEDIC8 __ TEMPMEDM8 __ __ TEMPMEDD8 __ __ VEZDIAMED8 __ __ VEZESQMED8 __ __ MOTIVMED8 __ __ FUNCIMED8 __ __
8. _____	__ __ month __ __ day						MEDIC9 __ TEMPMEDM9 __ __ TEMPMEDD9 __ __ VEZDIAMED9 __ __ VEZESQMED9 __ __ MOTIVMED9 __ __ FUNCIMED9 __ __
9. _____	__ __ month __ __ day						MEDIC10 __ TEMPMEDM10 __ __ TEMPMEDD10 __ __ VEZDIAMED10 __ __ VEZESQMED10 __ __ MOTIVMED10 __ __ FUNCIMED10 __ __
10. _____	__ __ month __ __ day						MEDIC11 __ TEMPMEDM11 __ __ TEMPMEDD11 __ __ VEZDIAMED11 __ __ VEZESQMED11 __ __ MOTIVMED11 __ __ FUNCIMED11 __ __
Total number of medications: __ __							NUTOMED __ __

59. Do any of the remedies bother you in any way? (0) No - SKIP TO 61 (1) Yes (8)NSA (9)IGN					REMEDINC__
60. Can you tell me which medicine(s) (how much and how much do you bother)?					
Medicine Name	How much it Does it bother you?			Where it bothers you?	REMED1__ INCREMED1__ QINCOMED1__ REMED2__ INCREMED2__ QINCOMED2__ REMED3__ INCREMED3__ QINCOMED3__ REMED4__ INCREMED4__ QINCOMED4__ REMED5__ INCREMED5__ QINCOMED5__
	A lot	A little	Not a lot		
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
61. Now I am going to read some problems that people have when taking their medicine and I would like you to tell me if it is "very difficult", "a little difficult" or if "it is not difficult" to do each one of the tasks.					
Task	Very difficult	A little difficult	Not difficult	Comments (which medicine)	RETREM__
1. Remove the medicine from the packaging					
2. Read the medicine package					LERREM__
3. Remember to take all medications					LEMBREM__
4. Being able to replace medicines in time					CONSREM__
5. Take too many medications at the same time					TOMUREM__
62. How do you get these remedies <u>most of the time</u> ? (1) Primary Health Care Unit. Which one? _____ (2) Health Office (3) You have to buy - APPLY QUESTION 63, IF YOU DON'T JUMP FOR 64 (4) Got part of the medication and another part has to buy - APPLY QUESTION 63 (5) Other: _____ (8)NSA (9)IGN					REMAVZ__ REMAVZPS__
63. If you had to buy, how much have you spent on medication since <LAST 30 DAYS>? R\$: _____ (8888,88)NSA (9999,99)IGN					REMCOMP _____'____
64. Did you have any medication that you had to take since <LAST 30 DAYS> and you didn't get it? (0) No (1) Yes (8)NSA (9)IGN					RETONC__
65. Have you ever fallen from <1 YEAR AGO> until now? (0) No - SKIP TO QUESTION 67 (1) Yes (9)IGN					QUEULTA__
66. IF YES - How many times?? ____ times (88)NSA (99)IGN					QUEVZA__
67. Since <1 YEAR AGO> have you broken or broken any bones? (0) No - SKIP TO QUESTION 69 (1) Yes (9)IGN					FRAT__

68. IF YES - How many times? ___ ___ vezes (88)NSA (99)IGN	FRATVZA__ __
69. Since <4 YEARS AGO>, did you have to be hospitalized (discharged) in any hospital? (0) No - SKIP TO QUESTION 71 (1) Yes (9)IGN	INT4ANO__
70. IF YES, how many times? ___ ___ (number of times) (9)IGN (8)NSA	INT4AVZ__ __
71. Since <1 YEAR AGO>, did you have to be hospitalized (discharged) in any hospital? (0) No - SKIP TO QUESTION 74 (1) Yes (9)IGN	INTEULTA__
72. IF YES, what is the reason for the last hospitalization? (8)NSA (9)IGN	INTMOT__ __
73. IF YES, how many times? ___ ___ (number of times) (9)IGN (8)NSA	INTULTMVZ__ __
74. Since <1 YEAR AGO>, did you need to spend the night in a hospital under observation (as a patient)? (0) No - SKIP TO QUESTION 76 (1) Yes (9)IGN	NOIHOSUA__
75. IF YES, how many times? ___ ___ (number of times) (8)NSA (9)IGN	NOIHOSVZ__ __
76. Have you ever consulted your eyes with an eye specialist, doctor or technician in your life? (excluding exams for taking or renewing a driver's license) (0) No - SKIP TO QUESTION 78 (1) Yes (9)IGN	CONSOLHOS__
77. When was the last time you consulted for the eyes? (0) less than 1 year ago (1) Between 1 and 5 years ago (2) More than 5 years ago (9) Doesn't remember how long (8)NSA (9)IGN	VICONSOLHT__
78. Do you wear glasses or contact lenses? (0) No - SKIP TO QUESTION 80 (1) Yes - How long ago? ___ years (99)IGN	VISOCLEN__ VITEOCLEN__ __
79. Was this glasses or contact lens prescribed by a health professional? (0) No (1) Yes (8)NSA (9)IGN	VIOCLENMED__
80. Do you consider your vision? (with or without glasses or lens) <i>SHOW THE FACES CARD!</i> (1) great (2) good (3) fair (4) bad (5) terrible (9)IGN	VISAO__
81. Does your vision hinder you to do the things you need or want to do? (0) No (1) Yes (9)IGN	VIATRP__
82. How do you consider your hearing? (hear well? listen well?) (with or without the help of devices) <i>SHOW THE FACES CARD!</i> (1) great (2) good (3) fair (4) bad (5) terrible (9)IGN	AUDI__
83. Do you use hearing aids? (0) No (1) Yes, how long ago? ___ (months) (9)IGN	AUDIAP__ AUDIAPTE__ __
84. Does your hearing disturb you for the activities you need or want to do? (0) No (1) Yes (9)IGN	AUDIATRP__
85. How do you consider the situation of your mouth? <i>SHOW THE FACES CARD!</i> (1) great (2) good (3) fair (4) bad (5) terrible (9)IGN	ODCA__
86. Have you ever consulted a dentist in your life? (0) No - SKIP TO QUESTION 90 (1) Yes (9)IGN	ODCONS__
87. How long ago was the last appointment with the dentist? (1) Less than 1 year ago (2) Between 1 and 5 years ago (3) More than 5 years ago (4) Doesn't remember how long (8)NSA (9)IGN	ODCAULT__

