

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



Form No. 1

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

| | |
|-------------------|---------------------------------|
| ID | _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| Starting time: | ___:___ |
| Name (initials): | Date: ___/___/___ |
| Interviewer's ID: | _ _ _ _ _ |

| FMD. General 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? <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">School</td> <td style="text-align:center;">College</td> </tr> <tr> <td style="text-align:center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="text-align:center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> <tr> <td style="text-align:center;">1 2 3 4 5 6 7 8 9 10 11 12</td> <td style="text-align:center;">14 15 16 17 18 19 20 21</td> </tr> </table> | School | College | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1 2 3 4 5 6 7 8 9 10 11 12 | 14 15 16 17 18 19 20 21 |
| School | College | | | | | | |
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| 1 2 3 4 5 6 7 8 9 10 11 12 | 14 15 16 17 18 19 20 21 | | | | | | |
| FMD6 | What is your marital status? 1. Married 2. Unmarried Partner | | | | | | |
| FMD7 | Do you currently have a paying job? 1. Yes 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? _____:_____ | | | | | | |

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| FMC. Household Characteristics | | | |
|--------------------------------|--|-------|--------------------------|
| FMC1. | How many people live in the same 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: 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 made of: 1. Cardboard 2. Adobe 3. Wood 4. Brick/Block 5. Other | | _____ |
| FMC7. | The water you use in your house comes from: 1. Faucet /public well/river 2. House well 3. Aqueduct /piped water | | _____ |
| FMC8. | In the bathroom of your house there is: 1. You do not have 2. Latrine /Septic tank 3. Toilet | | _____ |
| FMC9. | In the following list, mark each service you have 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 item 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'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 than de 1000 | _____ |
|--------|---|-------|

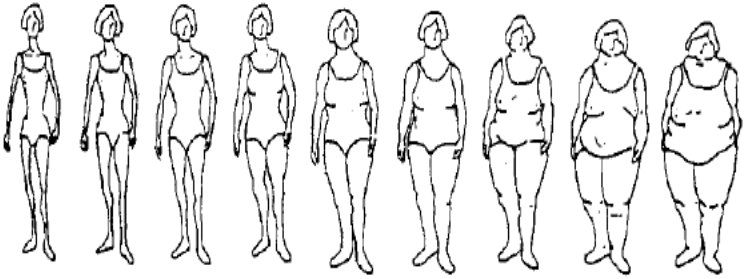
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| | | |
|---|---|-------|
| | | _____ |
| FMC12. | How much does your family spend on food per month? (in dollars) | _____ |
| FMO. Obstetric and Breastfeeding Information | | |
| FMO1 | Edades de sus hijos y otros niños a su cargo: (del mayor al menor) <div style="display: flex; justify-content: space-around; width: 100%;"> _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 </div> | |
| FMO2 | Have you been pregnant during the last 12 months? 1. Yes 2. No 9. NR | _____ |
| FMO3 | How many of your children have been breastfed? | _____ |
| FMO4 | Have you breastfed your child during the last 12 months? 1. Yes 2. No 9. NR | _____ |
| FMO5. | Are you currently breastfeeding? 1. Yes 2. No 9. NR | _____ |
| FMO6 | How many pregnancies have you had? | _____ |
| FMO7 | 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) <div style="display: flex; justify-content: space-around; width: 100%;"> _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 </div> | |
| FMC010 | At what age (years and months) did you have your menarche? __ __ years __ __ months | _____ |
| FME. Health 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 | _____ |

