

## SCREEN1:Confirm ID

Confirm ID Label

**Instructions for interviewer:**

All text highlighted in blue are directions for you and should NOT be read aloud.

Never read the options Don't know or Decline to respond; only fill those in when indicated by the respondent.

Confirm ID Q.1

ID\_CORRECT

BRA\_HHS

Is the following information correct?

**Municipality:** [region]**Census Tract:** [census\_tract\_no]**Household ID:** [HHID]**Supervisor ID:** [supervisor]**Interviewer ID:** [INTERVIEWER\_ID]

If any information is incorrect, please go back and enter the correct information.

(1)Yes,(0)No

Confirm ID Label

**Instructions to correct information above:**

1. Select 'File' in upper left corner of the screen
2. Select 'Back to dashboard'.
3. Enter the correct information.

END SCREEN 1:Confirm ID

## SCREEN2:Section 1: First contact with Head of Household

Section 1: First contact with Head of Household  
Label

*Seção com o objetivo de fornecer uma breve apresentação do estudo.*

Section 1: First contact with Head of Household  
Label**Instructions for interviewer:**

All text highlighted in blue are directions for you and should NOT be read aloud.

Never read the options Don't know or Decline to respond; only fill those in when indicated by the respondent.

Section 1: First contact with Head of Household  
Q.1

VISIT

BRA\_HHS

*Which visit is this?*

(1)1,(2)2,(3)3

Section 1: First contact with Head of Household  
Q.2

GPS

BRA\_HHS

*Get GPS*

Section 1: First contact with Head of Household  
Q.3

TIME\_START\_V1

BRA\_HHS

Enable if :current.VISIT in (1, 2, 3)

*Visit 1 Survey Start Time.*

*Please click 'Get Time' button when your interaction with the household begins.*

Section 1: First contact with Head of Household  
Q.4

HH\_HEAD\_CONSENT\_

BRA\_HHS

V1

Enable if :current.VISIT in (1, 2, 3)

*Read aloud directly from script and direct towards the respondent:*

***Hello, I am contacting you on behalf of Universidade Federal da Bahia which is interested in understanding the provision of care to patients with acute cardiac diseases within this region. Is the head of household, or another adult (>= 18 anos) that can provide information about the household members, available to answer questions?***

(1)Yes, the head of household is available,(2)The head of household is not available, but another adult (>= 18 years) is available to respond,(3)The head of household is not available, schedule a new visit,(5)Refusal,(10)No one at Residence,(11)Unable to reach/gated area,(12)Unable to locate address,(66)Other

Section 1: First contact with Head of Household  
Q.5

TIME\_START\_V2

BRA\_HHS

Enable if :current.VISIT in (3, 2)

*Visit 2 Survey Start Time.*

*Please click 'Get Time' button when your second visit begins.*

Section 1: First contact with Head of Household  
Q.6

**HH\_HEAD\_CONSENT\_V2** **BRA\_HHS**

Enable if :current.VISIT in (3, 2)

*Read aloud directly from script and direct towards the respondent:*

***Hello, I am contacting you on behalf of Universidade Federal da Bahia which is interested in understanding the provision of care to patients with acute cardiac diseases within this region. Is the head of household, or another adult (>= 18 anos) that can provide information about the household members, available to answer questions?***

(1)Yes, the head of household is available,(2)The head of household is not available, but another adult (>= 18 years) is available to respond,(3)The head of household is not available, schedule a new visit,(5)Refusal,(10)No one at Residence,(11)Unable to reach/gated area,(12)Unable to locate address,(66)Other

Section 1: First contact with Head of Household  
Q.7

**TIME\_START\_V3** **BRA\_HHS**

Enable if :current.VISIT = 3

*Visit 3 Survey Start Time.*

*Please click 'Get Time' button when your third visit begins.*

Section 1: First contact with Head of Household  
Q.8

**HH\_HEAD\_CONSENT\_V3** **BRA\_HHS**

Enable if :current.VISIT = 3

*Read aloud directly from script and direct towards the respondent:*

***Hello, I am contacting you on behalf of Universidade Federal da Bahia which is interested in understanding the provision of care to patients with acute cardiac diseases within this region. Is the head of household, or another adult (>= 18 anos) that can provide information about the household members, available to answer questions?***

(1)Yes, the head of household is available,(2)The head of household is not available, but another adult (>= 18 years) is available to respond,(3)The head of household is not available, schedule a new visit,(5)Refusal,(10)No one at Residence,(11)Unable to reach/gated area,(12)Unable to locate address,(66)Other

Section 1: First contact with Head of Household  
Q.9

**comments\_2** **BRA\_HHS**

*Please provide any comments you have about Section 1: Introduction and Head of Household Consent.*

END SCREEN 2:Section 1: First contact with Head of Household

**SCREEN3:Section 2: Household Roster**

Enable if :current.HH\_HEAD\_CONSENT\_V1 in (1, 2) or current.HH\_HEAD\_CONSENT\_V2 in (1, 2) or current.HH\_HEAD\_CONSENT\_V3 in (1, 2)

## Section 2: Household Roster Label

*Esta seção foi planejada para coletar informações sobre os membros da família a fim de selecionar aleatoriamente um dos membros para responder o questionário. Para esta seção o entrevistado deve ser o chefe da família ou um outro adulto com idade maior ou igual a 18 anos*

## Section 2: Household Roster Label

**Instructions for interviewer:**

*All text highlighted in blue are directions for you and should NOT be read aloud.*

*Never read the options Don't know or Decline to respond; only fill those in when indicated by the respondent.*

## Section 2: Household Roster Q.1

**HH\_NUM****BRA\_HHS**

[Go To [END\_COMMENT] if:current.HH\_NUM = 0]

*Excluding adults living away from home, how many members of your household, including yourself, are 30 years of age or older?*

*If the answer is 0, say to respondent: Thank you very much, but we are only interviewing adults aged 30 or over at this time. Continue to the End section and fill out appropriate information.*