88. What is the main reason (s) for the last time you consulted with the dentist? (0) Routine / maintenance (1) I was in pain (2) Had bleeding or inflamed gums (3) Had caries / restoration / filling (4) Had any sores, lumps or stains in the mouth (5) My face was swollen (6) Needed to undergo root canal treatment (7) I needed to pull out some teeth (8) I had to make a new denture (9) Others _____ (88)NSA (99)IGN	ODMOTC1__ __ ODMOTC2__ __ ODMOTC3__ __
89. Where did you see the dentist? (0) At the Primary Health Care Center - Which one? _____ (1) Private dentist (2) Private Ambulatory (3) Contracted dentist (9) Other _____ (88)NSA (99)IGN	ODLOC__ __ PSQUAL__ __
90. Do you have a problem or difficulty chewing food? (0) No (1) Yes (9)IGN	ODIFMAS__
91. <IN THE LAST 30 DAYS> did you need to stay in bed (were you bedridden)? (0) No - SKIP TO QUESTION 93 (9)IGN (1) Yes	ACAM30D__
92. How long were you in bed? __ __ (months) __ __ (days) (88)NSA (99)IGN	TEMACM__ __ TEMACD__
93. Have you ever been visited by a Community Health Agent (CHA) at your home? (0) No <input type="checkbox"/> SKIP TO QUESTION 96 (1) Yes (9)IGN	VISACS__
94. IF YES, you received a visit from the CHA at your home at: <IN THE LAST 30 DAYS> (0)No (8)NSA (9)IGN (1)Yes, __ __ times <FROM 3 MONTHS AGO> (0)No (8)NSA (9)IGN (1) Yes, __ __ times	VACS30D__ VACS30DV__ __ VACS3M__ VACS3M__ __
95. Which of the activities will I read, did the Community Health Worker (Agente Comunitário de Saúde - ACS) do at your home?	
Filled out a form for your registration (0)No (1)Yes (8)NSA (9)IGN Asked about his health situation (0)No (1)Yes (8)NSA (9)IGN Asked about medication use (0)No (1)Yes (8)NSA (9)IGN Delivered medications or dressing material (0)No (1)Yes (8)NSA (9)IGN Oriented about vaccines (0)No (1)Yes (8)NSA (9)IGN Guided on the importance of cleaning the mouth and prosthesis (0)No (1)Yes (8)NSA (9)IGN Provided guidance on health care (0)No (1)Yes (8)NSA (9)IGN Scheduled appointment (0)No (1)Yes (8)NSA (9)IGN	CAD__ SITSAU__ USOMED__ ENTMED__ VACONS__ ORITBOCA__ ORITSAU__ AGENDCONS
NOW LET'S TALK ABOUT HEALTH CARE AT HOME	
96. Since <THREE MONTHS AGO> you have received at home any of the following services:	
Medical consultation? (0)No (1)Yes (9)IGN Social assistance? (0)No (1)Yes (9)IGN Physiotherapy? (0)No (1)Yes (9)IGN Dentist care? (0)No (1)Yes (9)IGN Nursing care? (0)No (1)Yes (9)IGN Pressure check? (0)No (1)Yes (9)IGN Band Aid? (0)No (1)Yes (9)IGN Injection? (0)No (1)Yes (9)IGN Flu vaccine application? (0)No (1)Yes (9)IGN Nebulization? (0)No (1)Yes (9)IGN Bladder catheterization? (0)No (1)Yes (9)IGN Was material collected for exams (eg blood)? (0)No (1)Yes (9)IGN Other _____	RECONMED__ RECASSISOC__ RECFIS__ RECATDENT__ RECATENF__ RECATA__ RECCUR__ RECINJ__ RECVAC__ RECNEB__ RECSONVES__ RECOLEX__ RECOU__
IF YES IN ANY OF THE ABOVE QUESTIONS, APPLY QUESTIONS 97, 98 and 99; kyyyr	
97. Why did you need health care at home?	

