**General Questionnaire V1 (La casita)**

**Manual**

**E3G-V1-M (F0)**

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| **Variable** | **Type** | **Size** | **Description** | **Values** |
| proyecto | Short text | 3 | Project | E3G |
| folio | Whole | 5 | Participant's folio |  |
| foliocc | Whole | 5 | Participant's folio |  |
| etapa | Short text | 255 | Stage |  |
| participante | Short text | 1 | Participant | M=Mother |
| stage | Whole | 5 | Stage |  |
| id | Short text | 25 | Participant ID |  |
| fecha | Short text | 8 | Date of interview |  |
| lugar | Short text | 10 | Place |  |
| hora\_ini | Whole | 2 | Start time |  |
| min\_ini | Whole | 2 | Start minute |  |
| f\_dia | Whole | 2 | Day of the interview |  |
| f\_mes | Whole | 2 | Month of the interview |  |
| f\_anio | Whole | 4 | Year of interview |  |
| cod\_ent | Whole | 2 | Interviewer Code |  |
| edad | Whole | 2 | 1. How old are you currently? |  |
| gf01\_1a | Whole | 2 | 1.1 What is your date of birth?,  day |  |
| gf01\_1b | Whole | 2 | 1.1 What is your date of birth?,  month |  |
| gf01\_1c | Whole | 2 | 1.1 What is your date of birth?,  year |  |
| vn8 | Whole | 2 | 2. Who is the head of the household? | 1= Husband or partner  2= Yourself  3= Child  4= Father  5= Mother  6= Brother (a)  7= Brother-in-law (a)  8= Other (a)  9= Non-Relative  10=Both  11 = No One  99= Don't know |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| s5\_n | Whole | 2 | 3. What was the last year of studies you completed? (Level) | 0= Did not go to school 1= Primary  2= Post-primary technician  3= Secondary  4= Post-secondary technician  5= Business career  6= Technical career  7= High school or vocational 8= Post-vocational technician  9= Professional  10= Postgraduate  11= Doctorate  12= Don't know |
| s5\_g | Whole | 2 | 3. What was the last year of studies you completed?  (Grade) | 9= Don't know |
| vn9\_n | Whole | 2 | 3.1 What was the last year of schooling completed by the head of your household/spouse/partner? | 9= Don't know |
| vn9\_g | Whole | 2 | 3.1 What was the last year of schooling completed by the head of your household/spouse/partner? | 0= Did not go to school  8= Not applicable  1= Primary  2= post-primary technician  3= Secondary  4= post-secondary technician  5= Business career  6= Technical career  7= High school or vocational 8= post-vocational technician  9= Professional  10= Postgraduate  11= Doctorate  12= Don't know |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| GF04 | Whole | 2 | 4. Last week , did you work for at least an hour? | 1= Yes  2= No, I had a job, but I didn't work  3= No, looking for a job 4=No, you are pensioned or retired  5=No, he is a student 6=No, he does his household chores  7=No, you have some permanent physical or mental limitation that prevents you from working  8=No, I was in a different situation than the previous ones  77=NO ANSWER  99= DON'T KNOW |
| gf04\_2 | Whole | 2 | 4.2 How would you describe your work? | 1= Independent, personal, or family  2= In a public or private sector company or company  3= None of the above |
| gf04\_3 | Short text | 255 | 4.3 What is the name of the office,  position or position? |  |
| gf04\_4 | Short text | 255 | 4.4 What are the main tasks or functions that  Do you perform in your job? |  |
| gf04\_5 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work? | 1=Yes  2=No |
| gf04\_5a1 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work?  Monday, Hrs. |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_5a2 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work? Monday, min |  |
| gf04\_5b1 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work? Tuesday, Hrs. |  |
| gf04\_5b2 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work? Tuesday, Min. |  |
| gf04\_5c1 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work?  Wednesday, Hrs. |  |
| gf04\_5c2 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work? Wednesday, Min. |  |
| gf04\_5d1 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work? Thursday, Hrs. |  |
| gf04\_5d2 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work? Thursday, Min. |  |
| gf04\_5e1 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work? Friday, Hrs. |  |
| gf04\_5e2 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work? Friday, Min. |  |
| gf04\_5f1 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work? Saturday, Hrs. |  |
| gf04\_5f2 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work??  Saturday, Min. |  |
| gf04\_5g1 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work? Sunday, Hrs. |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_5g2 | Whole | 2 | 4.5 What days and hours do you usually dedicate to your work? Sunday, Min. |  |
| gf04\_6 | Whole | 2 | 4.6 In addition to the main work that  ee already talked about, do you have a second job? | 1= Yes  2= No  99= Does not know or does not respond |
| gf04\_7 | Whole | 2 | 4.7 How would you describe your work? | 1= Independent, personal, or family  2= In a public or private sector company or company  3= None of the above |
| gf04\_8 | Short text | 255 | 4.8 What is the name or title the office or position? |  |
| gf04\_9 | Short text | 255 | 4.9 What are the main tasks or functions that you perform in this job? |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_10a | Whole | 2 | 4.10 In addition to what you already told me (REPLY OF 4), last week: | 1= Did you help in a business (family or non-family)?  2= Did you sell any products? 3= Did you make any products to sell?  4= Did you help in the fields or in raising animals?  5= Did you perform other types of activities in exchange for payment? For example: launder, someone else's iron, babysitting, etc.?  6= Were you an apprentice or doing your social service? 7= Did you care for a sick person without any payment in return?  8= Did you care for a person with a disability without any payment in return?  9= Other  10= None of the above  77= Not responded  99= Don't know |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_10b | Whole | 2 | 4.10 In addition to what you already told me (REPLY OF 4), last week: | 1= Did you help in a business (family or non-family)?  2= Did you sell any products? 3= Did you make any products to sell?  4= Did you help in the fields or in raising animals?  5= Did you perform other types of activities in exchange for payment? For example: launder, someone else's iron, babysitting, etc.?  6= Were you an apprentice or doing your social service? 7= Did you care for a sick person without any payment in return?  8= Did you care for a person with a disability without any payment in return?  9= Other  10= None of the above  77= Not responded  99= Don't know |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_10c | Whole | 2 | 4.10 In addition to what you already told me (REPLY OF 4), last week: | 1= Did you help in a business (family or non-family)?  2= Did you sell any products? 3= Did you make any products to sell?  4= Did you help in the fields or in raising animals?  5= Did you perform other types of activities in exchange for payment? For example: launder, someone else's iron, babysitting, etc.?  6= Were you an apprentice or doing your social service? 7= Did you care for a sick person without any payment in return?  8= Did you care for a person with a disability without any payment in return?  9= Other  10= None of the above  77= Not responded  99= Don't know |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_10d | Whole | 2 | 4.10 In addition to what you already told me (REPLY OF 4), last week: | 1= Did you help in a business (family or non-family)?  2= Did you sell any products? 