

Form No. 1







#### GENERAL DATA, HEALTH CONDITION AND PHYSICAL ACTIVITY ADDRESSED TO THE MOTHER

ID	
Starting time:	;;
Name (initials):	Date:///
Interviewer's ID:	

FMD. Gen	eral Data		
FMD1	Where were you born?		
	Country:		
FMD11	Department or Province:		
FMD2	Age (years)		
FMD21	Date of Birth		
FMD3	Do you speak another language besides Spanish	? 1. Yes 2.No	
FMD31	If the answer is YES, which one?		
FMD4	Are you able to read and write? 1. Yes	2. No	
FMD5	What was the last year you completed in school	?	
	School	College	
		14 15 16 17 18 19 20 21	
FMD6	What is your marital status? 1. Married 2. Ur	nmarried Partner	
FMD7	Do you currently have a paying job? 1. Ye	es 2. No	
FMD 8	What is your current job or occupation?		
FMD9	What is your profession?		
FMD10	How many hours a day do you work?		:

FMC. Hou	sehold Characteristics			
FMC1.	How many people live in the sar	ne household,	that is, under the same roof?	
FMC2.	The house you live in is:			
	1. Own 2. Rented	3. Borrowed	4. Other	
FMC3.	How many bedrooms does your	house have?		
FMC4.	The roof of your house is made of	of:		
	1. Metal/Tin sheet 2. Roof tiles	3. Concrete	4. Other	
FMC5.	The floor of your house is made	of:		
	1. Dirt floor 2. Concrete	3. Tile floor	4. Other	
FMC6.	The walls of your house are mad	le of:		
	1. Cardboard 2. Adobe	3. Wood	4. Brick/Block 5. Other	
FMC7.	The water you use in your house	e comes from:		
	1. Faucet /public well/river	2. House well	3. Aqueduct /piped water	
FMC8.	In the bathroom of your house t	here is:		
	1. You do not have 2. Latrine /S	eptic tank	3. Toilet	
FMC9.	In the following list, mark each	service you hav	<i>r</i> e in your house:	
	1. Yes 2. No			
FMC91	Cable TV		FMC94 Natural Gas	
FMC92	Sewage system		FMC95 Base phone	
FMC93	Electricity		FMC96 Mobile phone	
FMC10.	In the following list mark each it	em you own		
	1. Yes 2. No			
FMC101	Car		FMC108 Microwave oven	
FMC102	Bicycle		FMC109 Washing machine	
FMC103	Refrigerator		FMC1010 Color TV	
FMC104	Gas stove		FMC1011 Sound Equipment	
FMC105	Electric stove		FMC1012 Computer	
FMC 106	Blender		FMC1013 Internet Service	
FMC107	Inverter			

FMC11.	What is your family	What is your family's monthly income? Dollars				
	1. 100 or less	2.101-200	3. 200 -400	4.401-600	5.601-800	
	6. 801-1000	7. More thar	n de 1000			

FMC12.	How much does your family spend on food per month? (in dollars)					
FMO. Obs	tetric and Breastfeeding Information					
FMO1	Edades de sus hijos y otros niños a su cargo: (del mayor al menor)					
	<u>1 2 3 4 5 6 7 8 9 10</u>					
FMO2	Have you been pregnant durign the last 12 months?					
	1. Yes 2. No 9. NR					
FM03	How many of your children have been breastfed?					
FM04	Have you breastfed your child during the last 12 months?					
FM05.	1. Yes 2. No 9. NR					
FIVIUS.	Are you currently breastfeeding?					
51406	1. Yes 2. No 9. NR					
FM06	How many pregnancies have you had?					
FM07	Of all your pregnancies, how many children were born alive?					
FMC08	How many of your children are alive?					
FMC09	Ages of your children and other children under your care: (from eldest to youngest)					
	1 2 3 4 5 6 7 8 9 10					
FMC010	At what age (years and months) did you have your menarche?					
	yearsmonths					
FME. Heal	th Condition and Risk Factors					
FME1.	How would you describe your health?					
	1. Excellent 2. Very good 3. Good 4. Regular 5. Poor					
FME2.	Of the following diseases, have you ever been told by a doctor that you suffer or have suffered from? 1. Yes 2. No 9. NR					
	1. High sugar level or diabetes					
	2. Hypertension					
	3. High cholesterol					
	4. Heart attack or infarction					
	5. Cancer. If the answer is affirmative, specify					
	6. Cerebrovascular accident					

_	_		padres en ivi			
		7. Asthma				
		8. Bronchitis	s or emphysema	1		
		9. Arthritis				
		10. Other				
FME3	Are you currently	y under any me	dical treatment	?		
	1. Yes	2. No				
FME31	If the answer is	YES, specify the	treatment.			
	Treatment 1			Treatment 4		
	Treatment 2			Treatment 5		
	Treatment 3			Treatment 6		
FME4	Have you ever sr		s or cigars? o (Go to section			
FME5	How old were yo		•			
FME6	Do you currently	smoke? 1. Ye	es 2. No	9. NR		
FME7	How old were yo	ou the last time	you smoked tob	pacco?		
FME8	Approximately, h	now many cigar	ettes/cigars did	you smoke in		
	1. One day		2. One week			
	3. A month					
FMA. Famil	ly Disease History					
FMA1.			ather, or grandn	nother suffered fro	om any of these di	seases?
	1. Yes	2. No	9. NR			
	Mother	Father	0	Grandmother M	Grandfather F	Grandmother
			М			F
FMA11. Diabetes						
FMA12						
Hyper -						
tension						
tension FMA13						
tension						
tension FMA13 Heart						
tension FMA13 Heart Attack or Infarction FMA 14						
tension FMA13 Heart Attack or Infarction FMA 14 Cancer						
tension FMA13 Heart Attack or Infarction FMA 14 Cancer FMA15.						
tension FMA13 Heart Attack or Infarction FMA 14 Cancer FMA15. Cerebro -						
tension FMA13 Heart Attack or Infarction FMA 14 Cancer FMA15. Cerebro - vascular						
tension FMA13 Heart Attack or Infarction FMA 14 Cancer FMA15. Cerebro -						