Was bedridden	(0) No (1) Yes	(8) NS A	(9) IGN	MOTADAC__
I had difficulty walking	(0) No (1) Yes	(8) NS A	(9) IGN	MOTADDL__
Her health situation had worsened	(0) No (1) Yes	(8) NS A	(9) IGN	MOTADSP__
Needed follow-up after discharge from hospital	(0) No (1) Yes	(8) NS A	(9) IGN	MOTADSP__
There was no one to take you to the health center	(0) No (1) Yes	(8) NS A	(9) IGN	MOTADNA__
Other: _____				MOTIVOU__
98. How many times have you received health care at home since <3 MONTHS AGO>? ____				PREAD3M__
How many of these were <IN THE LAST MONTH>? ____				PREADULM__
How many of these were <IN THE LAST WEEK>? ____ (88) NSA (99) IGN				PREADULS__
99. Did you receive care from any of the following:				
Health professional from Primary Health Care Center	(0) No (1) Yes	(8) NSA	(9) IGN	REPROPSAU__
Private professional	(0) No (1) Yes	(8) NSA	(9) IGN	REPROFFPAR__
Health insurance professional	(0) No (1) Yes	(8) NSA	(9) IGN	REPROCON__
From your family member	(0) No (1) Yes	(8) NSA	(9) IGN	REFAMILIAR__
From a neighbor or friend	(0) No (1) Yes	(8) NSA	(9) IGN	REVIZAMIGO__
Other: _____				REAOUT__
100. Have you been asked for home care since <3 MONTHS AGO>?				
(0) No (1) Yes - SKIP TO QUESTION 102 (9) IGN				SOLAD__
101. For what reason did you not request care at home?				
The service does not provide care at home	(0) No (1) Yes	(8) NSA	(9) IGN	MONSADNF__
No professional to attend at home	(0) No (1) Yes	(8) NS A	(9) IGN	MONSADNTP__
The service does not have a telephone or does not work	(0) No (1) Yes	(8) NS A	(9) IGN	MONSADNTT__
There was no way to make an appointment or request an appointment	(0) No (1) Yes	(8) NS A	(9) IGN	MONSADNTC__
Was afraid to request and not be attended	(0) No (1) Yes	(8) NS A	(9) IGN	MONSADTM__
Why I feel better	(0) No (1) Yes	(8) NS A	(9) IGN	MONSADMEL__
Other: _____				MONSADOUT__
102. IF YES: Where did you request home care?				
(0) Primary Health Care Center. Which one? _____				
(1) At the Municipal Health Secretariat				ONSOLAD__
(2) Emergency Movel Service				PSQUAL__
(3) In the health insurance plan				SADOUT__
(4) Outpatient or private service				
(5) Other: _____ (8) NSA (9) IGN				
103. IF YES: Who made the request for home care?				
You	(0) No (1) Yes	(8) NSA	(9) IGN	ADSOLS__
Any of your family members	(0) No (1) Yes	(8) NSA	(9) IGN	ADSOLF__
Any neighbor or friend	(0) No (1) Yes	(8) NSA	(9) IGN	ADSOLVA__
The Community Health Worker - ACS	(0) No (1) Yes	(8) NSA	(9) IGN	ADSOLACS__
Other: _____				ADSOLOU__
104. IF YES: How did you apply?				
Over the phone	(0) No (1) Yes	(8) NSA	(9) IGN	FSOADSE__
Some family member or neighbor came to the service	(0) No (1) Yes	(8) NSA	(9) IGN	FSOLSER__
Asked the ACS	(0) No (1) Yes	(8) NSA	(9) IGN	FSOLACS__
Other: _____				FSOLOU__
105. Did you receive the requested service?				
(0) No - SKIP TO QUESTION 108 (1) Yes (8) NSA (9) IGN				RECEBEU__
106. How many days have passed between the request and the professionals coming to your home?				
____ (days) (88) NSA (99) IGN				QTSOLAD__

107. What is your opinion about the waiting time to be attended at home this last time?					OPINTEAD__	
<i>SHOW THE FACES CARD!</i>						
1) Poor (2) Bad (3) Regular (4) Good (5) Great		(8) NSA	(9) IGN			
108. IF NO: For what reason was it not attended to?						
Could not get a record in the service	(0) No (1) Yes	(8) NSA	(9) IGN	MONRADF__		
The service does not answer at home	(0) No (1) Yes	(8) NSA	(9) IGN	MONRADNF__		
There was no response from the service	(0) No (1) Yes	(8) NSA	(9) IGN	MONRADNR__		
The service had no professional to attend	(0) No (1) Yes	(8) NSA	(9) IGN	MONRADNTP__		
The service was closed	(0) No (1) Yes	(8) NSA	(9) IGN	MONRADPF__		
Needed to pay and had no money	(0) No (1) Yes	(8) NSA	(9) IGN	MONRADNPP__		
The phone was always busy	(0) No (1) Yes	(8) NSA	(9) IGN	MONRADTO__		
() Other: _____				MONRADOU__		
109. IF NOT RECEIVED: What happened to your health situation?						
(1) Still in the same situation (2) Improved (3) Worsened				PRENROQAC__		
() Other: _____		(8) NSA	(9) IGN			
FOR THOSE WHO HAVE NOT RECEIVED HOME CARE CLOSE HERE AND CONTINUE WITH QUESTION 126						
110. How many times have you been attended to at home in the last three months by staff from...						
Primary Health Care Center in your neighborhood: __ __						
(88) NSA (99) IGN				ADQVPSB__		
How many times in the last month? __ __						
(88) NSA (99) IGN				ADQVPSBUM__		
How many in the last week? __ __						
(88) NSA (99) IGN				ADQVPSBUS__		
Primary Health Care Center in another neighborhood:						
Which? _____		(88) NSA	(99) IGN	ADQVPSOB__		
How many times in the last month? __ __						
(88) NSA (99) IGN				ADQVPSOBUM__		
How many times in the last week? __ __						
(88) NSA (99) IGN				ADQVPSOBUS__		
SAMU: __ __ times						
How many times in the last month? __ __						
(88) NSA (99) IGN				ADQVSAMU__		
How many times in the last week? __ __						
(88) NSA (99) IGN				ADQVSAMUUM__		
(88) NSA (99) IGN				ADQVSAMUUS__		
Other: _____						
(88) NSA (99) IGN				ADQVOUT__		
How many times in the last month? __ __						
(88) NSA (99) IGN				ADQVOUTUM__		
How many times in the last week? __ __						
(88) NSA (99) IGN				ADQVOUTUS__		
NOW LET'S TALK ABOUT THE LAST TIME HE RECEIVED HEALTH CARE AT HOME						
111. Which professionals attended you at home this last time?						
Nurse	(0) No (1) Yes	(8) NSA	(9) IGN	ADUVENF__		
Nursing Assistant / Technician	(0) No (1) Yes	(8) NSA	(9) IGN	ADUVTENF__		
Physician	(0) No (1) Yes	(8) NSA	(9) IGN	ADUVMED__		
Dentist	(0) No (1) Yes	(8) NSA	(9) IGN	ADUVOD__		
Physiotherapist	(0) No (1) Yes	(8) NSA	(9) IGN	ADUVFIS__		
Nutritionist	(0) No (1) Yes	(8) NSA	(9) IGN	ADUVNUT__		
Psychologist	(0) No (1) Yes	(8) NSA	(9) IGN	ADUVPSI__		
Physical Educator	(0) No (1) Yes	(8) NSA	(9) IGN	ADUVEDFI__		
Speech therapist	(0) No (1) Yes	(8) NSA	(9) IGN	ADUVFON__		
Social Worker	(0) No (1) Yes	(8) NSA	(9) IGN	ADUVASS__		
Student	(0) No (1) Yes	(8) NSA	(9) IGN	ADUVEST__		
Outro: _____						
(88) NSA (99) IGN				ADUVOUT__		
112. What was done with you during home care this last time?						
Medical consultation	(0) No (1) Yes	(8) NSA	(9) IGN	ADCMED__		
Did physiotherapy	(0) No (1) Yes	(8) NSA	(9) IGN	ADFISIO__		
Nursing consultation	(0) No (1) Yes	(8) NSA	(9) IGN	ADCENF__		
Dressing	(0) No (1) Yes	(8) NSA	(9) IGN	ADCUR__		
Nebulization	(0) No (1) Yes	(8) NSA	(9) IGN	ADNEB__		
Injected	(0) No (1) Yes	(8) NSA	(9) IGN	ADMEDIN__		
Measured blood pressure	(0) No (1) Yes	(8) NSA	(9) IGN	ADMPA__		
Measured temperature	(0) No (1) Yes	(8) NSA	(9) IGN	ADMTEM__		
They changed the ostomy "bag"	(0) No (1) Yes	(8) NSA	(9) IGN	ADTBOL__		
Placed / exchanged urethral tube	(0) No (1) Yes	(8) NSA	(9) IGN	ADTSON__		
Nasogastric / naso-enteral tubes were placed / exchanged	(0) No (1) Yes	(8) NSA	(9) IGN	ADSNG__		