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| | | | | | | |
|--|--|-------|--|--|--|--|
| FMA17 Chronic bronchitis | | | | | | |
| FMA18 Tubercu- losis | | | | | | |
| FMA19 Other | | | | | | |
| FMI. Food Security | | | | | | |
| Respond with a YES or a NO to the following questions: | | | | | | |
| 1. Yes | | 2. No | | | | |
| FMI1. | During the last 3 months, did you ever worry that food might run out at home due to the lack of money? | | | | | |
| FMI2. | During the last 3 months, did food ever run out due to the lack of money? | | | | | |
| FMI3. | During the last 3 months, did you ever run out of money or resources that allowed you to have healthy and varied nutrition? | | | | | |
| FMI4. | During the last 3 months, did you or any adult in your home have a poor variety of food due to the lack of money and resources? | | | | | |
| FMI5. | During the last 3 months, did you or any adult in your home was not able to have breakfast, lunch or supper, due to the lack of money? | | | | | |
| FMI6. | During the last 3 months, did any adult in your home eat less than what you think is necessary, due to the lack of money? | | | | | |
| FMI7. | During the last 3 months, did you or any adult in your home was hungry and did not eat due to the lack of money? | | | | | |
| 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 months and due to the lack of money, did you have to do something that you would rather not do due in order to get food? | | | | | |
| 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 months, anyone under 18 years of age ate less than what she/he should have due to the lack of money or resources? | | | | | |
| FMI13. | During the last 3 months, did the food portion of anyone under 18 years of age in your home had to be reduced due to the lack of money or resources? | | | | | |
| FMI14. | During the last 3 months, did anyone under 18 years of age in your home feel hungry and did not eat due to the lack of money or resources? | | | | | |

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| | | |
|-----------------------------|---|-------------------|
| FMS19 | DID YOU REMAIN STANDING WHILE CLEANING (1 hour)? i.e.: sweeping, moping, washing (windows, clothes, etc.)? | _____ |
| FMS20 | DID YOU REMAIN STANDING UP AND BENDING DOWN IN GARDENING CHORES (1 hour)? (weeding, watering, pruning) | _____ |
| FMS21 | DID YOU DO LIGHT AGRICULTURAL WORK (1 hour): Harvesting coffee, planting, watering, manuring | _____ |
| FMS22 | DID YOU WALK ON FLAT TERRAIN IN THE CITY? | _____ |
| FMS23 | DID YOU CARRY OUT TOUGH CHORES THAT MADE YOU SWEAT (1 hour): 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. | |
| |  <p style="text-align: center;">1 2 3 4 5 6 7 8 9</p> | |
| 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. | _____ |

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| | | |
|-------|--|-------------------|
| FMP34 | During the last 12 months, have you tried to lose weight? 1. Yes 2. No 9. NR | <u> </u> |
| FMP35 | During 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 | <u> </u> |



Form No. 2

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

| | |
|------------------|-----------------------------------|
| ID | _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| 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 year 2. 1-2 years 3. 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. Mother 2. Father 3. Grandparents 4. Uncle or Aunt 5. Other relative or guardian _____ |
| FND11 | You consider your child's health to be: 1. Excellent 2. Very good 3. Good 4. Regular 5. 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? 1. Yes 2. No 9. NR |
| | FND151. Asthma _____ FND154. Malnutrition _____ |
| | FND152. Allergies _____ FND155. Overweight and obesity _____ |

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| | FND153 Pneumonia | FND156. Others |
|-------------|---|--|
| FNH | Dietary History of the Child | |
| FNH1 | Did you breastfeed your child? If the answer is 2, go to question FNH2 1. Yes 2. No | _____ |
| 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 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 (restaurant, cafeteria, food posts on the street)? | _____ |
| FNF. | Physical Activity of the Child | |
| FNF1 | During the 5 school days, how does your child go to school? 1. Walking 2. Public bus 3.Car /motorcycle /school bus | _____ |
| FNF2 | How does your child return home more often? 1. Walking 2. Public bus 3.Car /motorcycle /school bus | _____ |
| FNF3 | How many blocks to and from school does your child walk each day? | _____ |
| FNF4 | Besides the distance he/she walks to and from school, how many blocks does he/she walk to go from one place to another (errands, visits, etc.)? | _____ |
| FNF5 | From Monday through Friday, how many hours, on average, does your child play outdoors? | _____ |
| FNF6 | During the weekend, how many hours, on average, does your child play outdoors? | _____ |
| FNF7 | Does your child practice any sport (football, baseball, basketball, etc.) or dances? 1. 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 skateboard? 0 = don't use (go to question FNF11) | _____ |
| 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 leaving for school? | _____ |
| FNF13 | On school days, how many hours does he/she watch TV? | _____ : _____ |

