FEDERAL UNIVERSITY OF VIÇOSA/ DEPARTMENT OF NUTRITION AND HEALTH
PRODUS- INNOVATION PROGRAM IN UNIVERSITY TEACHING
LABPLANGEST – HEALTHCARE PLANNING AND MANAGEMENT STUDY LABORATORY

Date : _/ ___/____ **Start time** :_____ **Interviewer:** _____

Name:_____
Address:_____
Phone _____
Individual registration: _____ **Health Unit:** _____
Responsible Community Health Agent:_____

1. Personal Identification and Sociodemographic Data
1.1. Date of birth: ____/ _____/_____
1.2 Sex:
( ) Masculine
( ) Feminine
( ) Other

_____
1.3 Color/race
( ) White
( ) Black
( ) Brown
( ) Indigenous
( ) Yellow
1.4 Instruction Level
( ) No instruction
( ) Fundamental Incomplete
( ) Complete fundamental
( ) Incomplete midterm
( ) Complete medium
( ) Incomplete higher
( ) Graduated
1.5 Occupation:
( ) Formal work with a contract
( ) Informal work
( ) From home
( ) Retired/pensioner
( ) Rural work
( ) Not working/ unemployed
1.6 Situation in the labor market
( ) Unemployed
( ) Employee
( ) Retired
1.7 Family income:
( ) No income
( ) Up to ½ minimum wage
( ) More than ½ salary to 1 salary
( ) More than 1 salary to 2 salaries
( ) More than 2 salaries to 5 salaries
( ) More than 5 salaries to 10 salaries
( ) More than 10 salaries
1.8 Marital Status:
( ) Single
( ) Married
( ) Separated
( ) Divorced
( ) Widower
1.9 Housing
1.9.1 Number of people per household:

_____
1.9.2 Location:
( ) Rural
( ) Urban
1.9.3 Situation:
( ) Own
( ) Leased
1.9.4 Internet Access:
( ) Yes
( ) WiFi
( ) Mobile network
( ) No
1.10 Member of a community or traditional people
( ) Yes
Which? _____
( ) No
1.11 Do you participate in a community group?
( ) Yes
Which? _____
( ) No

2. CLINICAL EVALUATION

2.1. Comorbidities/Complete clinical history

2.1.1. Have you been diagnosed with Diabetes? Mellitus (DM)?

( ) Yes

How long have you had the disease?

( ) <1 year
( ) 15 years
( ) 5 - 10 years
( ) > 10 years

( ) No

( ) Does not know how to inform

2.1.2. Do you have a diagnosis of Arterial Hypertension (AH)?

( ) Yes

How long have you had the disease?

( ) <1 year
( ) 15 years
( ) 5 - 10 years
( ) > 10 years

( ) No

( ) Does not know how to inform

2.1.3. Have you been diagnosed with a disease? Chronic Kidney Disease (CKD)?

( ) Yes

How long have you had the disease?

( ) <1 year
( ) 15 years
( ) 5 - 10 years
( ) > 10 years

( ) No

( ) Does not know how to inform

2.1.4. Do you have or have had problems with your kidneys (Kidney failure/other)?

( ) Yes.

How long have you had the disease?

( ) <1 year
( ) 15 years
( ) 5 - 10 years
( ) > 10 years

( ) No

( ) Does not know how to inform

2.1.5. Have you been diagnosed with a disease? Peripheral Vascular?

( ) Yes

How long have you had the disease?

( ) <1 year
( ) 15 years
( ) 5 - 10 years
( ) > 10 years

( ) No

( ) Does not know how to inform

2.1.6. Have you been diagnosed with heart disease?

( ) Yes

How long have you had the disease?

( ) <1 year
( ) 15 years
( ) 5 - 10 years
( ) > 10 years

( ) No.

( ) Does not know how to inform

2.1.7. Have you been diagnosed with depression?

( ) Yes

How long have you had the disease?

( ) <1 year
( ) 15 years
( ) 5 - 10 years
( ) > 10 years

( ) No

( ) Does not know how to inform

2.1.8. Do you have a diagnosis of anxiety?

( ) Yes

How long have you had the disease?

( ) <1 year
( ) 15 years
( ) 5 - 10 years
( ) > 10 years

( ) No

( ) Does not know how to inform

2.1.9. Are you diagnosed with obesity?

( ) Yes

How long have you had the disease?

( ) <1 year
( ) 15 years
( ) 5 - 10 years
( ) > 10 years

( ) No

( ) Does not know how to inform

2.1.10. Are you diagnosed with dyslipidemia?

( ) Yes

How long have you had the disease?

( ) <1 year
( ) 15 years
( ) 5 - 10 years
( ) > 10 years

( ) No

( ) Does not know how to inform

2.1.11. Do you take medication?

( ) Yes

( ) No

If yes, how many per day?

