



ID \_\_\_\_\_  
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF BIRTH:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**FORM# 1: Nutrition Questionnaire for Adolescent Girls ages 12 to 17 years old.**

**INSTRUCTIONS:**

1. Read along with the interviewer.
2. Please mark each square with an "X" like this:
3. If you do not understand a question, please raise your hand and someone will help you.
4. We will not share your answers with your parents, teachers or any other person. **Your answers are completely confidential.**

**PERSONAL INFORMATION:**

1. Participant's Initials: \_\_\_\_\_
2. How old are you? \_\_\_\_\_
3. Name of your community: \_\_\_\_\_

**INFORMATION OF THE HOUSEHOLD:**

4. How many adults (18 years or older) live in your household? Include relatives or family friends.  
\_\_\_\_\_
5. How many people (18 years or younger) live in your household? Include relatives or family friends.  
**Do not include yourself.**  
\_\_\_\_\_

**INFORMATION ABOUT SCHOOL/ EMPLOYMENT**

6. Do you attend school?  
 Yes 6.1  No 6.2 → **Skip to question #9**



ID \_\_\_\_\_  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Which school do you attend?

- Public School 7.1;  Private School 7.2;

Name of the school (public or private): \_\_\_\_\_ (6.3)

8. What grade are you in? **CIRCLE ONLY ONE.**

Elementary 8.1	→	1	2	3	4	5	6	(8.2)
Middle 8.3	→	1	2	3				(8.4)
High School 8.5	→	4	5	6				(8.6)

9. Do you help with family work like agriculture, ranching, or business?

- Yes 9.1

↓  
 ¿How many hours do you work a week? (9.2)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

- No 9.3

10. Do you currently have a job outside of home for which you receive money?

- Yes 10.1

↓  
 ¿How many hours do you work a week? (10.2)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

- No 10.3

11. What type of responsibilities do you have at home? **CHECK ALL THAT APPLY.**

- Making Masa 11.1  
 Cleaning 11.2  
 Cooking 11.3  
 Taking care of kids at home 11.4  
 Washing clothing 11.5  
 None 11.6  
 Other: \_\_\_\_\_ 11.7



ID \_\_\_\_\_  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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12. Who cooks the majority of the meals for your family? **CHECK ONLY ONE.**

- |                                 |      |  |      |
|---------------------------------|------|--|------|
| <input type="checkbox"/> Mom    | 12.1 | <input type="checkbox"/> Sister/Brother      | 12.4 |
| <input type="checkbox"/> Dad    | 12.2 | <input type="checkbox"/> Grandma/Grandpa     | 12.5 |
| <input type="checkbox"/> Myself | 12.3 | <input type="checkbox"/> Other person: _____ | 12.6 |

13. Does your mom have a job outside of home for which she receives a salary?

- Yes 13.1 → specify: \_\_\_\_\_ (13.2)
- No 13.3
- I do not have a mother 13.4

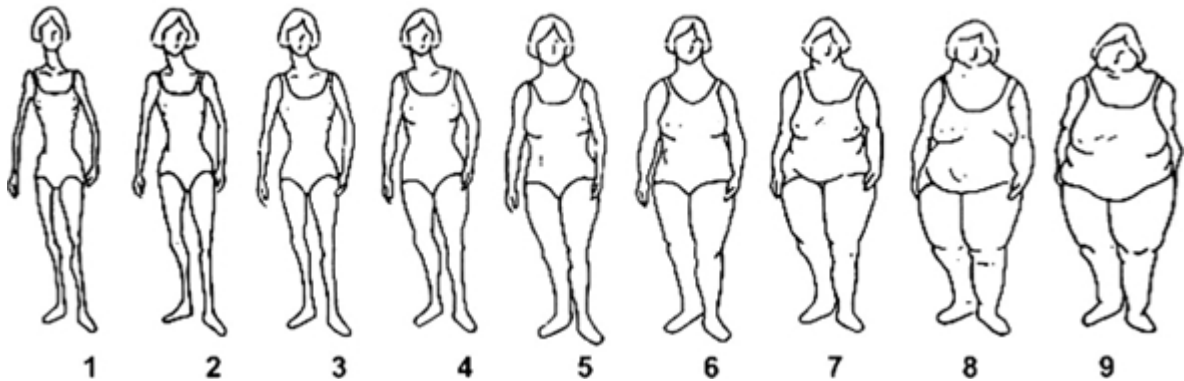
14. Does your dad have a job outside of home for which he receives a salary?

- Yes 14.1 → specify: \_\_\_\_\_ (14.2)
- No 14.3
- I do not have a father 14.4

15. How would you describe your mom? **CIRCLE THE NUMBER THAT CORRESPONDS WITH THE FIGURE.**

- I do not have a mother 15.1

**Women**



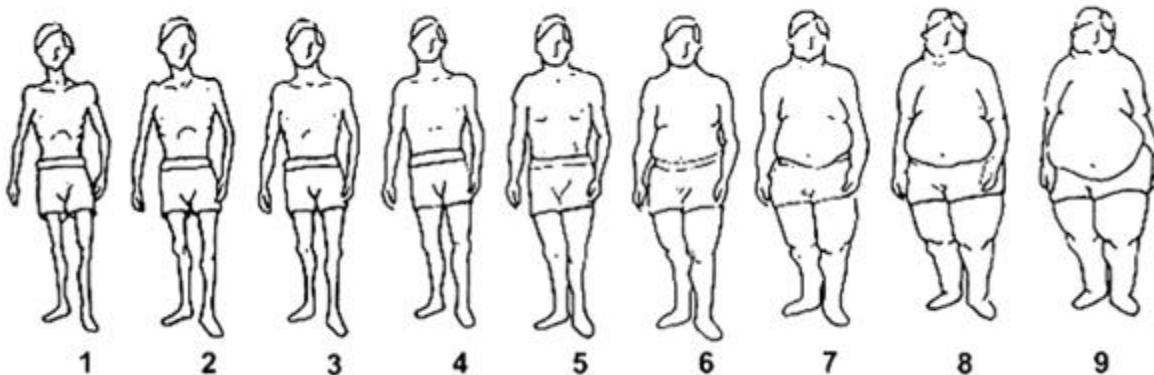


ID	_____
DATE:	___/___/___
DATE OF BIRTH:	___/___/___

16. How would you describe your dad? **CIRCLE THE NUMBER THAT CORRESPONDS WITH THE FIGURE.**

I do not have a father 16.1

**Men**



17. Do any of your family members have diabetes? **CHECK ALL THAT APPLY.**

- |  |  |
|--|--|
| <input type="checkbox"/> Dad 17.1            | <input type="checkbox"/> Grandma/Grandpa 17.5      |
| <input type="checkbox"/> Mom 17.2            | <input type="checkbox"/> Other: Specify _____ 17.6 |
| <input type="checkbox"/> Myself 17.3         | <input type="checkbox"/> I don't know 17.7         |
| <input type="checkbox"/> Sister/Brother 17.4 | <input type="checkbox"/> None 17.8                 |

18. Do any of your family members have high blood pressure? **CHECK ALL THAT APPLY**

- |  |   |
|--|---|
| <input type="checkbox"/> Father 18.1         | <input type="checkbox"/> Grandma/Grandpa 18.5       |
| <input type="checkbox"/> Mother 18.2         | <input type="checkbox"/> Other: Specify: _____ 18.6 |
| <input type="checkbox"/> Myself 18.3         | <input type="checkbox"/> I don't know 18.7          |
| <input type="checkbox"/> Sister/Brother 18.4 | <input type="checkbox"/> None 18.8                  |

**INFORMATION ABOUT ADOLESCENT DIET**

19. During the past 30 days, often did you eat breakfast?

- |   |      |
|---|------|
| <input type="checkbox"/> Never or rarely                | 19.1 |
| <input type="checkbox"/> Less than once a week          | 19.2 |
| <input type="checkbox"/> Approximately 1-2 times a week | 19.3 |
| <input type="checkbox"/> Approximately 3-4 times a week | 19.4 |
| <input type="checkbox"/> Close to 5-6 times a week      | 19.5 |
| <input type="checkbox"/> Everyday                       | 19.6 |



ID \_\_\_\_\_  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE OF BIRTH:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

**20. During the past 30 days,**

how often did you go hungry because there wasn't enough food in your home?

- Never or rarely 20.1
- Less than once a week 20.2
- Approximately 1-2 times a week 20.3
- Approximately 3-4 times a week 20.4
- Close to 5-6 times a week 20.5
- Every day 20.6

**21. How many servings of vegetables do you usually eat every day? One serving = 1/2 of a cup cooked vegetables or 1 cup of vegetable salad such as: carrots, lettuce, green leaf vegetables, tomato, cucumbers etc.**

- I do not eat vegetables 21.1
- Less than one serving 21.2
- 1 serving 21.3
- 2 servings 21.4
- 3 servings 21.5
- 4 servings 21.6
- 5 or more servings 21.7

**22. How many servings of fruits do you usually eat every day? One serving = 1 medium sized fruit or two small pieces of fruit or 1 cup of diced fruit**

- I do not eat fruits 22.1
- Less than one serving 22.2
- 1 serving 22.3
- 2 servings 22.4
- 3 servings 22.5
- 4 servings 22.6
- 5 or more servings 22.7

**23. Please indicate how often you usually eat the following foods.**

**CHECK WITH AN "X" THE ANSWER THAT CORRESPONDS. ONLY CHECK ONE QUESTION.**

	(a) Never or rarely	(b) 1-2 times per week	(c) 3-4 times per week	(d) 5-6 times per week	(e) 1 time a day	(f) 2 times a day



ID \_\_\_\_\_  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE OF BIRTH:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>23.1 Meat products</b>, tales como salchichas, chorizos, jamón, hamburguesas, hotdogs o piezas de pollo fritas, nuggets, camperitos</p>	_____	_____	_____	_____	_____	_____
	(a) Never or rarely	(b) 1-2 times per week	(c) 3-4 times per week	(d) 5-6 times per week	(e) 1 time a day	(f) 2 times a day
<p><b>23.2 Red Meat</b>, tales como carnes de res. Incluye bistec, asados, cocido. No incluye cerdo ni pollo.</p>	_____	_____	_____	_____	_____	_____
	(a) Never or rarely	(b) 1-2 times per week	(c) 3-4 times per week	(d) 5-6 times per week	(e) 1 time a day	(f) 2 times a day
<p><b>23.3 French Fries</b> incluyendo compradas en carretas, campero, pinulito, Taco Bell, champincitos o preparadas en casa</p>	_____	_____	_____	_____	_____	_____
	(a) Never or rarely	(b) 1-2 times per week	(c) 3-4 times per week	(d) 5-6 times per week	(e) 1 time a day	(f) 2 times a day



ID \_\_\_\_\_  
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF BIRTH:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>23.4 Chips or other salty snacks</b> tipo de alimento <i>salado</i> en bolsita como tortrix, cheeto, chips, yuquitas, tostadas, pastelitos de papa, plataninas, chicharrines, poffets</p>	_____	_____	_____	_____	_____	_____
	(a) Never or rarely	(b) 1-2 times per week	(c) 3-4 times per week	(d) 5-6 times per week	(e) 1 time a day	(f) 2 times a day
<p><b>23.5 Pastries</b>, tales como galletas, pan dulce, pasteles, donas, panqueques</p>	_____	_____	_____	_____	_____	_____
	(a) Never or rarely	(b) 1-2 times per week	(c) 3-4 times per week	(d) 5-6 times per week	(e) 1 time a day	(f) 2 times a day
<p><b>23.6 Candy</b> tales como dulces, paletas, cervecitas, chocolates, bombones, nucas</p>	_____	_____	_____	_____	_____	_____
	(a) Never or rarely	(b) 1-2 times per week	(c) 3-4 times per week	(d) 5-6 times per week	(e) 1 time a day	(f) 2 times a day
<p><b>23.7 Ice Cream</b> de crema o de hielo</p>	_____	_____	_____	_____	_____	_____



ID \_\_\_\_\_  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE OF BIRTH:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

**24. How often do you eat takeout meals like hamburgers or pizzas that you buy outside of home?**

- Never or rarely 24.1
- Less than once a week 24.2
- Approximately 1-2 times a week 24.3
- Approximately 3-4 times a week 24.4
- Close to 5-6 times a week 24.5
- Everyday 24.6

**25. How often do you eat dinner in front of the TV?**

- Never or rarely 25.1
- Less than once a week 25.2
- Approximately 1-2 times a week 25.3
- Approximately 3-4 times a week 25.4
- Close to 5-6 times a week 25.5
- Everyday 25.6

**26. Please indicate how many cups of the following drinks you usually consume.**

**CHECK WITH AN “X” THE ANSWER THAT CORRESPONDS. ONLY MARK ONE ANSWER FOR EACH QUESTION.**

	(a) 1 cup or less per week	(b) 2-4 cups per week	(c) 5-6 cups per week	(d) 1 cup per day	(e) 2 or more cups per day
<b>26.1 Fruit Juice</b> (una taza casera = un vaso de 250ml)	_____	_____	_____	_____	_____
	(a) 1 cup or less per week	(b) 2-4 cups per week	(c) 5-6 cups per week	(d) 1 cup per day	(e) 2 or more cups per day





