

**Section 0: Information to be pre-loaded onto tablet prior to home visit
(interview should only take place if all of the following are confirmed, ie, the correct person is definitely identified)**

- 0.1 Study ID (registro): Baseline CADENA:
- 0.2 Name : _____
- 0.3 Sex : Male Female
- 0.4 Age at baseline Approximate age today
- 0.5 Position in the family at baseline
- 0.6 Address: District Basic geographical area Listed area
Block Household

Section 1: Availability / willingness to participate in resurvey

- 1.1 Upon arrival at the expected location of the house, the tablet should record the time, date, tablet number and GPS location.
- 1.2 Is (or was) this address the correct address for the person identified in section 0?
- Yes → *If ticked, Go to 1.3*
 - Nobody at home → *If ticked, Go to section 9*
 - Person refuses to speak to interviewer → *If ticked, Go to section 9*
 - Person speaks to interviewer but house is not the correct address → *If ticked, Go to 1.5*
 - House no longer exists → *If ticked, Go to section 9*
- 1.3 Is the person in section 0 at home?
- Yes → *If ticked, Go to 1.4*
 - No (they're dead) → *If ticked, Go to 1.6*
 - No (but person is alive) → *If ticked, Go to Section 9 (but potentially arrange revisit)*
- 1.4 Is the person willing to take part in the resurvey (now)?
- Yes → *If ticked, Go to Section 2*
 - No → *If ticked, Go to Section 9 (but potentially arrange revisit)*
- 1.5 Has the person moved house or died?
- Moved house → *If ticked, record new address (if known) and the approximate date they moved: then go to Section 9*
 - Died → *If ticked, Go to 1.6*

1.6 Dead: Record summary information about the person and their death (and arrange a time for a revisit by mortality fieldworkers)

Approximate date of birth: Day / Month / Year

		/			/				
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or don't know/no answer

Approximate date of death: Day / Month / Year

		/			/				
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or don't know/no answer

(leave day/month blank if uncertain)

Place of death: or don't know/no answer

Cause of death: or don't know/no answer

(If known: describe your best estimate from what the informant can tell you, and say that a doctor may come later to ask for more details)

→ *Then, Go to Section 9*

Section 2: Background information from person in section 0

2.1 Date of birth / /

2.2 Marital status

Single Divorced Living together
Separated Married Widowed
Don't know / no answer

2.3 Reading and writing

Illiterate Able to read Able to read and write

[If illiterate, then go straight to question 2.5]

2.4 Highest attained educational level

Incomplete elementary Complete elementary Technical with complete elementary
Incomplete secondary Complete secondary Technical with secondary
High school Technical with high school Incomplete university
Complete university Post graduate degree Don't know / no answer

2.5 Are you mostly retired?

Yes
 No
 Don't know/no answer

2.6 What is your present main occupation (or your previous main occupation if you're now mostly retired)?

Professional	<input type="checkbox"/>	Laborer or Handcrafter	<input type="checkbox"/>
Labor in construction industry	<input type="checkbox"/>	Technical	<input type="checkbox"/>
Helper (or similar)	<input type="checkbox"/>	Chauffeur / driver	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	Public Sector Worker	<input type="checkbox"/>
Student	<input type="checkbox"/>	Art related worker	<input type="checkbox"/>
Private sector worker	<input type="checkbox"/>	Housework	<input type="checkbox"/>
Businessman/manager	<input type="checkbox"/>	Labor (blue collar)	<input type="checkbox"/>
Merchant/shopkeeper	<input type="checkbox"/>	Domestic job	<input type="checkbox"/>
Peddler	<input type="checkbox"/>	Policeman/security guard	<input type="checkbox"/>
Landlord	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Don't know / no answer	<input type="checkbox"/>		

2.7 Approximately, how much money do you earn or receive per month (includes any pensions or benefits)?

Either pesos per month or don't know / no answer

2.8 Approximately, how much money does your family in this house earn per month?

Either pesos per month or don't know / no answer

2.9 Who is your main health service provider?

SSA	<input type="checkbox"/>	IMSS	<input type="checkbox"/>	ISSSTE	<input type="checkbox"/>	SEDANA	<input type="checkbox"/>
SECMAR	<input type="checkbox"/>	PEMEX	<input type="checkbox"/>	INI	<input type="checkbox"/>	Private medic	<input type="checkbox"/>
Medic dispensaries	<input type="checkbox"/>	Other	<input type="checkbox"/>	Seguro Popular	<input type="checkbox"/>	None	<input type="checkbox"/>
Don't know /no answer	<input type="checkbox"/>						

Section 3: Lifestyle

PHYSICAL ACTIVITY

3.1 Do you do exercise or play sport?

- Yes
 No → *If ticked, Go to 3.4*
 Don't know/no response → *If ticked, Go to 3.4*