				lesuamenca	-	T	
FMA17							
Chronic							
bronchitis FMA18							-
-							
Tubercu-							
losis FMA19							-
Other							
							-
FMI. Food	-					1	
Respond w	ith a YES or a NO to	the following o	questions:				
	1. Yes	2	. No				
FMI1.	During the last 3 m to the lack of mone	-	l ever worry th	at food might rur	n out at home due		_
FMI2.	During the last 3 m	onths, did foo	od ever run out	due to the lack o	f money?		
FMI3.	During the last 3 m you to have health	-		of money or reso	urces that allowed		
FMI4.	During the last 3 m food due to the lac			in your home hav	ve a poor variety of		<u> </u>
FMI5.	During the last 3 n breakfast, lunch or	-	=		as not able to have		
FMI6.	During the last 3 m is necessary, due to			home eat less th	nan what you think		-
FMI7.	During the last 3 r not eat due to the		•	t in your home v	vas hungry and did		-
FMI8.	During the last 3 months, did you or any adult in your home had only one meal or did not eat throughout the day, due to the lack of money?					-	
FMI9.	During the last 3 something that you			-	d you have to do !?		
FMI10	During the last 3 months, did anyone under 18 years of age in your home not receive adequate and varied nutrition due to the lack of money?						
FMI11.	During the last 3 months, did anyone under 18 years of age in your home have poor nutrition variety due to the lack of money?						
FMI12.	During the last 3 m should have due to				s than what she/he		
FMI13.	During the last 3 n your home had to				r 18 years of age in rces?		
FMI14.	During the last 3 hungry and did not				in your home feel		

During the last 3 months, did anyone under 18 years of age in your home go to bed feeling hungry due to the lack of money or resources?		_	
During the last 3 months, did anyone under 18 years of age in your home had only one meal a day or did not eat at all due to the lack of money or resources?			
ronment			
te if you agree or not with each one of the following statements. By neighborhood, I area around your house within a 20-minute walking distance.			
opciones son: agree 1. Totally 2. Agree nor disagree 4. Disagree			
5. Totally disagree			
I feel safe walking in this neighborhood during the night or day.			
Violence is a problem in my neighborhood.			
Crime is not frequent in my neighborhood.			
It is easy to find a wide variety of fresh fruits and vegetables in my neighborhood.			
There is a wide selection of low-fat foods in my neighborhood (i.e.: low-fat dairy products, low-fat meat and poultry).			
There are many places where you can buy fast-food in my neighborhood.			
The stores in my neighborhood sell low-sodium packaged foods (i.e.: low-sodium canned soups, unsalted crackers).			
Walking around my neighborhood is pleasant.			
It is easy to walk around my neighborhood.			
I frequently see people exercising in my neighborhood, i.e., jogging, cycling, sports in general.			
There are parks and spaces to exercise in my neighborhood.			
The buildings and houses around my neighborhood are kept in good condition.			
p and Physical Activity			
ions FMS1-FMS7 if the answer to FMC1010 is affirmative.			
How many TVs do you have at home?			
Do you have a TV in your bedroom or where you eat?			
1. Yes 2. No			
	feeling hungry due to the lack of money or resources?      During the last 3 months, did anyone under 18 years of age in your home had only one meal a day or did not eat at all due to the lack of money or resources?      conment      te if you agree or not with each one of the following statements. By neighborhood, I area around your house within a 20-minute walking distance.      opciones son:    1. Totally agree      agree    3. Neither agree nor disagree      b. Totally disagree    3. Neither agree nor disagree      crime is son frequent in my neighborhood.      Crime is not frequent in my neighborhood.      It is easy to find a wide variety of fresh fruits and vegetables in my neighborhood.      There is a wide selection of low-fat foods in my neighborhood.      There are many places where you can buy fast-food in my neighborhood.      There are many places where you can buy fast-food in my neighborhood.      It is easy to walk around my neighborhood.      It is easy to walk around my neighborhood.      It frequently see people exercising in my neighborhood, i.e., jogging, cycling, sports in general.      It is easy to walk around my neighborhood.      It free are parks and spaces to exercise in my neighborhood.      It rea are parks and spaces to exercise in my neighborhood.      It rea are parks and spaces to exercise in my neighborhood.      The buildings and houses aro	feeling hungry due to the lack of money or resources?      During the last 3 months, did anyone under 18 years of age in your home had only one meal a day or did not eat at all due to the lack of money or resources?      comment      te if you agree or not with each one of the following statements. By neighborhood, I mean around your house within a 20-minute walking distance.      opciones son:    1. Totally      agree    3. Neither agree      5. Totally    3. Neither agree      disagree    4. Disagree      1 feel safe walking in this neighborhood.	

FMS3.	Do you have TV in your bedro	oom?	1. Yes	2.No			
FMS4.	From Monday through Friday down?	h TV sitting or lying	:				
FMS5.	During the weekend, how ma	During the weekend, how many hours do you watch TV sitting or lying down?					
FMS6.	How frequently do you eat si	How frequently do you eat sitting in front of the TV?					
	1. Always 2. Somet	imes	3. Never (go	to FMS8)			
FMS7.	If the answer to the previous and eat at the same time?	s question is 1	or 2, how many	hours do you watch TV			
FMS8.	From Monday through Friday	/, how many h	ours do you usua	lly sleep?			
FMS9.	During weekends, how many	hours do you	usually sleep?				
FMS10.	Is it hard for you to fall asleep	o? 1. Yes	2. No	3. Sometimes			
FMS11.	Do you wake up during the n	ightí1 Si	2.No	3. Sometimes			
FMS12.				of contextines			
FMS13.		If the previous answer is yes, how long do you stay awake? Do you need help to eat, wash, or move around the house, due to any handicap or health difficulty?					
	1. Yes (ask only questions FM	IS15-20)		2. No			
FMS14.	Due to any handicap or hea such as household chores, g for any other reason? 1	oing to the ba					
Please, an AVERAGE.	swer if you did the following ac	tivities, and ho	ow frequently you	i did them last year, ON			
	0= Never 1= < than once a month 2= Once a month 3= 2-3 times a month 4= Once a week	6= 5-6 tin 7= Once a 8= 2-3 tin	nes a day mes a day				
During the	e last twelve months how often,	on average?					
FMS15	Did you take a nap (30 minut	es)?					
FMS16	Did you LIE DOWN to watch	TV, read, lister	n to music (30 mir	nutes)?			
FMS17	Did you REMAIN SEATED whi playing electronic games (1 h	our)?					
FMS18	At work (filing, photocopying At home (i.e.: washing dishe	, writing, cust	omer service)?				