Blood sugar levels	(0) No	(1) Yes	(8) NSA	(9) IGN	ADDAS__
Applied flu vaccine	(0) No	(1) Yes	(8) NSA	(9) IGN	ADVACG__
Applied tetanus vaccine	(0) No	(1) Yes	(8) NSA	(9) IGN	ADVACT__
Teeth cleaning	(0) No	(1) Yes	(8) NSA	(9) IGN	ADLIMPD__
Tooth filling	(0) No	(1) Yes ³	NSA	(9) IGN	ADOBD__
Tooth extraction (plucking)	(0) No	(1) Yes ³	NSA	(9) IGN	ADEXD__
Adjustment or making of prosthesis, pivot, denture	(0) No	(1) Yes ³	NSA	(9) IGN	ADPPD__
Other _____					ADOUT__
113. Did you remain in follow-up after this service?					PEACAD__
(0) No - SKIP TO QUESTION 115 (1) Yes (8) NSA (9) IGN					
114. If YES, your follow-up, in most cases was:					
Daily	(0) No	(1) Yes	(8) N SA	(9) IGN	READDI__
Once a week	(0) No	(1) Yes	(8) N SA	(9) IGN	READUVS__
2 or more times a week	(0) No	(1) Yes	(8) N SA	(9) IGN	READDVS__
1 time every fifteen days	(0) No	(1) Yes	(8) N SA	(9) IGN	READUQD__
Once a month	(0) No	(1) Yes	(8) N SA	(9) IGN	READUVM__
Other:					READOUT__
115. After the consultation do you was					
Referred to hospital	(0) No	(1) Yes	(8) NS A	(9) IGN	ENCHOS__
Referred to specialist	(0) No	(1) Yes	(8) NS A	(9) IGN	ENCESP__
Exam requested	(0) No	(1) Yes	(8) NS A	(9) IGN	SOLEX__
New drug prescription	(0) No	(1) Yes	(8) NS A	(9) IGN	PRESNM__
Health Care Oriented	(0) No	(1) Yes	(8) NS A	(9) IGN	DISPMAT__
Left material or equipment	(0) No	(1) Yes	(8) NS A	(9) IGN	DEIXMAT__
If YES, apply to 116, if NOT to jump to 117					
116. What materials or equipment did the Health Center staff leave at your home for your care?					
(0) gauze					MATEQD1__
(1) syringe					MATEQD2__
(2) medications					MATEQD3__
(3) cotton					MATEQD4__
(4) adhesive tape					
(5) gloves					
(6) bladder catheter					
() Other: _____			(8) NSA	(9) IGN	
117. Did you receive any explanation about the reason for your attendance at home?					RECEXPOT__
(0) No (1) Yes (8) NSA (9) IGN					
118. Did you spend any money on the last appointment you received at home?					GADICA__
(0) No - SKIP TO QUESTION 120 (1) Yes (8) NSA (9) IGN					
119. If YES: How much did you spend?					GADIQT__ _ _ _ , _ _
R\$ _____, _____ (8888,88) NSA (9999,99) IGN					
120. Did you receive a prescription for this last home care?					RECRECUAC__
(0) No - SKIP TO QUESTION 124 (1) Yes (8) NSA (9) IGN					
121. Did you get the medicines through SUS?					CONSREMSUS__
(0) Não (1) Sim (8) NSA (9) IGN					
122. IF NO: Did you buy any medicine?					COMPREM__
(0) No - SKIP TO QUESTION 124 (1) Yes (8) NSA (9) IGN					
123. IF YOU BUY: How much did you spend?					QUANTOGAS__ _ _ _ , _ _
R\$: _____, _____ (8888,88) NSA (9999,99) IGN					

124. What is your opinion about the health care you received at home this last time? <i>SHOW THE FACES CARD!</i>	OPIADUV__
(1) Poor (2) Bad (3) Regular (4) Good (5) Great (8)NSA (9)IGN	
125. After receiving health care at home, you consider that your problem: (0) Worsened (1) Same (2) Improved a little (3) Much improved (4) Cured / resolved (8)NSA (9)IGN	AADPROB__
NEXT I WILL ASK YOU ABOUT SOME ACTIVITIES OF YOUR DAY AND I WOULD LIKE YOU TO RESPOND TO ME ACCORDING TO THE ALTERNATIVES I WILL GIVE YOU	
126. When are you going to take your shower: (2) Does not receive help (enters and leaves the bathroom alone) (1) Receives help with bathing for only one part of the body (back or legs, for example) (0) Receives help with bathing in more than one part of the body	IBANHO__
127. When will you get dressed: (2) Does not receive help (1) Get the clothes and get dressed without help (except to tie your shoes) (0) Receives help to pick up clothes or to dress (or remains partially or totally undressed)	IVESTIR__
128. When you need to use the bathroom for your needs: (2) Does not receive help (1) Receives help to go to the bathroom (0) Do not go to the bathroom to urinate or evacuate	ITOALET__
129. To move from the bed to a chair, you: (2) Does not receive help (1) Receives help (0) Don't get out of bed	ICADEIR__
130. Do you have control to pee or poop: (2) Has control over urination and evacuation functions (1) There are occasional 'accidents' (0) Can not control the pee or poop and wear a diaper or tube	ICAMIN__
131. To feed (to eat): (2) Feeds without assistance (1) Feeds without help, except to cut meat or butter bread (0) Receives help to feed or is fed by tube	IALIMEN__
132. To use the telephone? (2) Has no difficulty (1) Can do with difficulty (0) Cannot use alone	ITELEF__
133. To go to distant places, using bus or taxi, you: (2) Does not receive help (1) Receives partial aid (0) Can't go alone	ISAIR__
134. To make your purchases, you: (2) Does not receive help (1) Receives partial aid (0) Can't do it alone	ICOMPR__
135. To prepare your own meals, you: (2) Does not receive help (1) Receives partial aid (0) Cannot prepare alone	ICOMIDA__
136. To clean your house (2) Does not receive help (1) Receives partial aid (0) Can't fix it alone	ILIMPEZ__
137. To handle small objects, such as a key, or to make minor repairs or housework (2) Does not receive help (1) Receives partial aid	IOBJPEQ__

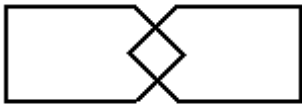
	(0) Can't do it alone	
138.	To take your medication at the right dose and at the right time (2) Does not receive help (1) Receives partial aid (0) Can't take it alone	IREMED __
139.	To take care of your money (2) Does not receive help (1) Receives partial aid (0) Can't manage alone	IDINHE __
140.	To walk the distance of a block (2) Does not receive help (1) Receives partial aid (0) Can't walk alone	ICAQUA __
141.	To climb a flight of stairs (2) Does not receive help (1) Receives partial aid (0) Cannot climb alone	ILANCE __
IF THE INTERVIEWER ANSWERED THAT THEY NEED PARTIAL HELP OR GREAT HELP IN THE ABOVE QUESTIONS, APPLY QUESTION 142. IF NO, JUMP TO QUESTION 145		
142.	Who do you get help with in most tasks that need it? (1) Partner; spouse - If the elderly DO NOT HAVE A COMPANION, DO NOT READ THIS OPTION (2) Child - IF the elderly do not HAVE CHILDREN, DO NOT READ THIS (3) Neighbor (4) Friends (5) Paid companion - APPLY QUESTION 143 (6) Unpaid companion - SKIP TO QUESTION 144 (7) Other _____ (8)NSA (9)IGN	RECAJU __
143.	If you pay, how much do you pay per month? R\$ __ __ __ __, __ __ (reais) (888888)NSA (999999)IGN	PAGME - - - - , - -
144.	How long (in hours) do you receive help during the day? __ __ (hours) __ __ (min) (00) less than 1 hour (88)NSA (99)IGN	TEAJHD __ __ TEAJMD __ __
SOCIAL RELATIONSHIP AND SUPPORT NETWORK		
145.	During a normal week, in the <LAST 30 DAYS>, did you leave the house (outside the building)? (0) No day out (1) Left every day (2) Left once a week (3) Left 2 to 4 times a week (9)IGN	SAIUCASA __
146.	<IN THE LAST 15 DAYS> did you visit your family? (0) No - SKIP TO QUESTION 148 (1) Yes (2) No family - JUMP FOR 150, DO NOT APPLY 156 AND 157 (9)IGN	VISFAM2S __
147.	IF YES, how many times? (1) Once or twice (2) Three to six times (3) More than six times (8)NSA (9)IGN	VISFAMFR __
148.	<IN THE LAST 15 DAYS>, did your family visit you? (0) No - SKIP TO QUESTION 150 (1) Yes (8)NSA (9)IGN	FAMVIS2S __
149.	IF YES, how many times? (1) Once or twice (2) Three to six times (3) More than six times (8)NSA (9)IGN	FAMVISFR __
150.	<IN THE LAST 15 DAYS> did you visit your friends? (0) No - SKIP TO QUESTION 152 (1) Yes (9)IGN	VISAMI2S __
151.	IF YES, how many times? (1) Once or twice (2) Three to six times (3) More than six times (8)NSA (9)IGN	VISAMFR __
152.	<IN THE LAST 15 DAYS>, did your friends visit you? No - SKIP TO QUESTION 154 (1) Yes (9)IGN	AMVIS2S __
153.	IF YES, how many times? (1) Once or twice (2) Three to six times (3) More than six times (8)NSA (9)IGN	AMVISFR __