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| | | |
|-------|---|--------|
| 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

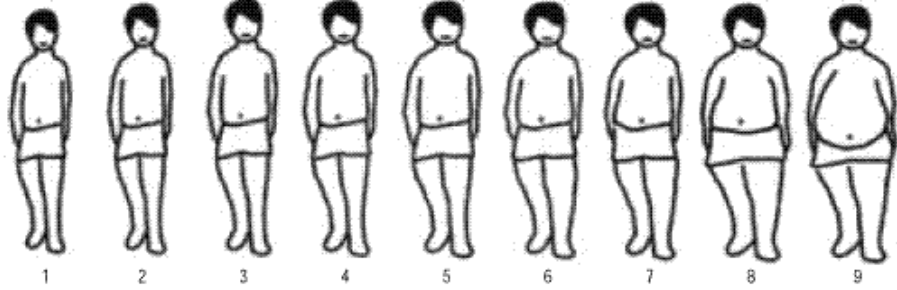
| | |
|-------------------|-----------------------------------|
| ID | _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| Starting time: | _____ : _____ |
| Name (Initials): | Date: ____/____/____ |
| Interviewer's ID: | _ _ _ _ _ |

| FPD. General Data | | | | | | | | |
|--|---|----------------|------------|--|---|----------------------------|-------------------------|-------|
| FPD1 | Where were you born? Country: _____ | _____ | | | | | | |
| FPD11 | Department or Province: _____ | _____ | | | | | | |
| FPD2 | Age (years) | _____ | | | | | | |
| FPD21 | Date of Birth | ____/____/____ | | | | | | |
| FPD3 FPD31 | Do you speak another language besides Spanish? 1. Yes 2.No 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? <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none; text-align:center;">School</td> <td style="width:50%; border:none; text-align:center;">University</td> </tr> <tr> <td style="border:none;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="border:none;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> <tr> <td style="border:none;">1 2 3 4 5 6 7 8 9 10 11 12</td> <td style="border:none;">13 14 15 16 17 18 19 20</td> </tr> </table> | School | University | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1 2 3 4 5 6 7 8 9 10 11 12 | 13 14 15 16 17 18 19 20 | _____ |
| School | University | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | |
| 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? | _____ : _____ | | | | | | |

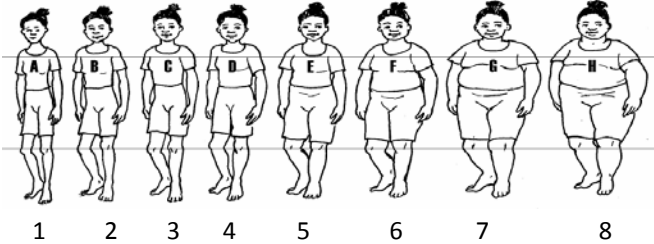
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| FPE. Health Condition and Risk Factors | | |
|--|---|--------|
| FPE1. | How would you describe your health? 1. Excelente 2. Very good 3. Good 4. Regular 5. Poor | _____ |
| FPE2. | Of the following diseases, have you ever been told by a doctor that 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. Cerebrovascular 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 _____ | |

| FPA. Family Disease History | | | | | | | |
|--|--|--------|--------|--------------------|--------------------|------------------------------|---------------|
| Did your father, mother, grandfather or grandmother suffered from any 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. Sleep and Physical Activity | | | | | | | |
| Ask questions FPS1-FPS5 if FMC1010 is positive | | | | | | | |
| FPS1 | Do you have TV in your bedroom? | | | 1. Yes | 2. No | 3. Dont have (go to FPS8) | _____ |
| FPS2 | From Monday through Friday, how many hours do you watch TV? | | | | | | ____ : ____ |
| FPS3 | During weekends, how many hours do you watch TV? | | | | | | ____ : ____ |
| FPS4 | How frequently do you eat sitting in front of the TV? | | | | | | _____ |
| | 1. Always 2. Sometimes 3.Never (go to FMS8) | | | | | | |
| FPS5 | If the answer to the previous question is 1 or 2, how many hours do you watch TV and eat at the same time? | | | | | | ____ : ____ |
| FPS6 | From Monday through Friday, how many hours do you usually sleep? | | | | | | ____ |
| FPS7 | During weekends, how many hours do you usually sleep ? | | | | | | ____ |
| FPS8 | Is it hard for you to fall asleep? | | | 1. Yes | 2. No | 3. Sometimes | _____ |
| FPS9 | Do you wake up during the night? | | | 1. Yes | 2.No | 3. Sometimes | _____ |
| FPS10 | If the previous answer is yes, how long do you stay awake? | | | | | | ____ : ____ |