	padres en Mesoamérica	
FMS19	i.e.: sweeping, moping, washing (windows, clothes, etc.)?	
FMS20	hour)? (weeding, watering, pruning)	
FMS21	Harvesting coffee, planting, watering, manuring	
FMS22	DID YOU WALK ON FLAT TERRAIN IN THE CITY?	
FMS23	Shoveling, plating, making ditches, cutting down trees)?	
FMS24	DID YOU WALK ON MOUNTAINOUS TERRAINS (30 minutes) (farms, ranch, mountain	
FMS25	DID YOU CLIMB STEPS (1 floor)?	
FMS26	DID YOU PRACTICE TEAM SPORTS? (30 minutes) (football, basketball, volleyball)	
FMS27	DID YOU PRACTICE INDIVIDUAL SPORTS (30 minutes)? (Jogging, cycling, swimming, etc.)	
FMS28	DID YOU PRACTICE SOME OTHER SPORT (30 minutes)?	
FMS281	Specify	
FMS29	DID YOU MOVE OR LIFT HEAVY THINGS THAT MADE YOU SWEAT (30 minutes)? Furniture, boxes, a person, water, luggage, etc.	
FMP. Body	Perception	
FMP1.	Approximately, how much do you weigh? (kg)	
FMP2	Approximately, how tall are you? (m)	·
FMP3.	Of these illustrations, which one: (write the corresponding number) Display card.	
FMP31	Do you think that looks like you at the present.	
FMP32	Is how you would like to look.	
FMP33	Do you think is the healthiest.	

FMP34	During the			
	1. Yes	2. No	9. NR	
FMP35	_	last 12 months, ed eating any pa	nave you followed a food regime, or have ticular food?	e you
	1. Yes	2. No	9. NR	









Form No. 2

### GENERAL DATA, HEALTH CONDITION AND PHYSICAL ACTIVITY OF THE CHILD ADDRESSED TO THE MOTHER

ID	1_11_11_11_11_11_11_1
Starting time:	::
Name (initials):	Date: / / /
Interviewer ID:	

FND	General Data	
FND1	Child's date of birth	//
FND2	Age (Years)	
FND3	Born in:	
FND4	Resident of:	
FND5	For how long has your child lived in this house?	
	1. Less than one year2.1-2 years3. More than 2 years	
FND6	Where did you live before? District or province?	
FND7	Sex: 1. Male 2. Female	
FND8	Birth weight (lb oz):	
FND9	Birth length (cm)	
FND10	Who takes care of the child after school?	
	1. Mother2. Father3. Grandparents4. Uncle or Aunt5. Other relative or guardian	
FND11	You consider your child's health to be:	
	1. Excellent2. Very good3. Good4. Regular5. Poor	
FND12	If your child is a girl: Did she have her menarche? (if the child is a boy, go to FND15) 1. Yes 2. No 9. NR	
FND13	Date of her first menstruation:	//
FND14	If you do not remember the exact date, at what age did she have her first menstruation? Years months	
FND15	Has a doctor ever told you that your child suffers from any of these diseases?1Yes2. No9. NR	
	FND151. Asthma FND154. Malnutrition	
	FND152. Allergies FND155. Overweight and obesity	

	FND153 Pneumonia FND156. Othe	Prs	
FNH	Dietary History of the Child		
FNH1	Did you breastfeed your child? If the answer is 2, go to question 1. Yes 2. No	FNH2	
FNH11	How long did you breastfeed your child? Days/weeks /months	days weeks	 months
FNH2	Did you fed him/her with formula? If the answer is 2 go to question FNH3	1. Yes 2. No	
FNH21	How old was the baby when you fed him/her with formula?	days weeks	 months
FNH4	Do you have control over what your child eats at school? 1.	Yes 2. No	
FNH5	How many proper meals does your child have while he is not at s	school?	
FNH6	Does he/she eat between meals? 1. Yes	2. No	
FNH7	Do you usually reward him/her with food?	1. Yes 2. No	
FNH8	How many times a week does your child eat the main meal out ( food posts on the street)?	restaurant, cateteria,	
FNF.	Physical Activity of the Child		
FNF1	During the 5 school days, how does your child go to school?1. Walking2. Public bus3.Car /motore	cycle /school bus	
FNF2	How does your child return home more often?		
	1. Walking 2. Public bus 3.Car /motor	cycle /school bus	
FNF3	How many blocks to and from school does your child walk each of Besides the distance he/she walks to and from school, how man	· · · · · · · · · · · · · · · · · · ·	
FNF4	walk to go from one place to another (errands, visits, etc.)? From Monday through Friday, how many hours, on average, doe	,	
FNF5	outdoors?		
FNF6	During the weekend, how many hours, on average, does your ch Does your child practice any sport (football, baseball, basketball,		
FNF7	Yes 2. No (Go to FNF10)		
FNF8	How many times a week does he/she practice it?		
FNF9	For how many hours, on average, each day?		
FNF10	How many days a week does your child use the bicycle or skateb 0 = don't use (go to question FNF11)	oard?	
FNF101	For how many hours a day does he /she use it?		
FNF11	Does your child have a TV in his/her bedroom? 1. Yes	2. No	
FNF12	On how many school days does your child watch TV before leavi	ng for school?	
FNF13	On school days, how many hours does he/she watch TV?		:

FNF14	During weekends, how many hours a day does he/she watch TV?	:
FNF15	How many days a week does your child eat while watching TV?	
FNF16	On average, how many hours does your child eat while watching TV?	
FNF17	How many days a week does your child play electronic games in the computer or TV?	
FNF18	On school days, how many hours, on average, does he/she play in the computer?	:
FNF19	During weekends, how many hours does he play in front of a screen?	



Form No. 3







#### GENERAL DATA, HEALTH CONDITION AND PHYSICAL ACTIVITY ADDRESSED TO THE FATHER

ID	    _
Starting time:	;;
Name (Initials):	Date:///
Interviewer´s ID:	

FPD. Gen	eral Data	
FPD1	Where were you born? Country:	
FPD11	Department or Province:	
FPD2	Age (years)	
FPD21	Date of Birth	//
FPD3	Do you speak another language besides Spanish? 1. Yes 2.No	
FPD31	If the answer is YES, which one?	
FPD4	Are you able to read and write? 1.Yes 2. No	
FPD5	What was the last year you completed in school?	
	School University	
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	
FPD6	Do you currently have a paying job? 1. Yes 2. No	
FPD7	What is your current job or occupation?	
FPD8	What is your profession?	
FPD9	How many hours a day do you work?	:

FPE1.	How would you describe your health?	
	1. Excellente2. Very good3. Good4. Regular5. Poor	
FPE2.	Of the following diseases, have you ever been told by a doctor that you suffer or have suffered from:	
	1. Yes 2. No	
	1. High sugar level or diabetes	
	2. Hypertension	
	3. High cholesterol	
	4. Heart attack or infarction	
	5. Cancer. If the answer is affirmative, specify	
	6. Cerbrovascular accident	
	7. Asthma	
	8. Bronchitis or emphysema	
	9. Arthritis	
	10. Other	
FPE3	Are you currently under any medical treatment?	
	1. Yes 2. No	
FPE31	If the answer is YES, specify the treatment.	
	Treatment 1 Treatment 4	
	Treatment 2 Treatment 5	
	Treatment 3 Treatment 6	
FPE4	Have you ever smoked cigarettes or cigars?	
	1. Yes 2. No (Go to section FMA)	
FPE5	How old were you when you started smoking regularly?	
FPE6	Do you currently smoke? 1. Yes 2. No 9. NR	
FPE7	How old were you the last time you smoked tobacco?	
FPE8	Approximately, how many cigarettes/cigars did you smoke in	
	1. One day 2. One week	
	3. A month	

	Did your father,	mother, gran	dfather or g	randmother si	uffered from a	ny of these diseases	?
		1. Yes	2. No	9. NR			
		Mother	Father	Grand- father M	Grand- mother M	Grandfather F	Grandmother F
FPA1	Diabetes						
FPA2	Hypertension						
FPA3	Heart attack or Infarction						
FPA4	Cancer						
FPA5	Cerebrovascul ar accident						
FPA6	Asthma						
FPA7	Chronic bronchitis						
FPA8	Tuberculosis						
FPA9	Others						
FPS. Slee	ep and Physical Acti	vity					
Ask ques	tions FPS1-FPS5 if F	MC1010 is pc	ositive				
FPS1	Do you have TV i	n your bedroo	om?	1. Yes	2. No	3. Dont have (go to FPS8)	
FPS2	From Monday th	rough Friday,	how many h	ours do you v	vatch TV?		·
FPS3	During weekends	s, how many h	iours do you	watch TV?			<u> </u>
FPS4	How frequently d	lo you eat sitt	ing in front o	of the TV?			· ·
	1. Always		2. Sometim		3.Never (go to		
FPS5	If the answer to eat at the same t		question is	1 or 2, how n	nany hours do	you watch TV and	::
FPS6	From Monday th	rough Friday,	how many h	ours do you u	sually sleep?		
FPS7	During weekends	s, how many h	iours do you	usually sleep	?		
FPS8	Is it hard for you	to fall asleep?	)	1. Yes	2. No	3. Sometimes	
FPS9	Do you wake up o	during the nig	ht?	1. Yes	2.No	3. Sometimes	
FPS10				you stay awak	_		