## Section 2: Household Roster Label

**Random Sample**

*For each adult aged 30 years or older, can you tell me their first name, sex, age, and relationship to you?*

**START ROSTER 3.1:Random Sample**

## Random Sample Q.2

**HH\_NAME****random\_sample****Name**

## Random Sample Q.3

**HH\_AGE****random\_sample****Age**

*Enter the following response code if necessary:*

*-999 = Don't know*

*-998 = Decline to respond*

Random Sample Q.4

**HH\_ROLE****random\_sample****Relationship**

(1)Head of Household,(2)Husband/wife or partner of different sex,(3)Partner of the same sex,(4)Son/daughter of head of household and husband/wife,(5)Son/daughter only of head of household,(6)Stepson/stepdaughter,(7)Son-in-law or daughter-in-law,(8)Father, mother, stepfather or stepmother,(9)Father-in-law/mother-in-law,(10)Grandson/granddaughter,(11)Great-grandson/great-granddaughter,(12)Brother or sister,(13)Grandfather or grandmother,(14)Other relative,(15)Non-paying unrelated resident,(16)Housemate,(17)Roomer,(18)Domestic servant,(19)Relative of domestic servant,(20)Individual in a collective living quarter

[HIDDEN]Random Sample

**HiddenRandomID****random\_sample****Hidden Random ID**

END ROSTER 3.1:Random Sample

Section 2: Household Roster Q.5

**HH\_EDU****BRA\_HHS****Say to the respondent:**

**Before we continue, I would like to ask you about education. What is the head of the household's highest level of education?**

(0)No schooling,(1)Incomplete Elementary School,(2)Elementary School Diploma,(3)Incomplete Junior High School,(4)Junior High School Diploma,(5)Incomplete High School,(6)High School Diploma,(7)Incomplete Higher Education,(8)Higher Education Degree,(-999)Don't know,(-998)Decline to respond

Section 2: Household Roster Label

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below.
4. Fix any "Errors" (red circle) and "Warnings" (yellow circle).
5. Select "Validate" button again.

END SCREEN 3:Section 2: Household Roster

**SCREEN4:Section 3: Random Selection of Household Member**

Enable if :current.HH\_HEAD\_CONSENT\_V1 in (1, 2) or current.HH\_HEAD\_CONSENT\_V2 in (1, 2) or current.HH\_HEAD\_CONSENT\_V3 in (1, 2)

Section 3: Random Selection of Household Member Label

*Esta seção foi planejada para selecionar aleatoriamente um morador do domicílio entre os adultos com 30 anos ou mais.*

Section 3: Random Selection of Household Member Q.1

**RCand****BRA\_HHS****Select the candidate from this dropdown list:**

Section 3: Random Selection of Household Member Q.2

**ADULT\_HOME** **BRA\_HHS**

Enable if :current.VISIT in (1,2,3) and current.HH\_HEAD\_CONSENT\_V1 in (1,2)

**Say to the head of the Household: "[RCand] has been randomly selected to be interviewed further. Is [RCand] available to answer some questions?"**

*If selected participant is not available, continue to the End section. Ask the rescheduling question and fill out appropriate information. Need to revisit the household to finish survey.*

(1)Yes,(2)No. Schedule a new visit if not the 3rd visit,(3)Refusal

Section 3: Random Selection of Household Member Q.3

**ADULT\_HOME\_V2** **BRA\_HHS**

Enable if :current.VISIT in (2,3) and current.HH\_HEAD\_CONSENT\_V2 in (1,2)

**Say to the head of the Household: "[RCand] has been randomly selected to be interviewed further. Is [RCand] available to answer some questions?"**

*If selected participant is not available, continue to the End section. Ask the rescheduling question and fill out appropriate information. Need to revisit the household to finish survey.*

(1)Yes,(2)No. Schedule a new visit if not the 3rd visit,(3)Refusal

Section 3: Random Selection of Household Member Q.4

**ADULT\_HOME\_V3** **BRA\_HHS**

Enable if :current.VISIT = 3 and current.HH\_HEAD\_CONSENT\_V3 in (1,2)

**Say to the head of the Household: "[RCand] has been randomly selected to be interviewed further. Is [RCand] available to answer some questions?"**

*If selected participant is not available, continue to the End section. Ask the rescheduling question and fill out appropriate information. Need to revisit the household to finish survey.*

(1)Yes,(2)No. Schedule a new visit if not the 3rd visit,(3)Refusal

Section 3: Random Selection of Household Member Q.5

**comments\_3** **BRA\_HHS**

**Please provide any comments you have about Section 3: Household Roster.**

END SCREEN 4:Section 3: Random Selection of Household Member

**SCREEN5:Section 4: Identity Confirmation and Consent of Selected Participant**

Enable if :(current.HH\_HEAD\_CONSENT\_V1 in (1, 2) or current.HH\_HEAD\_CONSENT\_V2 in (1, 2) or current.HH\_HEAD\_CONSENT\_V3 in (1, 2)) and (current.ADULT\_HOME in (1, 3) or current.ADULT\_HOME\_V2 in (1, 3) or current.ADULT\_HOME\_V3 in (1, 3))

Section 4: Identity Confirmation and Consent of Selected Participant Label

*Esta seção foi planejada para apresentar o Termo de Consentimento Livre e Esclarecido (TCLE) e solicitar o consentimento do participante selecionado.*

Section 4: Identity Confirmation and Consent of Selected Participant Label

**Instructions for interviewer:**

**All text highlighted in blue are directions for you and should NOT be read aloud.**

Section 4: Identity Confirmation and Consent of Selected Participant Label

*Never read the options Don't know or Decline to respond; only fill those in when indicated by the respondent.*

Section 4: Identity Confirmation and Consent of Selected Participant Q.1

**CONSENT**

**BRA\_HHS**

[Go To [END\_COMMENT] if:current.CONSENT = 0]

**Say to selected participant:**

[RCand], this survey intends to \_\_\_\_\_. Are you willing to participate in this survey?