3.2 How many days a week do you do exercise or play sport?

- Days Don't know/no response

3.3 When you exercise or play sport, how long (in minutes) do you usually work out/play?

- Minutes Don't know/no response

3.4 How many hours a day would you normally spend on your feet?

- hours Don't know/no response

3.5 How many days a week do you walk for 10 minutes or more?

- days Don't know/no response

[If answer to question 3.5 is 0 days, then go to question 3.7]

3.6 On these day(s), how much time (in hours) do you spend walking?

- hours Don't know/no response
-

SLEEPING HABITS

3.7 How many hours do you normally sleep each night?

- Hours Don't know/no response
-

SMOKING

3.8 Have you ever smoked tobacco?

- Yes
 No → *If ticked, Go to 3.21*
 Don't know → *If ticked, Go to 3.21*

3.9 How old were you when you first started smoking?

years Don't know/no response

3.10 Do you smoke now?

- Yes
 - No → *If ticked, Go to 3.17*
 - Don't know / no answer → *If ticked, Go to 3.21*
-

3.11 CURRENT SMOKERS: About how many days per week do you smoke?

Either days or Don't know / no answer

3.12 CURRENT SMOKERS: On the days that you smoke, how many cigarettes do you normally smoke in a day?

Either cigarettes or Don't know / no answer

3.13 CURRENT SMOKERS: When you smoke, do you inhale?

- No (mouth only)
- Yes (mouth and throat only)
- Yes (Into lung)
- Don't know / no answer

3.14 CURRENT SMOKERS: Have you ever tried to quit smoking?

- Yes
- No
- Don't know / no answer

3.15 CURRENT SMOKERS: Do you want to quit smoking sometime soon?

- Yes
- No
- Don't know / no answer

3.16 CURRENT SMOKERS: How many cigarettes have you smoked today?

Either cigarettes or Don't know / no answer

→ Then, go to 3.21

3.17 EX-SMOKERS: How many years ago did you last quit?

Either years ago or Don't know / no answer

3.18 EX-SMOKERS: What age were you when you last quit?

Either years old or Don't know / no answer

3.18b EX-SMOKERS: Did you quit because you were already ill?

- Yes
 No
 Don't know / no answer

3.19 EX-SMOKERS: How many days per week did you used to smoke?

Either days or Don't know / no answer

3.20 EX-SMOKERS: On the days that you used to smoke, how many cigarettes did you usually smoke in a day?

Either cigarettes or Don't know / no answer

3.21 How many of the other people who live with you smoke inside the house?

Either people or Don't know / no answer

DRINKING ALCOHOL

3.22 Have you drunk any alcohol in the past year?

- Yes
 No
 Don't know / no answer

3.23 How often do you drink alcohol?

- Either days per week or Less frequently
or Used to drink alcohol but not any more
→ *If ticked, Go to 3.29*
or Never drunk alcohol → *If ticked, Go to section 4*
or Don't know / no answer → *If ticked, Go to section 4*

3.24 CURRENT DRINKERS: When you drink, how many cups/glasses do you normally drink during a single session? (this means any combination of beer, wine, rum etc.)

Either drinks per session or Don't know / no answer

3.25 CURRENT DRINKERS: What do you drink most often?

- Beer
- Wine
- Spirits (eg, Brandy, whiskey, tequila or rum)
- Pulque
- Cooler
- Pure alcohol
- Other alcoholic beverage
- Don't know / no answer

3.26 CURRENT DRINKERS: Have you ever reduced the amount of alcohol you drink because you were ill?

- Yes
- No
- Don't know / no answer

3.27 CURRENT DRINKERS: Do you mainly drink with your meals, or at other times?

- Mainly with your meals
- Mainly not with your meals
- No regular pattern
- Don't know / no answer

3.28 CURRENT DRINKERS: During the past month, how often have you drunk alcohol in the morning?

- Never
- <1 day/week
- A few days a week
- Daily or almost daily
- Don't know / no answer

→ Then, go to section 4

3.29 EX-DRINKERS: Did you stop drinking because you were ill?

- Yes
- No
- Don't know / no answer

Section 4: Previous diseases

4.1 Have you ever been diagnosed with any of the following diseases (tick all that apply and tell us the year it was first diagnosed)?

	Yes	No	Don't know	Year FIRST diagnosed
Chronic obstructive pulmonary disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Angina pectoris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Chronic kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Peptic ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Cirrhosis of the liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Parkinsons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□

(Option to enter site(s) only appears if answer to "Any cancer" question is "Yes")

Lung	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Prostate <u>(only appears if 0.3="male")</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Cervical <u>(only appears if 0.3="female")</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Breast <u>(only appears if 0.3="female")</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Oesophageal, stomach or intestinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Oral, nasal, or throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□
Other site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□□

[If any of heart attack, angina or stroke are ticked "Yes" in 4.1, then ask question 4.2.1]:

4.2.1 Are you taking any drugs for your angina, heart attack, or stroke?

Yes No Don't know / no answer

Name of medication (if yes above)

1.