3= Did you make any products to sell?  4= Did you help in the fields or in raising animals?  5= Did you perform other types of activities in exchange for payment? For example: launder, someone else's iron, babysitting, etc.?  6= Were you an apprentice or doing your social service? 7= Did you care for a sick person without any payment in return?  8= Did you care for a person with a disability without any payment in return?  9= Other  10= None of the above  77= Not responded  99= Don't know |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_10e | Whole | 2 | 4.10 In addition to what you already told me (REPLY OF 4), last week: | 1= Did you help in a business (family or non-family)?  2= Did you sell any products? 3= Did you make any products to sell?  4= Did you help in the fields or in raising animals?  5= Did you perform other types of activities in exchange for payment? For example: launder, someone else's iron, babysitting, etc.?  6= Were you an apprentice or doing your social service? 7= Did you care for a sick person without any payment in return?  8= Did you care for a person with a disability without any payment in return?  9= Other  10= None of the above  77= Not responded  99= Don't know |
| gf04\_10esp | Short text | 255 | 4.10 In addition to what you already told me (REPLY OF 4), last week: |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_11a | Whole | 2 | 4.11 Where did you carry out these activities? | 1= In the countryside, in the open  2= Street vendor from house to house or on the street  3= Improvised stall  4= In non-motorized vehicle (bicycle, tricycle, cart)  5= In motor vehicle (car, motorcycle, or van)  6= In your own home without special installation  7= In your own home with special installation  8= At the domicile or property of the employer or in the place where the clients require it.  9= Semi-fixed position  10= Fixed position  11= Another place  99= Does not know or does not respond |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_11b | Whole | 2 | 4.11 Where did you carry out these activities? | 1= In the countryside, in the open  2= Street vendor from house to house or on the street  3= Improvised stall  4= In non-motorized vehicle (bicycle, tricycle, cart)  5= In motor vehicle (car, motorcycle, or van)  6= In your own home without special installation  7= In your own home with special installation  8= At the domicile or property of the employer or in the place where the clients require it.  9= Semi-fixed position  10= Fixed position  11= Another place  99= Does not know or does not respond |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_11c | Whole | 2 | 4.11 Where did you carry out these activities? | 1= In the countryside, in the open  2= Street vendor from house to house or on the street  3= Improvised stall  4= In non-motorized vehicle (bicycle, tricycle, cart)  5= In motor vehicle (car, motorcycle, or van)  6= In your own home without special installation  7= In your own home with special installation  8= At the domicile or property of the employer or in the place where the clients require it.  9= Semi-fixed position  10= Fixed position  11= Another place  99= Does not know or does not respond |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_11d | Whole | 2 | 4.11 Where did you carry out these activities? | 1= In the countryside, in the open  2= Street vendor from house to house or on the street  3= Improvised stall  4= In non-motorized vehicle (bicycle, tricycle, cart)  5= In motor vehicle (car, motorcycle, or van)  6= In your own home without special installation  7= In your own home with special installation  8= At the domicile or property of the employer or in the place where the clients require it.  9= Semi-fixed position  10= Fixed position  11= Another place  99= Does not know or does not respond |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_11e | Whole | 2 | 4.11 Where did you carry out these activities? | 1= In the countryside, in the open  2= Street vendor from house to house or on the street  3= Improvised stall  4= In non-motorized vehicle (bicycle, tricycle, cart)  5= In motor vehicle (car, motorcycle, or van)  6= In your own home without special installation  7= In your own home with special installation  8= At the domicile or property of the employer or in the place where the clients require it.  9= Semi-fixed position  10= Fixed position  11= Another place  99= Does not know or does not respond |
| gf04\_12a | Whole | 2 | 4.12 During the last two months,  How much time a day was spent on household chores on a common day?, Monday to Friday | 1= 0 min  2= 1-10 min  3= 11-20 min  4= 21-45 min  5= 46-60 min  6= 1-2 hrs.  7= 2-3 hrs.  8= 3-6 hrs.  9= 6 hrs. or more  99= Does not know or does not respond |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf04\_12b | Whole | 2 | 4.12 During the last two months,  How much time a day was spent on household chores on a common day?, Saturday and Sunday | 1= 0 min  2= 1-10 min  3= 11-20 min  4= 21-45 min  5= 46-60 min  6= 1-2 hrs.  7= 2-3 hrs.  8= 3-6 hrs.  9= 6 hrs. or more  99= Does not know or does not respond |
| vn11 | Whole | 2 | 5. How many full bathrooms with shower and W.C. (excused) there is for the exclusive use of the members of  your home? | 0= None  1= One  2= Two or more |
| vn15 | Whole | 2 | 6.How many cars or vans do you have in your home, including enclosed vans, or  with cabin or box? | 0= None  1= One  2= Two or more |
| GF07 | Whole | 2 | 7. Without taking into account the mobile connection you may have from a cell phone, does this home have  Internet? | 1=Yes  2=No |
| GF08 | Whole | 2 | 8 . Of all the people 14 and older living in the household, how many worked in the last month? | 0= None  1= One  2= Two  3= Three  4= Four or more 5= Pensioner  6= Other (please specify) |
| gf08\_es | Short text | 255 | 8. Of all the people 14 years and older living in the household, how many worked in the last month?  (Please specify) |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| GF09 | Whole | 2 | 9.In this house, how many rooms are used to sleep, not counting corridors or bathrooms? | 0= None  1= One  2= Two  3= Three  4= Four or more |
| gf010\_a | Whole | 2 | 10. Are you affiliated or  registered with Social Security Medical Services (IMSS) | 1= Mentioned |
| gf010\_b | Whole | 2 | 10. Are you affiliated or enrolled in the medical services of the  ISSSTE? | 2= Mentioned |
| gf010\_c | Whole | 2 | 10. Are you affiliated or enrolled in the medical services of the  State ISSSTE ? | 3= Mentioned |
| gf010\_d | Whole | 2 | 10. Are you affiliated or  Registered with Pemex medical services? | 4= Mentioned |
| gf010\_e | Whole | 2 | 10. Are you affiliated or  Registered with the medical services of the Defense or Navy? | 5= Mentioned |
| gf010\_f | Whole | 2 | 10. Are you affiliated or enrolled in the medical services of Seguro Popular or for a new  Generation? | 5= Mentioned |
| gf010\_g | Whole | 2 | 10. Are you affiliated or  Enrolled in private insurance medical services? | 6= Mentioned |
| gf010\_h | Whole | 2 | 10. Are you affiliated or enrolled in the medical services of  other institution? | 7= Mentioned |
| gf010\_i | Whole | 2 | 10. Are you affiliated or enrolled in medical services... So, it's not affiliated?  (o) or subscribe to the Services  Medical? | 8= Mentioned |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf010\_j | Whole | 2 | 10. Are you affiliated or enrolled in medical services... Does not know or does not respond | 99= Mentioned |
| s26n | Whole | 2 | 11. In the dwelling where you live,  Does the family pay rent? | 1=Yes  2=No |
| s26\_1n | Whole | 2 | 12. Why don't you pay rent? | 1= Owned by the head of household  2= Is from a family member  3= Temporarily borrowed 4= Other. Specify |