( ) 1 to 3

( ) ≥ 4

ANTIDIABETICS:

( ) NPH Human Insulin

( ) Regular Human Insulin

( ) Metformin

( ) Glibenclamide

( ) Glicazide

Others:_____

( ) Does not take

ANTIHYPERTENSIVES:
( ) Amlodipine
( ) Atenolol
( ) Captopril
( ) Carvedilol
( ) Diltiazem
( ) Enalapril
( )Spironolactone
( ) Furosemide
( ) Hydralazine
( ) Hydrochlorothiazide
( ) Isosorbide
( ) Losartan
( ) Methyldopa
( ) Metoprolol
( ) Nifedipine
( ) Propanolol
( ) Verapamil
Others:
_____
_____
( ) Does not take

MEDICATIONS FROM DIFFERENT CLASSES:
( ) Simvastatin
( ) Acetylsalicylic acid (AAS)
( ) Digoxin
( ) Amiodarone
( ) Sodium alendronate
( ) Levothyroxine sodium
( ) Calcium carbonate
( ) Omeprazole
( ) Allopurinol
( ) Warfarin
( ) Enoxaparin
( ) Amitriptyline
( ) Imipramine
( ) Clomipramine
( ) Nortiptyline
( ) Sertraline
( ) Fluoxetine
( ) Lithium carbonate
( ) Chlorpromazine
( ) Levomepromazine
( ) Clonazepam
( ) Diazepam
( ) Alprazolam
( ) Haloperidol
( ) Sodium valproate
( ) Carbamazepine
( ) Phenytoin
( ) Phenobarbital
Others:
_____
_____
( ) Does not take

2.1.12. Do you use anti-inflammatories (Ibuprofen, Nimesulide, Diclofenac sodium, Torsilax, Tandrilax, Ponstan, Meloxicam, Voltaren, Cataflam...)?
( ) Yes
How many pills in the last month? _____
( ) No

2.2. COVID
2.2.1. Have you been diagnosed with COVID-19 (confirmed in a test - PCR, antigen or serological)?
( ) Yes
( ) No
2.2.2. If yes, were you hospitalized?
( ) Yes, in the infirmary
( ) Yes, at the CTI
( ) No
2.2.3. Have you been vaccinated?
( ) Yes, one dose
( ) Yes, two doses
( ) Yes, two doses plus booster ( )
( ) No

2.3. Target Organ Injury (LOA)

2.3.1. Have you ever had an Acute Myocardial Infarction?

( ) Yes

How long?

( ) < 1 year

( ) 15 years

( ) 5 - 10 years

( ) > 10 years

( ) No

( ) Does not know how to inform

2.3.2. Have you ever suffered a stroke?

( ) Yes

How long?

( ) <1 years

( ) 15 years

( ) 5 - 10 years

( ) > 10 years

( ) No

( ) Does not know how to inform

2.3.3 You have a diagnosis of Hypertensive Retinopathy or diabetic?

( ) Yes.

How long have you had the disease?

( ) <1 years

( ) 15 years

( ) 5 - 10 years

( ) > 10 years

( ) No

( ) Does not know how to inform

2.3.4 Have you been diagnosed with diabetic neuropathy?

( ) Yes

How long have you had the disease?

( ) <1 years

( ) 15 years

( ) 5 - 10 years

( ) > 10 years

( ) No

( ) Does not know how to inform

2.4. Family history of illness (father, mother, children and siblings)

2.4.1. Does anyone in the family have Diabetes Mellitus (DM)?

( ) Yes

( ) No

( ) Does not know how to inform

2.4.2. Does anyone in the family have High Blood Pressure (AH)?

( ) Yes

( ) No

( ) Does not know how to inform

2.4.3. Does anyone in the family have Chronic Kidney Disease (CKD)?

( ) Yes.

( ) No

( ) Does not know how to inform

2.4.4. Does anyone in the family have Heart Disease?

( ) Yes.

( ) No

( ) Does not know how to inform

2.4.5. Has anyone in the family ever suffered a stroke?

( ) Yes

( ) No

( ) Does not know how to inform

2.4.6. Has anyone in the family ever suffered a heart attack?
( ) Yes
( ) No
( ) Does not know how to inform

2.4.7. Does anyone in the family have dementia?
( ) Yes
( ) No
( ) Does not know how to inform

2.4.8. Does anyone in the family have Depression?
( ) Yes
( ) No
( ) Does not know how to inform

2.4.9. Does anyone in the family have Anxiety?
( ) Yes
( ) No
( ) Does not know how to inform

2.4.10. Does anyone in the family have Dyslipidemia?
( ) Yes
( ) No
( ) Does not know how to inform

2.4.11. Does anyone in the family have obesity?
( ) Yes
( ) No
( ) Does not know how to inform

2.4.12. Did anyone in the family die prematurely, sudden death due to non-traumatic events, women under 65 years of age and men under 55 years of age?
( ) Yes.
( ) No
( ) Does not know how to inform