154. <IN THE LAST 15 DAYS>, did you have contact by phone or letter with your relatives or friends? No - SKIP TO QUESTION 156 (1) Yes (9) IGN	TELAM2S __
155. IF YES, how many times? (1) Once or twice (2) Three to six times (3) More than six times (8) NSA (9) IGN	TELAMFR __
156. What kind of help or assistance does your family offer to you? (family members who live / or who do not live with the interviewee) Cash (0)No (1)Yes (8)NSA (9)IGN Home (0)No (1)Yes (8)NSA (9)IGN Company / personal care (0)No (1)Yes (8)NSA (9)IGN Other: _____	TIAJFAMOFD __ TIAJFAMOFM __ TIAJFAMOFD __ TIAJFAMOFD __
157. What kind of help or assistance do you offer to your family? (family members who live / or who do not live with the interviewee). Cash (0)No (1)Yes (8)NSA (9)IGN Home (0)No (1)Yes (8)NSA (9)IGN Company / personal care (0)No (1)Yes (8)NSA (9)IGN Other: _____	TIAJOFFAMD __ TIAJOFFAMM __ TIAJOFFAMC __ TIAJOFFAMO __
158. Are you satisfied with the relationship you have with your friends? (8) The interviewee says he / she does not have friends (0) Not satisfie (1) Yes (9) IGN	SATISRELAM __
159. You are satisfied with the relationship you have with your neighbors (8) Interviewee says he has no relationship with neighbors (0) Not satisfied (1) Yes (9) IGN	SATISRELVIZ __
160. Do you have any pets in your home? (0) No- SKIP TO QUESTION 162 (1) Yes (9) IGN	ANIESTI __
161. IF YES, WHICH? Cat (0)No (1)Yes (8)NSA (9)IGN Dog (0)No (1)Yes (8)NSA (9)IGN Bird (0)No (1)Yes (8)NSA (9)IGN Horse (0)No (1)Yes (8)NSA (9)IGN Other: _____	ANIESTI1 __ ANIESTI2 __ ANIESTI3 __ ANIESTI4 __ OUTANIESTI __
162. <IN THE PAST WEEK> did you receive a visit from any of these people? Neighbors / friends (0)No (1)Yes (9)IGN Brother) (0)No (1)Yes (9)IGN Child (0)No (1)Yes (9)IGN Other family members(nephews, grandchildren) (0)No (1)Yes (9)IGN Other: _____	RECVISVIZAM __ RECVISIR __ RECVISF __ RECVISOURFA __ RECVISOUT __
163. <IN THE LAST 15 DAYS> did you watch television? (0) No- SKIP TO QUESTION 166 (1) Yes (9) IGN	ASSISTV __
164. When you watch television, what does he like to watch? Movie (0)No (1)Yes (8)NSA (9)IGN Novel (0)No (1)Yes (8)NSA (9)IGN News (0)No (1)Yes (8)NSA (9)IGN Games (0)No (1)Yes (8)NSA (9)IGN Others: _____	ASSISTV1 __ ASSISTV2 __ ASSISTV3 __ ASSISTV4 __ ASSISTVO __
165. How many hours a day, more or less, do you usually watch television? __ __ hours __ __ min (88) NSA (99) IGN	HORTVDIA __ __ MINTVDIA __
166. <IN THE LAST 30 DAYS>, did you do any of these activities? Church (0)No (1)Yes (9)IGN Participated in a party in the community (0)No (1)Yes (9)IGN Participated in family party (0)No (1)Yes (9)IGN Participated in a workshop or group (0)No (1)Yes (9)IGN Attended a ball (0)No (1)Yes (9)IGN Traveled to another city (0)No (1)Yes (9)IGN Traveled on tour (0)No (1)Yes (9)IGN Went to a funeral or burial (0)No (1)Yes (9)IGN	MISSA __ FESCOM __ FESFA __ OFIMI __ BAILE __ VIAJ __ EXC __ VELENT __
NOW I WILL ASK SOME QUESTIONS ABOUT PHYSICAL ACTIVITY	

167. Since <DAY OF THE PAST WEEK> how many days have you walked for more than 10 consecutive minutes? Think of walking at work, at home, as a form of transportation to get from one place to another, for leisure, for pleasure or as a form of exercise. ____ days (0) none <input type="checkbox"/> SKIP TO QUESTION 169 (9) IGN	CAMDIA __
168. On the days you walked, how long, in total, did you walk each day? (999)IGN __ __ __ minutes per day (888)NSA	MINCA __ __ __
NOW WE'LL TALK ABOUT OTHER PHYSICAL ACTIVITIES OUTSIDE THE WALK	
169. Since <DAY OF THE PAST WEEK> how many days did you do STRONG activities, which made you sweat a lot or increase your breathing and your heart rate a lot, for more than 10 minutes in a row? For example: running, exercising, cycling fast, doing heavy household chores at home, in the yard or garden, transporting heavy objects, playing competitive football, ... ____ days / week (0) none <input type="checkbox"/> SKIP TO QUESTION 171 (9)IGN	FORDIA __
170. On the days when you did strong activities, how long, in total, did you do strong activities per day? __ __ __ minutes per day (888)NSA (999)IGN	MINFOR __ __ __
171. Since <DAY OF THE PAST WEEK> how many days did you do AVERAGE activities, which made you sweat a little or increase your breathing and your heart rate a little, for more than 10 minutes in a row? For example: cycling at medium pace, swimming, dancing, playing sports just for fun, doing light housework, at home or on the patio, like sweeping, vacuuming, etc. ____ days (0) none <input type="checkbox"/> SKIP TO ISSUE 173 (9)IGN	IMEDIA __
172. On the days when you did average activities, how long, in total, did you do average activities per day? __ + __ + __ + __ + __ = __ __ __ minutes per day (888)NSA (999)IGN	IMIND __ __ __
173. In relation to <1 YEAR BEHIND> you consider that your current physical activity is: (1) Minor (2) Equal - SKIP TO QUESTION 175 (3) Largest (9)IGN	MAFPAS __
174. What is the main reason for the change in your practice of physical activity or physical exercise? <hr/> (88)NSA (99)IGN	MMOTIV __ __
175. Since <1 YEAR AGO> have you received guidance for physical activity, sports, physical exercise or gymnastics? (0) No - SKIP TO QUESTION 182 (1) Yes (9)IGN	RECORAFANO __
NOW LET'S TALK ABOUT THE LAST GUIDANCE RECEIVED FOR THE PRACTICE OF PHYSICAL ACTIVITY	
176. Where did you receive this guidance? (01) Basic Health Unit / Health Post (02) Public outpatient clinic (SUS or college) (03) Ambulatory by health insurance / company plan (04) Private practice / health plan (05) Gym (06) Media (newspaper, magazine, internet, radio, television) (07) Other (88)NSA (99)IGN	MONREC __ __
177. Who guided you? (01) Doctor (02) Physical Education Teacher (03) Nutritionist (04) Physiotherapist (05) Nurse () Other _____ (88)NSA (99)IGN	MQUEMOR __ __
178. What physical activity was advised? (01) Walking (02) Running (03) Water aerobics (04) Swimming	MQAFOR __ __