| s26\_1ne | Short text | 255 | 12. Why don't you pay rent?,  Specify |  |
| s27n | Whole | 2 | 13. On which step of the ladder do you think you would stand according to your current situation? | 1= Step 1  2= Step 2  3=Step 3  4= Step 4  5= Step 5  6= Step 6  7= Step 7  8= Step 8  9= Step 9  10= Step 10 |
| s34\_h | Whole | 2 | 14. Has a doctor told you that  Do you have diabetes or high blood sugar? | 1= Yes  2= No |
| gf014\_1a | Whole | 2 | 14.1 How long ago did your doctor first tell you that you had diabetes or high blood sugar in your  blood?, Months | 99= Does not know or does not remember |
| gf014\_1b | Whole | 2 | 14.1 How long ago did your doctor first tell you that you had diabetes or high blood sugar in your  blood?, Years | 99= Does not know or does not remember |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf014\_1c | Whole | 2 | 14.1 How long ago did your doctor first tell you that you had diabetes or high blood sugar in your  blood?, Days | 99= Does not know or does not remember |
| GF015 | Whole | 2 | 15 . Has any doctor told you that you have pre-diabetes or higher blood sugar levels than you do?  normal? | 1= Yes  2= No |
| gf015\_1a | Whole | 2 | 15.1 How long ago did your doctor first tell you that you had pre-diabetes or higher than normal blood sugar levels?  Months | 99= Does not know or does not remember |
| gf015\_1b | Whole | 2 | 15.1 How long ago did your doctor first tell you that you had pre-diabetes or higher than normal blood sugar levels?  Years | 99= Does not know or does not remember |
| gf015\_1c | Whole | 2 | 15.1 How long ago did your doctor first tell you that you had pre-diabetes or higher than normal blood sugar levels?  Days | 99= Does not know or does not remember |
| GF016 | Whole | 2 | 16. Are you currently taking pills, getting insulin, or taking any other treatments to control your sugar? | 1= None  2= Insulin  3= Pills  4= Eating plan (diet) 5= Make a physical exercise plan  6= Homeopathy ()  7= Herbalist  8= Alternative medicine  9= Other |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf016\_e | Short text | 255 | 16. Are you currently taking pills, getting insulin, or taking any other treatment to control your  sugar?, other |  |
| s34\_e | Whole | 2 | 17. Has a doctor told you that you have high blood pressure or hypertension? | 1= Yes  2= No |
| gf017\_1a | Whole | 2 | 17.1 How long ago did your doctor first tell you that you have high blood pressure or hypertension? | 99= Does not know or does not remember |
| gf017\_1b | Whole | 2 | 17.1 How long ago did your doctor first tell you that you have high blood pressure or hypertension?, Years | 99= Does not know or does not remember |
| gf017\_1c | Whole | 2 | 17.1 How long ago did your doctor first tell you that you have high blood pressure or hypertension? | 99= Does not know or does not remember |
| gf017\_2a | Whole | 2 | 17.2 Are you currently taking any medicines (pills) or taking other treatment to control your high blood pressure? | 1= None  2= Pills  3= Eating plan (diet)  4= Make a physical exercise plan  5= Homeopathy ()  6= Herbalist  7= Decrease in salt consumption  8= Alternative medicine  9= Other |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf017\_2b | Whole | 2 | 17.2 Are you currently taking any medicines (pills) or taking other treatment to control your high blood pressure? | 1= None  2= Pills  3= Eating plan (diet)  4= Make a physical exercise plan  5= Homeopathy ()  6= Herbalist  7= Decrease in salt consumption  8= Alternative medicine  9= Other |
| gf017\_2c | Whole | 2 | 17.2 Are you currently taking any medicines (pills) or taking other treatment to control your high blood pressure? | 1= None  2= Pills  3= Eating plan (diet)  4= Make a physical exercise plan  5= Homeopathy ()  6= Herbalist  7= Decrease in the consumption of sal  8= Alternative medicine  9= Other |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf017\_2d | Whole | 2 | 17.2 Are you currently taking any medicines (pills) or taking other treatment to control your high blood pressure? | 1= None  2= Pills  3= Eating plan (diet)  4= Make a physical exercise plan  5= Homeopathy ()  6= Herbalist  7= Decrease in salt consumption  8= Alternative medicine  9= Other |
| gf017\_2e | Whole | 2 | 17.2 Are you currently taking any medicines (pills) or taking other treatment to control your high blood pressure? | 1= None  2= Pills  3= Eating plan (diet)  4= Make a physical exercise plan  5= Homeopathy ()  6= Herbalist  7= Decrease in salt consumption  8= Alternative medicine  9= Other |
| gf017\_2esp | Short text | 255 | 17.2 Are you currently taking any medicines (pills) or taking other treatment to control your  high blood pressure ?, Other |  |
| s34\_a | Whole | 2 | 18. Has a doctor told you that you have or had heart disease? | 1= No  2= A heart attack  3= Angina pectoris  4= Heart failure  5= Other heart disease (please specify)  9= Does not know or does not remember |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf018\_e | Short text | 255 | 18. Has a doctor told you that you have or had heart disease?, Other heart disease (please specify) |  |
| GF019 | Whole | 2 | 19 . Have you ever had your cholesterol and/or triglyceride levels measured? | 1= Yes  2=No  77= NOT ANSWERED  99= DON'T KNOW |
| gf019\_1 | Whole | 2 | 19.1 Has any doctor told you that you have high cholesterol? | 1= Yes  2=No  77= NOT ANSWERED  99= DON'T KNOW |
| gf019\_2a | Whole | 2 | 19.2 How long ago did your doctor tell you that you have high cholesterol?  Months | 99= Does not know or does not remember |
| gf019\_2b | Whole | 2 | 19.2 How long ago did your doctor tell you that you have high cholesterol?, Years | 99= Does not know or does not remember |
| gf019\_2c | Whole | 2 | 19.2 How long ago did your doctor tell you that you have high cholesterol?  Days | 99= Does not know or does not remember |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf019\_3a | Whole | 2 | 19.3 Have you been treated for high cholesterol? | 1= None  2= Pills  3= Eating plan (diet)  4= Make a physical exercise plan  5= Homeopathy ()  6= Herbalist  7= Alternative Medicine  8= Other |
| gf019\_3b | Whole | 2 | 19.3 Have you been treated for high cholesterol? | 1= None  2= Pills  3= Eating plan (diet)  4= Make a physical exercise plan  5= Homeopathy ()  6= Herbalist  7= Alternative Medicine  8= Other |
| gf019\_3c | Whole | 2 | 19.3 Have you been treated for high cholesterol? | 1= None  2= Pills  3= Eating plan (diet)  4= Make a physical exercise plan  5= Homeopathy ()  6= Herbalist  7= Alternative Medicine  8= Other |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf019\_3d | Whole | 2 | 19.3 Have you been treated for high cholesterol? | 1= None  2= Pills  3= Eating plan (diet)  4= Make a physical exercise plan  5= Homeopathy ()  6= Herbalist  7= Alternative Medicine  8= Other |
| gf019\_3e | Whole | 2 | 19.3 Have you been treated for high cholesterol? | 1= None  2= Pills  3= Eating plan (diet)  4= Make a physical exercise plan  5= Homeopathy ()  6= Herbalist  7= Alternative Medicine  8= Other |
| gf019\_3esp | Short text | 255 | 19.3 Have you had treatment for  high cholesterol?, specify |  |
| gf019\_4 | Whole | 2 | 19.4 Has any doctor told you that you have high triglycerides? | 1= Yes  2=No  77= NOT ANSWERED  99= DON'T KNOW |
| gf019\_5a | Whole | 2 | 19.5 How long ago did your doctor tell you that you have triglycerides  high?, Months | 99= Does not know or does not remember |
| gf019\_5b | Whole | 2 | 19.5 How long ago did your  doctor who has high triglycerides?, Years | 99= Does not know or does not remember |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf019\_5c | Whole | 2 | 19.5 How long ago did your  doctor who has high triglycerides?, Days | 99= Does not know or does not remember |
| gf019\_6 | Whole | 2 | 19.6 Have you been treated for high triglycerides? | 1= None  2= Pills  3= Eating plan (diet)  4= Make a physical exercise plan  5= Homeopathy ()  6= Herbalist  7= Alternative Medicine  8= Other |
| gf019\_6e | Short text | 255 | 19.6 Have you been treated for high triglycerides?, specify |  |
| gf020\_a | Whole | 2 | 20. Has a doctor ever told you that you have kidney disease such as... urinary tract infection  on more than one occasion? | 1=Yes  2=No |
| gf020\_b | Whole | 2 | 20. Has a doctor ever told you that you have kidney disease?  how... kidney stones? | 1=Yes  2=No |
| gf020\_c | Whole | 2 | 20. Has a doctor ever told you that you have a kidney disease  how... kidney failure? | 1=Yes  2=No |
| s34\_r | Whole | 2 | 21. Have you ever been told by a doctor that you have cancer? | 1=Yes  2=No  77= NOT ANSWERED |
| gf021\_1a | Short text | 255 | 21.1 Type of cancer |  |
| gf021\_1a1 | Whole | 2 | 21.1 Year of diagnosis |  |
| gf021\_1b | Short text | 255 | 21.1 Type of cancer |  |
| gf021\_1b1 | Whole | 2 | 21.1 Year of diagnosis |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf021\_1c | Short text | 255 | 21.1 Type of cancer |  |
| gf021\_1c1 | Whole | 2 | 21.1 Year of diagnosis |  |
| s34\_t | Whole | 2 | 22. Have you ever been diagnosed by your doctor or treated for a mental/psychiatric condition? | 1= Yes  2= No  77= NOT ANSWERED |
| gf022\_1a | Short text | 255 | 22.1 Type of condition  mental/psychiatry |  |
| gf022\_1a1 | Whole | 2 | 22.1 Year of diagnosis |  |
| gf022\_1b | Short text | 255 | 22.1 Type of condition  mental/psychiatry |  |
| gf022\_1b1 | Whole | 2 | 22.1 Year of diagnosis |  |
| gf022\_1c | Short text | 255 | 22.1 Type of condition  mental/psychiatry |  |
| gf022\_1c1 | Whole | 2 | 22. Year of diagnosis |  |
| GF023A | Whole | 2 | 23. Has a doctor ever diagnosed you with... Chronic bronchitis or  emphysema | 1=Yes  2=No |
| GF023A1 | Whole | 4 | 23. Has a doctor ever diagnosed you with... Chronic bronchitis or  emphysema, year of diagnosis |  |
| s35\_a | Whole | 2 | 23. Has a doctor ever diagnosed you with ... Asthma | 1=Yes  2=No |
| GF023B1 | Whole | 4 | 23. Has a doctor ever diagnosed you with ... Asthma, year of diagnosis |  |
| s34\_i | Whole | 2 | 23. Has a doctor ever diagnosed you with ... Pressure  low arterial | 1=Yes  2=No |
| GF023C1 | Whole | 4 | 23. Has a doctor ever diagnosed you with ... Low blood pressure, year of diagnosis |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| s34\_k | Whole | 2 | 23. Has a doctor ever diagnosed you with ... Arthritis | 1=Yes  2=No |
| GF023D1 | Whole | 4 | 23. Has a doctor ever diagnosed you with ... Arthritis, year of diagnosis |  |
| GF023E | Whole | 2 | 23. Has a doctor ever given you  diagnosed that suffers... Osteoporosis | 1=Yes  2=No |
| GF023E1 | Whole | 4 | 23. Has a doctor ever diagnosed you with... Osteoporosis, year of  diagnosis |  |
| s33\_q | Whole | 2 | 23. Has a doctor ever diagnosed you with... Heart disease | 1=Yes  2=No |
| GF023F1 | Whole | 4 | 23. Has a doctor ever diagnosed you with... Heart disease ,  Year of diagnosis |  |
| s34\_m | Whole | 2 | 23. Has a doctor ever diagnosed you with ... Surgery  of the heart | 1=Yes  2=No |
| GF023G1 | Whole | 4 | 23. Has a doctor ever diagnosed you with ... Heart surgery, year of diagnosis |  |
| s34\_o | Whole | 2 | 23. Has a doctor ever given you  diagnosed that suffers... Liver disease | 1=Yes  2=No |
| GF023H1 | Whole | 4 | 23. Has a doctor ever diagnosed you with... Liver disease , year  of diagnosis |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| toma\_med2 | Whole | 2 | 24. You are currently taking any medications/vitamins/supplements  ? | 1=Yes  2=No |
| med1h | Short text | 255 | Name of medicine 1 |  |
| med1h\_rz | Short text | 255 | Reason for taking medicine 1 |  |
| med1h\_c1 | Double | 8 | Drug 1, amount (mg) |  |
| med1h\_c2 | Double | 8 | Drug 1, amount (g) |  |
| med1h\_c3 | Double | 8 | Drug 1, quantity (ml) |  |
| med1h\_c4 | Double | 8 | Drug 1, amount (IU) |  |
| med1h\_f1 | Whole | 2 | Drug 1, frequency (times  per day) |  |
| med1h\_f2 | Whole | 2 | Drug 1, frequency (week) |  |
| med1h\_f3 | Whole | 2 | Drug 1, frequency (month) |  |
| med1h\_d1 | Whole | 2 | Drug 1, duration (dd) |  |
| med1h\_d2 | Whole | 2 | Drug 1, duration (sem) |  |
| med1h\_d3 | Whole | 2 | Drug 1, duration (mm) |  |
| med1h\_d4 | Whole | 2 | Drug 1, duration (aa) |  |
| med1h\_d5 | Whole | 2 | Drug 1, always |  |
| med1h\_m | Whole | 2 | Drug 1, drug type | 1= Mentioned |
| med1h\_v | Whole | 2 | Drug 1, vitamin / type  supplement | 1= Mentioned |
| med1h\_h | Whole | 2 | Drug 1, herbalist type /  Homeo | 1= Mentioned |
| med2h | Short text | 255 | Name of medicine 2 |  |
| med2h\_rz | Short text | 255 | Reason for taking medicine 2 |  |
| med2h\_c1 | Double | 8 | Drug 2, amount (mg) |  |
| med2h\_c2 | Double | 8 | Drug 2, amount (g) |  |
| med2h\_c3 | Double | 8 | Drug 2, amount (ml) |  |
| med2h\_c4 | Double | 8 | Drug 2, quantity (IU) |  |
| med2h\_f1 | Whole | 2 | Drug 2, frequency (times  per day) |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| med2h\_f2 | Whole | 2 | Drug 2, frequency (week) |  |
| med2h\_f3 | Whole | 2 | Drug 2, frequency (month) |  |
| med2h\_d1 | Whole | 2 | Drug 2, duration (dd) |  |
| med2h\_d2 | Whole | 2 | Drug 2, duration (sem) |  |
| med2h\_d3 | Whole | 2 | Drug 2, duration (mm) |  |
| med2h\_d4 | Whole | 2 | Drug 2, duration (aa) |  |
| med2h\_d5 | Whole | 2 | Drug 2, always |  |
| med2h\_m | Whole | 2 | Drug 2, drug type | 1= Mentioned |
| med2h\_v | Whole | 2 | Drug 2, vitamin / type  supplement | 1= Mentioned |
| med2h\_h | Whole | 2 | Drug 2, herbalist type /  Homeo | 1= Mentioned |
| med3h | Short text | 255 | Drug Name 3 |  |
| med3h\_rz | Short text | 255 | Reason for taking medication 3 |  |
| med3h\_c1 | Double | 8 | Drug 3, amount (mg) |  |
| med3h\_c2 | Double | 8 | Drug 3, amount (g) |  |
| med3h\_c3 | Double | 8 | Drug 3, amount (ml) |  |
| med3h\_c4 | Double | 8 | Drug 3, amount (IU) |  |
| med3h\_f1 | Whole | 2 | Drug 3, frequency (times  per day) |  |
| med3h\_f2 | Whole | 2 | Drug 3, frequency (week) |  |
| med3h\_f3 | Whole | 2 | Drug 3, frequency (month) |  |
| med3h\_d1 | Whole | 2 | Drug 3, duration (dd) |  |
| med3h\_d2 | Whole | 2 | Drug 3, duration (sem) |  |
| med3h\_d3 | Whole | 2 | Drug 3, duration (mm) |  |
| med3h\_d4 | Whole | 2 | Drug 3, duration (aa) |  |
| med3h\_d5 | Whole | 2 | Drug 3, always |  |
| med3h\_m | Whole | 2 | Drug 3, drug type | 1= Mentioned |
| med3h\_v | Whole | 2 | Drug 3, vitamin / type  supplement | 1= Mentioned |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| med3h\_h | Whole | 2 | Drug 3, herbalist type /  Homeo | 1= Mentioned |
| med4h | Short text | 255 | Drug Name 4 |  |
| med4h\_rz | Short text | 255 | Reason for taking medication 4 |  |
| med4h\_c1 | Double | 8 | Drug 4, amount (mg) |  |
| med4h\_c2 | Double | 8 | Drug 4, amount (g) |  |
| med4h\_c3 | Double | 8 | Drug 4, quantity (ml) |  |
| med4h\_c4 | Double | 8 | Drug 4, quantity (IU) |  |
| med4h\_f1 | Whole | 2 | Drug 4, frequency (times  per day) |  |
| med4h\_f2 | Whole | 2 | Drug 4, frequency (week) |  |
| med4h\_f3 | Whole | 2 | Drug 4, frequency (month) |  |
| med4h\_d1 | Whole | 2 | Drug 4, duration (dd) |  |
| med4h\_d2 | Whole | 2 | Drug 4, duration (sem) |  |
| med4h\_d3 | Whole | 2 | Drug 4, duration (mm) |  |
| med4h\_d4 | Whole | 2 | Drug 4, duration (aa) |  |
| med4h\_d5 | Whole | 2 | Drug 4, always |  |