( ) Yes
( ) No

2.5 Physical Examination:
2.5.1 Blood Pressure (BP) (mmHg): _____
2.5.2 Heart Rate (HR) (bpm): _____
2.5.3 Weight (kg): _____
2.5.4 Height (m): _____
2.5.5 Body Mass Index: _____
( ) Low weight
( )Eutrophy
( ) Overweight
( ) Obesity
What degree?
( ) Grade I
( ) Grade II
( ) Grade II
2.5.6 Abdominal Circumference (AC) (cm): _____
2.5.7 Calf circumference (CC) (cm): _____

2.6 Clinical Assessment (current clinical signs and symptoms)

2.6.1 Polydipsia (excessive thirst)
( ) Yes
( ) No

2.6.2 Change in Appetite
( ) Yes
( ) Increase
( ) Loss
( ) No

2.6.3 Fatigue, weakness and lethargy
( ) Yes
( ) No

2.6.4 Blurred Vision
( ) Yes
( ) No

2.6.5 Dizziness

2.6.6 Headache
( ) Yes
( ) No

2.6.7 Edema
( ) Yes
( ) No

2.6.8 Injury and/or pain in lower limbs
( ) Yes
( ) No

2.6.9 Nausea and vomiting
( ) Yes
( ) No

2.6.10 Diarrhea
( ) Yes
( ) No

2.6.11 Paresthesia (tingling)
( ) Yes
( ) No

2.6.12 Urinary changes
( ) Yes

Which?
( ) Nocturia (urinating a lot at night)
( ) Polyuria (excess urine)
( ) Pollakiuria (frequent urination)
( ) Foam in the urine
( ) Blood in urine
( ) No

2.6.13 Weight Change
( ) Yes
( ) Gain
( ) Loss
( ) No

2.7 Clinical Assessment - Risk Factors

2.7.1 Smoking
( ) Yes

Number of cigarettes/day:_____

How many years ago?_____

( ) No
( ) Former smoker

Time since smoking cessation:
( ) < 1 year
( ) 15 years
( ) 5 - 10 years
( ) 10 years or more

2.7.2 Alcohol Consumption:
( ) Yes
( ) No
( ) I didn't want to inform
( ) Ex – alcoholic

Time since alcoholism stopped:
( ) < 1 year
( ) 15 years
( ) 5 - 10 years
( ) 10 years or more

2.7.3 Use of illicit drugs
( ) Yes

Which one(s)? _____
( ) No
( ) Have used it, but stopped
( ) I didn't want to inform

2.7.4 Use of protein supplements (Whey protein, Creatine...) and/or follow unconventional diets?
( ) Yes
What protein supplement and/or diet? _____
How long? _____
( ) No

2.7.5 Hospitalization history in the last few months (12 months)
( ) Yes
How many times?_____
Cause(s) of hospitalization(s): _____
( ) No

2.8 Laboratory Assessment (Basic Laboratory Investigation, Assessment of Clinical and subclinical Lesions in Target Organs)

Complete blood count		
Exam	**Result**	**Last exam date**
Fasting blood glucose (mg/dL)		
glycated hemoglobin		
Uric acid		
Creatinine		
Urea		
Total cholesterol		
LDL		
HDL		
Triglycerides		
Albuminuria isolated sample		
Serum potassium		
Serum sodium		
Serum phosphorus		
serum calcium		
Parathormone (PTH)		
Vitamin D		
Ferritin		
Transferrin saturation		
Red Cells		
Hemoglobin (Hb)		
Hematocrit (Ht)		
Leukocytes		
Platelets		

OTHER EXAMS:

3. Life Habits (Eating Behavior)

3.1 Food Frequency Questionnaire

In the last 7 days, on how many days did you eat the following foods or drinks?								
Food/Drink	**I haven't eaten in the last seven days**	**1 days in the last seven days**	**2 days in the last seven days**	**3 days in the last seven days**	**4 days in the last seven days**	**5 days in the last seven days**	**6 days in the last seven days**	**All last 7 days**
1. Raw salad (lettuce, tomato, carrot, cucumber, cabbage, etc.)								
2. Cooked vegetables (pumpkin cabbage, chayote, broccoli, spinach, etc.) (do not consider potatoes and cassava)								
3 Fresh fruit or fruit salad								
4. Beans								
5. Milk or yogurt								
6. French fries, packaged potatoes and fried snacks (coxinha, kibbeh, pastry, etc.)								
7. Burgers and sausages (sausage, mortadella, salami, ham, sausage, etc.)								
8. Biscuits/biscuits or packaged snacks								
9. Sweet or filled biscuits/biscuits, sweets, candies and chocolates (in bars or bonbons)								
10. Soda (do not consider diet or light)								

Brazil. Protocols of the Food and Nutritional Surveillance System – SISVAN in health care. Ministry of Health. 2008.

3.2 Caffeine Consumption

( ) Yes

If yes, how many doses? (1 American cup or coffee cup = 200 ml)

( ) ½ cup/day,

( )1–3 cups/day

( )≥ 3 cups

( ) No