Federal University of Ouro Preto
School of Nutrition
School of Medicine
Department of Statistics
Cardiometabolism Laboratory

Fatigue Management Project 2015

General health assessment questionnaire

BLOCK 1: Identification			
Date of interview: _____/_____/_____	Matriculation:	Lyrics:	Sex [1] male [0] female
Location [1] Alegria [2] Fazendão [3] Fábrica Nova [4]Timbopeba			
Name:_____			
Order:		Date of birth _____/_____/_____	
Adress:_____			N°:_____
Neighbourhood_____		City:_____	
Landline ( ) -		Mobile ( ) -	

BLOCK 2: Blood pressure measurements *(1 minute interval)*		
SBP (left arm):_____	PAD (left arm): _____	Wrist:_____
PAS (right arm): _____	PAD (right arm): _____	Wrist:_____
SBP (upper arm BP): _____ [E] [D]	PAD (upper arm BP): _____ [E] [D]	Pulse:_____
Interviewer:		

BLOCK 3: Socio-economic and demographic data		
1- What type of shift do you work?		
[0] administrative [1] Alternating shift (6h/12h) [2] other shift		
2-How long have you been working alternating shifts? Consider your entire working life		
(years and months) [777] Can't remember		
3- What is your schooling? What grade did you study? NOTE: (years) and more than one option can be marked		
[1] Can read and write	[4] Incomplete secondary school (1st to 3rd year of primary school)	[7] Higher education incomplete
[2] 1st grade incomplete (1st to 8th grade)	[5] Completed high school (1st to 3rd year of primary school)	[8] Higher education completed
[3] 1st grade completed (1st to 8th grade)	[6] Technician	[9] > complete university degree
4- Let's consider the 1st grade. How many years of schooling do you have?		
Education: (years and months)		
5- What is your marital status?		
[0] Married or in community of property	[2] Separated (divorced/divorced/court separation)	
[1] Single	[3] Widower	
6-What is your skin color? (self-declared)		
[0] White	[2] Indigenous	[4] Brown
[1] Yellow	[3] Black	
Interviewer:		

BLOCK 4: Behavioral data
7-Do you drink alcohol? [1] Yes [2] No.
IF PARTICIPANT DOES NOT CONSUME ALCOHOL SKIP QUESTIONNAIRE. GO TO QUESTION18.
Now we're going to ask you about your alcohol consumption. (Hand in the answer sheet with the date and ID) For your privacy, I'm going to ask you the questions and you'll read the answers and mark the option that corresponds to your alcohol consumption. If you have any questions, just ask me.
8- How often do you drink alcohol?
9- How many doses of alcohol do you consume on a typical day when you are drinking?
10- How often do you consume 6 or more doses of alcohol on one occasion? **(1 can of beer (330 ml) or 1 glass of wine or 1 shot of spirits)**
11-How often during the last 12 months did you find that you couldn't stop drinking once you had started?
12- How many times in the past year have you failed to do what you were supposed to due to the use of alcoholic beverages?
13- How many times in the last 12 months have you needed a first dose in the morning to feel better after a binge?
14- How many times during the past year have you felt guilty or remorseful after drinking?
15- How many times over the past year have you been unable to remember what happened the night before because you were drinking?
16-Have you been criticized for the results of your drinking binges?
17-Did a relative, friend, doctor or any other health worker mention your drinking or suggest that you stop drinking?
FAGERSTROM
18-Do you smoke or are you a former cigarette smoker? [0] No [1] Yes, smoker [2] Yes, ex-smoker for more than six months [3] Yes, ex-smoker for less than six months
IF THE PARTICIPANT IS NOT A SMOKER OR HAS BEEN A FORMER SMOKER FOR MORE THAN SIX MONTHS, SKIP THE QUESTIONNAIRE AND GO TO QUESTION 25.
Now we're going to ask you questions about your cigarette use. (Hand in answer sheet with date and ID) For your privacy, I'm going to ask you the questions and you'll read the answers and mark the option that corresponds to your cigarette use. If you have any questions, just ask me
19-How long after waking up do you smoke your first cigarette?
20-Do you find it difficult not to smoke in forbidden places such as churches, libraries, cinemas, etc.?
21-Which cigarette of the day brings the most satisfaction?
22- How many cigarettes do you smoke a day? Please enter the average quantity consumed.
23-Do you smoke more often in the morning?
24-Do you smoke, even if you're ill, when you have to stay in bed most of the time?