*If answered **No**, continue to the End section and fill out appropriate information.*

(1)Yes,(0)No

Section 4: Identity Confirmation and Consent of Selected Participant Q.2

**IDEN\_SEX**

**BRA\_HHS**

Enable if :current.consent = 1

What is your sex?

(1)Male,(2)Female,(3)Non-binary

Section 4: Identity Confirmation and Consent of Selected Participant Q.3

**IDEN\_know\_age**

**BRA\_HHS**

[Go To [IDEN\_age] if:current.IDEN\_know\_age = 1]

[Go To [IDEN\_age\_rg] if:current.IDEN\_know\_age IN (0, -998)]

Do you know your age?

*If respondent does not know their age, probe for age range in the next question.*

(1)Yes,(0)No,(-1)Don't know/Uncertain

Section 4: Identity Confirmation and Consent of Selected Participant Q.4

**IDEN\_age**

**BRA\_HHS**

[Go To [IDEN\_AGE\_RG] if:current.IDEN\_age = -998]

Enable if :current.IDEN\_know\_age = 1

What is your age?

**Please have interviewee respond in full years**

Section 4: Identity Confirmation and Consent of Selected Participant Label

[SELECT CASEWHEN(current.IDEN\_AGE (SELECT current.HH\_AGE from random\_sample where random\_sample.HH\_NAME =

current.RCand),'\*\*\***Idade não**

Section 4: Identity Confirmation and Consent of Selected Participant Q.5

**IDEN\_age\_rg**

**BRA\_HHS**

[Go To [END\_COMMENT] if:current.IDEN\_age\_rg = 9]

Enable if :current.IDEN\_know\_age != 1

**If the respondent does not know their exact age in years or their date of birth, ask:**

What is your age range?

Section 4: Identity Confirmation and Consent of Selected Participant Label

*If the interviewee is under the age of 30, they are not eligible to participate. If the interviewee is also unable to state their exact age or age range, they are not eligible to participate. If the participant does not meet the age requirements, please complete survey by selecting the 'End' tab in the upper right corner of your screen and completing all the questions in that section.*

Section 4: Identity Confirmation and Consent of Selected Participant Q.6

**comments\_4**

**BRA\_HHS**

**Please provide any comments you have about Section 4: Identity Confirmation and Consent of Selected Participant.**

Section 4: Identity Confirmation and Consent of Selected Participant Label

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below.
4. Fix any "Errors" (red circle) and "Warnings" (yellow circle).
5. Select "Validate" button again.

END SCREEN 5:Section 4: Identity Confirmation and Consent of Selected Participant

**SCREEN6:Section 5: Demographic Information**

Enable if :(current.HH\_HEAD\_CONSENT\_V1 in (1, 2) or current.HH\_HEAD\_CONSENT\_V2 in (1, 2) or current.HH\_HEAD\_CONSENT\_V3 in (1, 2)) and (current.ADULT\_HOME in (1, 3) or current.ADULT\_HOME\_V2 in (1, 3) or current.ADULT\_HOME\_V3 in (1, 3)) and current.consent = 1

Section 5: Demographic Information Label

*Seção destinada a coletar informações sociodemográficas.*

Section 5: Demographic Information Label

**Instructions for interviewer:**

All text highlighted in blue are directions for you and should NOT be read aloud.

Never read the options Don't know or Decline to respond; only fill those in when indicated by the respondent.

Section 5: Demographic Information Q.1

**RACE**

**BRA\_HHS**

*What is your race?*

(1)White,(2)Black,(3)Yellow,(4)Pardo,(5)Indigenous,(-999)Don't know,(-998)Decline to respond

Section 5: Demographic Information Q.2

**MARITAL\_STATUS**

**BRA\_HHS**

*What is your marital status?*

(1)Married or in a common law marriage,(2)Separated or judicially separated,(3)Divorced,(4)Widowed,(5)Single,(-998)Decline to respond

Section 5: Demographic Information Q.3

**CHILDREN**

**BRA\_HHS**

*Do you have any children:*

(1)Yes,(0)No,(-2)Decline to respond

Enable if :current.IDEN\_SEX = 2

Section 5: Demographic Information Label

*Education and occupation*



## Section 5: Demographic Information Q.4

EDUC\_LEVEL

BRA\_HHS

*What was your highest level of education?**If the selected candidate is the Head of Household, confirm education.*

(0)No schooling,(1)Incomplete Elementary School,(2)Elementary School Diploma,(3)Incomplete Junior High School,(4)Junior High School Diploma,(5)Incomplete High School,(6)High School Diploma,(7)Incomplete Higher Education,(8)Higher Education Degree,(-999)Don't know,(-998)Decline to respond

## Section 5: Demographic Information Q.5

OCCUPATION\_HIS

BRA\_HHS

*Do you currently work or have worked in the past?*

(1)Currently working,(2)Not currently working, but have worked in the past,(3)Have never worked,(-998)Decline to respond

## Section 5: Demographic Information Label

**Say to the participant:**

*I will now ask you a few questions about items in your household, for economic classification purposes. All electrical-electronic items I will mention must be in working condition, including any items that are stored.*

*In case an item is not working, please, include it only if you intend to have it fixed or replaced within the next six months.*

**All items must be asked by the interviewer and answered by the respondent.**

## Section 5: Demographic Information Label

## *Economic classification - Brazil criteria*

## START ROSTER 6.1:Household items

RosterContents :(1)Passenger cars exclusively for personal (i.e., not professional) use,(2)Motorcycles, not considering those used exclusively for professional activities,(3)Washing machines, excluding tub washing machines,(4)Clothes dryers, including washers-and-dryers,(5)DVD Players, including any device that plays DVDs, and excluding Car DVD Players,(6)Refrigerators,(7)Stand-alone freezers, or freezers in two-door refrigerators,(8)Personal computers, including desktop computers, laptops, notebook, and netbooks, and excluding tablets, palmtops or smartphones,(9)Dishwashers,(10)Microwave ovens,(11)Bathrooms, restrooms, powder rooms

## Household items Q.6

num\_hh\_item

hh\_items

*How many of the following items do you have in your household?*

(0)None,(1)1,(2)2,(3)3,(4)4+ ,(-999)Don't know,(-998)Decline to respond

## END ROSTER 6.1:Household items

## Section 5: Demographic Information Q.7

CB\_SERVANT

BRA\_HHS

*How many monthly servants (including only those who work at least five days a week) do you have working in your household?*

(0)None,(1)1,(2)2,(3)3,(4)4+ ,(-999)Don't know,(-998)Decline to respond

## Section 5: Demographic Information Q.8

WATER\_SOURCE

BRA\_HHS

*Where does the water used in this household come from?*

(1)The utility company's distribution system,(2)Well or spring,(3)Other (Please specify),(-999)Don't know / Uncertain

Section 5: Demographic Information Q.9

STREET\_PAV

BRA\_HHS

Considering the stretch of street your household is at, what would you say your street is?

