Pan American Health Organization
Regional Office of the World Health Organization

Questionnaire to Assess the Diagnosis and Treatment of Chronic Diseases

Pan American Health Organization, Chronic Disease Project

Please answer the following questions:

Country: _____ Systems of Care e.g. Private, Public etc.: _____ Population Coverage (%): _____
Information Provided by:_____ Position:_____
Questionnaire completed by:_____ Position:_____

Does your health system have established **guidelines/protocols or norms** for the prevention and management of chronic diseases and their risk factors? Please Indicate from the list below the chronic diseases that have established guidelines/protocols or norms in your country and *provide a website address, electronic or hard copy of the document(s) if available.*	**If yes, mark as appropriate**
a. Hypertension	☐
b. Diabetes mellitus	☐
c. Cardiovascular Diseases	☐
d. Stroke	☐
e. Cancer	☐
f. Chronic obstructive respiratory disease	☐
g. Smoking cessation	☐
h. Weight control	☐
i. Nutrition	☐
j. Physical activity	☐
k. Other chronic disease of importance in your country. Which? _____	☐

Is there a list of essential medicines in your country?			Yes ☐ No ☐	
Name of Medicine (Please add the names of additional medications which are not represented on the list below.)	**Lowest commercial price in national currency**	**Payment required to patients (% of cost of medicine) Please write from 0% (lowest required payment) to 100% (highest payment required) as correspond**	**Is it included in**	
			The Management Guidelines or protocol	**List of essential Medicines**
Insulin	__X vial	All patients ____% Low income patients ____%	Yes ☐ No ☐	Yes ☐ No ☐
Aspirin (100 mg) (Acetyl Salicylic Acid)	__X Tablet	All patients ____% Low income patients ____%	Yes ☐ No ☐	Yes ☐ No ☐
Metformin	__X Tablet	All patients ____% Low income patients ____%	Yes ☐ No ☐	Yes ☐ No ☐
Glibenclamide (Sulfonylurea)	__X Tablet	All patients ____% Low income patients ____%	Yes ☐ No ☐	Yes ☐ No ☐
Thiazide Diuretics: Hydroclorothiazide √ Clortalidona √. Other:	__X Tablet	All patients ____% Low income patients ____%	Yes ☐ No ☐	Yes ☐ No ☐
ACE Inhibitors: Enalapril √. Other:	__X Tablet	All patients ____% Low income patients ____%	Yes ☐ No ☐	Yes ☐ No ☐
Calcium channels Blockers: Amilodipine √ . Other:	__X Tablet	All patients ____% Low income patients ____%	Yes ☐ No ☐	Yes ☐ No ☐
Beta Blockers: Atenolol √. Other:	__X Tablet	All patients ____% Low income patients ____%	Yes ☐ No ☐	Yes ☐ No ☐
Statins for hypercholesterolemia: √ Other:	__X Tablet	All patients ____% Low income patients ____%	Yes ☐ No ☐	Yes ☐ No ☐
Tamoxifen	__X Tablet	All patients ____% Low income patients ____%	Yes ☐ No ☐	Yes ☐ No ☐
Chemotherapy All cancers	__X Treatment	All patients ____% Low income patients ____%	Yes ☐ No ☐	Yes ☐ No ☐

Which of these medicines are used for the treatment of cancer?	
Bleomycin	Yes ☐ No ☐
Chlorambucil	Yes ☐ No ☐
Cisplatin	Yes ☐ No ☐
Cyclophosphamide	Yes ☐ No ☐
Doxorubicin	Yes ☐ No ☐
Etoposide	Yes ☐ No ☐
5-Flurouracil	Yes ☐ No ☐
Metotrexate	Yes ☐ No ☐
Prednisolone	Yes ☐ No ☐
Procarbazine	Yes ☐ No ☐
Tamoxifen	Yes ☐ No ☐
Vinblastine	Yes ☐ No ☐
Vincristine	Yes ☐ No ☐
Cytarabine	Yes ☐ No ☐
Dactinomycin	Yes ☐ No ☐
Danourubicin	Yes ☐ No ☐
6-Mercaptopurine	Yes ☐ No ☐
Taxanos	Yes ☐ No ☐
Inhibitors of aromatasa	Yes ☐ No ☐
Ifosfamida	Yes ☐ No ☐
Capecitabina	Yes ☐ No ☐
Mesilato of imatinib	Yes ☐ No ☐
Transretinoico Acid	Yes ☐ No ☐

Please indicate which of the following procedures or services are available in your health system, whether they require payment or co-payment by patients and the approximate cost in your national currency.				
Procedures, equipment or services	**Mentioned guidelines or protocols**	**Is it available to patients?**	**Payment required to patients (% of total cots) Write from 0% to 100% as appropriate**	**Approximate cost (in national currency) and unit**
Blood pressure monitoring	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Equipment
EKG (Cardiovascular disease)	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Exam
X- Rays (Lung Cancer)	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Exam
Prostate Specific Antigen (PSA) (cancer)	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Exam
Blood Glucose Monitoring (diabetes)	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Equipment
Hemoglobin A1C (HBA1C) (Diabetes)	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Exam
PAP smear (Cervical cancer)	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Exam
Endoscopies (Cancer)	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Exam
Chest X Ray (COPD)	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Exam
Mammography	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Exam
Colonoscopy	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Exam
Lipid profile (triglyceride & Cholesterol level (HDL and LDL)	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Exam
Photocoagulation for retinopathy	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Session
Cardiac bypass	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Procedure
Angioplasty	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Procedure
Dialysis	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Session
Cryotherapy (Cervical cancer)	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Procedure
Home care for terminal or advanced diseased	Yes ☐ No ☐	Yes ☐ No ☐	All patients ____% Low income patients ____%	___ X Day