| | | |
|-----------------------------|--|-------------------|
| 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 Perception | | |
| FPP1 | Approximately, how much do you weigh? (kg) | _____ |
| 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? 1. Yes 2. No 9. NR | _____ |
| FPP35 | During 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 | _____ |

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

| | | |
|------------|---|---------------|
| FNA3 | How long is school recess? | _____ : _____ |
| FNA4 | What do you do during school recess? | _____ |
| fna4_otra | what do you do less during recess at school? | _____ |
| FNC | Body Perception | |
| FNC1 | <p>Of these illustrations, which one: (write the corresponding number indicated by the child)</p> <p>Note: Images differ in the form for boys.</p>  <p style="text-align: center;">1 2 3 4 5 6 7 8</p> | |
| 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 | <p>During the last 12 months, have you tried to lose weight?</p> <p>1. Yes 2. No 9. NR</p> | _____ |
| FNC6 | <p>During the last 12 months, have you been on a diet or have you ever stopped eating any particular food?</p> <p>1. Yes 2. No 9. NR</p> | _____ |
| indice_p | index of body perception | _____ |

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

| | | | | | | | | | | |
|------|--|------------------------------|-------------------|-------------|------------------|------------------|------------|-----------------|-----------------|----------------|
| 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 (½ 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 |

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

| | | | | | | | | | | |
|-------|--|---------------------------------------|----------------------|----------------|---------------------|---------------------|---------------|--------------------|--------------------|----------------------|
| 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 |

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

| | | | | | | | | | | |
|--------|---|---------------------------------------|----------------------|----------------|---------------------|---------------------|---------------|--------------------|--------------------|----------------------|
| 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 |

Factores dietéticos asociados con riesgo de enfermedades cardiovasculares en escolares y sus padres en
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| | | | | | | | | | | |
|------|--|------------------------------|-------------------|-------------|------------------|------------------|------------|-----------------|-----------------|----------------|
| DB3 | Natural beverages (lemonade, berry, pineapple, tamarind, cas, guava, etc. (1 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/package 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? | | | | | | | | | |
| DD7 | Sweet cookies with filling, such as sandwich (1 portion) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Factores dietéticos asociados con riesgo de enfermedades cardiovasculares en escolares y sus padres en
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| | | | | | | | | | | |
|-------|--|------------------------------|-------------------|-------------|------------------|------------------|------------|-----------------|-----------------|----------------|
| 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 | SUPPLEMENTS / 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? | Teaspoon _ _ | | | | | | | | |
| 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 brand 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 brand 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 |