| med4h\_m | Whole | 2 | Drug 4, drug type | 1= Mentioned |
| med4h\_v | Whole | 2 | Drug 4, vitamin / type  supplement | 1= Mentioned |
| med4h\_h | Whole | 2 | Drug 4, herbalist type /  Homeo | 1= Mentioned |
| med5h | Short text | 255 | Drug Name 5 |  |
| med5h\_rz | Short text | 255 | Reason to take medication 5 |  |
| med5h\_c1 | Double | 8 | Drug 5, amount (mg) |  |
| med5h\_c2 | Double | 8 | Drug 5, amount (g) |  |
| med5h\_c3 | Double | 8 | Drug 5, amount (ml) |  |
| med5h\_c4 | Double | 8 | Drug 5, amount (IU) |  |
| med5h\_f1 | Whole | 2 | Drug 5, frequency (times  per day) |  |
| med5h\_f2 | Whole | 2 | Drug 5, frequency (week) |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| med5h\_f3 | Whole | 2 | Drug 5, frequency (month) |  |
| med5h\_d1 | Whole | 2 | Drug 5, duration (dd) |  |
| med5h\_d2 | Whole | 2 | Drug 5, duration (sem) |  |
| med5h\_d3 | Whole | 2 | Drug 5, duration (mm) |  |
| med5h\_d4 | Whole | 2 | Drug 5, duration (aa) |  |
| med5h\_d5 | Whole | 2 | Drug 5, always |  |
| med5h\_m | Whole | 2 | Drug 5, drug type | 1= Mentioned |
| med5h\_v | Whole | 2 | Drug 5, vitamin / type  supplement | 1= Mentioned |
| med5h\_h | Whole | 2 | Drug 5, herbalist type /  Homeo | 1= Mentioned |
| med6h | Short text | 255 | Drug Name 6 |  |
| med6h\_rz | Short text | 255 | Reason for taking medication 6 |  |
| med6h\_c1 | Double | 8 | Drug 6, amount (mg) |  |
| med6h\_c2 | Double | 8 | Drug 6, amount (g) |  |
| med6h\_c3 | Double | 8 | Drug 6, amount (ml) |  |
| med6h\_c4 | Double | 8 | Drug 6, amount (IU) |  |
| med6h\_f1 | Whole | 2 | Drug 6, frequency (times  per day) |  |
| med6h\_f2 | Whole | 2 | Drug 6, frequency (week) |  |
| med6h\_f3 | Whole | 2 | Drug 6, frequency (month) |  |
| med6h\_d1 | Whole | 2 | Drug 6, duration (dd) |  |
| med6h\_d2 | Whole | 2 | Drug 6, duration (weeks) |  |
| med6h\_d3 | Whole | 2 | Drug 6, duration (mm) |  |
| med6h\_d4 | Whole | 2 | Drug 6, duration (aa) |  |
| med6h\_d5 | Whole | 2 | Drug 6, always |  |
| med6h\_m | Whole | 2 | Drug 6, drug type | 1= Mentioned |
| med6h\_v | Whole | 2 | Drug 6, vitamin / type  supplement | 1= Mentioned |
| med6h\_h | Whole | 2 | Drug 6, herbalist type /  Homeo | 1= Mentioned |
| med7h | Short text | 255 | Drug Name 7 |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| med7h\_rz | Short text | 255 | Reason for Taking Medicine 7 |  |
| med7h\_c1 | Double | 8 | Drug 7, amount (mg) |  |
| med7h\_c2 | Double | 8 | Drug 7, amount (g) |  |
| med7h\_c3 | Double | 8 | Drug 7, amount (ml) |  |
| med7h\_c4 | Double | 8 | Drug 7, quantity (IU) |  |
| med7h\_f1 | Whole | 2 | Drug 7, frequency (times  per day) |  |
| med7h\_f2 | Whole | 2 | Medication7, frequency (weekly) |  |
| med7h\_f3 | Whole | 2 | Drug 7, frequency (month) |  |
| med7h\_d1 | Whole | 2 | Drug 7, duration (dd) |  |
| med7h\_d2 | Whole | 2 | Drug 7, duration (weeks) |  |
| med7h\_d3 | Whole | 2 | Drug 7, duration (mm) |  |
| med7h\_d4 | Whole | 2 | Drug 7, duration (aa) |  |
| med7h\_d5 | Whole | 2 | Drug 7, always |  |
| med7h\_m | Whole | 2 | Drug 7, drug type | 1= Mentioned |
| med7h\_v | Whole | 2 | Drug 7, vitamin / type  supplement | 1= Mentioned |
| med7h\_h | Whole | 2 | Drug 7, herbalist type /  Homeo | 1= Mentioned |
| med8h | Short text | 255 | Drug Name 8 |  |
| med8h\_rz | Short text | 255 | Reason for taking medication 8 |  |
| med8h\_c1 | Double | 8 | Drug 8, amount (mg) |  |
| med8h\_c2 | Double | 8 | Drug 8, amount (g) |  |
| med8h\_c3 | Double | 8 | Drug 8, amount (ml) |  |
| med8h\_c4 | Double | 8 | Drug 8, amount (IU) |  |
| med8h\_f1 | Whole | 2 | Drug 8, frequency (times  per day) |  |
| med8h\_f2 | Whole | 2 | Medication 8, frequency (week) |  |
| med8h\_f3 | Whole | 2 | Drug 8, frequency (month) |  |
| med8h\_d1 | Whole | 2 | Drug 8, duration (dd) |  |
| med8h\_d2 | Whole | 2 | Drug 8, duration (sem) |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| med8h\_d3 | Whole | 2 | Drug 8, duration (mm) |  |
| med8h\_d4 | Whole | 2 | Drug 8, duration (aa) |  |
| med8h\_d5 | Whole | 2 | Drug 8, always |  |
| med8h\_m | Whole | 2 | Drug 8, drug type | 1= Mentioned |
| med8h\_v | Whole | 2 | Drug 8, vitamin / type  supplement | 1= Mentioned |
| med8h\_h | Whole | 2 | Drug 8, herbalist type /  Homeo | 1= Mentioned |
| med9h | Short text | 255 | Drug Name 9 |  |
| med9h\_rz | Short text | 255 | Reason to take medication 9 |  |
| med9h\_c1 | Double | 8 | Drug 9, amount (mg) |  |
| med9h\_c2 | Double | 8 | Drug 9, amount (g) |  |
| med9h\_c3 | Double | 8 | Drug 9, amount (ml) |  |
| med9h\_c4 | Double | 8 | Drug 9, quantity (IU) |  |
| med9h\_f1 | Whole | 2 | Drug 9, frequency (times  per day) |  |
| med9h\_f2 | Whole | 2 | Drug 9, frequency (week) |  |
| med9h\_f3 | Whole | 2 | Drug 9, frequency (month) |  |
| med9h\_d1 | Whole | 2 | Drug 9, duration (dd) |  |
| med9h\_d2 | Whole | 2 | Drug 9, duration (sem) |  |
| med9h\_d3 | Whole | 2 | Drug 9, duration (mm) |  |
| med9h\_d4 | Whole | 2 | Drug 9, duration (aa) |  |
| med9h\_d5 | Whole | 2 | Drug 9, always |  |
| med9h\_m | Whole | 2 | Drug 9, drug type | 1= Mentioned |
| med9h\_v | Whole | 2 | Drug 9, vitamin / type  supplement | 1= Mentioned |
| med9h\_h | Whole | 2 | Drug 9, herbalist type /  Homeo | 1= Mentioned |
| med10h | Short text | 255 | Name of medicine 10 |  |
| med10h\_rz | Short text | 255 | Reason to take medicine 10 |  |
| med10h\_c1 | Double | 8 | Drug 10, amount (mg) |  |
| med10h\_c2 | Double | 8 | Drug 10, amount (g) |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| med10h\_c3 | Double | 8 | Drug 10, amount (ml) |  |
| med10h\_c4 | Double | 8 | Drug 10, amount (IU) |  |
| med10h\_f1 | Whole | 2 | Drug 10, frequency (times  per day) |  |
| med10h\_f2 | Whole | 2 | Drug 10, frequency  (week) |  |
| med10h\_f3 | Whole | 2 | Drug 10, frequency (month) |  |
| med10h\_d1 | Whole | 2 | Drug 10, duration (dd) |  |
| med10h\_d2 | Whole | 2 | Drug 10, duration (sem) |  |
| med10h\_d3 | Whole | 2 | Drug 10, duration (mm) |  |
| med10h\_d4 | Whole | 2 | Drug 10, duration (aa) |  |
| med10h\_d5 | Whole | 2 | Drug 10, always |  |
| med10h\_m | Whole | 2 | Drug 10, drug type | 1= Mentioned |
| med10h\_v | Whole | 2 | Medication 10, vitamin / type  supplement | 1= Mentioned |
| med10h\_h | Whole | 2 | Drug 10, herbalist type /  Homeo | 1= Mentioned |
| GF025 | Whole | 2 | 25. When was your first period or  menstruation? | 99= Does not know or does not remember |
| gf026\_a | Whole | 2 | 26. How long ago was your last period or menstruation?, Months | 66= It is currently regulated  99= Does not know or does not remember |
| gf026\_b | Whole | 2 | 26. How long ago was your last period or menstruation?, Years | 66= It is currently regulated  99= Does not know or does not remember |
| gf026\_c | Whole | 2 | 26. How long ago was your last period or menstruation?, Dias | 66= It is currently regulated  99= Does not know or does not remember |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf026\_1 | Whole | 2 | 26.1 If the last period was three months or more ago, what was the reason you stopped regulating? | 1= Breastfeeding  2 = You are in puerperium (postpartum )  3= You are currently pregnant  4= By natural menopause 5= Your womb or ovaries removed  6= By cysts 6  7= Received radiation to the pelvis  8= Took medications or chemotherapy  9= By the contraceptive method you currently use  10= Other reasons (please specify)  99= Does not know or does not remember |
| gf026\_1e | Short text | 255 | 26.1 If the last period was three months or more ago, what was the reason why you stopped regulating?, Other reasons (please specify) |  |
