

# FOOD QUESTIONNAIRE (FREQUENCY OF CONSUMPTION)

Adapted from the National Institute of Public Health. Center for Public Health Research.

Please indicate with a cross in the column that corresponds to the option closest to your reality and in the right column record the number corresponding to the frequency of consumption reported.

FREQUENCY OF CONSUMPTION											
FOOD	NEVER	LESS THAN ONCE A MONTH	TIMES A MONTH	TIMES A WEEK			TIMES A DAY				KEY
				1	2-4	5-6	1	2-3	4-5	6	
Dairy products	(01)	(02)	1-3 (03)	1 (04)	2-4 (05)	5-6 (06)	1 (07)	2-3 (08)	4-5 (09)	6 (10)	
1 A glass of whole milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 A slice of cheese or ½ cup cottage cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 A slice of Oaxaca cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 A slice of Manchego cheese or Chihuahua cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 A spoonful of cream cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 A cup of yogurt or Bulgarians ¿???	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 A milk ice cream cone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the year prior to this day, how often do you consumed fruit? Please indicate with a cross in the column of frequencies, consider the option that is closest to reality. Include fruits that were available only in season.

FREQUENCY OF CONSUMPTION											
FOOD Fruits	NEVER	LESS THAN ONCE A MONTH	TIMES A MONTH	TIMES A WEEK			TIMES A DAY				KEY
				1	2-4	5-6	1	2-3	4-5	6	
	(01)	(02)	1-3 (03)	1 (04)	2-4 (05)	5-6 (06)	1 (07)	2-3 (08)	4-5 (09)	6 (10)	
8 A banana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 An orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 A glass of orange juice or grapefruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 A slice of melon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 A fresh apple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 A slice of watermelon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 A slice of pineapple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 A slice of papaya	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 A pear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 A mango	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 A tangerine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 One serving of strawberries (~10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 A peach, apricot or nectarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 One serving of grapes (10 to 15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 A prickly pear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 A plum portion(~6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 A slice of mamey sapote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 A sapote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the year prior to this day, how often do you consume meats, SAUSAGES AND EGG? Please indicate with a cross in the column of frequencies, consider the option that is closest to reality.

### FREQUENCY OF CONSUMPTION

Food <b>Meats, egg and sausage</b>	NEVER  (01)	LESS THAN ONCE A MONTH  (02)	TIMES A MONTH  1-3 (03)	TIMES A WEEK			TIMES A DAY				KEY	
				1 (04)	2-4 (05)	5-6 (06)	1 (07)	2-3 (08)	4-5 (09)	6 (10)		
26 A chicken egg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 A piece of chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 A slice of ham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 A plate of beef meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 A plate of pork meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 A portion of tuna fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 A piece of pork skin (dry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 A sausage o frank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 A slice of bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 A liver steak or chicken livers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 A piece of sausage or chorizo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 A plate of fresh fish (i.e. perch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 A plate of sardines in tomato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 Half cup of seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Plate of shredded pork meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 A plate of shredded beef meat- BBQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the year prior to this day, how often do you consume VEGETABLES? Please indicate with a cross in the column of frequencies, consider the option that is closest to reality.

### FREQUENCY OF CONSUMPTION

FOOD <b>Vegetables</b>	NEVER  (01)	LESS THAN ONCE A MONTH  (02)	TIMES A MONTH  1-3 (03)	TIMES A WEEK			TIMES A DAY				KEY	
				1 (04)	2-4 (05)	5-6 (06)	1 (07)	2-3 (08)	4-5 (09)	6 (10)		
42 A tomato in sauce or stew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 A raw tomato or in a salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 A potato or sweet potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 Half a cup of carrots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 A leaf of lettuce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 Half cup of spinach or other leafy green vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48 Half cup of squash or chayote squash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 Half cup of cactus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 Canned peppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51 A plate of cream vegetable soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52 Half avocado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 Half a cup of pumpkin flower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54 Half a cup of cauliflower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 Half a cup of green beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56 A teaspoon of hot sauce or peppers with your food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57 A dish with dried chili	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58 A corn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the year prior to this day, how often do you consume CEREALS or LEGUMES? Please indicate with a cross in the column of frequencies, consider the option that is closest to reality.

FREQUENCY OF CONSUMPTION													
FOOD Legumes	NEVER  (01)	LESS THAN ONCE A MONTH  (02)	TIMES A MONTH  1-3 (03)	TIMES A WEEK			TIMES A DAY				KEY		
				1 (04)	2-4 (05)	5-6 (06)	1 (07)	2-3 (08)	4-5 (09)	6 (10)			
59 A plate of beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 Half cup of peas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61 A plate of fava beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62 A plate of dried fava beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63 A dish of lentils or chickpeas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FREQUENCY OF CONSUMPTION													
FOOD Cereals	NEVER  (01)	LESS THAN ONCE A MONTH  (02)	TIMES A MONTH  1-3 (03)	TIMES A WEEK			TIMES A DAY				KEY		
				1 (04)	2-4 (05)	5-6 (06)	1 (07)	2-3 (08)	4-5 (09)	6 (10)			
64 A corn tortilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65 A flour tortilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66 A slice of boxed white bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67 A slice of boxed whole bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68 A dinner or kasier roll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69 A piece of sweet bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70 A plate of rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71 A plate of pasta soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72 Un plato de avena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73 A bowl of cereal box (type of corn flakes) What kind? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74 High-fiber cereal. Which? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the year prior to this day, how often do you consume JUNK FOOD or DESSERT? Please indicate with a cross in the column of frequencies, consider the option that is closest to reality.

FREQUENCY OF CONSUMPTION													
FOOD Junk food or dessert	NEVER  (01)	LESS THAN ONCE A MONTH  (02)	TIMES A MONTH  1-3 (03)	TIMES A WEEK			TIMES A DAY				KEY		
				1 (04)	2-4 (05)	5-6 (06)	1 (07)	2-3 (08)	4-5 (09)	6 (10)			
75 A piece of cake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A teaspoon of honey, jam, sweet- 76 condensed milk or caramel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77 A teaspoon of chocolate powder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78 A chocolate tablet/bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79 A bag of chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the year prior to this day, how often do you consume the following BEVERAGES? Please indicate with a cross in the column of frequencies, consider the option that is closest to reality.

FREQUENCY OF CONSUMPTION												
FOOD Beverages	NEVER  (01)	LESS THAN ONCE A MONTH  (02)	TIMES A MONTH  1-3 (03)	TIMES A WEEK			TIMES A DAY				KEY	
				1 (04)	2-4 (05)	5-6 (06)	1 (07)	2-3 (08)	4-5 (09)	6 (10)		
80 A medium size cola drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81 A carbonated drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82 A diet drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83 A glass of sugared water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84 A cup of coffee without sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85 A cup of "atole" without milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86 A cup of "atole" with milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 A beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88 A cup of table wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89 A drink with rum, brandy or tequila	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the year prior to this day, how often do you consume FAT and what type of OIL do you use for cooking? Please indicate with a cross in the column of frequencies, consider the option that is closest to reality.

FREQUENCY OF CONSUMPTION												
FOOD Oils and fats	NEVER  (01)	LESS THAN ONCE A MONTH  (02)	TIMES A MONTH  1-3 (03)	TIMES A WEEK			TIMES A DAY				KEY	
				1 (04)	2-4 (05)	5-6 (06)	1 (07)	2-3 (08)	4-5 (09)	6 (10)		
90 Corn oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Soy oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92 Sunflower oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93 Safflower oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94 Olive oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95 A teaspoon of margarine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96 A teaspoon of butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97 A teaspoon of sour cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98 A teaspoon of mayonnaise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99 A teaspoon of vegetable shortening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100 A teaspoon of animal fat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the year prior to this day, how often do you consume MEXICAN CRAVINGS listed below? Please indicate with a cross in the column of frequencies, consider the option that is closest to reality.

FREQUENCY OF CONSUMPTION												
FOOD Cravings	NEVER  (01)	LESS THAN ONCE A MONTH  (02)	TIMES A MONTH  1-3 (03)	TIMES A WEEK			TIMES A DAY				KEY	
				1 (04)	2-4 (05)	5-6 (06)	1 (07)	2-3 (08)	4-5 (09)	6 (10)		
101 A taco of pork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102 A sope or quesadilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103 A plate of pozole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104 A tamal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any other food that you consumed at least once a week and that you did not find in the previously foods above, apart from the list below, the year prior to this day. Please indicate with a cross in the column of frequencies, consider the option that is closest to reality.

FREQUENCY OF CONSUMPTION								
FOOD Others	Times a week			Times a day				KEY
	1 (04)	2-4 (05)	5-6 (06)	1 (07)	2-3 (08)	4-5 (09)	6 (10)	
Dry Fish, charales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Cod liver oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Fresh salmon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Canned Salmon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Sardines in Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

OTHER QUESTIONS											
								KEY			
How many teaspoons of sugar you add to your food, or during the day? Consider what you put on coffee, milk shakes, other drinks, etc.						Teaspoons		<input type="checkbox"/> <input type="checkbox"/>			
Do you add salt to your food before testing it?				a) Yes		b) No		<input type="checkbox"/>			
Do you eat the skin of the chicken				a) Yes		b) No		<input type="checkbox"/>			
Do you eat the "fat" of the meat?				a) Yes		b) No		<input type="checkbox"/>			
How many months last year did you consume vitamins? Which? _____				0	1-2	3-4	5-6	7-8	9-10	11-12	<input type="checkbox"/>
				a	b	c	d	e	f	g	
How many months last year did you consume a calcium supplement? Which? _____				0	1-2	3-4	5-6	7-8	9-10	11-12	<input type="checkbox"/>
				a	b	c	d	e	f	g	
Do you consider that you have changed your eating habits during the last year?				a) Yes		b) No		<input type="checkbox"/>			
If they have changed, why? _____ _____ _____											
Observations: _____ _____ _____											

# International Physical Activity Questionnaire

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. 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.

Think about all the **vigorous** and **moderate** activities that you did in the **last 7 days**. **Vigorous** physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

## **PART 1: PHYSICAL ACTIVITY RELATED TO WORK**

The first section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family. These are asked in Part 3.

1. Do you currently have a job or do any unpaid work outside your home?

a) Yes

b) No → **Go to part 2: TRANSPORTATION**

The next questions are about all the physical activity you did in the **last 7 days** as part of your paid or unpaid work. This does not include traveling to and from work.

2. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, heavy construction, or climbing up stairs **as part of your work**? Think about only those physical activities that you did for at least 10 minutes at a time.

Days per week

a) No vigorous physical activity related to work

b) Don't know/Not sure

→ **Skip to question 4**

3. How much time did you usually spend on one of those days doing **vigorous** physical activities as part of your work?

Hours per day

Minutes per day

a) Don't know/Not sure

4. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads **as part of your work**? Please do not include walking.

Days per week

a) No moderate physical activity related to work

b) Don't know/Not sure

→ **Skip to question 6**

5. How much time did you usually spend on one of those days doing **moderate** physical activities as part of your work?

Hours per day

Minutes per day

a) Don't know/Not sure

6. During the **last 7 days**, on how many days did you walk for at least 10 minutes at a time **as part of your work**? Please do not count any walking you did to travel to or from work.

Days per week

a) No walk-related to work → **Skip to**

b) Don't know/Not sure

**PART 2: TRANSPORTATION**

7. How much time did you usually spend on one of those days **walking** as part of your work?

Hours per day

Minutes per day

a) Don't know/Not sure

**PART 2: PHYSICAL ACTIVITY RELATED TO TRANSPORTATION**

These questions are about how you traveled from place to place, including to places like work, stores, movies, and so on

8. **During the past 7 days**, how many days did you **travel in a motor vehicle** like a train, bus, or car?  
a) No traveling in a motor vehicle → **Skip to question 10** **Days per week**
9. Usualmente, ¿Cuánto tiempo gastó usted en uno de esos días viajando en un tren, bus, automóvil, tranvía u otra clase de vehículo de motor?  
**Hours per day**  **Minutes per day**   
a) Don't know/Not sure

Now think only about the **bicycling** and **walking** you might have done to travel to and from work, to do errands, or to go from place to place.

10. **During the past 7 days**, how many days did you **bicycle** for at least 10 minutes at a time to go **from place to place**?  
a) No bicycling from one place to another **Days per week**   
→ **Skip to question 12**
11. How much time did you usually spend on one of those days to **bicycle** from place to place?  
**Hours per day**  **Minutes per day**   
a) Don't know/Not sure
12. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time to go **from place to place**?  
a.) Not walking from place to place → **Skip to**

**PART 3: WORKING FROM THE HOUSE, MAINTANICE OF THE HOUSE, AND CARE FOR THE FAMILY** **Days per week**

13. How much time did you usually spend on one of those days **walking** from place to place?  
**Hours per day**  **Minutes per day**   
a) Don't know/Not sure

**PART 3: WORKING FROM THE HOUSE, MAINTANICE OF THE HOUSE, AND CARE FOR THE FAMILY**

This section is about some of the physical activities you might have done in the **last 7 days** in and around your home, like housework, gardening, yard work, general maintenance work, and caring for your family.

14. Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shoveling snow, or digging **in the garden or yard**?  
**Days per week**   
a) No vigorous physical activities done in the garden or yard **Days per week**   
b) Don't know/Not sure   
→ **Skip to question 16**
15. How much time did you usually spend on one of those days doing **vigorous** physical activities in the garden or yard?  
**Hours per day**  **Minutes per day**   
a) Don't know/Not sure
16. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** activities like carrying light loads, sweeping, washing windows, and raking **in the garden or yard**?  
a) No moderate physical activity done in the garden or patio **Days per week**   
→ **Skip to question 18**
17. How much time did you usually spend on one of those days doing **moderate** physical activities in the garden or yard?  
**Hours per day**  **Minutes per day**   
a) Don't know/Not sure

18. Once again, think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do **moderate** activities like carrying light loads, washing windows, scrubbing floors and sweeping inside your home?

a) No moderate physical activity inside home

Days per week

→ **Skip to PART 4: PHYSICAL ACTIVITIES OF RECREATION, SPORT AND LEISURE TIME**

19. How much time did you usually spend on one of those days doing **moderate** physical activities inside your home?

Hours per day

Minutes per day

a) Don't know/Not sure

#### **PART 4: PHYSICAL ACTIVITIES OF RECREATION, SPORT AND LEISURE TIME**

This section is about all the physical activities that you did in the **last 7 days** solely for recreation, sport, exercise or leisure. Please do not include any activities you have already mentioned.

20. Not counting any walking you have already mentioned, during the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **in your leisure time**?

a) No walking in leisure time → **Skip to question 22**

Days per week

21. How much time did you usually spend on one of those days **walking** in your leisure time?

Hours per day

Minutes per day

a) Don't know/Not sure

22. Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like aerobics, running, fast bicycling, or fast swimming **in your leisure time**?

a) No vigorous physical activity in leisure time → **Skip to question 24**

Days per week

23. How much time did you usually spend on one of those days doing **vigorous** physical activities in your leisure time?

Hours per day

Minutes per day

a) Don't know/Not sure

24. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace, and doubles tennis **in your leisure time**?

a) No moderate physical activities in leisure time → **Skip to PART 5: TIME DEVOTED TO SITTING DOWN**

Days per week

25. How much time did you usually spend on one of those days doing **moderate** physical activities in your leisure time?

Hours per day

Minutes per day

a) Don't know/Not sure

#### **PART 5: TIME DEVOTED TO SITTING DOWN**

The last questions are about the time you spend sitting while at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television. Do not include any time spent sitting in a motor vehicle that you have already told me about.

26. **During the past 7 days**, how much time did you usually spend **sitting** on a **weekday**?

Hours per day

Minutes per day

a) Don't know/Not sure

27. **During the past 7 days**, how much time did you usually spend **sitting** on a **weekend day**?

Hours per day

Minutes per day

a) Don't know/Not sure

**This is the end of this questionnaire, thank you for your participation.**



Unique ID:

Folio:

Sex:

Demographic Information			
1	Your current marital status is:	<ul style="list-style-type: none"> <li>a) single</li> <li>b) living with partner</li> <li>c) married</li> <li>d) separated/divorced/widowed</li> </ul>	<input type="checkbox"/>
2	What medical plan do you have?	<ul style="list-style-type: none"> <li>a) Social security (IMSS)</li> <li>b) The ISSSTE</li> <li>c) Public or supplied by public institutions (como PEMEX, Ejército, Marina, etc.)</li> <li>d) Paid by private enterprised (like factories, banks, etc.)</li> <li>e) Other</li> <li>f) I do not have access to medical service</li> </ul>	<input type="checkbox"/>
3	What is your father's highest level of education?	<ul style="list-style-type: none"> <li>a) none</li> <li>b) grade school</li> <li>c) middle school</li> <li>d) high school</li> <li>e) technical/career school (2 years)</li> <li>f) degree/career (4 years of college education)</li> <li>g) masters or doctorate</li> <li>h) do not know</li> </ul>	<input type="checkbox"/>
4	What is your mother's highest level of education?	<ul style="list-style-type: none"> <li>a) none</li> <li>b) grade school</li> <li>c) middle school</li> <li>d) high school</li> <li>e) technical/carreer school (2 years)</li> <li>f) degree/career (4 years of college education)</li> <li>g) masters or doctorate</li> <li>h) do not know</li> </ul>	<input type="checkbox"/>
5	Last week your father...	<ul style="list-style-type: none"> <li>a) worked</li> <li>b) did not work, but I had to work</li> <li>c) sought work</li> <li>d) was a student</li> <li>e) was dedicated to housework</li> <li>f) was retired or a pensioner</li> <li>g) was/is permanently unable to work due to disability</li> <li>h) do no know or prefer to not respond</li> </ul>	<input type="checkbox"/>
6	Last week your mother...	<ul style="list-style-type: none"> <li>a) worked</li> <li>b) did not work, but I had to work</li> <li>c) sought work</li> <li>d) was a student</li> <li>e) was dedicated to housework</li> <li>f) was retired or a pensioner</li> <li>g) was/is permanently unable to work due to disability</li> <li>h) do not know or prefer to not respond</li> </ul>	<input type="checkbox"/>
7	Please choose the category that best describes the monthly income of your family:	<ul style="list-style-type: none"> <li>a) Less than \$10,000</li> <li>b) \$10,000 – \$14,999</li> <li>c) \$15,000 – \$19,999</li> <li>d) \$20,000 – \$24,999</li> <li>e) \$25,000 – \$49,999</li> <li>f) More than \$50,000</li> <li>g) do not know or prefer to not respond</li> </ul>	<input type="checkbox"/>

Using the scale below, please indicate how you would classify your **father's** weight at each of these 4 time periods listed below (Please circle **ONLY ONE** number for each time period)

		Markedly underweight	Underweight, thin	Average weight	Overweight	Obese	Don't know	
8	During his childhood (5 -10 yrs)	a	b	c	d	e	f	[ ]
9	During his adolescence	a	b	c	d	e	f	[ ]
10	In his 20s	a	b	c	d	e	f	[ ]
11	Currently	a	b	c	d	e	f	[ ]

Using the scale below, please indicate how you would classify your **mother's** weight at each of these 4 time periods listed below (Please circle **ONLY ONE** number for each time period)

		Markedly underweight	Underweight, thin	Average weight	Overweight	Obese	Don't know	
12	During her childhood (5 -10 yrs)	a	b	c	d	e	f	[ ]
13	During her adolescence	a	b	c	d	e	f	[ ]
14	In her 20s	a	b	c	d	e	f	[ ]
15	Currently	a	b	c	d	e	f	[ ]

**The following questions relate to the weight that YOU have had during your lifetime.**

		Markedly underweight	Underweight, thin	Average weight	Overweight	Obese	Don't know	
16	During your childhood (5-10 yrs)	a	b	c	d	e	f	[ ]
17	During your adolescence	a	b	c	d	e	f	[ ]
18	In your 20s	a	b	c	d	e	f	[ ]
19	Currently	a	b	c	d	e	f	[ ]

20	<p>To answer the next question, please refer to the figures on the right.</p> <p>Please circle the image that you feel best represents what you look like (use the scale that is appropriate for your gender).</p>								[ ] number of figure
									[ ] letter of figure

21	Has a doctor/dietician/nutritionist ever diagnosed you as being obese?	a) YES    b) No    c) DON'T KNOW	<input type="checkbox"/>
22	I am currently trying to control my weight	a) YES    b) No    c) DON'T KNOW	<input type="checkbox"/>
23	During the past year, have you lost or gained weight?	a) Gained weight b) Lost weight c) Have not experienced any weight changes d) Gained and lost weight because I was pregnant e) Prefer to not repond f) Don't know	
24	During the past year, have you lost or gained weight?	a) Less than 2 kg b) between 2 to 5 kg c) more than 5 kg d) Prefer to not repond e) Don't know	

**The next questions are about your health.**

		very good	good	fair	poor	don't know	Prefer to not respond			
25	In general, how is your health?	a	b	c	d	e	f	<input type="checkbox"/>		
		Never	A few times	Almost every day	Every day	don't know	Prefer to not respond			
26	In the past seven days, how often did you fall asleep when you should have been awake (for example, during class or work)?	a	b	c	d	e	f	<input type="checkbox"/>		
27	In the past seven days, how often did you take a nap?	a	b	c	d	e	f	<input type="checkbox"/>		
		Never	1-2 times	3-4 times	5-6 times	7 times	More than 7 times	Don't know	Prefer to not respond	
29	In the past week, how many days did you eat fast food (McDonalds, Kentucky Fried Chicken, Pizza, or local fast food restaurant) or from a street vendor?	a	b	c	d	e	f	g	h	<input type="checkbox"/>
29	In the past seven days, how many times did you eat breakfast – that is, a meal within an hour of getting up?	a	b	c	d	e	f	g	h	<input type="checkbox"/>
30	During the past week, how many times did you eat lunch with your family?	a	b	c	d	e	f	g	h	<input type="checkbox"/>
31	During the past week, how many times did you eat dinner with your family?	a	b	c	d	e	f	g	h	<input type="checkbox"/>

Smoking and alcohol consumption					
32	Have you smoked at least 100 cigarettes (5 packs) during your life?	a) Yes	b) No	c) I have never smoked	<input type="checkbox"/>
33	How frequently do you smoke?	a) Daily b) Weekly c) Monthly	d) Occasionally e) At least once a year f) Don't know		<input type="checkbox"/>
34	How many cigarettes do you smoke(d)?	a) less than 1 b) 1 to10 c) 10 to 20	d) 20 to 40 e) more than 40		<input type="checkbox"/>
35	Do you smoke currently?	a) Yes	b) No	c) I have never smoked	<input type="checkbox"/>
36	How frequently do (did) you have 5 or more alcoholic drinks at one time?	a) I never drink more than 5 glasses b) Daily or almost every day c) 3 or 4 times per week d) 1 or 2 times per week e) 1 or 3 times monthly f) 7 to 11 times per year g) 3 to 6 times per year h) 1 to 2 times per year i) Prefer to not respond			<input type="checkbox"/>

EXERCISE AND YOUR FAMILY								
37	Do you have a place where you feel comfortable getting exercise?	a No				f Si	<input type="checkbox"/>	
38	How do you feel about exercise or physical activity?	a Hate it	b	c	d	e	f Love it	<input type="checkbox"/>
39	When you are with your family, how often do you exercise together (for example, walking, playing active games or sports)	a Never	b	c	d	e	f Always	<input type="checkbox"/>
40	How often do your parents or family members have conflicts with you about your weight?	a Never	b	c	d	e	f Always	<input type="checkbox"/>
41	How often do your parents or family members have conflicts with you about how active you are or how much you exercise?	a Never	b	c	d	e	f Always	<input type="checkbox"/>
42	How often do your parents or family members have conflicts with you about your food?	a Never	b	c	d	e	f Always	<input type="checkbox"/>

When you answer the following questions, think about the average meal you share with your family. Select the option that best describes your family (false, sometimes, always)					
		False	Sometimes	Always	
43	In our family, the meals are purposefully planned.	a	b	c	<input type="checkbox"/>
44	Our family often eats the main meal of the day together.	a	b	c	<input type="checkbox"/>
45	In our family, we feel it is important to eat together.	a	b	c	<input type="checkbox"/>
46	In our family, it is expected that everyone be at home for the main meal.	a	b	c	<input type="checkbox"/>
47	In our family, everyone has a role or a specific task (to prepare the table, to cook or to prepare the food)	a	b	c	<input type="checkbox"/>
48	In our family, the time of the meals are flexible. Everyone eats when and where they want.	a	b	c	<input type="checkbox"/>

## Our Family Relationships During Meals

The following are statements about how families function during mealtimes. When you answer the questions, think about the average meal you share with your family. Please decide which of these statements are true about your family and which are false. If you think the statement is *True* or mostly *True* of your family, make an X in the labeled T (true). If you think the statement is *False* or mostly *False* of your family, make an X in the box labeled F (false).

You may feel that some of the statements are true for some family members and false for others. Mark T if the statement is *True* for most members. Mark F if the statement is *False* for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to *you*. So *do not* try to figure out how other members see your family, but *do* give us your general impression of your family for each statement.

		True	False
49	During mealtimes, family members really help and support one another.	T	F
50	Family members often keep their feelings to themselves at the table.	T	F
51	We fight a lot during meals in our family.	T	F
52	We often seem to be killing time during meals.	T	F
53	We say anything we want to at the table.	T	F
54	Family members rarely become openly angry while eating.	T	F
55	We put a lot of energy into our mealtimes.	T	F
56	It's hard to "blow off steam" during meals without upsetting somebody.	T	F
57	Family members sometimes get so angry they throw things while at the table.	T	F
58	There is a feeling of togetherness during meals in our family.	T	F
59	We tell each other about our personal problems at mealtimes.	T	F
60	Family members hardly ever lose their tempers at the table.	T	F
61	We rarely volunteer when something has to be done around mealtime.	T	F
62	If we feel like doing something on the spur of the moment during a meal we often just do it.	T	F
63	Family members often criticize each other during meals.	T	F
64	Family members really back each other up during meal discussions.	T	F
65	Someone usually gets upset if you complain at the table in our family.	T	F
66	Family members sometimes scream at each other during mealtimes.	T	F
67	There is very little group spirit during mealtimes in our family.	T	F
68	Money and paying bills are openly talked about in our family during meals..	T	F
69	If there's a disagreement in our family, we try hard to smooth things over and keep the peace at the table.	T	F
70	We really get along well with each other during our meals.	T	F
71	During family mealtimes, we are usually careful about what we say to each other.	T	F
72	In our family, we believe you don't ever get anywhere by raising your voice during meals.	T	F

The following questions are related to your way of life.

		Never								Always		
73	I can resist eating with I am anxious (nervous)	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
74	I can resist eating when I am depressed (or down)	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
75	I can resist eating when I am angry (or irritable)	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
76	I can resist eating when I experience failure	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
77	I can control my eating on weekends	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
78	I can resist eating when there are many different kinds of foods available	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
79	I can resist eating even when I am at a party	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
80	I can resist eating even when high calorie foods are available.	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
81	I can resist eating even when I have to say “no” to others	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
82	I can resist eating even when I feel it’s impolite to refuse a second helping	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
83	I can resist eating even when others are pressuring me to eat	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
84	I can resist eating even when I think others will be upset if I don’t eat	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
85	I can resist eating when I feel physically run down	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
86	I can resist eating even when I have a headache	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
87	I can resist eating when I am in pain	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
88	I can resist eating when I feel uncomfortable	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
89	I can resist eating when I am watching TV	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
90	I can resist eating when I am reading	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
91	I can resist eating just before going to bed	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>
92	I can resist eating when I am happy	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>

We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

		Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree	
93	There is a special person who is around when I am in need.	a	b	c	d	e	f	g	[ ]
94	There is a special person with whom I can share joys and sorrows.	a	b	c	d	e	f	g	[ ]
95	My family really tries to help me.	a	b	c	d	e	f	g	[ ]
96	I get the emotional help and support that I need from my family.	a	b	c	d	e	f	g	[ ]
97	I have a special person who is a real source of comfort to me.	a	b	c	d	e	f	g	[ ]
98	My friends really try to help me.	a	b	c	d	e	f	g	[ ]
99	I can count on my friends when things go wrong.	a	b	c	d	e	f	g	[ ]
100	I can talk about my problems with my family.	a	b	c	d	e	f	g	[ ]
101	I have friends with whom I can share my joys and sorrows.	a	b	c	d	e	f	g	[ ]
102	There is a special person in my life who cares about my feelings.	a	b	c	d	e	f	g	[ ]
103	My family is willing to help me make decisions.	a	b	c	d	e	f	g	[ ]
104	I can talk about my problems with my friends.	a	b	c	d	e	f	g	[ ]

The following questions refer to your feelings and thoughts DURING THE LAST MONTH. In each case, please indicate HOW OFTEN the following situations have occurred to you.

		Never	Almost never	occasionally	Often	Very Often	
105	... You were upset because something happened unexpectedly	a	b	c	d	e	<input type="checkbox"/>
106	... You were unable to control the important things in your life	a	b	c	d	e	<input type="checkbox"/>
107	... You felt nervous and stressed	a	b	c	d	e	<input type="checkbox"/>
108	... You dealt successfully with irritating life hassles	a	b	c	d	e	<input type="checkbox"/>
109	... You felt you were effectively coping with important changes that were occurring in your life	a	b	c	d	e	<input type="checkbox"/>
110	... You felt confident about your ability to handle personal problems	a	b	c	d	e	<input type="checkbox"/>
111	... You felt things were going your way	a	b	c	d	e	<input type="checkbox"/>
112	... You found you could not cope with all the things you had to do	a	b	c	d	e	<input type="checkbox"/>
113	... You were able to control irritations in your life	a	b	c	d	e	<input type="checkbox"/>
114	... You felt that you were on top of things	a	b	c	d	e	<input type="checkbox"/>
115	... You have been angered because of things that happened that were outside of your control	a	b	c	d	e	<input type="checkbox"/>
116	... You found yourself thinking about things you have to accomplish	a	b	c	d	e	<input type="checkbox"/>
117	... You were able to control the way you spend your time	a	b	c	d	e	<input type="checkbox"/>
118	... You felt difficulties were piling up so high you could not overcome them	a	b	c	d	e	<input type="checkbox"/>

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the PAST WEEK

		Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)	
119	I felt depressed.	a	b	c	d	<input type="checkbox"/>
120	I felt that everything I did was an effort	a	b	c	d	<input type="checkbox"/>
121	My sleep was restless	a	b	c	d	<input type="checkbox"/>
122	I was happy	a	b	c	d	<input type="checkbox"/>
123	I felt lonely	a	b	c	d	<input type="checkbox"/>
124	People were unfriendly	a	b	c	d	<input type="checkbox"/>
125	I enjoyed life	a	b	c	d	<input type="checkbox"/>
126	I felt sad	a	b	c	d	<input type="checkbox"/>
127	I felt that people disliked me	a	b	c	d	<input type="checkbox"/>
128	I could not "get going"	a	b	c	d	<input type="checkbox"/>



We are interested in knowing how you utilize computers and the internet.

129	Have you worked internet programs independently?	a) Yes b) No	<input type="checkbox"/>
130	How often do you use the internet?	a) Daily b) Two to three times per week c) Weekly d) Monthly e) Less than once a month f) Never	<input type="checkbox"/>
131	Have you worked email programs independently?	a) Yes b) No	<input type="checkbox"/>
132	Do you have at least one email address?	a) Yes b) No c) Don't know	<input type="checkbox"/>
133	Where do you check your email?	a) At home b) At the home of a friend or relative c) At work d) In school, library, or community/youth center e) Internet café or other paid location f) Other	<input type="checkbox"/>
134	Where do you access the internet?	a) At home b) At the home of a friend or relative c) At work d) In school, library, or community/youth center e) Internet café or other paid location f) Other	<input type="checkbox"/>
135	Do you have a functional computer in your house?	a) Yes b) No c) Don't know	<input type="checkbox"/>
136	How do you connect to the internet?	a) Telephone line b) TV cable c) dedicated telephone line d) wireless e) Other f) Don't know	<input type="checkbox"/>

We are interested in knowing how much times you and your parents spent watching television, on the internet or playing videogames. Please choose the answer that is most appropriate.

How many minutes or hours per day do <b>YOU</b> watch <b>TELEVISION</b> ?											
		0 min	15 min	30 min	1 hr	2 hrs	3 hrs	4 hrs	More than 5 hrs	Don't know	
137	<b>During the week</b> (from Monday to Friday)	a	b	c	d	e	f	g	h	i	<input type="checkbox"/>
138	<b>During the weekend</b> (Saturday or Sunday)	a	b	c	d	e	f	g	h	i	<input type="checkbox"/>
How many minutes or hours per day do <b>YOU</b> play <b>VIDEOGAMES OR SURF THE INTERNET</b> ?											
		0 min	15 min	30 min	1 hr	2 hrs	3 hrs	4 hrs	More than 5 hrs	Don't know	
139	<b>During the week</b> (from Monday to Friday)	a	b	c	d	e	f	g	h	i	<input type="checkbox"/>
140	<b>During the weekend</b> (Saturday or Sunday)	a	b	c	d	e	f	g	h	i	<input type="checkbox"/>
How many minutes or hours per day do <b>YOUR PARENTS</b> watch <b>TELEVISION</b> ?											
		0 min	15 min	30 min	1 hr	2 hrs	3 hrs	4 hrs	More than 5 hrs	Don't know	
141	<b>During the week</b> (from Monday to Friday)	a	b	c	d	e	f	g	h	i	<input type="checkbox"/>
142	<b>During the weekend</b> (Saturday or Sunday)	a	b	c	d	e	f	g	h	i	<input type="checkbox"/>
How many minutes or hours per day do <b>YOUR PARENTS</b> play with <b>VIDEOGAMES OR SURF THE INTERNET</b> ?											
		0 min	15 min	30 min	1 hr	2 hrs	3 hrs	4 hrs	More than 5 hrs	Don't know	
143	<b>During the week</b> (from Monday to Friday)	a	b	c	d	e	f	g	h	i	<input type="checkbox"/>
144	<b>During the weekend</b> (Saturday or Sunday)	a	b	c	d	e	f	g	h	i	<input type="checkbox"/>
145	Is there a television visible from where you eat?	a) Yes b) No							<input type="checkbox"/>		
146	Do you watch TV while eating your meals?	a) Yes b) No							<input type="checkbox"/>		

**Scale for the Detection of Risk of Depression, Anxiety, and Eating Disorders**  
Psychology Department, UASLP

<b>Depression</b>					
In the past two weeks, how often have you felt...	never	rarely	sometimes	frequently	almost always
1. tired or without energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. it is difficult to fall asleep or to stay asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. sad or discouraged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. it is difficult to concentrate or make decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. felt anxious, ill-at-ease, or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. you have wanted or thought about taking your own life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. like you have the desire to do nothing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. like you can no longer "follow through"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. people were disappointed in you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. like you were doing things faster or slower than normal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Anxiety</b>					
In the past two weeks, how often have you felt...	never	rarely	sometimes	frequently	almost always
1. very nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. anxious or desperate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. that it was difficult to stop worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. you get tired easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. easily bothered or irritated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. it is difficult to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. it is difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. it is difficult to concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. worried that you were losing control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. your heart beat race, sweating, gasping for air, or chest pains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>SCOFF for the detection of eating disorders</b>		
Please carefully read the questions and indicate a "yes" or "no" as it applies...	YES	NO
1. Do you make yourself throw-up because you feel too full?	<input type="radio"/>	<input type="radio"/>
2. Do you worry you have lost control over how much you eat?	<input type="radio"/>	<input type="radio"/>
3. Have you recently lost more than 7kg in a 3 month period?	<input type="radio"/>	<input type="radio"/>
4. Do you believe yourself to be fat when others say you are too thin?	<input type="radio"/>	<input type="radio"/>
5. Would you say that food dominates your life?	<input type="radio"/>	<input type="radio"/>