- 2.
- 3.
- 4. etc,...

[If breast cancer is ticked “Yes” in 4.1, then ask questions 4.3.1, 4.3.2 and 4.3.3]:

4.3.1 Are you taking tamoxifen (or Nolvadex)?

- Yes
- No
- Don't know / no answer

4.3.2 Are you taking an aromatase inhibitor (eg Arimidex)?

- Yes
- No
- Don't know / no answer

4.3.3 Was your breast cancer hormone receptor positive (ER+)?

- Yes
- No
- Don't know / no answer

[If diabetes is ticked “Yes” in 4.1, then ask questions 4.4.1 to 4.4.9]:

4.4.1 Was your diagnosis of diabetes during pregnancy only? (only asked if subject is female)

- Yes
- No
- Don't know / no answer

4.4.2 How frequently do you visit your doctor to control your diabetes?

- Daily
- Weekly
- Monthly
- A few times a year
- About once a year
- Never
- Don't know / no answer

4.4.3 How do you currently control your diabetes?

- Insulin only
- Pills only → Go to 4.4.3b
- Both insulin and pills → Go to 4.4.3b
- Neither insulin or pills
- Don't know / no answer

4.4.4 What pills do you take to control your diabetes?

1.
2.
3.
4. etc...

4.4.5 Do you have any damage to your eye's retina or have you lost your sight in either eye?

- Yes
- No
- Don't know / no answer

4.4.6 Have you ever been in a diabetic coma?

- Yes
- No
- Don't know / no answer

4.4.7 Have you ever had a limb or other part of your body amputated?

- Yes
- No
- Don't know / no answer

4.4.8 Have you ever received dialysis?

- Yes, but not now
- Yes, currently
- No
- Don't know / no answer

4.4.9 Have you ever received a kidney transplant?

- Yes
- No
- Don't know / no answer

4.5 Mini mental state questionnaire (asked to all participants)

4.5.1 What year is it?

4.5.2 What season is it?

4.5.3 What is today's date?

4.5.4 What day of the week is it?

4.5.5 What month is it?

4.5.6 What country are we in?

4.5.7 What city are we in?

4.5.8 What delegation are we in?

4.5.9 What street are we in?

4.5.10 What house number are we?

4.5.11 Name three objects at intervals of one second and then ask the interviewee to repeat the three

4.5.12 Spell "world " backwards.

4.5.13 Repeat the three objects learned in question 4.5.11.

4.5.14 Point to a pen and then a watch and have the participant tell you what they are.

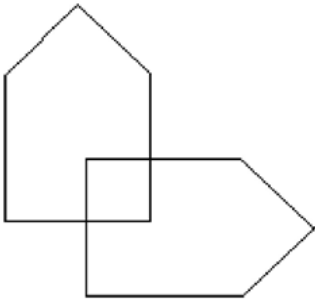
4.5.15 Have the participant repeat the phrase "No ifs, ands or buts "

4.5.16 Ask the participant to take a piece of paper with their right hand, fold it in half and put it on the floor.

4.5.17 Ask participant to read and obey a written command on the tablet stating "Close your eyes".

4.5.18 Have the participant write a sentence (any sentence).

4.5.19 Ask the participant to copy the following image onto the tablet (using the tablet pen);



Section 4.6: Further questions related to osteoporosis and fractures [Should be asked to all participants].

4.6.1 Have you ever had a fracture?

- Yes
 No → **Go to 4.6.5**
 No answer/no response → **Go to 4.6.5**

4.6.2 How many fractures have you experienced during your whole life?

Fractures No answer / no response

4.6.3 How long ago did you have your most recent fracture?

Either years or months
 No response / no answer

4.6.4 Which of the following have you fractured?

- Hip
 Spine
 Femur
 Wrist
 Arm
 Other
 Don't know / no answer

4.6.5 In the past 12 months, have you experienced any serious fall?

- Yes
 No → Go to 4.6.7
 No answer/no response → Go to 4.6.7

4.6.6 How many times have you fallen in the past 12 months?

times Don't know / no answer

4.6.7 Have any of your children, siblings or parents ever had a hip fracture?

- Yes
 No
 No answer/no response

Section 5: Reproductive history (only if participant is female)

5.1 Do you still have periods (menstruation)?

- Yes → *If ticked, Go to 5.6*
- No
- Don't know / no answer

5.2 Have you had surgery to remove your uterus?

- Yes
- No
- Don't know / no answer

5.3 Have you had surgery to remove your ovaries?

- Yes
- No
- Don't know / no answer

5.4 Have you ever received hormone replacement therapy for the menopause?

- Yes
- No
- Don't know / no answer

5.5 (If Yes to question 5.4) Are you currently taking hormone replacement therapy?