difficulty?    1. Yes (ask only FPS12-18)    2. No      FPS12    Due to any handicap or health problem, do you need help for your daily routine such as household chores, going to the bank, shopping or going out of the house for any other reason?    1. Yes    2. No      Please, answer if you did the following activities, and how frequently you did them last year, ON AVERAGE.    0= Never    5= 2-4 times a week      1 = < than once a month    6= 5-6 times a week    2= Once a month    7= Once a day      3 = 2-3 times a month    8= 2-3 times a day    10= 6 times a day      4 = Once a week    9= 4-5 times a day    10= 6 times a day      10 for you take a nap (30 minutes)?	FPS11		ound the house, due to any handicap or health	
PP512    Due to any handicap or health problem, do you need help for your daily routine such as household chores, going to the bank, shopping or going out of the house for any other reason?    1. Yes    2. No      Please, answer if you did the following activities, and how frequently you did them last year, ON AVERAGE.    0= Never    5= 2-4 times a week      1= < than once a month		difficulty?		
household chores, going to the bank, shopping or going out of the house for any other      reason?    1. Yes    2. No      Please, answer if you did the following activities, and how frequently you did them last year, ON    AVERAGE.      0 = Never    5 = 2.4 times a week    1 - < than once a month		1. Yes (ask only FPS12-18)	2. No	
AVERAGE.    0= Never    5= 2-4 times a week      1= < than once a month	FPS12	Due to any handicap or health problem, do household chores, going to the bank, shop		
1= < than once a month			nd how frequently you did them last year, ON	
FPS13    Did you take a nap (30 minutes)?      FPS14    DID YOU LIE DOWN to watch TV, read, listen to music (30 minutes)?      FPS15    DID YOU REMAIN SEATED while working, reading, eating, driving, watching TV, playing electronic games (1 hour)?      FPS16    At work (filing, photocopying, writing, customer service)? At home (i.e.: washing dishes, dusting, cooking, tidying up, etc.)      FPS17    DID YOU REMAIN STANDING WINEL CLEMENTO (1 hour)?      I.e.: sweeping, moping, washing (windows, clothes, etc.)?      FPS18    DID YOU REMAIN STANDING UP AND BENDING DOWN IN GARDENING CHORES (1 hour)?      FPS19    Harvesting coffee, planting, watering, manuring.      FPS20    DID YOU WORK ON CONSTRUCTION (1 hour) brickwork, carpentry, painting, roof, firewood      FPS21    DID YOU WALK ON FLAT TERRAIN IN THE CITY?      FPS23    DID YOU WALK ON MOUNTAINOUS TERRAIN (30 minutes) (farms, ranch, mountains)?      FPS24    DID YOU WALK ON MOUNTAINOUS TERRAIN (30 minutes) (farms, ranch, mountains)?      FPS25    DID YOU ULIMB STEPS (1 floor)?      FPS26    DID YOU PRACTICE TEAM SPORTS? (30 minutes) (football, basketball, volleyball))      FPS26    DID YOU PRACTICE TEAM SPORTS? (30 minutes): (football, basketball, volleyball))		1= < than once a month 2= Once a month 3= 2-3 times a month 4= Once a week	6= 5-6 times a week 7= Once a day 8= 2-3 times a day 9= 4-5 times a day 10= 6 times a day	
Did you take a nap (30 minutes)?      FPS14    DID YOU LIE DOWN to watch TV, read, listen to music (30 minutes)?      FPS15    DID YOU REMAIN SEATED while working, reading, eating, driving, watching TV, playing electronic games (1 hour)?      FPS16    At work (filing, photocopying, writing, customer service)? At home (i.e.: washing dishes, dusting, cooking, tidying up, etc.)      FPS17    DID YOU REMAIN STANDING WINCE CLEARNING (1 hour)?      FPS18    DID YOU REMAIN STANDING UP AND BENDING DOWN IN GARDENING CHORES (1 hour)?      FPS18    DID YOU REMAIN STANDING UP AND BENDING DOWN IN GARDENING CHORES (1 hour)?      FPS19    Harvesting coffee, planting, watering, manuring.      FPS20    DID YOU WORK ON CONSTRUCTION (1 hour) brickwork, carpentry, painting, roof, firewood      FPS21    DID YOU CARRY OUT TOUGH CHORES THAT MADE YOU SWEAT (1 hour)? Shoveling, plating, making ditches, cutting trees?      FPS23    DID YOU WALK ON MOUNTAINOUS TERRAIN (30 minutes) (farms, ranch, mountains)?      FPS24    DID YOU PRACTICE TEAM SPORTS? (30 minutes) (football, basketball, volleyball))      FPS26    DID YOU PRACTICE TEAM SPORTS? (30 minutes): (50 thall, basketball, volleyball))      FPS26    DID YOU PRACTICE TEAM SPORTS? (30 minutes): (50 thall, basketball, volleyball))	During th	ne last twelve months how often, on average	2	
DID YOU LIE DOWN to watch TV, read, listen to music (30 minutes)?	FPS13	Did you take a nap (30 minutes)?		
electronic games (1 hour)?	FPS14	DID YOU LIE DOWN to watch TV, read, liste	en to music (30 minutes)?	
FPS16    At work (filing, photocopying, writing, customer service)?      At home (i.e.: washing dishes, dusting, cooking, tidying up, etc.)      JPF TOO RELIMANT STANDING WITCL CLEARNING (1 mour):      i.e.: sweeping, moping, washing (windows, clothes, etc.)?      FPS17      i.e.: sweeping, moping, washing (windows, clothes, etc.)?      FPS18    DID YOU REMAIN STANDING UP AND BENDING DOWN IN GARDENING CHORES (1 hour)?      FPS19    Harvesting coffee, planting, watering, manuring.      FPS20    DID YOU WORK ON CONSTRUCTION (1 hour) brickwork, carpentry, painting, roof, firewood      FPS21    DID YOU WALK ON FLAT TERRAIN IN THE CITY?      FPS22    DID YOU CARRY OUT TOUGH CHORES THAT MADE YOU SWEAT (1 hour)? Shoveling, plating, making ditches, cutting trees?      FPS23    DID YOU WALK ON MOUNTAINOUS TERRAIN (30 minutes) (farms, ranch, mountains)?      FPS24    DID YOU CLIMB STEPS (1 floor)?      FPS25    DID YOU PRACTICE TEAM SPORTS? (30 minutes) (football, basketball, volleyball))      FPS26    DID YOU PRACTICE TEAM SPORTS? (30 minutes) (football, basketball, volleyball))      FPS26    DID YOU PRACTICE TEAM SPORTS? (30 minutes) (football, basketball, volleyball))	FPS15	electronic games (1 hour)?		
FPS17    i.e.: sweeping, moping, washing (windows, clothes, etc.)?      FPS18    DID YOU REMAIN STANDING UP AND BENDING DOWN IN GARDENING CHORES (1 hour)?      FPS19    Harvesting coffee, planting, watering, manuring.      FPS20    DID YOU WORK ON CONSTRUCTION (1 hour) brickwork, carpentry, painting, roof, firewood      FPS21    DID YOU WALK ON FLAT TERRAIN IN THE CITY?      FPS22    DID YOU CARRY OUT TOUGH CHORES THAT MADE YOU SWEAT (1 hour)? Shoveling, plating, making ditches, cutting trees?      FPS23    DID YOU WALK ON MOUNTAINOUS TERRAIN (30 minutes) (farms, ranch, mountains)?      FPS24    DID YOU CLIMB STEPS (1 floor)?      FPS25    DID YOU PRACTICE TEAM SPORTS? (30 minutes) (football, basketball, volleyball))      FPS26    DID YOU PRACTICE TEAM SPORTS? (30 minutes): (50 minutes): (Jogging, cycling, swimming, etc.)	FPS16	At work (filing, photocopying, writing, cust	omer service)?	
hour)?	FPS17		. ,	
FPS19    Harvesting coffee, planting, watering, manuring.	FPS18		DING DOWN IN GARDENING CHORES (1	
firewood	FPS19		. ,	
FPS21    DID YOU WALK ON FLAT TERRAIN IN THE CITY?	FPS20		ur) brickwork, carpentry, painting, roof,	
plating, making ditches, cutting trees?	FPS21		CITY?	
FPS23    DID YOU WALK ON MOUNTAINOUS TERRAIN (30 minutes) (farms, ranch, mountains)?      FPS24    DID YOU CLIMB STEPS (1 floor)?      FPS25    DID YOU PRACTICE TEAM SPORTS? (30 minutes) (football, basketball, volleyball))      FPS26    UD YOU PRACTICE INDIVIDUAL SPORTS (30 minutes):      FPS27    UD YOU PRACTICE INDIVIDUAL SPORTS (30 minutes):	FPS22		T MADE YOU SWEAT (1 hour)? Shoveling,	
FPS25  DID YOU PRACTICE TEAM SPORTS? (30 minutes) (football, basketball, volleyball))    FPS26  UD YOU PRACTICE INDIVIDUAL SPORTS (30 minutes):    (Jogging, cycling, swimming, etc.)	FPS23		IN (30 minutes) (farms, ranch, mountains)?	
FPS26    (Jogging, cycling, swimming, etc.)	FPS24	DID YOU CLIMB STEPS (1 floor)?		
(Jogging, cycling, swimming, etc.)	FPS25			
FPS27 DID YOU PRACTICE SOME OTHER SPORT (30 minutes)?	FPS26		o minutes):	
	FPS27	DID YOU PRACTICE SOME OTHER SPORT (3	30 minutes)?	

