

STRUCTURED DIAGNOSTIC INTERVIEW FORM

1. Participant Identification

a) Full Name: _____

b) Sex: (1) Female (2) Male

c) Race/Ethnicity: (1) White (2) Black (3) Pardo (Mixed race) (4) Asian (Japanese /Chinese descente) (5) Indigenous

d) Date of Birth: _____ e) Age: _____ years

f) Place of birth – City: _____ g) State/Province: _____

h) Country: _____

i) Home address: _____

j) Phone number(s): _____

k) Emergency contact - Name and relationship: _____

l) Phone: _____

2. Socio-demographic Profile

a) How long have you lived in the city of Londrina? _____

b) What is the highest number of years you attended school? _____

c) Education level:

- (1) Illiterate
- (2) Incomplete elementary education (1–7 years)
- (3) Complete elementary education (8 years)
- (4) Incomplete high school education (9–10 years)
- (5) Complete high school education (11 years)
- (6) Higher education (undergraduate degree)
- (7) Postgraduate education (specialization, master's, PhD)

d) What is your religion?

(1) Catholic (2) Protestant (3) Spiritist (4) None (5) Atheist (6) Other: _____

e) What is your marital status?

(1) Single (2) Married or living with a partner (3) Separated or divorced (4) Widowed (5) Other: _____

f) Do you have children?

(0) Yes (1) No If yes, how many? _____

g) How many people live in your household (including yourself)? _____

h) With whom do you live?

(1) Alone (2) Spouse or partner (3) Children (4) Grandchildren (5) Others: _____

i) What was your main occupation during your working life? _____

j) What was your occupation in the past 12 months? _____

k) What is your current work or income status?

(1) Retired
(2) Receiving a pension
(3) Retired and receiving a pension
(4) Retired and still working (5) Receiving a pension and still working
(6) Retired, receiving a pension, and still working
(7) Currently employed (not retired)
(8) Unpaid work (e.g., volunteer, caregiver, homemaker)
(9) Other: _____

l) Do you have enough money to cover your basic needs?

(1) Not at all (2) A little (3) Moderately (4) Mostly (5) Completely

3. Health Conditions and Perception

a) Blood Pressure: a) Diastolic: _____ mmHg b) Systolic: _____ mmHg

b) How satisfied are you with your health?

(1) Very dissatisfied (2) Dissatisfied (3) Neither satisfied nor dissatisfied (4) Satisfied (5) Very satisfied

c) How would you rate your health?

(1) Very good (2) Good (3) Fair (4) Poor (5) Very poor

d) Have you ever been diagnosed with any medical condition?

(1) Yes (2) No

If yes, please indicate the condition(s) and the number of years since the diagnosis.

Condition	Years	Condition	Years
(1) Heart disease		(13) Alzheimer's disease	
(2) Hypertension (high blood pressure)		(14) Depression	
(3) Stroke (sequelae)		(15) Dyslipidemia	
(4) Osteoarthritis		(16) Diabetes	
(5) Rheumatoid arthritis		(17) Vision problems	
(6) Low back pain		(18) Hearing loss	
(7) Osteoporosis		(19) Urinary incontinence	
(8) Osteopenia		(20) Cancer or Tumors	
(9) Asthma		(21) Fibromyalgia	
(10) Chronic bronchitis		(22) Gastritis	
(11) Emphysema		(23) Other:	_____
(12) Chronic Constipation			

e) Does your current health condition limit your ability to engage in physical activity or exercise?

(0) Yes (1) No

If yes, how does it limit you?

(1) Fatigue (2) Shortness of breath (3) Dizziness (4) Pain – Where?

(5) Other – Please specify: _____

f) Do you currently take any medications?

(0) Yes (1) No

If yes:

How many? _____

Please list them: _____

g) Have you experienced any falls in the past year?

(0) Yes (1) No

If yes:

How many times? _____

Where did the fall(s) occur? _____

What were the consequences? _____

4. Lifestyle Habits

a) Do you currently smoke?

(0) Yes (1) No **If yes, for how many years?** _____

b) Have you ever smoked in the past?

(0) Yes (1) No **If yes, for how many years?** _____

c) If you no longer smoke, how many years ago did you quit? _____