(1)Asphalt/paved,(2)Dirt/gravel,(-999)Don't know / Uncertain

Section 5: Demographic Information Q.10

comments\_5

BRA\_HHS

Please provide any comments you have about Section 5: Demographic Information.

Section 5: Demographic Information Label

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below.
4. Fix any "Errors" (red circle) and "Warnings" (yellow circle).
5. Select "Validate" button again.

END SCREEN 6:Section 5: Demographic Information

SCREEN7:Section 6: Health Care Access and Use

Enable if :(current.HH\_HEAD\_CONSENT\_V1 in (1, 2) or current.HH\_HEAD\_CONSENT\_V2 in (1, 2) or current.HH\_HEAD\_CONSENT\_V3 in (1, 2)) and (current.ADULT\_HOME in (1, 3) or current.ADULT\_HOME\_V2 in (1, 3) or current.ADULT\_HOME\_V3 in (1, 3)) and current.consent = 1

Section 6: Health Care Access and Use Label

*Seção destinada a coletar informações sobre o acesso e uso dos serviços de saúde*

Section 6: Health Care Access and Use Label

**Instructions for interviewer:**

All text highlighted in blue are directions for you and should NOT be read aloud.

Never read the options Don't know or Decline to respond ; only fill those in when indicated by the respondent.

Section 6: Health Care Access and Use Q.1

INSURANCE

BRA\_HHS

Do you have any kind of medical or dental private insurance (personal or offered by an employer)?

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond

Section 6: Health Care Access and Use Label

Click each enabled button below and complete each section.

Section 6: Health Care Access and Use Label

Primary Health Care

Section 6: Health Care Access and Use Q.2

**FAM\_HEALTH\_MEM** **BRA\_HHS***Are you part of a Family Health Team?*

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond

Section 6: Health Care Access and Use Label

## Health Care - Emergency care

Section 6: Health Care Access and Use Q.3

**VISIT\_UPA** **BRA\_HHS***In the last 12 months have you visited the UPA?*

(1)Yes,(0)No,(-1)Don't know/Uncertain

Section 6: Health Care Access and Use Q.4

**TIMES\_VISIT\_UPA** **BRA\_HHS***In the last 12 months, how many times did you visit the UPA?**Number of times:*

Enable if :current.VISIT\_UPA = 1

Section 6: Health Care Access and Use Label

*[SELECT CASEWHEN(current.TIMES\_VISIT\_UPA =**0,'\*\*\*Número de vezes não pode ser  
0\*\*\*','')]*

Section 6: Health Care Access and Use Q.5

**VISIT\_ED** **BRA\_HHS***In the last 12 months, have you visited the emergency department?*

(1)Yes,(0)No,(-1)Don't know/Uncertain

Section 6: Health Care Access and Use Q.6

**TIMES\_VISIT\_ED** **BRA\_HHS***In the last 12 months, how many times did you visit the emergency department, like ER?**Number of times:*

Enable if :current.VISIT\_ED = 1

Section 6: Health Care Access and Use Label

*[SELECT CASEWHEN(current.TIMES\_VISIT\_ED = 0,'\*\*\*Número  
de vezes não pode ser 0\*\*\*','')]*

Section 6: Health Care Access and Use Q.7

**CALL\_EMS** **BRA\_HHS***In the last 12 months, have you called an ambulance, like SAMU 192?**If respondent has called an ambulance for both themselves and someone else, record Yes, for myself*

(1)Yes, for myself,(2)Yes, for someone else,(0)No,(-999)Don't know/Uncertain/Don't remember

Section 6: Health Care Access and Use Q.8

**VEHICLE\_SENT** **BRA\_HHS***Was an emergency vehicle sent to your location?*

(1)Yes,(0)No,(-1)Don't know/Uncertain

Enable if :current.CALL\_EMS in (1, 2)

Section 6: Health Care Access and Use Label

**Leia as instruções abaixo antes de prosseguir para as demais questões: Por favor, responda a cada uma das perguntas usando a seguinte escala 1= Muito ruim 2= Ruim 3= Moderado 4=**

## Section 6: Health Care Access and Use Label

*Bom 5= Muito bom As seguintes questões referem-se à última vez que o(a) senhor(a) chamou uma ambulância. NÃO leia “Não sabe” ou “Recusa a responder”. Somente escolha essas opções se o participante as indicar voluntariamente. Se o participante está inseguro em escolher uma das respostas, não o encourage a tomar uma decisão.” Why are these instructions missing?*

## Section 6: Health Care Access and Use Q.9

**VEHICLE\_ARRIVE** **BRA\_HHS**

Enable if :current.VEHICLE\_SENT = 1

*The following questions refer to the last time you called an Ambulance.*

*How would you rate the time it took for the vehicle to arrive?*

(1)Very bad,(2)Bad,(3)Moderate,(4)Good,(5)Very good,(-999)Don't know,(-998)Decline to respond

## Section 6: Health Care Access and Use Q.10

**STAFF\_CLARITY** **BRA\_HHS**

Enable if :current.VEHICLE\_SENT = 1

*The following question refers to the last time you called an Ambulance.*

*How would you rate the clarity with which the ambulance staff who treated you explained things to you/your family?*

(1)Very bad,(2)Bad,(3)Moderate,(4)Good,(5)Very good,(-999)Don't know,(-998)Decline to respond

## Section 6: Health Care Access and Use Q.11

**PROCEDURE\_AMB** **BRA\_HHS**

Enable if :current.VEHICLE\_SENT = 1

*Were any treatments or procedures performed on you in the ambulance?*

(1)Yes,(0)No,(-1)Don't know/Uncertain

## Section 6: Health Care Access and Use Q.12

**AMB\_TRANSPORT\_FACILITY** **BRA\_HHS**

Enable if :current.VEHICLE\_SENT = 1 AND  
current.CALL\_EMS = 1

*Did the ambulance transport you to a health facility, like the hospital or UPA?*

(1)Yes,(0)No,(-1)Don't know/Uncertain

## Section 6: Health Care Access and Use Q.13

**TRUST\_EMCS** **BRA\_HHS**

**Read the following instructions before asking the question:**

**I am going to read aloud a statement, please respond using the following scale 1) Very low, 2) Low 3) Moderate 4) High 5) Very high**  
**Please rate your level of trust of Emergency Medical Service.**

**Do NOT read "Don't know" or "Decline to respond". Only choose these answers if the respondent voluntarily indicates so. If the respondent is hesitant to choose an answer, do not encourage the respondent to make a choice.**

(1)Very low,(2)Low,(3)Moderate,(4)High,(5)Very high,(-999)Don't know,(-998)Decline to respond

## Section 6: Health Care Access and Use Q.14

CALL\_EMERGENCY BRA\_HHS

**Read the following instructions before asking the question:**

**I am going to read aloud a statement, please respond using the following scale 1) Not at all likely, 2) Somewhat likely 3) Neither likely nor unlikely 4) Likely 5) Very likely**

*How likely is it that you would call an ambulance if you were experiencing symptoms of a heart attack?*

**Do NOT read "Don't know" or "Decline to respond". Only choose these answers if the respondent voluntarily indicates so. If the respondent is hesitant to choose an answer, do not encourage the respondent to make a choice.**

(1)Not at all likely,(2)Somewhat unlikely,(3)Neither likely nor unlikely,(4)Somewhat likely,(5)Very likely,(-999)Don't know,(-998)Decline to respond

## Section 6: Health Care Access and Use Q.15

comments\_6 BRA\_HHS

**Please provide any comments you have about Section 6: Health Care Access.**

## Section 6: Health Care Access and Use Label

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below.
4. Fix any "Errors" (red circle) and "Warnings" (yellow circle).
5. Select "Validate" button again.

END SCREEN 7:Section 6: Health Care Access and Use

**SCREEN8:Section 7: Risk Factors**

Enable if :(current.HH\_HEAD\_CONSENT\_V1 in (1, 2) or current.HH\_HEAD\_CONSENT\_V2 in (1, 2) or current.HH\_HEAD\_CONSENT\_V3 in (1, 2)) and (current.ADULT\_HOME in (1, 3) or current.ADULT\_HOME\_V2 in (1, 3) or current.ADULT\_HOME\_V3 in (1, 3)) and current.consent = 1

## Section 7: Risk Factors Label

*Seção destinada a coletar informações referentes a atividade física, e ao consumo de tabaco e álcool*

## Section 7: Risk Factors Label

**Instructions for interviewer:**

**All text highlighted in blue are directions for you and should NOT be read aloud.**

**Never read the options Don't know or Decline to respond ; only fill those in when indicated by the respondent.**

## Section 7: Risk Factors Label

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## Section 7: Risk Factors Label

**Physical Activity****Say to the participant:**

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

## Section 7: Risk Factors Q.1

**WEEK\_ACT** **BRA\_HHS**

[Go To [TIME\_ACT] if:current.WEEK\_ACT &gt; 0]

[Go To [SMOKE] if:current.WEEK\_ACT = 0]

[Go To [SMOKE] if: current.WEEK\_ACT &lt; 0]

**In a typical week, on how many days do you do any type of physical activities?**

**Please enter the number of days (0 = None)**

## Section 7: Risk Factors Label

[SELECT CASEWHEN(current.WEEK\_ACT > 7,'\*\*\* **Por favor, verifique se o número de dias é menor ou igual a 7\*\*\***',' )]

START ROSTER 8.1:How much time do you usually spend doing these activities on one of those days?

RosterContents :(1)1

How much time do you usually spend doing these activities on one of those days? Q.2

**TIME\_ACT** **AMOUNT\_SPENT\_PA****Please enter the quantity:**

If necessary, use the following codes:

-999 = Don't know and -998 = Decline to respond

How much time do you usually spend doing these activities on one of those days? Q.3

**UNIT\_ACT** **AMOUNT\_SPENT\_PA**

Select unit

(1)Minutes per day,(2)Hours per day,(-999)Don't know/Not sure,(-998)Decline to respond

END ROSTER 8.1:How much time do you usually spend doing these activities on one of those days?

## Section 7: Risk Factors Label

-

## Section 7: Risk Factors Label

**Tobacco Use**

## Section 7: Risk Factors Label

**Say to the participant:**

Now I'm going to ask you about smoking cigarettes or other tobacco products that are smoked such as cigars, cigarillos, pipes, clove cigarettes, and hookahs.

Please do not respond to non-smokable tobacco products such chewing tobacco. Also, do not consider marijuana cigarettes.

## Section 7: Risk Factors Q.4

**SMOKE****BRA\_HHS***Do you currently smoke any tobacco product?*

(1)Yes, daily,(2)Yes, but not daily,(3)Don't currently smoke,(-3)Decline to respond

## Section 7: Risk Factors Q.5

**START\_SMOKING****BRA\_HHS***How old were you when you frist started smoking?*

Enable if :current.SMOKE in (1, 2)

## Section 7: Risk Factors Q.6

**CIGAR\_DAY\_WEEK****BRA\_HHS***On average, how many manufactured cigarettes do you currently smoke per day or per week?*

Enable if :current.SMOKE in (1, 2)

(1)One or more per day (enter quantity),(2)One or more per week (enter quantity),(3)Less than one per week,(4)Don't smoke this product,(-999)Don't know

## Section 7: Risk Factors Label

-

## Section 7: Risk Factors Label

## Alcohol Consumption

## Section 7: Risk Factors Label

**Say to the participant:***Now I'm going to ask you about alcohol consumption.*

## Section 7: Risk Factors Q.7

**ALC\_CONSUMP\_12****BRA\_HHS***Have you consumed any alcohol within the past 12 months?*

(1)Yes,(0)No,(-2)Decline to respond

## Section 7: Risk Factors Q.8

**DRINK\_FREQ****BRA\_HHS***How many days a week do you usually drink alcohol?*

Enable if :current.ALC\_CONSUMP\_12 = 1

(0)Less than one day per week,(1)1,(2)2,(3)3,(4)4,(5)5,(6)6,(7)7

## Section 7: Risk Factors Q.9

**DRINKS****BRA\_HHS***During the last 12 months, how many alcoholic drinks did you have on a typical day when you drank alcohol?*

Enable if :current.ALC\_CONSUMP\_12 = 1

## Section 7: Risk Factors Q.10

**comments\_7****BRA\_HHS****Please provide any comments you have about Section 7: Risk Factor.**

## Section 7: Risk Factors Label

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below.
4. Fix any "Errors" (red circle) and "Warnings" (yellow circle).
5. Select "Validate" button again.

## Section 7: Risk Factors Label

-

END SCREEN 8:Section 7: Risk Factors

**SCREEN9:Section 8: Health Conditions - General**

Enable if :(current.HH\_HEAD\_CONSENT\_V1 in (1, 2) or current.HH\_HEAD\_CONSENT\_V2 in (1, 2) or current.HH\_HEAD\_CONSENT\_V3 in (1, 2)) and (current.ADULT\_HOME in (1, 3) or current.ADULT\_HOME\_V2 in (1, 3) or

**SCREEN9:Section 8: Health Conditions - General**

ADULT\_HOME\_V3 in (1, 3)) and current.consent = 1

## Section 8: Health Conditions - General Label

**Instructions for interviewer:**

All text highlighted in blue are directions for you and should NOT be read aloud.

Never read the options Don't know or Decline to respond ; only fill those in when indicated by the respondent.

## Section 8: Health Conditions - General Q.1

**RATE\_HEALTH****BRA\_HHS***In general, how would you rate your health today?*

(1)Very bad,(2)Bad,(3)Moderate,(4)Good,(5)Very good,(-999)Don't know,(-998)Decline to respond

## Section 8: Health Conditions - General Q.2

**DIABETES****BRA\_HHS***Has a doctor, nurse, or other health professional EVER told you that you have diabetes ("sugar in your blood") or pre-diabetes?*

(1)Yes, Diabetes,(0)No,(4)Yes, pre-diabetes or borderline diabetes,(-1)Don't know,(-2)Decline to respond

## Section 8: Health Conditions - General Q.3

**DIABETES\_PREG****BRA\_HHS**Enable if :current.DIABETES IN (1, 4) AND  
current.IDEN\_SEX = 2 AND current.CHILDREN = 1*Was this only when you were pregnant?*

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond

## Section 8: Health Conditions - General Q.4

**HTN****BRA\_HHS***Has a doctor, nurse, or other health professional EVER told you that you have hypertension or "high pressure"?*

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond

## Section 8: Health Conditions - General Q.5

**HTN\_PREG****BRA\_HHS**Enable if :current.HTN = 1 AND current.IDEN\_SEX = 2 AND  
current.CHILDREN = 1*Was this only when you were pregnant?*

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond

## Section 8: Health Conditions - General Q.6

**DYSLIPD****BRA\_HHS***Has a doctor, nurse or other health professional ever told you that you had dyslipidemia? (Dyslipidemia is when there are abnormal amounts of lipids and lipoproteins in the blood)*

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond

## Section 8: Health Conditions - General Q.7

**HEART\_ATTACK****BRA\_HHS***Has a doctor, nurse, or other health professional EVER told you that you had a heart attack also called a myocardial infarction?*

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond

## Section 8: Health Conditions - General Q.8

**ANGINA****BRA\_HHS***Has a doctor, nurse, or other health professional EVER told you that you have angina or coronary heart disease?*

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond

## Section 8: Health Conditions - General Q.9

**STROKE****BRA\_HHS***Has a doctor, nurse, or other health professional EVER told you that you had a stroke?*

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond



Section 8: Health Conditions - General Q.10

CVD\_FAMILY

BRA\_HHS

Have any of your family members ever been diagnosed with a cardiovascular disease, such as heart attack, stroke or angina?

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond

Section 8: Health Conditions - General Q.11

comments\_8

BRA\_HHS

Please provide any comments you have about Section 8: Health Conditions.

Section 8: Health Conditions - General Label

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).

2. Select "Validate" button below (green check mark).

3. Select "Show Error Details" button below.

4. Fix any "Errors" (red circle) and "Warnings" (yellow circle).

5. Select "Validate" button again.

END SCREEN 9:Section 8: Health Conditions - General

**SCREEN10:Section 9: Health Conditions - Specific**

Enable if :(current.HH\_HEAD\_CONSENT\_V1 in (1, 2) or current.HH\_HEAD\_CONSENT\_V2 in (1, 2) or current.HH\_HEAD\_CONSENT\_V3 in (1, 2)) and (current.ADULT\_HOME in (1, 3) or current.ADULT\_HOME\_V2 in (1, 3) or current.ADULT\_HOME\_V3 in (1, 3)) and current.consent = 1

Section 9: Health Conditions - Specific Label

**Instructions for interviewer:**

All text highlighted in blue are directions for you and should NOT be read aloud.

Never read the options Don't know or Decline to respond ; only fill those in when indicated by the respondent.

Section 9: Health Conditions - Specific Label

Click each enabled button below and complete each section.

**SCREEN10.1:Acute Cardiovascular Events**

Acute Cardiovascular Events Label

Say to the participant: **I would like to ask you questions regarding cardiac diseases, which is diseases of your heart. I will ask about heart attack, CPR and defibrillator.**

## Acute Cardiovascular Events Q.1

SYM\_ACUTE\_MI BRA\_HHS

*What are symptoms of a heart attack (myocardial infarction)?  
A heart attack (myocardial infarction) is a condition in which there is something that block the blood circulation, and it can lead to death of heart tissue.*

**Do not read responses aloud (SELECT ALL THAT APPLY)**

(1)Jaw,back, neck, shoulder, arm, hand pain/numbness,(2)Chest pain/discomfort,(3)Vomiting/nausea,(4)Shortness of breath,(5)Sweating,(6)Weakness/fatigue/dizziness,(7)Syncope/loss of consciousness or impairment of cognitive funtion,(8)Other (Please specify),(-999)Don't know,(-998)Decline to

## Acute Cardiovascular Events Q.2

RISK\_FACTOR\_CVD BRA\_HHS

*What are the risk factors for cardiovascular diseases?  
Cardiovascular disease is a general term used to refer to conditions that can lead to heart attacks and stroke.*

**Do not read responses aloud (SELECT ALL THAT APPLY)**

(1)Smoking,(2)Hyperlipidimia (High cholesterol),(3)Hypertension (High blood pressure),(4)Hyperglycemia (High blood glucose),(5)Physical inactivities,(6)Excessive alcohol consumption,(7)Overweight and obesity,(8)Other (specify),(-999)Don't know,(-998)Decline to respond

END SCREEN 10.1:Acute Cardiovascular Events

## SCREEN10.2:CPR

CPR Label

**Say to the participant:** *I would like to ask you about your history with CPR training and general knowledge of CPR.*

CPR Q.1

KNOW\_CPR BRA\_HHS

*Have you ever heard of CPR before today?*

(1)Yes,(0)No

CPR Label

**Read definition of CPR first before asking continuing:**  
*Cardiopulmonary Resuscitation (CPR) consists of chest compression, and sometimes mouth to mouth breathing for patients who are not breathing and do no have a pulse. CPR keeps the oxygenated blood circulating through the body.*

CPR Q.2

WHO\_PERFORM\_CPR BRA\_HHS

Enable if :current.KNOW\_CPR = 1

*Who can perform CPR?* **Read responses aloud (Select all that apply)**

(1)Anyone with CPR training,(2)Doctors and nurses,(3)Paramedic and EMT,(4)Policeman,(5)Fireman,(6)Anyone,(7)Other,(-999)Don't know,(-998)Decline to

CPR Q.3

CPR\_TRAIN BRA\_HHS

Enable if :current.KNOW\_CPR = 1

*Have you ever received CPR training?*

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond

CPR Q.4

WHEN\_CPR\_TRAIN BRA\_HHS

Enable if :current.CPR\_TRAIN = 1

*When was the most recent time that you received CPR training?*

(1)Within the last 2 years,(2)2-4 years ago,(3)4+ years ago,(-999)Don't know,(-998)Decline to respond

CPR Q.5

**WHERE\_TRAIN****BRA\_HHS**

Enable if :current.CPR\_TRAIN = 1

*Where did you receive CPR training for the most recent time?*

(1)Workplace,(2)Red cross,(3)EMS,(4)Hospital or other health facility,(5)College/University,(6)Community health center,(7)Other organization,(-999)Don't know,(-998)Decline to respond

END SCREEN 10.2:CPR

**SCREEN10.3:AED**

AED Label

**Say to the participant:** *I would like to ask you about your knowledge of an emergency rescue device.*

AED Q.1

**KNOW\_DEFIB****BRA\_HHS*****Do you know what this is?*****Interviewer clicks the button below and points to picture of a defibrillator**

(1)Yes,(0)No

**SCREEN10.3.1:Click to show a picture of AED**

Click to show a picture of AED Label

**Close the window to return to the questionnaire.**

[HIDDEN]Click to show a picture of AED

**hidden\_dummy****BRA\_HHS***This is a hidden dummy question to help with skip.*

END SCREEN 10.3.1:Click to show a picture of AED

AED Q.2

**AED\_USED\_FOR****BRA\_HHS**

Enable if :current.KNOW\_DEFIB = 1

*What is this used for?***Read response aloud**

(1)To restore the heart to its normal rhythm with an electric shock,(2)To shock the lungs to return to a normal breathing pattern,(3)To stimulate the muscles to combat paralysis,(4)To slow the heart down when it is beating too quickly with an electric shock,(-999)Don't know,(-998)Decline to respond

AED Label

**Read definition of AED aloud to all participants before continuing survey:*****AED stands for Automatic External Defibrillator.******These are portable devices that apply a brief electroshock to the heart which restore the heart to it's normal rhythm.***

AED Q.3

**PUBLIC\_SPACE****BRA\_HHS***Have you ever seen one of these in a public space?*

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond

AED Q.4

**ALLOWED\_DEFIB****BRA\_HHS***Who do you think is allowed to use a publicly available defibrillator?***Read responses aloud (Select all that apply)**

(1)Anyone with CPR training,(2)Doctors and nurses,(3)Paramedic and EMT,(4)Policeman,(5)Fireman,(6)Anyone,(7)Other,(-999)Don't know,(-998)Decline to

AED Q.5

**WOULD\_USE\_DEFIB****BRA\_HHS***Would you use such a defibrillator in a medical emergency where a defibrillator is needed?*

(1)Yes,(0)No,(-1)Don't know / Uncertain,(-2)Decline to respond

END SCREEN 10.3:AED

Section 9: Health Conditions - Specific Q.1

**comments\_9****BRA\_HHS****Please provide any comments you have about Section 9: Condition Specific.**

Section 9: Health Conditions - Specific Label

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button below (green check mark).
3. Select "Show Error Details" button below.
4. Fix any "Errors" (red circle) and "Warnings" (yellow circle).
5. Select "Validate" button again.