FPS271	Specify	
FPS28	DID YOU MOVE OR LIFT HEAVY THINGS THAT MADE YOU SWEAT (30 minutes)?Furniture, boxes, a person, water, luggage, etc.	
FPP. Body	y Perception	
FPP1	Approximately, how much do you weigh? (k	
FPP2	Approximately, how tall are you? (m)	
FPP3	Of these illustrations, which one: (write the corresponding number). Display the card	
FPP31	Do you think that looks like you at the present	
FPP32	Is how you would like to look	
FPP33	Do you think is the healthiest	
FPP34	During the last 12 months, have you tried to lose weight?	
FPP35	1. Yes2. No9. NRDuring the last 12 months, have you followed a food regime, or have you ever stopped eating any particular food?	
	1. Yes 2. No 9. NR	



Form No. 4







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### DIETARY HISTORY , PHYSICAL ACTIVITY AND BODY PERCEPTION ADRESSED TO THE CHILD

ID	
Starting time:	;;
Name (Initials):	Date: / //
Interviewer's ID:	

FNE	Child's Dietary Interview		
FNE1	On how many school days do you have breakfast at home before going to school?		
FNE2	On how many days of the weekend do you have breakfast at home?		
FNE3	Do you take a meal to school? 1. Yes 2. No		
FNE4	On how many school days do you take money to buy food at school?		
FNE41	If the answer is more than two, What do you buy?		
FNE5	On how many school days do you receive a meal at school?		
FNE6	On how many school days do you eat the meal received at school?		
FNE7	On how many school days do you have lunch at home?		
FNE8	When you do not go to school, on how many days do you have lunch at home?		
FNE9	On how many days a week do you drink soda? (Can or bottle)		
FNE91	If the answer is one day or more: How many do you drink in one day?		
FNE10	On how many school days do you drink canned soft drinks or juices? (Can or bottle)		
FNE101	If the answer is one day or more: How many do you drink in one day?		
FNA	Child's Physical Activity Interview		
FNA1	How many Physical Exercises P.E. periods do you receive at school during the week?		
FNA2	How long does the P.E. period last?	::	

FNA3	How long is school recess?	:
FNA4	What do you do during school recess?	
fna4_otr	a what do you do less during recess at school?	
FNC	Body Perception	
FNC1	Of these illustrations, which one: (write the corresponding number indicated by the child) Note: Images differ in the form for boys. $\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
FNC2	Do you think that looks like you at the present	
FNC3	Is how you would like to look	
FNC4	Do you think is the healthiest	
FNC5	During the last 12 months, have you tried to lose weight? 1. Yes 2. No 9. NR	
FNC6	During the last 12 months, have you been on a diet or have you ever stopped eating any particular food?	
indice_p	1. Yes  2. No  9. NR    index of body perception	<u>                                      </u>









Factores dietéticos asociados con riesgo de enfermedades cardiovasculares en escolares y sus padres en Mesoamérica.

Form No. 5

#### FOOD FREQUENCY QUESTIONNAIRE

ID	111111111111
Starting time:	::
Name (Initials):	Date:///
Technician's ID:	_  _  _

Instructions: Now we will talk about what you have eaten in the past 12 months.

Filling instructions: Circle the number corresponding to each square.

During the past 12 months, how frequently did you eat, on average, the following foods?

DL	DAIRIES	Never or < than once a month	1-3 times a month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times a day	4-5 times a day	6+ times a day
DL1	Milk (liquid o powder, 1 glass)	1	2	3	4	5	6	7	8	9
DL2	Hard/dry cheese (1 slice)	1	2	3	4	5	6	7	8	9
DL3	Sliced American cheese (1)	1	2	3	4	5	6	7	8	9
DL4	Fresh/cottage/ cheese (1 slice)	1	2	3	4	5	6	7	8	9
DL5	Cream cheese (1 tbs)	1	2	3	4	5	6	7	8	9
DL6	Cream (1tbs)	1	2	3	4	5	6	7	8	9
DF	FRUITS	Never or < than once a month	1-3 times a month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times a day	4-5 times a day	6+ times a day
DF1	Pineapple (1 slice)	1	2	3	4	5	6	7	8	9
DF2	Papaya/pawpaw (1 slice)	1	2	3	4	5	6	7	8	9
DF3	Bananas (1)	1	2	3	4	5	6	7	8	9

				esoame						
DF4	Mangoes (1)	1	2	3	4	5	6	7	8	9
DF5	Oranges (1)	1	2	3	4	5	6	7	8	9
DF6	Orange juice (1 small glass)	1	2	3	4	5	6	7	8	9
DF7	Have you eaten another fruit in the past 3 months?									
	0=NO (go to VEGETABLES)									
	1=YES (Which one? Write it down.)									
DF8		1	2	3	4	5	6	7	8	9
DF9		1	2	3	4	5	6	7	8	9
DF10		1	2	3	4	5	6	7	8	9
DV	VEGETABLES	Never or < than once a month	1-3 times a month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times a day	4-5 times a day	6+ times a day
DV1	Tomato/natural sauce/chirmol (½ cup)	1	2	3	4	5	6	7	8	9
DV2	Cabbage (½ cup)	1	2	3	4	5	6	7	8	9
DV3	Lettuce (½ cup)	1	2	3	4	5	6	7	8	9
DV4	Avocado (¼ unit)	1	2	3	4	5	6	7	8	9
DV5	Carrot (½ cup)	1	2	3	4	5	6	7	8	9
DV6	Cucumber (½ cup)	1	2	3	4	5	6	7	8	9
DV7	Ayote (½ cup)	1	2	3	4	5	6	7	8	9
DV8	Güisquil/chayote (½ cup)	1	2	3	4	5	6	7	8	9
DV9	Spinach (½ cup)	1	2	3	4	5	6	7	8	9
DV10	Green beans (½ cup)	1	2	3	4	5	6	7	8	9
DV11	Cauliflower (½ cup)	1	2	3	4	5	6	7	8	9
DV12	Broccoli (½ cup)	1	2	3	4	5	6	7	8	9
DV13	Radish (½ cup)	1	2	3	4	5	6	7	8	9
DV14	White or yellow corn (1/3)	1	2	3	4	5	6	7	8	9
DV15	Herb and green leaves (½ cup)	1	2	3	4	5	6	7	8	9
DV16	Ripen, green plantains (½ cup)	1	2	3	4	5	6	7	8	9

	1			csoume				1	r	
DV17	Potato (1)	1	2	3	4	5	6	7	8	9
DV18	Yucca/cassava/taro (1/3 unit)	1	2	3	4	5	6	7	8	9
DV19	Have you eaten another vegetable in the last 3 months?									
	0 =NO (go to Eggs-Meats)									
	1=YES (Which one? Write it down.)									
DV20		1	2	3	4	5	6	7	8	9
DV21		1	2	3	4	5	6	7	8	9
DH	EGGS-MEATS	Never or < than once a month	1-3 times a month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times a day	4-5 times a day	6+ times a day
DH1	Hard-boiled egg (1)	1	2	3	4	5	6	7	8	9
DH2	Fried/scrambled/minced egg (1)	1	2	3	4	5	6	7	8	9
DH3	Chicken meat in soups, stew, pie (1 portion)	1	2	3	4	5	6	7	8	9
DH4	Fried or roasted chicken	1	2	3	4	5	6	7	8	9
DH5	Beef, pork, or bacon in soup, minced, stew, pies (1 portion)	1	2	3	4	5	6	7	8	9
DH6	Beef or pork as main dish (1 portion)	1	2	3	4	5	6	7	8	9
DH7	Atún o sardinas enlatadas (1 porción)	1	2	3	4	5	6	7	8	9
DH8	Canned tuna fish or sardine (1 portion)	1	2	3	4	5	6	7	8	9
DH9	Pork cracklings (¼ cup)	1	2	3	4	5	6	7	8	9
DH10	Meat patty (1)	1	2	3	4	5	6	7	8	9
DH11	Entrails (beef or chicken giblets or liver)	1	2	3	4	5	6	7	8	9
DE	SAUSSGES	Never or < than once a month	1-3 times a month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times a day	4-5 times a day	6+ times a day
DE1	Ham (1 slice)	1	2	3	4	5	6	7	8	9
DE1.2	¿What brand of ham do you buy?				•	_		-		
DE2	Mortadella/Salami	1	2	3	4	5	6	7	8	9

		1							1	
DE3	Sausage (1)	1	2	3	4	5	6	7	8	9
DE4	Pork sausage/chorizo (1)	1	2	3	4	5	6	7	8	9
DP	BREADS, FLOURS, CEREALS	Never or < than once a month	1-3 times a month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times a day	4-5 times a day	6+ times a day
DP1	Rice (2/3 cup)	1	2	3	4	5	6	7	8	9
DP2	Whole/smashed/grinded beans (1/3 cup)	1	2	3	4	5	6	7	8	9
DP3	Refried beans (1/3 cup)	1	2	3	4	5	6	7	8	9
DP4	Noodles, macaroons, spaghettis (1 cup)	1	2	3	4	5	6	7	8	9
DP5	White bread, roll, bun, baguette (1 portion)	1	2	3	4	5	6	7	8	9
DP6	Sweet bread, toasted bread (1 portion)	1	2	3	4	5	6	7	8	9
DP7	Flour tortilla (1)	1	2	3	4	5	6	7	8	9
DP8	Corn tortilla (1)	1	2	3	4	5	6	7	8	9
DP9	Atole (any type ½ cup)	1	2	3	4	5	6	7	8	9
DP10	Fortified beverages (Incaparina, Bienestarina)	1	2	3	4	5	6	7	8	9
DP11	Oats without milk (½ cup)	1	2	3	4	5	6	7	8	9
DP12	Oats with milk (½ cup)	1	2	3	4	5	6	7	8	9
DP13	Other corn products such as pastry/pies, pupusas, fried corncakes, roasted tamale (1)	1	2	3	4	5	6	7	8	9
DP14	Breakfast cereal, for example Cornflakes (1 cup)	1	2	3	4	5	6	7	8	9
DP14.1	¿What brand of breakfast cereal do you buy?									
DB	BEVERAGES	Never or < than once a month	1-3 times a month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times a day	4-5 times a day	6+ times a day
DB1	Diet soda beverages (1)	1	2	3	4	5	6	7	8	9
DB2	Regular soda beverages (1)	1	2	3	4	5	6	7	8	9

				esoame				1	r	
	Natural beverages (lemonade, berry, pineapple, tamarind, cas, guava, etc. (1									
DB3	glass)	1	2	3	4	5	6	7	8	9
DB4	Coffee	1	2	3	4	5	6	7	8	9
DB5	Chocolate	1	2	3	4	5	6	7	8	9
DB6	Energizing beverages (Red Bull, Adrenaline, or others)	1	2	3	4	5	6	7	8	9
DB7	Beer (any type) (1 glass)	1	2	3	4	5	6	7	8	9
DB8	Liquor (rough liquor/rum/tequila) (1drink)	1	2	3	4	5	6	7	8	9
DB9	Wine (1 glass)	1	2	3	4	5	6	7	8	9
DB10	Non-alcoholic malt	1	2	3	4	5	6	7	8	9
DR	FAST FOOD	Never or < than once a month	1-3 times a month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times a day	4-5 times a day	6+ times a day
DR1	Hamburgers (1 portion)	1	2	3	4	5	6	7	8	9
DR2	Hot dog (1 portion)	1	2	3	4	5	6	7	8	9
DR3	Pizza(1 portion)	1	2	3	4	5	6	7	8	9
DR4	Sandwich/submarines (1 portion)	1	2	3	4	5	6	7	8	9
DR5	Corn toasts or tacos of any type (1 portion)	1	2	3	4	5	6	7	8	9
DD	CANDIES, PASTRIES, OTHERS	Never or < than once a month	1-3 times a month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times a day	4-5 times a day	6+ times a day
DD1	Candies, caramels (1)	1	2	3	4	5	6	7	8	9
DD2	Pound cake/sponge cake/pastries/packaged pastries (75- 150g presentation)	1	2	3	4	5	6	7	8	9
DD3	Desserts such as rice pudding, three milk cake, crème caramel, jelly (1 portion)	1	2	3	4	5	6	7	8	9
DD4	Ice-cream (1 portion)	1	2	3	4	5	6	7	8	9
DD5	Fried snacks of any type, size, or brand (1 portion)	1	2	3	4	5	6	7	8	9
DD6	What brand of snacks do you buy? Sweet cookies with filling, such as		-							
DD7	sweet cookies with filling, such as sandwich (1 portion)	1	2	3	4	5	6	7	8	9

							-	•		-
DD8	Galletas saladas tipo soda	1	2	3	4	5	6	7	8	9
DD9	Salted cookies with filling, sandwich type (1 portion)	1	2	3	4	5	6	7	8	9
DD10	What brand of cookies do you usually buy?									
DD11	Peanuts (1 portion)	1	2	3	4	5	6	7	8	9
DD12	Cashew (1 portion)	1	2	3	4	5	6	7	8	9
DC	SUPPLEMTS / AGGREGATES / OTHERS	Never or < than once a month	1-3 times a month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times a day	4-5 times a day	6+ times a day
DC1	How much sugar (tsp) do you add to coffee, tea, or chocolate?				Teaspo	on	<u>  </u>			
DC2	Ketchup (¼ cup)	1	2	3	4	5	6	7	8	9
DC3	Worcester sauce (1 tbs)	1	2	3	4	5	6	7	8	9
DC4	Powder/dice beef or chicken consomme (1tsp)	1	2	3	4	5	6	7	8	9
DC5	What bran of powder consomme do you buy?									
DC6	Clear soup: noodles and chicken, rice and chicken (1 portion)	1	2	3	4	5	6	7	8	9
DC6.1	What brad of clear soup do you buy?									
DC7	Instant soup: chicken/beef/shrimp (1 portion)	1	2	3	4	5	6	7	8	9
DC7.1	What brand of instant soup do you buy?		_							
DG	GREASES AND OILS	Never or < than once a month	1-3 times a month	Once a week	2-4 times a week	5-6 times a week	Once a day	2-3 times a day	4-5 times a day	6+ times a day
DG1	Margarine or butter added to the food (1 tbs)	1	2	3	4	5	6	7	8	9
DG2	Dressings such as Thousand Islands/ranch/mustard/mayonnaise for sandwiches (1 tbs)	1	2	3	4	5	6	7	8	9
DG3	Margarine (1 tbs) (If the answer is never, go to DG5)	1	2	3	4	5	6	7	8	9