Factores dietéticos asociados con riesgo de enfermedades cardiovasculares en escolares y sus padres en
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| | | | | | | | | | | | |
|------|---|-------------|------------------------|-------|---|---|---|-------------|---|-------|--|
| DG4 | Margarine presentation | Bar | 1 | _____ | | | | | | | |
| | | Cup | 2 | | | | | | | | |
| | | doesn't use | 0 | | | | | | | | |
| DG5 | Type of margarine | Regular | 1 | _____ | | | | | | | |
| | | Light | 2 | | | | | | | | |
| | | Ultra light | 3 | | | | | | | | |
| | | doesn't use | 0 | | | | | | | | |
| DG6 | What brand of margarine did you use? | _____ | | | | | | | | | |
| DG7 | Butter (1 tbs) (If the answer is never, go to DG8) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| DG8 | What brand of butter did you use? | _____ | | | | | | | | | |
| DG9 | Lard/Fat (1 tbs) (If the answer is never, 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 | |
| DG11 | What type of oil do you usually use to cook at home? If the answer is 0, go to supplements | 0 | No usa | | | | | | | | |
| | | 1 | Aceite de soya | | | | | | | | |
| | | 2 | Aceite de girasol | | | | | | | | |
| | | 3 | Aceite de maíz | | | | | DG11 | | _____ | |
| | | 4 | Aceite vegetal (palma) | | | | | | | | |
| | | 5 | Aceite de oliva | | | | | | | | |
| | | 6 | Aceite de Canola | | | | | | | | |
| | | 7 | Aceite Mixto | | | | | _____/_____ | | DG111 | |
| | | 8 | Otro | | | | | | | | |
| DG12 | What brand of oil did you use to cook during the past 7 days? | _____ | | | | | | | | | |
| DS | SUPPLEMENTS | | | | | | | | | | |
| DS1 | What brand of supplements do you use? | _____ | | | | | | | | | |

| | |
|----------------|---------------|
| Finishing time | _____ : _____ |
|----------------|---------------|



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

Form No. 6

ANTHROPOMETRIC MEASUREMENTS

| | |
|------------------|---------------------------------------|
| ID | _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| starting time: | ____:____ |
| Name (Initials): | Date: ____/____/____ |
| Technician's ID_ | _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |

| MEASUREMENT 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) | _____.____ | _____.____ | _____.____ |

Observations:



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

Form No. 7

Deuterium Isotope Dilution Test

General Information

| | |
|------------------|---------------------------------|
| ID | _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ |
| 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 drink? | ____ : ____ |
| 3. Have you drink coffee, tea, or soda since yesterday morning? 1. Yes 2. No | _____ |
| 4. Have you practiced any exercise that made you sweat 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) | _____ | ____ : ____ |

Observations:



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

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: | ____:____ | | | |

Observations:



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

**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) | _____ | _____ : _____ | |



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

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 | |
| _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | ____ | ____ | :____ | |
| _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | ____ | ____ | :____ | |
| _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ | ____ | ____ | :____ | |



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

Form No. 10

PHYSICAL ACTIVITY Pedometer

| | | | | | | |
|---|---|--------------|---------------|-----------------|----------------|--------------|
| 1. ID: <input style="width: 90%;" type="text"/> | 2. Date: <input style="width: 90%;" type="text"/> | | | | | |
| 3. Participant's ID (initials): <input style="width: 98%;" type="text"/> | | | | | | |
| 4. Pedometer: <input style="width: 98%;" type="text"/> | | | | | | |
| 5. Starting date: <input style="width: 40%;" type="text"/> Day of the week: <input style="width: 10%;" type="text"/> M <input style="width: 10%;" type="text"/> T <input style="width: 10%;" type="text"/> W <input style="width: 10%;" type="text"/> T <input style="width: 10%;" type="text"/> F <input style="width: 10%;" type="text"/> S <input style="width: 10%;" type="text"/> S | | | | | | |
| 6. Starting time: <input style="width: 40%;" type="text"/> : <input style="width: 10%;" type="text"/> | | | | | | |
| INFORMATION OF REGISTERED STEPS AND MVPA | | | | | | |
| Saturday steps | Sunday steps | Monday steps | Tuesday steps | Wednesday steps | Thursday steps | Friday steps |
| MVPA | MVPA | MVPA | MVPA | MVPA | MVPA | MVPA |
| 7. Finishing date: <input style="width: 40%;" type="text"/> Day of the week: <input style="width: 10%;" type="text"/> M <input style="width: 10%;" type="text"/> T <input style="width: 10%;" type="text"/> W <input style="width: 10%;" type="text"/> T <input style="width: 10%;" type="text"/> F <input style="width: 10%;" type="text"/> S <input style="width: 10%;" type="text"/> S | | | | | | |
| 8. Finishing time: <input style="width: 40%;" type="text"/> : <input style="width: 10%;" type="text"/> | | | | | | |

Observations:
