

# INDIVIDUAL QUESTIONNAIRE TO INITIATE IMEDIATLY DIGIT F3



IDENTIFICATION CODE: REGISTER ON THE KEYBOARD TO LOAD THE INFORMATION: this information includes the AGEB + the list area + the block + the number of the house + the family code + the progressive number + The kinship category + the age + the cryovial number in case of blood sampling.

**BEFORE YOU BEGIN** 

15 AGEB 16 LIST AREA 17 BLOCK

18 HOUSE 19 FAMILY CODE

20 Digit in LOP the consecutive number +

21 Codes for kinship cathegories +



211

Head of the familiy



215

Father/mother



Cousin



212

Husband/wife



216

Brother/sister



Nephew/niece



Son/daughter



21

Grandfather/grandmother



Father or mother in law



214

Grandson/granddaughter



218

Uncle/aunt



2442

Brother or sister in law



219

Not know. Not answer

22 How old are you and what is your name?
(Digit the initials of the name in LOP ie. Juan José Camilo Mtz. Glez. = JMG)
(9 if NK or NA)





Now	l would	like t	o	interview:	-		
						1000	

Name of the interviewee

23 Sex

231

М

232

24 What is your marital status?

241 Single

245 Married

242 Divorced

244 Separated

240

Widowed

243

Living together

249





25 What was your last school level?



Illiterate



Complete elementary



Technical studies



Technical studies with complete secondary level



With complete elementary



Complete high school



Knows how to read

Knows how to read and write



Incomplete Secondary



Technical studies With complete high school



Incomplete elementary



Complete Secondary



Incomplete university



Complete university



Post graduate degree



Not know, Not answer

26 How long have you been living in Coyoacan?



Less than 1 year



From 1 to 4 years



From 5 to 9 years



More than 9 years



Not know, Not answer





## 27 What is your present occupation?



Professional



Technic



Teacher



Art worker



Bussinesman, manager



Merchant/shopkeeper



Peddler



Laborer or Handcrafter



Helper or similar



Public sector worker



Private sector worker



Labor (blue collar)



Domestic job



Policeman or security guard



Labor in the construction's industry



Chauffeur/drive



Student



Housework



2715 Retired



<sup>2718</sup> Contractor



Unemployed



Not know, Not answer





28 Approximately, how much money do you earn every month? Digit in LOP the quantity 9 if NK/NA)

29 Do you exercise or sport?



YES



Pass to question 32



Not know, Not answer

30 How many times a week do you exercise?





1 - 2 times a week

Less than once a week



3 or more times a week





31 When you exercise, How long, in minutes, do you work out?



311

Less than 30 min.



313

More than 60 min.



312

From 30 to 60 min.



319

Not know, Not answer

32 About your sleeping habits, How many hours do you sleep daily?

Digit in LOP the amount (9 if NK/NA)

In relation with your tobacco habits

33 Have you ever smoked tobacco?



YES



332

NO
Pass to question 44



339

Not know, Not answer

34 How old were you, when you started smoking regularly?

Digit in LOP the age (9 if NK/NA)





35 Do you smoke nowaday regularly (at present time)?



YES



NO

Pass to question 40



359

Not know, Not answer

36 With what frequency do you smoke?



Daily



Weekly



Monthly



Occasionally



Not know, Not answer

37 When you smoke, How many cigarettes do you smoke in a day?

Digit in LOP the amount (9 if NK/NA)

38 When you smoke tobacco, do you inhale?

YES

NO

389





39 Have you ever quit smoking?



YES



NO

Pass to question 44



399

Not know, Not answer

40 How long ago did you quit the last time?



Less than 1 year



1 to 3 years



More than 3 years



Not know, Not answer

41 The last time that you quit smoking, How long did you give up?



Less than 1 year



1 to 2 years



More than 2 years







42 When you smoked, With what frequency did you do it?



421 Daily



Weekly



423 Monthly



424 Occasionally



429 Not know, Not answer

43 How many cigarettes did you smoke?

Digit in LOP the amount (9 if NK/NA)

44 How many of the people that live in with you, smoke inside the house?

Digit in LOP the number of people (99 NK/NA)





## About your alcohol consumption habits:

45 In the last 12 months, How often did you drink any beverage with alcohol? (Beer, Pulque, wine, brandy, whisky, rum, tequila, coolers, presidencolas, etc.)



Daily



2 or 3 times per month



1 to 5 times per year



3 or 4 times per week



more or less one time per month



Never in the last 12 months but yes before



1 or 2 times per week



6 to 11 times per year



Never has consumed alcohol
Pass to question 48







46 How many cups or glasses do you drink in one ocasion? This means any combination of beer, wine, rum, etc.



1 to 2



3 to 4



5 to 7



464 8 to 11



12 or more



Not know, Not answer

47 What beverage did you drink most frequently?



Beer



Wine



Brandy, whiskey, tequila or rum



Pulque



Cooler



478

Pure alcohol



Other alcohol beverage







48 Have you been diagnosed with any of the next diseases? If answers affirmative, register in LOP the code of the disease, followed by the diagnostic decade code.



Emphysema



Diabetes



Heart attack



Asthma



Angina pectoris



Stroke





Prostatic cancer



Chronic kidney insufficiency



Peptic ulcer



Cirrhosis of liver



Lung cancer



Other cancer



Hypertension

Cervical cancer



Breast cancer



Oesophagus, stomach or intestine cancer



Peripheral arterial disease

Oral, nasal or throat cancer





Not know, Not answer

None or end of the options

Pass to 50 if is a woman or to 58 if is a man





### 49 DECADE'S CODES OF THE DIAGNOSTIC



1950-1959



1960-1969



1970-1979



1980-1989





**NOT REMEMBER** 

Pass to 50 if is a woman or to 58 if is a man





## QUESTIONS ONLY FOR WOMEN. IF THE INTERVIEWEE IS A MAN PASS TO QUESTION 58.

Now I am going to ask you some questions about your life as a woman:

50 Do you still have your period (menstruation)?



YES

Pass to question 54



NO



Not know, Not answer

51 Have you had major surgery to remove your uterus?



YES





Not know, Not answer

52 Have you had major surgery to remove your ovaries?



YES



NO







53 Have you recieved any hormonal therapy for the menopausic disturbs?



531 YES



NO



539

Not know, Not answer

54 From the next list of contraceptives, which one you have used more?



541 The Pill



542 Syring hormonals



543 Other



544 None



Not know, Not answer

55 If you have had sex life, at what age did you have your first sexual relation?

Digit age in LOP (9 NK/NA)

56 How old were you when you get pregnant for first time?

Digit age in LOP (9 NK/NA)

57 How many pregnancies have you got in your life?

Digit quantity in LOP (9 NK/NA)





## Now I am going to ask you some questions about your diet

58 How many days per week do you eat fruit and vegetables?



1 to 2



3 to 4



5 to 7

Never



Not know, Not answer

59 How many days per week do you eat fried food? Like sopes, huearaches, fried beans, Quesadillas, etc.



1 to 2







Never



Not know, Not answer

60 With what kind of oil do you cook your meals?







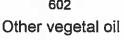
Butter



Margarine



Olive oil



(Cartamus, Soy)





Not know, Not answer

Vegetal fat



Animal fat



None





61 Have you take any medicine (including aspirins) during more than a month?



YES

Pass to question 63



NO

Not know, Not answer

62 When was the last time that you take any medicine for more time than a month?



2 to 3 months



More than 6 months



4 to 6 months



Not know, Not answer

63 Would you tell me the name of the medicine or prescription that you have take for more than a month?

Digit the code of the main prescriptions (maximum three)
(Not know, Not answer 999) (Other vgr. alternative medicine 001, None 000)





To end the study I would like to make you some measures and take you a blood test:

64 Arterial Pressure (Three registers with 3 minutes between each one)

Digit the measurements consecutively

numbers below 100 have a 0 before ie. 90=090.

65 WEIGHT (kg)

66 HEIGHT (cm.)

67 Waist perimeter. (cm.)

68 Hip perimeter (cm.)

69 BLOOD SAMPLE'S RESULT



ADEQUATE BLOOD SAMPLE



INADEQUATE BLOOD SAMPLE
PASS TO 73



DENIED THE BLOOD SAMPLE
PASS TO 73

70 DATE AND HOUR OF THE BLOOD SAMPLE (write them consecutive)

71 DATE AND HOUR OF THE LAST MEAL (write them consecutive)

72 Cryovial code (only who accepted the blood sample)

REGISTER THIS LAST INFORMATION FROM THE ADHESIVE TAG OF THE VACUTAINER





73 Interview result



Denied to give information



Complete interview with anthropometry and blood sample



Complete interview without anthropometry and without blood sample



734

Complete interview with blood sample but without anthropometry



735

Complete interview with anthropometry but without blood sample