Now we'll ask you about activity

Short IPAQ - Physical Activity

Think about the physical activities you do at work, as part of your home and yard activities, to get from one place to another, and in your free time for leisure, exercise or sport.

25-In the last seven days, for how many days have you practiced vigorous physical activity for at least 10 minutes continuously?
VIGOROUS physical activities are those that require great physical effort and make you breathe MUCH harder than normal, such as heavy lifting, aerobics (dancing, aerobic classes at the gym: jumping), or cycling at a fast pace

____ days a week

[777] I haven't practiced vigorous physical activity

26- How much time did you usually spend doing vigorous physical activity in a day this past week?

_____ hours a day

_____ minutes a day

[777] I haven't practiced vigorous physical activity

[999] I don't know or I'm not sure

27-In the last seven days, how many days have you practiced moderate physical activity for at least 10 minutes continuously?
MODERATE physical activities are those that require some physical effort and make you breathe A LITTLE harder than normal, such as carrying light loads, cycling at a regular pace. Do not include walking.

____ days a week

[777] I didn't do any moderate physical activity

28- How much time did you usually spend doing moderate physical activity in a day this past week?

_____ hours a day

_____ minutes a day

[777] I didn't do any moderate physical activity

[999] I don't know or I'm not sure

29- In the last seven days, how many days did you walk for at least 10 continuous minutes at a time?
Include walking to work, home, from one place to another, and any other walking done exclusively for recreation, sport, exercise or leisure.

___ days a week

[777] I didn't walk

30- How much time did you usually spend walking in a day this past week?

_____ hours a day

_____ minutes a day

[777] I didn't walk

[999] I don't know or I'm not sure

This question is about the amount of time you spent sitting down on weekdays during the last 7 days.

31-How long on average did you sit for ONE DAY this past week?
Include all time spent at work, at home, at school, sitting at a desk, and during leisure time: visiting friends, reading or sitting or lying down watching television

_____ hours a day

_____ minutes a day

[777] I didn't sit still

[999] I don't know or I'm not sure

32-During a typical day, how many hours do you spend sleeping or lying with your feet up?
Include the time spent sleeping, or trying to sleep, or resting, or napping.

[1] Up to 2 hours [2] 2 to 4 hours [3] 4 to 6 hours [4] 6 to 8 hours [5] 8 to 10 hours
[6] 10 to 12 hours [7] 12 to 14 hours [8] 14 to 16 hours [9] More than 16 hours

33- How old are you?				
Think about the recreational/leisure activities you have done during your life.				
Light physical activities: those that don't require a lot of physical effort. A person who does not go for long walks and uses motorized vehicles (car, bus, motorcycle) as a means of transport. They don't play sports regularly. Most of their leisure time is spent sitting down (talking, reading, watching television, listening to the radio, using computers).	Moderate physical activities: those that require some physical effort and make you breathe A LITTLE harder than normal. Physical exercise such as running, cycling, aerobics, dance activities or various sports.	Vigorous physical activities: those that require great physical effort and make you breathe MUCH harder than normal. Swimming or dancing for an average of two hours a day.		
34-How would you rate your level of recreational/leisure activity during adolescence?				
Adolescence	[1]Lightweight	[2] moderate	[3] Vigorous	[777] Not applicable / [999] Don't know
35- How would you rate your level of recreational/leisure activity during your 20s to 29s?				
20-29 years	[1]Lightweight	[2] moderate	[3] Vigorous	[777] Not applicable / [999] Don't know
36- How would you rate your level of recreational/leisure activity during your 30s to 39s?				
30-39 years	[1]Lightweight	[2] moderate	[3] Vigorous	[777] Not applicable / [999] Don't know
37- How would you rate your level of recreational/leisure activity during your 40s to 49s?				
40-49 years	[1]Lightweight	[2] moderate	[3] Vigorous	[777] Not applicable / [999] Don't know
38- How would you rate your level of recreational/leisure activity during your 50 to 59 years?				
50-59 years	[1]Lightweight	[2] moderate	[3] Vigorous	[777] Not applicable / [999] Don't know
39- How would you rate your level of recreational/leisure activity over the age of 60?				
>60 years	[1]Lightweight	[2] moderate	[3] Vigorous	[777] Not applicable / [999] Don't know
Think about the work activities you have done during your life.				
Light: when most of the time is spent sitting down. Ex: drivers, office workers.	Moderate: when there's a bit more movement. Ex: nurse, sales assistant.	Vigorous: when it requires hard work. Ex: construction workers, delivery drivers, farm workers		
40- How would you rate your level of activity at work during adolescence?				
Adolescence	[1]Lightweight	[2] moderate	[3] Vigorous	[777] Not applicable / [999] Don't know
41-How would you rate your level of work activity during your 20s to 29s?				
20-29 years	[1]Lightweight	[2] moderate	[3] Vigorous	[777] Not applicable / [999] Don't know
42-How would you rate your level of work activity during your 30s to 39s?				
30-39 years	[1]Lightweight	[2] moderate	[3] Vigorous	[777] Not applicable / [999] Don't know
43-How would you rate your level of work activity during your 40s and 49s?				
40-49 years	[1]Lightweight	[2] moderate	[3] Vigorous	[777] Not applicable / [999] Don't know

44-How would you rate your level of work activity during your 50s and 59s?

50-59 years [1]Lightweight [2] moderate [3] Vigorous [777] Not applicable [999] Don't know

45-How would you rate your level of work activity over the age of 60?

>60 years [1]Lightweight [2] moderate [3] Vigorous [777] Not applicable [999] Don't know

Interviewer:

BLOCK 5: Nutritional

Height _____, ____ (cm) Weight: _____, ___

Waist circ.-1: ___/____/____/,____/ Waist circ.-2: ___/____/____/,____/ Waist circ.-3: ___/____/____/,____/

Hip circ.-1: ___/____/____/,____/ Hip circ.-2: ___/____/____/,____/ Hip circ.-3: ___/____/____/,____/

Arm circ.-1: ___/____/,____/ Arm circ.-2: ___/____/,____/ Arm circ.-3: ___/____/,____/

Neck circ. (upp)-1: ___/____/,____/ Neck circ. (upp)-2: ___/____/,____/ Neck circ. (upp)-3: ___/____/,____/

Neck circ. (low)-1: ___/____/,____/ Neck circ. (low)-2: ___/____/,____/ Neck circ. (low)-3: ___/____/,____/

46- What was your approximate weight around the age of 20?

_____ ,____ [777] Can't remember

49-Do you eat the snacks offered by VALE (at home or in the company)?

[7] No, I'm administrative.
[0] No
[1] Yes, all
[2] Yes, just the fruit
[3] Yes, only fruit and juice and/or soft drinks
[4] Yes, only the juice and/or soft drink and the sandwich
[5] Yes, only juice and/or soft drinks, sandwiches and sweets.

50- Semi-qualitative food frequency questionnaire (FFQ)

Food	Quantity	Diary	Weekly	Fortnightly	Monthly	Semester	Never
Fish (herring, salmon, sardines, cod)							
Fish (other)							
Whole milk							
Semi-skimmed milk							
Skimmed milk							
Egg							
Beef							
Chicken meat							
Pork							
Processed meats (sausages)							
Ham/salami/mortadella							
Nugets							
Butter							
Margarine							
Skimmed yogurt							
Whole yogurt							
Light yogurt							
Light cheese							

Cheese (ricotta, cottage, minas frescal)							
Cheese (mozzarella, minas, prato and others)							
Lactose-free cheese							

51-Record 24 hours (previous day) (look at protocol)				
Previous day:_____			**_____ (day of the week)**	
Previous day's working hours:			**Time you woke up:**	
Meal times	**Meals**	**Location**	**Food**	**Quantity**
Interviewer				

BLOCK 6: Clinical history		
52-Do you have (or have you had since the last evaluation in 2012) any of the following illnesses?		
[0]No	[1]Yes	Acute myocardial infarction (heart attack)
[0]No	[1]Yes	Hypertension (high blood pressure)
[0]No	[1]Yes	Diabetes mellitus (blood sugar)
[0]No	[1]Yes	High cholesterol (fat in the blood)
[0]No	[1]Yes	Cerebrovascular accident (stroke)
[0]No	[1]Yes	Infections -sinusitis, gastritis, tonsillitis, gastroenteritis- (of the throat, ear, intestine)
[0]No	[1]Yes	Bowel diseases such as frequent diarrhea
[0]No	[1]Yes	Weight loss. If yes, how many kilos did you lose? ____ ,__
[0]No	[1]Yes	Weight gain. If yes, how many kilos did you gain? ____ ,__
[0]No	[1]Yes	Thyroid changes. Which? _____ (e.g. hypothyroidism)
53- After the 2012 evaluation, were you hospitalized? [0]No [1]Yes. **If yes, for what reason?**		
54-Do you take (or have you started taking since the last evaluation in 2012) any medication, eye drops or vitamins? (Put all medications)		
[0]No	[1]Yes	For hypertension (high blood pressure). If so, which one?
[0]No	[1]Yes	For high cholesterol or triglycerides (fat in the blood). If so, which one?
[0]No	[1]Yes	For diabetes (lowering blood sugar). If so, which one?
[0]No	[1]Yes	For the thyroid. If so, which one?
[0]No	[1]Yes	Hormone. If so, which one?
[0]No	[1]Yes	Antidepressant. If so, which one?
[0]No	[1]Yes	Vitamin and mineral supplements. If so, which one?
[0]No	[1]Yes	Other:
OBS: If he/she is taking any medication: Can we contact you to collect the names of the medications? [0]no [1]yes Phone: (____)- _____-_____		
55-After the 2012 evaluation, you changed some of these situations:		
[0]No	[1]Yes	Reduced the salt in your food
[0]No	[1]Yes	Reduced consumption of alcoholic beverages
[0]No	[1]Yes	Do more physical exercise (gymnastics)
[0]No	[1]Yes	Have you been to the doctor more often?
56- Are you in the habit of using sunscreen when you go out in the sun? (NOTE: you can select more than one option) [0] No [1] Yes, every day [2]Yes, only when I'm at beaches, swimming pools, waterfalls, lakes, lagoons [3]Yes, only when I'm going to spend more time in the sun, such as looking after the yard, doing some outdoor exercise (soccer, cycling, etc.)		
57- When do you usually spend time in the sun? [1] Before 9 a.m. and after 5 p.m. [0] Between 9 a.m. and 5 p.m.		
Interviewer:		

BLOCK 7: Cognitive assessment
58- Verbal Fluency (1 minute) Animals:
59- Do you feel forgotten? (1)Yes (0) No (777) Not applicable
60-Have your relatives commented that you're forgetful? (1)Yes (0) No (777) Not applicable
61- How long have you had forgetfulness? _____ (777) Not applicable
62- Is the forgetfulness getting progressively worse? (1)Yes (0) No (777) Not applicable
63- What do you usually forget (turning off lights, day-to-day activities, etc.)? _____ (777) Not applicable
64- Draw a clock with all the numbers and mark ten to two (answer sheet) NOTE: Write down the total time to make the drawing: _____ **minutos**
MINI-MENTAL STATE EXAMINATION (MEEM)
65- What year is it? (1) Right (0) Error (777) Not applicable Answer:_____
66- What month is it (1) Right (0) Error (777) Not applicable Answer:_____
67- What day of the month is it? (1) Right (0) Error (777) Not applicable Answer:_____
68- What day of the week is it (1) Right (0) Error (777) Not applicable Answer:_____
69- Without consulting your watch, tell me what time is it now? Actual time: Reported time: Answer:_____
70- Which state are we in? answer: minas gerais) (1) Right (0) Error (777) Not applicable Answer:_____
71- Which city are we in (1) Right (0) Error (777) Not applicable Answer:_____
72- Which mine are we in? (1) Right (0) Error (777) Not applicable Answer:_____
73- Where are we? (1) Right (0) Error (777) Not applicable Answer:_____
74- What is this place? (1) Right (0) Error (777) Not applicable Answer:_____
75- Repeat after me: ICE, LION and PLANT (1) Right (0) Error (777) Not applicable
76- What is 100 - 7? (1) Right (0) Error (777) Not applicable Answer:_____
77- How much is X - 7? (1) Right (0) Error (777) Not applicable Answer:_____
78- How much is X - 7? (1) Right (0) Error (777) Not applicable Answer:_____
79- How much is X - 7? (1) Right (0) Error (777) Not applicable Answer:_____

80- How much is X - 7? (1) Right (0) Error (777) Not applicable Answer:_____
81- Spell the word WORLD backwards (1) Right (0) Error (777) Not applicable
82- Which three words did you repeat earlier? (0) Doesn't remember (1) Right 1 object (2) Right 2 objects (3) Right 3 objects (777) Not applicable
83- What's this? (Pointing to pen and then to watch) (0) Doesn't remember (1) Right 1 object (2) Right 2 objects (777) Not applicable
84- Repeat after me: "NOT HERE, NOT THERE, NOT THERE" (1) Right (0) Error (777) Not applicable
85- Now, take this sheet of paper in your right hand, fold it in half and place it on the floor. (0)Error (1) 1 correct action (2) 2 correct actions (3) 3 correct actions
86- Write a sentence with a beginning, middle and end (answer sheet)
87- Show the sheet written: "*Close your eyes"* (1) Right (0) Error (777) Not applicable
88- Copy this drawing (answer sheet)
Interviewer: