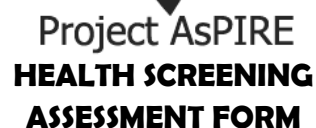


UID:



⇒1. Are you of Filipino descent? 1 – YES 2 – NO (DNQ- Short Form)

| | | | | | | | | | | | | | | | | | | | |

LAST NAME

| | | | | | | | | | | | | | | | | |

FIRST NAME

1

MIDDLE INITIAL

| | | | | | | | | | | | | | | | | | | | |

ADDRESS

APT./UNIT NO.

⇒ CITY

11

STATE

ZIP CODE

$$\frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$$

CELL PHONE

_____ - _____ - _____

HOME PHONE

| | | / | | | / | | | |

DATE OF BIRTH (MO/DAY/YEAR)

1 - MALE 2 - FEMALE

GENDER

FOR OFFICE USE ONLY:

LOCATION OF HEALTH SCREENING:	
-------------------------------	--

DATE OF HEALTH SCREENING:	
---------------------------	--

	PRINT NAME	SIGNATURE
--	------------	-----------

RESEARCH INTERVIEWER:		
-----------------------	--	--

COMMUNITY HEALTH WORKER:		
--------------------------	--	--

ELIGIBILITY	YES	NO
-------------	-----	----

FILIPINO		DNQ
----------	--	-----

LIVES IN NYC BOROUGH		DNQ
----------------------	--	-----

AGE (BETWEEN 25 AND 75)		DNQ
-------------------------	--	-----

SELF HX CVD	DNQ	
-------------	-----	--

CVD STUDY	DNQ	
-----------	-----	--

RENAL	DNQ	
-------	-----	--

HIGH SYS/DIA		DNQ
--------------	--	-----

ELIGIBLE		
----------	--	--

I have been made aware that I am eligible to participate in hypertension intervention study for Project AsPIRE.

I have been made aware that I am eligible to participate in hypertension intervention study for Project AsPIRE.

- ☐ I would like a community health worker or other Project AsPIRE staff to contact me for more information.
- ☐ I do not want a community health worker to contact me.

Please provide reason:

2. Were you born in the U.S?

- 1- Yes (**Proceed to 2.3**)
2- No, (**Proceed to 2.1**)

2.1 What year did you first move to the United States? Year _____ ☐ **Don't know/Not sure**

2.1a. What is the total number of years you have lived in the United States? _____

2.2 What REGION of the Philippines were you born? _____

2.3 What REGION of the Philippines were the following people born?

Father _____ Mother _____

Please select from any of the appropriate Regions.

Region 1: Ilocos (Ilocos Norte, Ilocos Sur, La Union and Pangasinan)

Region 2: Cagayan Valley (Batanes, Cagayan, Isabela, Nueva Viscaya, Quirino)

Region 3: Central Luzon (Aurora, Bataan, Bulacan, Nueva Ecija, Pampanga, Tarlac, Zambales)

Region 4A: CALABARZON (Batangas, Cavite Laguna, Quezon and Rizal)

Region 4B: MIMAROPA (Marinduque, Occidental Mindoro, Oriental Mindoro, Palawan, Romblon)

Region 5: Bicol (Albay, Camarines Norte, Camarines Sur, Catanduanes, Masbate, Sorsogon)

Region 6: Western Visayas (Aklan, Antique, Capiz, Iloilo, Guimaras, Negros Occidental)

Region 7: Central Visayas (Bohol, Cebu, Negros Oriental, Siquijor)

Region 8: Eastern Visayas (Biliran, Eastern Samar, Leyte, Northern Samar, Samar, Southern Leyte)

Region 9: Zamboanga Peninsula (Zamboanga Sibugay, Zamboanga del Norte, Zamboanga del Sur, Zamboanga City*, Isabela City*)

Region 10: N. Mindanao (Bukidnon, Camiguin, Misamis Occidental, Misamis Oriental, Lanao del Norte)

Region 11: Davao (Davao City*, Davao del Norte, Davao del Sur, Davao Oriental, Compostela Valley)

Region 12: SOCCSKSARGEN (North Cotabato, Sultan Kudarat, South Cotabato, Sarangani)

Region 13: CARAGA (Agusan del Norte, Agusan del Sur, Surigao del Norte, Surigao del Sur)

Cordillera Administrative Region (Abra, Benguet, Ifugao, Kalinga, Apayao, Mountain Province)

Autonomous Region of Muslim Mindanao (Basilan, Sulu, Tawi-tawi, Lanao del Sur, Maguindanao)

National Capital Region (Caloocan, Las Piñas, Quezon City, Makati, Manila, Muntinlupa, Parañaque, Pasig, Pasay, Malabon, Mandaluyong, Marikina and Valenzuela and the municipalities of Navotas, Pateros, San Juan and Taguig)

United States of America(US)

5. Please indicate yes or no for the following language(s) and/or dialect(s) you may speak.

	YES	NO
English.....	1	2
Tagalog.....	1	2
Philippine Dialect (Please Specify: _____).....	1	2
Other Language (Please specify: _____).....	1	2

5.1 Which language do you prefer to speak? (CIRCLE ONLY ONE)

1= English

2= Tagalog

3= Both Tagalog and English

4= Other dialect (specify: _____)

5= Other language (specify: _____)

6. How would you describe the type of primary work you do??
(98 – REFUSED TO ANSWER)

7. Have any of your family members (i.e., father, mother, sister(s), or brother(s)) ever had the following health conditions?

Hypertension/high blood pressure	1- yes	2- no	99- Don't know
High Cholesterol	1- yes	2- no	99- Don't know
Diabetes	1- yes	2- no	99- Don't know
Stroke	1- yes	2- no	99- Don't know
Congestive Heart Failure	1- yes	2- no	99- Don't know
Heart Attack	1- yes	2- no	99- Don't know

⇒8.Has a doctor, nurse, or other health professional EVER told YOU that you had any of the following?

a heart attack, also called a myocardial infarction?	1- yes	2- no	99- Don't know
congestive heart failure ?	1- yes	2- no	99- Don't know
angina or coronary heart disease?	1- yes	2- no	99- Don't know
a stroke?	1- yes	2- no	99- Don't know

9. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

- 1- yes (IF respondent is FEMALE, proceed to 9.1)
- 2- no (not at all)
- 3- no, BUT told borderline high or pre-hypertensive
- 98- Refused
- 99- Don't know / Not sure

9.1 Was this only when you were pregnant?

- 1- yes, ONLY during pregnancy
- 2- no

10. Have you ever been told by a doctor that you have diabetes?

- 1- yes [IF respondent is FEMALE, proceed to 10.1]
- 2- no (not at all) [Proceed to 11]
- 3- no, BUT was told pre-diabetic[Proceed to 11]
- 98- Refused [Proceed to 11]
- 99- Don't know / Not sure [Proceed to 11]

10.1 Was this only when you were pregnant?

- 1- yes, ONLY during pregnancy
- 2- no

11. Have you ever been told by a doctor that you have high cholesterol?

- 1- Yes **[Proceed to 11.1]**
- 2- No **[Proceed to 12]**
- 98- Refused **[Proceed to 12]**
- 99- Don't know / Not sure **[Proceed to 12]**

12. Do you currently have health insurance? If so, what kind?

- 1- Private: employer sponsored _____
- 2- Private: self-purchased _____
- 3- Medicare
- 4- Medicaid
- 5- Hospital card _____
- 6- Other type of public/government insurance _____
- 7- Other (please specify) _____
- 8- No Insurance
- 98- Declined to state/Refused
- 99- Don't know/Not sure

13. Do you now smoke cigarettes every day, some day, or not at all?

- 1- Every day **(Proceed to 13.1)**
- 2- Some days **(Proceed to 13.1)**
- 3- Not at all **(Proceed to 14)**
- 98- Refused **(Proceed to 14)**
- 99- Don't know / Not sure **(Proceed to 14)**

13.1 On average, how many cigarettes do you now smoke a day?

- | | |
|-------------------------------------|------------------------------------|
| 1- 1-4 cigarettes | 5- 17-20 cigarettes (about a pack) |
| 2- 5-8 cigarettes | 6- 20+ more a day |
| 3- 9-12 cigarettes (about ½ a pack) | 98- Refused |
| 4- 13-16 cigarettes | 99- Don't know / Not sure |

14. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1- Yes
- 2- No
- 98- Refused
- 99- Don't know / Not sure

14.1 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

___ Number of drinks 98- Refused 99- Don't know / Not sure

15. [Deleted question]

16. In general, would you say your health is

1 - Excellent 2 - Very Good 3 - Good 4 - Fair 5 - Poor

17. What kind of place do you go to most often to receive your health care? *Specify* where appropriate.

- 1- Clinic or health center _____
- 2- Emergency room in hospital; (name of hospital) _____
- 3- Outpatient department in hospital; (name of hospital) _____
- 4- Doctor's office in hospital; (name of hospital) _____
- 5- Private physician's office _____
- 6- Other _____
- 7- I have not seen a doctor yet here in the U.S. (**Proceed to 18**)
- 98- Declined to state/Refused
- 99- Don't know/Not sure

17a. Do you have one person you think of as your personal doctor or health care provider?

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1- Yes, only one (Name: _____)
- 2- More than one
- 3- No
- 98- Refused
- 99- Don't know / Not sure

18. During the past 12 months, how many times have you seen a doctor or other healthcare professional about your health at a doctor's office, a clinic, hospital emergency room, at home, or some other place?

- a- _____ [Insert number of visits]
- b- ☐ I have not seen a doctor in the past 12 months.
- 98- Refused
- 99- Don't know / Not sure

⇒ **19. Are you on renal dialysis?**

- 1 -Yes (does not qualify for study)
- 2- No

⇒ **20. Have you ever participated in cardiovascular disease or hypertension study before?**

- 1 -Yes (does not qualify for study)
- 2- No

21. How many hours ago did you last have anything to eat or drink? _____

22. How many medications are you currently taking for your BLOOD PRESSURE?

- 1- _____ (enter number and list the name(s) of your medication and dosage below)
- 2- I'm not taking BLOOD PRESSURE medication
- 3- I don't remember how many medications I am taking

Name of Medication	Dosage (mg, units, tabs/caps, others)	Dose (times/day or week; 77=PRN, 99=Missing)
		_____ D W
		_____ D W
		_____ D W
<input type="checkbox"/> I don't remember the name of my medication		_____ D W
<input type="checkbox"/> I don't remember the name of my medication		_____ D W

CHW Notes:

23. How many medications are you currently taking for CHOLESTEROL?

- 1- _____ (enter number and list the name(s) of your medication and dosage below)
- 2- I'm not taking CHOLESTEROL medication
- 3- I don't remember how many medications I am taking

Name of Medication	Dosage (mg, units, tabs/caps, others)	Dose (times/day or week; 77=PRN, 99=Missing)
		_____ D W
		_____ D W
		_____ D W
<input type="checkbox"/> I don't remember the name of my medication		_____ D W
<input type="checkbox"/> I don't remember the name of my medication		_____ D W

CHW Notes:

24. How many medications are you currently taking for DIABETES?

- 1- _____ (enter number and list the name(s) of your medication and dosage below)
- 2- I'm not taking DIABETES medication
- 3- I don't remember how many medications I am taking

CHW Notes:

Name of Medication	Dosage (mg, units, tabs/caps, others)	Dose (times/day or week; 77=PRN, 99=Missing)
		_____ D W
		_____ D W
		_____ D W
<input type="checkbox"/> I don't remember the name of my medication		_____ D W
<input type="checkbox"/> I don't remember the name of my medication		_____ D W

25. How many other medications are you currently taking?

- 1- _____ (enter number and list the name(s) of your medication and dosage below)
- 2- I'm not taking other medication
- 3- I don't remember how many other medications I am taking

Name of Medication	Dosage (mg, units, tabs/caps, others)	Dose (times/day or week; 77=PRN, 99=Missing)
		_____ D W
		_____ D W
		_____ D W
<input type="checkbox"/> I don't remember the name of my medication		_____ D W
<input type="checkbox"/> I don't remember the name of my medication		_____ D W

CHW Notes:

26. How did you hear about this Project AsPIRE health screening? Please check all that apply

- ☐ Flyer
 ☐ Newspaper (Please specify: _____)
 ☐ Website (www.kalusugancoalition.org)
- ☐ Facebook
 ☐ Doctor (Please specify: _____)
 ☐ Family member or friend
- ☐ Organization/Association/Church (Please specify: _____)
- ☐ Contacted by a Community Health Worker
 ☐ Other: _____

CLINICAL MEASUREMENTS

PHYSICAL MEASUREMENTS			CLINICIAN INITIALS	REFERENCE												
HEIGHT	FEET	INCHES														
WEIGHT	LBS															
BODY MASS INDEX				Underweight <18.5 Normal 18.5-24.9 Overweight 25.0-29.9 Obese >30												
WAIST CIRCUMFERENCE	INCHES															
HIP CIRCUMFERENCE	INCHES															
WAIST-TO-HIP RATIO				<table border="0"> <tr> <td>Male</td> <td>Female</td> <td>Health Risk</td> </tr> <tr> <td>≤0.95</td> <td>≤0.80</td> <td>Low Risk</td> </tr> <tr> <td>0.96-1.0</td> <td>0.81- 0.85</td> <td>Moderate Risk</td> </tr> <tr> <td>>1.0</td> <td>>0.85</td> <td>High Risk</td> </tr> </table>	Male	Female	Health Risk	≤0.95	≤0.80	Low Risk	0.96-1.0	0.81- 0.85	Moderate Risk	>1.0	>0.85	High Risk
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0.96-1.0	0.81- 0.85	Moderate Risk														
>1.0	>0.85	High Risk														
⇒ BLOOD PRESSURE																
LEFT ARM	TIME	: AM/PM		Normal (or controlled HTN if on medication) Systolic BP < 120, and Diastolic BP <80 Pre-hypertensive (or controlled HTN if on medication) Systolic BP 120-139 or Diastolic BP 80-89 Hypertensive: Systolic BP ≥ 140 or Diastolic BP ≥ 90												
SYSTOLIC		mmHG														
DIASTOLIC		mmHG														
RIGHT ARM	TIME	: AM/PM														
SYSTOLIC		mmHG														
DIASTOLIC		mmHG														
RIGHT ARM	TIME	: AM/PM														
SYSTOLIC		mmHG														
DIASTOLIC		mmHG														
CHOLESTEROL																
TOTAL CHOLESTEROL	mg/dL			Normal = <200 Borderline high = 200-239 High =240-299 Very High = ≥300												
GLUCOSE																
GLUCOSE	mg/dL			<table border="0"> <tr> <td> If not diabetic: Before meals Normal= <100 Pre-diabetes= 100-125 Diabetes = ≥126 After meals Normal= <140 Pre-diabetes= 140-199 Diabetes= ≥200 </td> <td> If diabetic: Before meals= 70-130 After meals= <180 </td> </tr> </table>	If not diabetic: Before meals Normal= <100 Pre-diabetes= 100-125 Diabetes = ≥126 After meals Normal= <140 Pre-diabetes= 140-199 Diabetes= ≥200	If diabetic: Before meals= 70-130 After meals= <180										
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