

Section 10: Cholesterol

Questionnaire

10.1	Before this interview, had you ever measured (tested/checked) your cholesterol?	1. Yes	<input type="checkbox"/>	10.3
		2. No	<input type="checkbox"/>	
		3. Not sure	<input type="checkbox"/>	
10.2	When was the last time you had your cholesterol measured?	1. One year ago or less	<input type="checkbox"/>	
		2. 1-2 years	<input type="checkbox"/>	
		3. 2-3 years	<input type="checkbox"/>	
		4. 3-5 years	<input type="checkbox"/>	
		5. Not sure/don't recall	<input type="checkbox"/>	
10.3	Has a doctor, nurse or other health professional ever told you that you have had or have high blood cholesterol?	1. Yes	<input type="checkbox"/>	11.1
		2. No	<input type="checkbox"/>	
		3. Not sure/don't recall	<input type="checkbox"/>	
10.4	Are you currently following a program or treatment by a health professional to control your cholesterol?	1. Yes	<input type="checkbox"/>	11.
		2. No	<input type="checkbox"/>	
10.5	What kind of treatment are you following?	1. Drugs	<input type="checkbox"/>	
		2. Treatment without medication (diet, exercise, weight control)	<input type="checkbox"/>	
10.6	What kind of treatment that does not involve medication are you following to lower your cholesterol and keep it under control?	1. Fat-free diet or your diet contains less fat than previously	<input type="checkbox"/>	
		2. Regular physical exercise	<input type="checkbox"/>	
		3. Weight loss or control	<input type="checkbox"/>	
		4. Increasing your intake of fruits and vegetables	<input type="checkbox"/>	
		5. Others	<input type="checkbox"/>	
		6. None	<input type="checkbox"/>	



10.7	<p><i>Please show me the medication you are taking to lower your cholesterol.</i></p> <p><i>The interviewer will ask the respondent to show any medication he/she is taking. The interviewer will then write down, in the spaces provided below, the name(s) of the medication(s) as they appear on product packaging. Staff trained in this area will be responsible for classifying the medication into groups.</i></p>	1.		
		2.		
		3.		
		4.		
		5.		
		6.		