- Yes
- No
- Don't know / no answer

5.6 Which of the following contraceptives have you used most often?

- The pill
- Syringe hormonal
- Other contraceptive
- No contraceptive
- Don't know / no answer

Section 6: Diet

6.1 How many days a week do you normally eat fruit?

Either days or Don't know / no answer

6.2 How many days a week do you normally eat vegetables?

Either days or Don't know / no answer

6.3 How many days a week do you normally eat fried food (like spes, huaraches, fried beans, quesadillas)?

Either days or Don't know / no answer

6.4 What kind of oil/fat do you normally use for cooking?

- Olive oil
- Another vegetable oil (caramus, soya)
- Butter
- Margarine
- Animal fat
- None
- Don't know / no answer

6.5 How often do you normally drink sugary drinks (eg, sodas, aquas frescas)?

Either days or Don't know / no answer

If 0 days per week then → Question 6.7

6.6 On the days you drink sugary drinks, how many such drinks would you normally have?

Either drinks or Don't know / no answer

6.7 How often do you usually add salt to your food?

- Never
- Rarely
- Sometimes
- Always

6.8 How often do you normally eat meat (eg, pork, beef, chicken)?

Either days or Don't know / no answer

6.9 How often do you normally eat fish?

Either days or Don't know / no answer

6.10 How often do you normally eat between meals?

Either days or Don't know / no answer

6.11 How often do you normally eat desserts?

Either days or Don't know / no answer

6.12 Are you on any special diet?

- No
- Yes (low calorie, eg, for diabetes/weight loss)
- Yes (low salt, eg, for hypertension)
- Yes (low phosphate/potassium, eg, for kidney disease)
- Yes (other type)

Section 7: Current Medication

7.1 Are you currently taking any medication (eg, aspirin) that you have been taking regularly for a period of more than one month?

- Yes
- No → *If ticked, Go to Section 8*
- Don't know / no answer → *If ticked, Go to Section 8*

7.2 Please list these long-term medications.

Name of medication

1.

2.

3.

4.

5.

etc.

[For question 7.2, the tablet should automatically populate previous medicines indicated by questions 4.2.1, 4.3.1, 4.3.2 and 4.4.4]

Section 8: Physical examination and blood sample

8.1 Blood pressure (to be measured after 3 minutes in the seated position): **data to be transferred to tablet automatically via Bluetooth**

	First	Second	Third	
SBP	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	mmHg
DBP	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	mmHg

8.2 Standing height (without shoes) to nearest cm. cm

8.3 Waist circumference to nearest cm cm

8.4 Hip circumference to nearest cm cm

[If the participant is willing, take two photographs of them with their back against a wall, each from a distance of about 2 metres, one side facing and one front facing]

8.5 Weight (without shoes, but in light clothing), kgs
(data to be transferred to tablet automatically via USB cable)

8.6 Other measurements recorded by full body analyser (Tanita SC240-MA)
(Other data to be transferred to tablet automatically via USB: body type, preset tare, fat %, fat mass, FFM, muscle mass, muscle score, bone mass, body water, body water %, BMI, standard body weight, degree of obesity, visceral fat rating, BMR (kJ), BMR (kcal), BMR score, metabolic age, Rohrer's index, Impedance (50kHz))

8.7 Spirometry measurements
(Data to be transferred to tablet automatically via USB: FVC, FEV1, FEV6, FEV1/FVC%, PEF, FEF25-75%, ELA), quality grade (A, B, C, D, E), test completion (Yes, No, Refused, Medically excluded)

8.8 Did you take any drugs to lower blood pressure in the last 2 days? Yes No

8.9 Hours since last ate or drank anything (ignore non-caloric drinks such as water and tea)? _____ hours

8.10 Blood sample collected: Yes Partial Failed Refused

8.11 Scanned barcode of the vacutainer (to be recorded automatically by the tablet)

8.12 Date and hour of the blood sample (to be recorded automatically by the tablet on completion of 8.10)

8.13 Interviewer's assessment of subject's cooperation

Excellent Good Fair Poor

DERIVED BY TABLET

Result of interview

- Refused to give information
- Full interview with measurements and blood sampling
- Full interview but without measurements or blood sampling
- Full interview with blood sample but without measurements
- Full interview with measurements but without blood sampling

Section 9: Auditing data (automatically captured on completion of 8.13)

9.1 Tablet to automatically capture date and time

9.2 Tablet to automatically capture name of fieldworker

9.3 Tablet to automatically capture GPS co-ordinates

END OF SURVEY