() Other _____	(88)NSA	(99)IGN	
179. Were you instructed on how many times a week <PHYSICAL ACTIVITY> should be done? (0) No (1)Yes (8)NSA (9)IGN			MORVEZSEM __
180. Were you advised about the time that <PHYSICAL ACTIVITY> should have? (0) No (1)Yes (8)NSA (9)IGN			MORTEMP __
181. After the orientations received, your physical activity: (1) Increased (2) Decreased (3) Not changed (8)NSA (9)IGN			MMUD __
182. Since <1 YEAR AGO> have you sought, sought guidance for the practice of physical activity, sports, physical exercises or gymnastics? No <input type="checkbox"/> SKIP TO QUESTION 184 Yes (9)IGN			MPROCOR__
183. If yes: Where? (01) Media (newspaper, magazine, television, internet, radio) (02) Health service (03) Gym (04) Work Other (88)NSA (99)IGN			MONDPROC__ __
184. Do you smoke or have you ever smoked? (0) No, never smoked - SKIP TO QUESTION 187 (1) Yes, smokes (1 or + cigarette (s) per day for more than 1 month) (2) Smoked, but stopped smoking ___ years ___ months (9)IGN			FUMO __ TPAFA __ __ TPAFM __ __
185. How long have you smoked? (or how long have you smoked)? ___ years ___ months (88)NSA (99)IGN			TFUMA __ __ TFUMM __ __
186. How many cigarettes do you smoke (or did you) per day? ___ cigarettes (88)NSA (99)IGN			CIGDI __ __
187. Did you have any alcoholic beverages in the last 30 days? (1) Yes (2) No - SKIP TO QUESTION 192 (9)IGN			BEAL30D __ CRBBALC __
188. Have you ever felt that you should decrease the amount of alcoholic beverages or stop drinking? (1) Yes (2) No (8)NSA (9)IGN			CAGE1 __ CRCAG1 __
189. Do people bother you because they criticize your drinking? (1) Yes (2) No (8)NSA (9)IGN			CAGE2 __ CRCAG2 __
190. Do you feel upset with yourself for the way you usually drink alcohol? (1) Yes (2) No (8)NSA (9)IGN			CAGE3 __ CRCAG3 __
191. Do you drink alcoholic beverages in the morning to reduce nervousness or hangover? (1) Yes (2) No (8)NSA (9)IGN			CAGE4 __ CRCAG4 __
NOW LET'S TALK ABOUT FEELINGS			
192. Are you basically satisfied with your life?	(0)No (1)Yes		ISATIS __
193. Did you leave many of your interests and activities?	(0)No (1)Yes		IINTER __
194. Do you feel that your life is empty?	(0)No (1)Yes		IVAZIA __
195. Do you get bored frequently?	(0)No (1)Yes		IABORR __
196. Do you feel in a good mood most of the time?	(0)No (1)Yes		IHUMOR __
197. Are you afraid that something bad will happen to you?	(0)No (1)Yes		IMEDO __
198. Do you feel happy most of the time??	(0)No (1)Yes		IFELIZ __
199. Do you feel that your situation has no way out?	(0)No (1)Yes		ISAIDA __
200. Do you prefer to stay at home rather than go out and do new things?	(0)No (1)Yes		IPREFE __
201. Do you feel you have more memory problems than most?	(0)No (1)Yes		IMEMOR __

202. Do you think it's wonderful to be alive?	(0) No (1) Yes	IVIVO __
203. Do you feel useless in the current circumstances?	(0) No (1) Yes	INUTIL __
204. Do you feel full of energy?	(0) No (1) Yes	IENER __
205. Do you think your situation is hopeless?	(0) No (1) Yes	ISEMES __
206. Do you feel that most people are better than you?	(0) No (1) Yes	IMELHO __
NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR MEMORY AND REASONING. THERE ARE NO RIGHT OR WRONG ANSWERS AND SOME QUESTIONS MAY SEEM TO BE NON-DIRECT. BUT I WOULD LIKE YOU TO PAY ATTENTION AND ANSWER ALL QUESTIONS AS BEST.		
207. What is the <READ ALTERNATIVES> that we are in? The day of the week: _____ The day of the month: _____ The month: _____ The year: _____ The approximate time: _____ : _____		DIAS __ DIAM __ MÊS __ ANO __ HORA __ OTEMP __
208. What is <READ THE ALTERNATIVES> where we are? The city () Bagé () other () does not know The neighborhood: _____ () other () does not know The state () RS () other () does not know The country () Brazil () other () does not know The house / apt part: _____ () other () does not know IF YOU ARE ON THE STREET, ASK: Which side of your house are we on? _____ () other () does not know		CIDADE __ BAIRRO __ ESTADO __ PAIS __ PEÇA __ OESPA __
209. I am going to tell you the name of three objects: CARRO, VASO, TIJOLO. Could you repeat for me? () carro () other () don't know () vaso () other () don't know () tijolo () other () don't know		CARRO __ VASO __ TIJOLO __
REPEAT ANSWERS UNTIL THE INDIVIDUAL LEARN THE THREE WORDS (5 ATTEMPTS)		
210. Now I'm going to ask you to do some math. How much is it: 1. 100 - 7: _____ 2. 93 - 7: _____ 3. 86 - 7: _____ 4. 79 - 7: _____ 5. 72 - 7: _____		CONTA __
211. Could you tell me the name of the 3 objects that I told you before? () carro () other () don't know () vaso () other () don't know () tijolo () other () don't know		CARRO1 __ VASO1 __ TIJOLO1 __
212. What is the name of these objects? <SHOW> A pencil (standard): () pencil () other A wristwatch: () watch () other		LAPIS __ RELO __
213. I am going to say a sentence: "NOR HERE, NOR THERE, NOR THERE". 214. Could you repeat? () repeated () did not repeat		REPET __
215. I would like you to do it according to the following instructions: FIRST READ THE 3 INSTRUCTIONS AND ONLY THEN THE INTERVIEWER MUST PERFORM THEM. Take this paper with your right hand () fulfilled () did not fulfill Fold in half with both hands () fulfilled () not fulfilled Put the paper on the floor () did () did not do		ETAPA1 __ ETAPA2 __ ETAPA3 __
216. I am going to show you a written phrase. You will look and without saying anything, you will do what the sentence says. If you wear glasses, please put them on, as it will be easier. SHOW THE PHRASE ON THE "CLOSE YOUR EYES" CARD		LEI __

() performed task () did not perform task () other	
217. Could you write a sentence of his choice, any sentence? GUIDING THE INTERVIEWEE TO WRITE ON THE FOLLOWING LINE (BEFORE DRAWING)	FRASE __
218. And to finish this part, I would like you to copy this drawing: SHOW DRAWING AND GUIDE TO COPY NEXT	PRAXIA __
<hr/> SPACE ALLOCATED FOR THE PHRASE 	TOTAL __ __
NOW I WILL ASK QUESTIONS ABOUT THE PROPERTY AND INCOME OF THE RESIDENTS OF THE HOUSE. LEMBER, ONCE AGAIN, THAT THE DATA OF THIS STUDY IS CONFIDENTIAL. THEREFORE, BE QUIET (A) TO INFORM WHAT IS ASKED.	
219. In your home do you have: Vacuum Cleaner? (0) No (1) Yes (9) IGN ASP__ Washing machine? (0) No (1) Yes (9) IGN LAV__ VCR or DVD? (0) No (1) Yes (9) IGN VDVD__ Fridge? (0) No (1) Yes (9) IGN GEL__ Freezer or duplex refrigerator? (0) No (1) Yes (9) IGN FRDU__ Microwave? (0) No (1) Yes (9) IGN MICR__ Microcomputer? (0) No (1) Yes (9) IGN MICROCOMP__ Phone? (0) No (1) Yes (9) IGN TELFIX__	
220. In your home, do you have ...? How many? Rádio (0) (1) (2) (3) (4+) (9) IGN RAD__ Black and White television (0) (1) (2) (3) (4+) (9) IGN TVPB__ Color television (0) (1) (2) (3) (4+) (9) IGN TVCOL__ Car (private use only) (0) (1) (2) (3) (4+) (9) IGN AUT__	
221. Do you have a monthly housekeeper or domestic servant at home? If so, how many? (0) No (1) Yes, how many? __ EMPDOM__ EMPDOMQT__	
222. How many people live in this house? __ __ persons (99) IGN	QTMOGASA__ __
223. How many pieces are used for sleeping? __ __ pieces (99) IGN	QTPECDOR__ __
224. How many bathrooms are there in the house? (consider only those that have a toilet plus shower or bathtub.) __ __ bathrooms (99) IGN	QTBANCA__ __
225. What is the education level of the person who has the highest income at home? (1) none or up to 3rd grade (incomplete primary) (2) 4th grade (complete primary) or 1st grade (junior high) incomplete (3) Complete high school or incomplete high school (4) Complete high school or incomplete higher education (5) complete higher education (9)IGN	ESCPESMREND__

<p>226. How much did the people living here last month earn, including work and retirement?</p> <p>Person 1: R\$ ___ ___ ___ ___ ___ per month Person 2: R\$ ___ ___ ___ ___ ___ per month Person 3: R\$ ___ ___ ___ ___ ___ per month Person 4: R\$ ___ ___ ___ ___ ___ per month Person 5: R\$ ___ ___ ___ ___ ___ per month</p> <p>(00000) No income (88888)NSA (99999)IGN</p>	<p>BRF1 ___ ___ ___ ___ ___ BRF2 ___ ___ ___ ___ ___ BRF3 ___ ___ ___ ___ ___ BRF4 ___ ___ ___ ___ ___ BRF5 ___ ___ ___ ___ ___</p>
<p>227. Does the family have another source of income, for example, rent, pension or other that was not mentioned above?</p> <p>(0) No (1) Yes - How much? R\$ ___ ___ ___ ___ ___ per month</p> <p>(99999)IGN</p>	<p>OUTFREN ___ OUTQT ___ ___ ___ ___ ___</p>
<p>228. Do you have any health plan or health insurance (such as UNIMED, IPE, FUSEX, Union)?</p> <p>(0) No (1) Yes. Which? _____ (9)IGN</p>	<p>QUERESP ___</p>
<p>TO COMPLETE THE INTERVIEWER:</p> <p>The questionnaire was answered:</p> <p>(1) All by the elderly, without help (2) All by the elderly, with help (3) Some answers were given by someone else (4) Most of the answers were given by someone else (5) All answers were given by someone else</p>	
<p>End time of interview: ___ ___ : ___ ___ hs</p>	

CLOSE THE QUESTIONNAIRE AND THANK THE COLLABORATION