	Margarine presentation	Bar	1								
		Cup	2			_		_			
		doesn't	2	_		-		-			
DG4		use	0								
	Type of margarine	Regular		1							
		Light		2							
		Ultra light		3							
DG5		doesn't us	e	0						1	
DG6	What brand of margarine did you use?										
000	Butter (1 tbs) (If the answer is never,							1			
DG7	go to DG8)	1	2	3	4	5	6	7	8	9	
DG8	What brand of butter did you use?										
	Lard/Fat (1 tbs) (If the answer is never,										
DG9	go to DG11)	1	2	3	4	5	6	7	8	9	
DG10	What brand of fat did you use?										
DG11	Vegetable oil (1 tbs)	1	2	3	4	5	6	7	8	9	
	What type of oil do you usually use to	0		No usa							
	cook at home? If the answer is 0,go to supplements	1		Aceite de soya							
		2		Aceite de girasol							
		3		Aceite de maíz DG11							
		4		Aceite vege	etal (palma)	)					
		5		Aceite de c	oliva						
		6		Aceite de C	Canola						
		7		Aceite Mix	to	/	·	DG111			
DG11		8		Otro							
DG12	What brand of oil did you use to cook during the past 7 days?										
DS	SUPPLEMENTS										
	What brand of supplements do you										

Finishing time	:









#### Form No. 6

#### ANTHROPOMETRIC MEASUREMENTS

ID	 
starting time:	::
Name (Initials):	Date: / //
Technician's ID_	

	MEASUR	EMENT OUTCOMES	
Measurement:	Measure 1	Measure 2	Measure 3
1.Weight (Kg):	··	···	·
2. Height (cm):	·	·	·
3. Mid-arm circumference: (cm)	· ·	·	·
4. Abdominal circumference: (cm)	·	·	·
5. Hip circumference: (cm)	·	·	·
6. Subscapular skin fold: (mm) 7. Tricipital skin	·	··	·
fold: (mm)	·	·	·









#### Form No. 7

**Deuterium Isotope Dilution Test** 

**General Information** 

ID	<u> _  _  _  _  _  _ </u>
Starting time:	::
Name (Initials):	Date:///
Technician's ID:	

#### **Conditions for Deuterium test**

1. At what time was your last meal?				:
2. At what time did you have your last o	drink?			:
3. Have you drink coffee, tea, or soda si	ince yesterda	ay morning?		
1. Yes	2. No		_	
4. Have you practiced any exercise that	made you sv	weat since		
yesterday morning?	1. Yes	2. No		
5. Are you sick today?	1. Yes	2. No		

Sample	Volume (ml)	Time	
BASAL Saliva (Deuterium)		:	
Rinse Water		;;	
Liquids between basal and post-dose		:	
Post dose saliva (Deuterium)		::	









Form No. 8

BLOOD PRESSURE MEASUREMENT

#### **GENERAL INFORMATION**

ID	
Starting time:	;
Name (initials):	Date:///
Technician's ID:	

Presión	Blood Pressure 1	Blood Pressure 2	Blood Pressure 3	Blood Pressure 4
Systolic				
Diastolic				
Pulse				
Time:	::			





#### Form No. 9 BIOLOGICAL SAMPLE COLLECTION OF NAILS, HAIR, URINE, BLOOD, ADIPOSE TISSUE.

#### **GENERAL INFORMATION**

ID	 
Starting time:	· · · · · · · · · · · · · · · · · · ·
Name (Initials):	Date: //
Technician's ID:	

Sample	Was the sample collected enough? 1. Yes 2. No 9. NR	Time	Observations
Cortisol Saliva Analysis		::	
Nails		::	
Hair		::	
Urine (ml)	Collected volume:	::	
Blood		::	
Adipose tissue (ml)			









#### Form No. 9.1 Determination of Hematocrit from the Blood Sample

#### **General Information**

Starting time:	::
Date:	//
Technician's ID:	

Participant's ID	Hematocrit Value	Time	Observations
		Hour Min	
		:	
		::	









Form No. 10

PHYSICAL ACTIVITY PEDOMETER

1. ID:			2. Date:	/	/	
3. Participant	's ID (initials)	:				
4. Pedometer	:					
5. Starting da	te:	/	/	Day of the we	ek: M T V	V T F S S
6. Starting tin	ne:		_:			
	INFC	ORMATION C	OF REGISTERED	STEPS AND M	VPA	
Saturday	Sunday	Monday	Tuesday steps	Wedneday	Thursday	Friday steps
steps	steps	steps		steps	steps	
ΜVΡΑ	MVPA	MVPA	ΜVΡΑ	Μνρα	MVPA	ΜVΡΑ
7. Finishing date:// Day of the week: M T W T F S S						
8. Finishing ti	me:		:			









Mesoamérica

### Form No. 12 INTERNATION PHYSICAL ACTIVITY QUESTIONNAIRE – IPAQ-

ID				
Starting time:			;;	
Name (Initials):	Gender:		Date://	
Interviewer's ID			_  _	
Person interviewed: 1=Mother, 2=Father				
1a. On how many days did you carry out to aerobics, or quick bicycle riding, during the	-	such as lifting	heavy objects, digging,	
days a week	1.b How much tough physica  or	•	spend each day carrying out minutes	
2a. Again, think only of those physical ad many moderate activities, such as lifting l did you performed de	ight objects, bi	cycle riding at	a regular pace, or playing tennis, days	
days a week	2.b How much tough physica or	•	spend each day carrying out minutes	
3a. How many days did you walk for at least 10 consecutive minutes? This includes walking at work and home, walking from one place to another, and any other recreational, sport, or outdoors long walk.				
days a week	3.b How much tough physica or	-	spend each day carrying out minutes	