| gf026\_2 | Whole | 2 | 26.2 During the last 12 months, your period or menstruation: | 1= It is spaced more 2= They are closer  3= Occur at more variable intervals  4= Disappeared completely  5= Remain the same 9= Don't know or don't remember |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf027\_1 | Whole | 2 | 27.1 Hot flashes, sweating, hot flashes | 0= None  1= Little or severe 2= Moderate  3= Severe  4= Very severe |
| gf027\_2 | Whole | 2 | 27.1 Discomfort of the heart (unusual changes in the heartbeat, jumps in the beat, dilating heartbeat, tightness) | 0= None  1= Little or severe 2= Moderate  3= Severe  4= Very severe |
| gf027\_3 | Whole | 2 | 27.1 Sleep problems (difficulty falling asleep in sleeping through the night and waking up early) | 0= None  1= Little or severe 2= Moderate  3= Severe  4= Very severe |
| gf027\_4 | Whole | 2 | 27.1 Depressed mood (feeling down, sad, on the verge of tears, lack of desire, mood swings) | 0= None  1= Little or severe 2= Moderate  3= Severe  4= Very severe |
| gf027\_5 | Whole | 2 | 27.1 Irritability (feeling nervous, tense aggressive) | 0= None  1= Little or severe 2= Moderate  3= Severe  4= Very severe |
| gf027\_6 | Whole | 2 | 27.1 Anxiety (impatience, panic) | 0= None  1= Little or severe 2= Moderate  3= Severe  4= Very severe |
| gf027\_7 | Whole | 2 | 27.1 Physical and mental exhaustion (general decline in performance, memory impairment, lack of concentration, forgetfulness) | 0= None  1= Little or severe 2= Moderate  3= Severe  4= Very severe |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf027\_8 | Whole | 2 | 27.1 Sexual problems (changes in sexual desire in activity and satisfaction) | 0= None  1= Little or severe 2= Moderate  3= Severe  4= Very severe |
| gf027\_9 | Whole | 2 | 27.1 Bladder problems (difficulty urinating, incontinence, excessive urination) | 0= None  1= Little or severe 2= Moderate  3= Severe  4= Very severe |
| gf027\_10 | Whole | 2 | 27.1 Vaginal dryness (dryness, burning and problems during sexual intercourse) | 0= None  1= Little or severe 2= Moderate  3= Severe  4= Very severe |
| gf027\_11 | Whole | 2 | 27.1 Muscle and joint problems ( rheumatoid and joint pain) | 0= None  1= Little or severe 2= Moderate  3= Severe  4= Very severe |
| GF028 | Whole | 2 | 28. How many pregnancies in total have you  Had? | 99= Does not know or does not remember |
| GF029 | Whole | 2 | 29. Of these pregnancies , how many have  Born alive, not  deceased? |  |
| gf029\_a | Date with time | 8 | 29. Of these pregnancies , how many have  Sido....Date of birth of the  First child |  |
| gf029\_b | Date with time | 8 | 29. Of these pregnancies , how many have  Sido....Date of birth of the  Second child |  |
| gf029\_c | Date with time | 8 | 29. Of these pregnancies , how many have  Date....Date of birth of the third  Child |  |
| gf029\_d | Date with time | 8 | 29. Of these pregnancies , how many have  Sido....Date of birth of the  Fourth child |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf029\_e | Date with time | 8 | 29. Of these pregnancies , how many have  Sido....Date of birth of the  Fifth child |  |
| gf029\_f | Date with time | 8 | 29. Of these pregnancies , how many have  Date....Date of birth of the sixth  Child |  |
| gf029\_g | Date with time | 8 | 29. Of these pregnancies , how many have  Sido....Date of birth of the  Seventh child |  |
| gf029\_h | Date with time | 8 | 29. Of these pregnancies , how many have  Sido....Date of birth of the  Eighth child |  |
| gf029\_i | Date with time | 8 | 29. Of these pregnancies , how many have  Sido....Date of birth of the  Ninth child |  |
| gf029\_j | Date with time | 8 | 29. Of these pregnancies , how many have  Sido....Date of birth of the  Tenth child |  |
| gf029\_2 | Whole | 2 | 29. Stillborn ? |  |
| gf029\_3 | Whole | 2 | 29. Live births, who died before the age of one year  age? |  |
| gf029\_3a | Whole | 2 | 29. Live births, who have died after one year of age  age? |  |
| gf029\_4 | Whole | 2 | 29. Abortions or miscarriage ? |  |
| gf029\_1a | Whole | 2 | 29.1 In any of these pregnancies  did you suffer from gestational diabetes?, 1 | 1= Yes  2= No  99= Don't know |
| gf029\_1b | Whole | 2 | 29.1 In any of these pregnancies did you suffer from diabetes  gestational?, 2 | 1= Yes  2= No  99= Don't know |
| gf029\_1c | Whole | 2 | 29.1 In any of these pregnancies  did you suffer from gestational diabetes?, 3 | 1= Yes  2= No  99= Don't know |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf029\_1d | Whole | 2 | 29.1 In any of these pregnancies  did you suffer from gestational diabetes?, 4 | 1= Yes  2= No  99= Don't know |
| gf029\_1e | Whole | 2 | 29.1 In any of these pregnancies  did you suffer from gestational diabetes?, 5 | 1= Yes  2= No  99= Don't know |
| gf029\_1f | Whole | 2 | 29.1 In any of these pregnancies  did you suffer from gestational diabetes?, 6 | 1= Yes  2= No  99= Don't know |
| gf029\_1g | Whole | 2 | 29.1 In any of these pregnancies did you suffer from diabetes  gestational?, 7 | 1= Yes  2= No  99= Don't know |
| gf029\_1h | Whole | 2 | 29.1 In any of these pregnancies did you suffer from diabetes  gestational?, 8 | 1= Yes  2= No  99= Don't know |
| gf029\_1i | Whole | 2 | 29.1 In any of these pregnancies  did you suffer from gestational diabetes?, 9 | 1= Yes  2= No  99= Don't know |
| gf029\_1j | Whole | 2 | 29.1 In any of these pregnancies  did you suffer from gestational diabetes?, 10 | 1= Yes  2= No  99= Don't know |
| GF030 | Whole | 2 | 30. Have you smoked at least one hundred cigarettes (5 packs) of tobacco during your lifetime? | 1= Yes  2= No  3= Never smoked  9= Does not know or does not respond |
| gf030\_1 | Whole | 2 | 30.1 How old were you when you first smoked tobacco, even if it was a single smoke of a cigarette, cigar, or pipe? | 9= Does not know or does not remember |
| gf030\_2 | Whole | 2 | 30.2 Do you currently smoke? | 1=Yes  2=No |
| gf030\_3a | Whole | 2 | 30.3 How long ago did you stop  smoking?, Days | 99= Does not know or does not remember |
| gf030\_3b | Whole | 2 | 30.3 How long ago did you stop  smoking?, Weeks | 99= Does not know or does not remember |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf030\_3c | Whole | 2 | 30.3 How long ago did you stop  smoking?, Months | 99= Does not know or does not remember |
| gf030\_3d | Whole | 2 | 30.3 How long ago did you stop  smoking?, Years | 99= Does not know or does not remember |
| gf030\_4a | Whole | 2 | 30.4 Before quitting ,  How many cigarettes did he smoke and how often?, Number of cigars | 99= Don't know |
| gf030\_4b | Whole | 2 | 30.4 Before quitting ,  How many cigarettes did he smoke and how often?, Frequency | 1= Daily  2= Weekly  3= Monthly  4= Occasional  5= Less than once a year 99= Don't know |
| gf031\_a | Whole | 2 | 31. How many cigarettes do you currently smoke?, number of cigarettes | 99= Don't know |
| gf031\_b | Whole | 2 | 31. How many cigarettes do you currently smoke?, frequency | 1= Daily  2= Weekly  3= Monthly  4= Occasional  5= Less than once a year 99= Don't know |
| GF032 | Whole | 2 | 32. Have you had any drinks  alcoholic in your life? | 1= Yes  2= No |
| gf032\_1 | Whole | 2 | 32.1 How old were you when you took  alcohol for the first time? | 9= Does not know or does not remember |
| gf032\_2aa | Whole | 2 | 32.2a Type of drink | 1= Beer  2= Wine or pulque  3= Rum, whiskey, cognac or vodka  4= Tequila, mezcal or brandy  5= Other (please specify) |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf032\_2ab | Whole | 2 | 32.2a Type of drink | 1= Beer  2= Wine or pulque  3= Rum, whiskey, cognac or vodka  4= Tequila, mezcal or brandy  5= Other (please specify) |
| gf032\_2ac | Whole | 2 | 32.2a Type of drink | 1= Beer  2= Wine or pulque  3= Rum, whiskey, cognac or vodka  4= Tequila, mezcal or brandy  5= Other (please specify) |