END SCREEN 10:Section 9: Health Conditions - Specific

SCREEN11:END

END Q.1

**RESCHEDULE\_HH\_V1****BRA\_HHS**Enable if :current.VISIT in (1,2,3) and  
current.HH\_HEAD\_CONSENT\_V1 = 3**Say to the person answering the door:**

**We'd like to reschedule a visit when the head of your household is available. What date would be good to revisit?**

END Q.2

**RESCHEDULE\_hour\_H  
H\_V1****BRA\_HHS**Enable if :current.VISIT in (1,2,3) and  
current.HH\_HEAD\_CONSENT\_V1 = 3

**What would be a good time on [RESCHEDULE\_HH\_V1]?**

(1)8h to 10h,(2)10h to 12h,(3)12h to 14h,(4)14h to 16h,(5)16h to 18h,(6)18h to 20h

END Q.3

**RESCHEDULE\_HH\_V2****BRA\_HHS**Enable if :current.VISIT in (2,3) and  
current.HH\_HEAD\_CONSENT\_V2 = 3**Say to the person answering the door:**

**We'd like to reschedule a visit when the head of your household is available. What date would be good to revisit?**

END Q.4

**RESCHEDULE\_hour\_H**   **BRA\_HHS**  
**H\_V2**Enable if :current.VISIT in (2,3) and  
current.HH\_HEAD\_CONSENT\_V2 = 3***What would be a good time on  
[RESCHEDULE\_HH\_V2]?***

(1)8h to 10h,(2)10h to 12h,(3)12h to 14h,(4)14h to 16h,(5)16h to 18h,(6)18h to 20h

END Q.5

**RESCHEDULE**   **BRA\_HHS**

Enable if :current.ADULT\_HOME = 2 and current.VISIT in (1,2,3)

***Say to the head of the household:******We'd like to reschedule an interview  
with [RCand].******What date would be good to revisit and  
talk to [Rcand]?***

END Q.6

**RESCHEDULE\_hour**   **BRA\_HHS**

Enable if :current.ADULT\_HOME = 2 and current.VISIT in (1,2,3)

***What would be a good time on  
[RESCHEDULE]?***

(1)8h to 10h,(2)10h to 12h,(3)12h to 14h,(4)14h to 16h,(5)16h to 18h,(6)18h to 20h

END Q.7

**RESCHEDULE\_V2**   **BRA\_HHS**Enable if :current.ADULT\_HOME\_V2 = 2 and current.VISIT  
in (2,3)***Say to the head of the household:******We'd like to reschedule an interview  
with [RCand].******What date would be good to revisit and  
talk to [Rcand]?***

END Q.8

**RESCHEDULE\_hour\_V**   **BRA\_HHS**  
**2**Enable if :current.ADULT\_HOME\_V2 = 2 and current.VISIT  
in (2,3)***What would be a good time on  
[RESCHEDULE\_V2]?***

(1)8h to 10h,(2)10h to 12h,(3)12h to 14h,(4)14h to 16h,(5)16h to 18h,(6)18h to 20h

END Q.9

**END\_COMMENT**   **BRA\_HHS*****Please leave any comments you have about this particular interview, and  
report any problems or difficulties that arose:***

END Label

***Say to respondent:******This is the end of the Household  
Survey. Thank you very much for your  
time and participation.***

END Q.10

**RESULT\_V1****BRA\_HHS**

Enable if :current.VISIT in (1,2,3)

*Visit 1 results:*

(1)Interview completed,(2)Partially completed,(3)Interview was refused,(4)No member of the household is age 30 or above,(5)Members of the household absent for extended period of time,(6)Unoccupied house,(7)Household address not found,(11)Other

END Q.11

**DATE\_V1****BRA\_HHS**

Enable if :current.VISIT in (1,2,3)

*Visit 1 date (DD/MM/YYYY):*

END Q.12

**RESULT\_V2****BRA\_HHS**Enable if :current.VISIT in (2,3) and  
current.TIME\_START\_V2 is not null*Visit 2 results:*

(1)Interview completed,(2)Partially completed,(3)Interview was refused,(4)No member of the household is age 30 or above,(5)Members of the household absent for extended period of time,(6)Unoccupied house,(7)Household address not found,(11)Other

END Q.13

**DATE\_V2****BRA\_HHS**Enable if :current.VISIT in (2,3) and  
current.TIME\_START\_V2 is not null*Visit 2 date (DD/MM/YYYY):*

END Q.14

**RESULT\_V3****BRA\_HHS**Enable if :current.VISIT =3 AND current.RESULT\_V2 <> 1  
and current.TIME\_START\_V3 is not null*Visit 3 results:*

(1)Interview completed,(2)Partially completed,(3)Interview was refused,(4)No member of the household is age 30 or above,(5)Members of the household absent for extended period of time,(6)Unoccupied house,(7)Household address not found,(11)Other

END Q.15

**DATE\_V3****BRA\_HHS**Enable if :current.VISIT =3 AND current.RESULT\_V2 <> 1  
and current.TIME\_START\_V3 is not null*Visit 3 date (DD/MM/YYYY):*

END Label

**Important Reminder:**

1. Select "Remove Disabled Values" button below (red X).
2. Select "Validate" button.
3. Select "Show Error Details" button below.
4. Fix any "Errors" (red circle) and "Warnings" (yellow circle).
5. Select "File" --> "Validate Entire Interview" from the upper left corner of the screen.

END SCREEN 11:END

**Validation rules**

Confirm identifier

*Please make sure to correct incorrect  
questionnaire identifiers*

current.ID\_CORRECT &lt;&gt;1

**Validation rules**

Check age range

*Eligible adults are 30 years of age or  
older. Please confirm and correct the  
answer.*

current.HH\_AGE BETWEEN 0 and 29

check\_name\_text\_only

*Name should contain text only. Please  
review and correct the entry.*

current.HH\_NAME REGEXP '[0-9]'

### Validation rules

Check smoke age

*Digite uma idade menor que a idade atual*

`current.START_SMOKING > current.IDEN_age`