| gf032\_2ad | Whole | 2 | 32.2a Type of drink | 1= Beer  2= Wine or pulque  3= Rum, whiskey, cognac or vodka  4= Tequila, mezcal or brandy  5= Other (please specify) |
| gf032\_2ae | Whole | 2 | 32.2a Type of drink | 1= Beer  2= Wine or pulque  3= Rum, whiskey, cognac or vodka  4= Tequila, mezcal or brandy  5= Other (please specify) |
| gf032\_2aesp | Short text | 255 | 32.2a Type of drink, please specify |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf032\_2b1  \*V1 | Whole | 2 | 32.2b Quantity: | 1= 1 or 2 glasses or cups  2= 3 or 4 glasses or cups  3= 5 or 6 glasses or cups  4= more than 6 glasses or cups 99= Does not know or does not respond |
| gf032\_2c1  \*V1 | Whole | 2 | 32.2c Frequency at: | 1= Days  2= Month  3= Year |
| gf032\_2b2  \*V2 | Whole | 2 | 32.2b Think about your total alcohol consumption. Usually, how often do you drink any type of drink that contains alcohol – be it wine, beer, whiskey or any other beverage? | 1.- Three or more times a day 2.- Twice a day  3 .- Once a day  4.- Almost every day (5-6 times a week)  5.- Three or four times a week  6.- Once or twice a week  7.- Two or three times a month  8.- Approximately once a month  9.- Seven to eleven times a year  10.- Three to six times a year 11.- Twice a year  12 .- Once a year  13.- Currently no longer takes 99.- Does not remember or does not know |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf032\_2c2  \*V2 | Whole | 2 | 32.2c How often do you drink or have you had 4 or more glasses of any alcoholic beverage in a session? | 1.- Daily  2.- Almost daily (5 to 6 times a week)  3.- 3 to 4 times a week  4.- 1 to 2 times a week  5.- 2 to 3 times a month 6.- Once a month  7.- 7 to 11 times a year  8.- 3 to 6 times a year  9.- 2 times a year 10.- Once a year  11.- Less than once a year 12.- I have never done it  13.- Currently no longer takes 99.- Does not remember or does not know |
| gf032\_3 | Whole | 2 | 32.3 Considering all types of alcoholic beverages and thinking only about the last 30 days,  How many days did you drink any alcohol during the last 30 days? | 77= Currently no longer takes 88= Unresponsive  99= Don't know |
| gf032\_4 | Whole | 2 | 32.4 How many times during the last 30 days did you have 5 or more drinks on one occasion? | 98= Currently no longer takes 88= Not responding  99= Don't know |
| gf032\_5a | Whole | 2 | 32.5 How long has it been since your last consumption of any alcoholic beverage?, days | 99= Does not know or does not remember |
| gf032\_5b | Whole | 2 | 32.5 How long has it been since your last consumption of any alcoholic beverage?, Weeks | 99= Does not know or does not remember |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf032\_5c | Whole | 2 | 32.5 How long has it been since your last consumption of any alcoholic beverage?, Months | 99= Does not know or does not remember |
| gf032\_5d | Whole | 2 | 32.5 How long has it been since your last consumption of any alcoholic beverage?, Years | 99= Does not know or does not remember |
| GF033 | Whole | 2 | 33. When you were little, did you use mud dishes in your house? | 1= Yes  2= No  9= Don't know/ Don't remember |
| gf033\_1 | Whole | 2 | 33.1 When you were little,  How often did they use them? | 1= Less than once a month 2= 1-3 times a month  3= 1 times a week  4= 2-4 times a week 5-6 times a week 6= 1 times a week  7= 2 times a day  8= 3 times a day  9= Don't know/ Don't remember |
| GF034 | Whole | 2 | 34. Do you currently use clay dishes to prepare, serve, or store  foods? | 1= Yes  2= No  9= Don't know/ Don't remember |
| gf034\_1 | Whole | 2 | 34.1 How often do you use them to prepare, serve, or store food? | 1= Less than once a month 2= 1-3 times a month  3= 1 times a week  4= 2-4 times a week  5= 5-6 times a week  6= 1 times a day  7= 2 times a day  8= 3 times a day  9= Don't know/ Don't remember |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf034\_2 | Whole | 2 | 34.2 In the past week, how many days did you prepare, serve, or store food in glazed clay dishes at home? | 9= Don't know /Don't remember |
| gf034\_3 | Whole | 2 | 34.3 For how many years have you prepared, served or stored food in clay dishes at home?  glazing? | 77= Never  88= Always  99= Don't know/Don't remember |
| GF035 | Whole | 2 | 35. During the past month did you consume food prepared, stored, or served in glazed clay (consider restaurants, markets, or celebrations)? | 1= Yes  2= No  99= Don't know / Don't remember |
| gf035\_1 | Whole | 2 | 35.1 Did you consume food prepared, stored, or served in glazed mud in the past week (consider restaurants, markets, or celebrations)? | 1= Yes  2= No  9= Don't know/ Don't remember |
| gf036\_1a | Whole | 2 | 36.1 How often does your family buy food to prepare and consume at home and in the following types of stores?, Market | 1= Never  2= Less than once a month 3= 1 to 3 times a month  4= Every week  5= A few days a week 6= Daily |
| gf036\_1b | Whole | 2 | 36.1 How long does it take you to get to that store?, Market, Hours |  |
| gf036\_1c | Whole | 2 | 36.1 How long does it take you to get to that store?, Market, Minutes |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf036\_2a | Whole | 2 | 36.1 How often does your family buy food to prepare and consume at home and in the following types of stores?, tianguis or market on wheels | 1= Never  2= Less than once a month 3= 1 to 3 times a month  4= Every week  5= A few days a week  6= Daily |
| gf036\_2b | Whole | 2 | 36.2 How long does it take you to get to  that store?, Tianguis or market on wheels, Hours |  |
| gf036\_2c | Whole | 2 | 36.2 How long does it take you to get to  that store?, Tianguis or market on wheels, Minutes |  |
| gf036\_3a | Whole | 2 | 36.1 How often does your family buy food to prepare and consume at home and at the following types of stores? | 1= Never  2= Less than once a month 3= 1 to 3 times a month  4= Every week  5= A few days a week 6= Daily |
| gf036\_3b | Whole | 2 | 36.3 How long does it take you to get to  that store?, Grocery store Hours |  |
| gf036\_3c | Whole | 2 | 36.3 How long does it take you to get to that store?, Grocery store,  Minutes |  |
| gf036\_4a | Whole | 2 | 36.1 How often does your family buy food to prepare and consume at home and in the following types of stores?, Street vendors | 1= Never  2= Less than once a month 3= 1 to 3 times a month  4= Every week  5= A few days a week 6= Daily |
| gf036\_4b | Whole | 2 | 36.4 How long does it take you to get to  that store?, Street vendors, Hours |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf036\_4c | Whole | 2 | 36.4 How long does it take you to get to  that store?, Street vendors, Minutes |  |
| gf036\_5a | Whole | 2 | 36.1 How often does your family buy food to prepare and consume at home and in the following types of stores?, Supermarket (Aurrera, La Comer, Walmart, etc.) | 1= Never  2= Less than once a month 3= 1 to 3 times a month  4= Every week  5= A few days a week  6= Daily |
| gf036\_5b | Whole | 2 | 36.5 How long does it take you to get to that store?, Supermarket, Hours |  |
| gf036\_5c | Whole | 2 | 36.5 How long does it take you to get to that store?, Supermarket, Minutes |  |
| gf036\_6a | Whole | 2 | 36.1 How often does your family buy food to prepare and consume at home and in the following types of stores?, Convenience stores, Oxxo, seven eleven, extra | 1= Never  2= Less than once a month 3= 1 to 3 times a month  4= Every week  5= A few days a week 6= Daily |
| gf036\_6b | Whole | 2 | 36.6 How long does it take you to get to that store?, Stores  Convenience, Hours |  |
| gf036\_6c | Whole | 2 | 36.6 How long does it take you to get to that store?, Stores  Convenience, Minutes |  |
| gf036\_7a | Whole | 2 | 36.1 How often does your family buy food to prepare and consume at home and in the following types of stores?, Stores with membership, costco, sams | 1= Never  2= Less than once a month 3= 1 to 3 times a month  4= Every week  5= A few days a week 6= Daily |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf036\_7b | Whole | 2 | 36.7 How long does it take you to get to  that store?, Membership stores , Hours |  |
| gf036\_7c | Whole | 2 | 36.7 How long does it take you to get to  that store?, Stores with membership, Minutes |  |
| gf036\_8a | Whole | 2 | 36.1 How often does your family buy food to prepare and consume at home and in the following types of stores?, Diconsa | 1= Never  2= Less than once a month 3= 1 to 3 times a month  4= Every week  5= A few days a week 6= Daily |
| gf036\_8b | Whole | 2 | 36.8 How long does it take you to get to that store?, Diconsa, Hours |  |
| gf036\_8c | Whole | 2 | 36.8 How long does it take you to get to that store?, Diconsa, Minutes |  |
| gf036\_9a | Whole | 2 | 36.1 How often does your family buy food to prepare and consume at home and in the following types of stores?, Lechería Liconsa | 1= Never  2= Less than once a month 3= 1 to 3 times a month  4= Every week  5= A few days a week 6= Daily |
| gf036\_9b | Whole | 2 | 36.9 How long does it take you to get to that store?, Liconsa Dairy, Hours |  |
| gf036\_9c | Whole | 2 | 36.9 How long does it take you to get to  that store?, Lechería Liconsa, Minutos |  |
| gf036\_10 | Short text | 255 | 36.1 How often does your family buy food to prepare and consume at home and in the following types of stores?, Other (please specify) |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf036\_10a | Whole | 2 | 36.1 How often does your family buy food to prepare and consume at home and in the following types of stores? | 1= Never  2= Less than once a month 3= 1 to 3 times a month  4= Every week  5= A few days a week  6= Daily |
| gf036\_10b | Whole | 2 | 36.10 How long does it take you to get to that store?, Other (specify) Hours |  |
| gf036\_10c | Whole | 2 | 36.10 How long does it take you to get to  that store?, Other (please specify) Minutes |  |
| GF037 | Whole | 2 | 37. How often do you eat foods prepared outside the home (e.g ., restaurants, locherías, taquerías, budget kitchens, takeaway, cafeteria, bar)? | 1= Never  2= Less than once a month 3= 1 to 3 times a month  4= Every week  5= A few days a week 6= Once a day  7= Twice a day  8= More than twice a day |
| GF038 | Whole | 2 | 38. During the last 7 days,  How many days did you do vigorous physical activities such as heavy lifting, digging, aerobics, or pedaling fast in  bicycle? | 0= No vigorous physical activity  77= Not responded  99= Don't know or aren't sure |
| gf039\_a | Whole | 2 | 39. How long in total did it usually take you to do vigorous physical activities on one of those days you did them?  per day | 77= Not responded  99= Don't know or aren't sure |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf039\_b | Whole | 2 | 39. How long in total did it usually take you to do vigorous physical activities on one of those days you did them?  Minutes per day | 77= Not responded  99= Don't know or aren't sure |
| GF040 | Whole | 2 | 40. During the last 7 days,  How many days did you do moderate physical activities such as carrying light objects or riding a bike at a regular pace? Do not include hiking. | 0= No moderate physical activity  77= Not responded  99= Don't know or aren't sure |
| gf041\_a | Whole | 2 | 41. Usually, how much time do you spend on one of those days doing physical activities?  moderate?, hours per day | 77= Not responded  99= Don't know or aren't sure |
| gf041\_b | Whole | 2 | 41. Usually, how much time do you spend on one of those days doing physical activities?  moderate?, minutes per day | 77= Not responded  99= Don't know or aren't sure |
| GF042 | Whole | 2 | 42. During the last 7 days,  How many days did you walk for at least 10 continuous minutes? | 0= Did not walk  77= Not responded  99= Don't know or aren't sure |
| gf043\_a | Whole | 2 | 43. Usually, how much time did you spend on one of those days?  walking?, hours per day | 77= Not responded  99= Don't know or aren't sure |
| gf043\_b | Whole | 2 | 43. Usually, how long  You spent one of those days walking?, minutes per day | 77= Not responded  99= Don't know or aren't sure |
| gf044\_a | Whole | 2 | 44. During the last 7 days,  How long did you sit on a day of the week?  hours per day | 77= Not responded  99= Don't know or aren't sure |
| gf044\_b | Whole | 2 | 44. During the last 7 days,  How long did you sit on a day of the week, minutes per day | 77= Not responded  99= Don't know or aren't sure |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf045\_a | Short text | 5 | 45. During the last month: which one has  Is it usually your bedtime? (on weekdays ) |  |
| gf045\_a1 | Short text | 2 | 45. During the last month: what has been, usually your bedtime? (on weekdays),  AM/PM |  |
| gf045\_b | Short text | 5 | 45. During the last month: what has been, usually your bedtime? (on weekend day) |  |
| gf045\_b1 | Short text | 2 | 45. During the last month: what has been, usually your bedtime? (on weekend days),  AM/PM |  |
| gf046\_a | Whole | 2 | 46.How long has it taken to fall asleep, normally, the nights, of the last month? (on weekdays ) |  |
| gf046\_b | Whole | 2 | 46.How long has it taken to fall asleep, normally, the nights, of the last month? (on the day of the end of  week) |  |
| gf047\_a | Short text | 5 | 47. What time have you usually gotten up in the morning during the past month? (on the day of  week) |  |
| gf047\_a1 | Short text | 2 | 47. What time have you usually gotten up in the morning during the past month? (on the day of  week) AM/PM |  |
| gf047\_b | Short text | 5 | 47. What time have you usually gotten up in the morning during the past month? (on the day of the end  week ) |  |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf047\_b1 | Short text | 2 | 47. What time have you usually gotten up in the morning during the past month? (on the day of the end  week ) AM/PM |  |
| gf048\_a | Double | 8 | 48. How many hours do you estimate that you will have truly slept each night during the last month? (the time may be different from when you stay in bed) on weekdays |  |
| gf048\_b | Double | 8 | 48. How many hours do you estimate that you will have truly slept each night during the last month? (the time may be different than when you stay in bed) on a weekend day |  |
| GF049 | Whole | 2 | 49. During the last month, how would you assess, as a whole, the quality of your sleep? | 1= Pretty good  2= Good  3= Bad  4= Pretty bad |
| GF050 | Whole | 2 | 50. Considering all meals and snacks during a typical weekday. How many meals do you usually have in a day? |  |
| gf051\_a | Short text | 20 | 51.1 What time do you consume your first food or drink? (not counting water  simple) |  |
| gf051\_b | Short text | 20 | 51.2 What time do you eat? |  |
| gf051\_c | Short text | 20 | 51.3 What time do you eat the last food or drink before going to sleep? (not counting plain water) |  |
| gf051\_ra | Short text | 20 | 51.4r What time of day is your  Strongest food of the day? |  |

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| **VARIABLES MANUAL** |
| General Questionnaire V1 |
| E3G-V1-M (F0) |

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| **Variable** | **Guy** | **Size** | **Description** | **Values** |
| gf051\_rb | Short text | 20 | 51.4r What time of day is your  Strongest food of the day? |  |
| gf051\_rc | Short text | 20 | 51.4r What time of day is your  Strongest food of the day? |  |