ID \_\_\_\_\_  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE OF BIRTH:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>26.2 Water (Tap or bottled)</b></p> <p>(una taza casera = un vaso de 250ml., una botella de tamaño promedio = 2 ½ tazas)</p>	_____	_____	_____	_____	_____
	(a) 1 cup or less per week	(b) 2-4 cups per week	(c) 5-6 cups per week	(d) 1 cup per day	(e) 2 or more cups per day
<p><b>26.3 Soft Drinks, Soda, Sports Drinks</b> Pepsi, CocaCola, Gatorade, Bicola, riquitas, fruta fresca</p> <p>(1 vaso=250 ml; una lata = 1 ½ vasos)</p>	_____	_____	_____	_____	_____
	(a) 1 cup or less per week	(b) 2-4 cups per week	(c) 5-6 cups per week	(d) 1 cup per day	(e) 2 or more cups per day
<p><b>26.4 Diet soft drinks, Diet soda</b> Cocacola dieta, Coke Zero (1 vaso=250 ml; una lata = 1 ½ vasos)</p>	_____	_____	_____	_____	_____

27. How many times a week do you have energy drinks like: Raptor, Red Bull, AMP, Adrenalina or Monster?

- Never or rarely 27.1
- Less than once a week 27.2
- Approximately 1-2 times a week 27.3
- Approximately 3-4 times a week 27.4
- Close to 5-6 times a week 27.5
- Everyday 27.6



ID \_\_\_\_\_  
 DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE OF BIRTH:  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

**28. How often do you....**

**CHECK WITH AN “X” THE ANSWER THAT APPLY.**

	(a) Usually	(b) Sometimes	(c) Never or rarely
28.1 Have soft drinks instead of water or milk			
28.2 Have soft drinks available in your home			
28.3 Drink soft drinks with my meals at home			

29. What type of cooking oil or grease is used to cook meals at home?

- Vegetable oil 29.1       Pork Lard 29.3       I don't know 29.5  
 Margarine 29.2       Vegetable Butter 29.4

30. With how many teaspoons of sugar do you add to sweeten a drink or a cup of coffee?

- 1-2 teaspoons 30.1  
 3-4 teaspoons 30.2  
 5 or more teaspoons 30.3  
 I do not add sugar 30.4

31. Do you usually add salt to the food served at the table?

- Never or rarely 31.1  
 Sometimes 31.2  
 Frequently 31.3  
 Always 31.4  
 I do not add salt 31.5



ID \_\_\_\_\_  
DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DATE OF BIRTH:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PHYSICAL ACTIVITY

**32. During the last seven days, how many days were you physically active at least 60 minutes (1 hour) a day? ADD ALL THE TIME YOU SPEND DOING ANY TYPE OF PHYSICAL ACTIVITY IN ONE DAY.**

- 0 days            32.1
- 1 day             32.2
- 2 days            32.3
- 3 days            32.4
- 4 days            32.5
- 5 days            32.6
- 6 days            32.7
- 7 days            32.8

**33. During breaks at school, do you play games that require moderate or vigorous physical effort? A moderate or vigorous physical effort means activities that cause sweating, increased heart rate or breathing such as running, playing football, playing basketball or playing volleyball.**

- Yes                                  33.1
- No                                    33.2
- I cannot perform the activity    33.3
- It is not permitted to play during school breaks    33.4

**34. When you are not in school and during the weekends, do you usually participate in games that require physical activity or physical effort?**

- Yes            34.1
- No            34.2

**35. Do you think you should be more active or engage in more exercise?**

- Yes            35.1
- No            35.2

**36. How much time do you spend during a typical or normal day watching TV?**

How many hours? \_\_\_\_\_ hours a day

**37. How much time do you spend during a typical or normal day playing video games, using the Internet or social media (WhatsApp, Facebook, etc.) through a cell phone or a computer?**

How many hours? \_\_\_\_\_ hours a day



ID \_\_\_\_\_  
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DATE OF BIRTH:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**PERSONAL HEALTH**

38. With respect to your health, do you consider yourself a healthy person?

- Yes 38.1                                       No 38.2                                       I don't know 38.3

39. Do you know or have you been told that you have a health problem or receive treatment with medicines?

- Yes; 39.1 → Specify: a) \_\_\_\_\_ 39.2  
b) \_\_\_\_\_ 39.3  
 No 39.4  
 I don't know 39.5

40. In past 3 months, have you visited a doctor or a clinic?

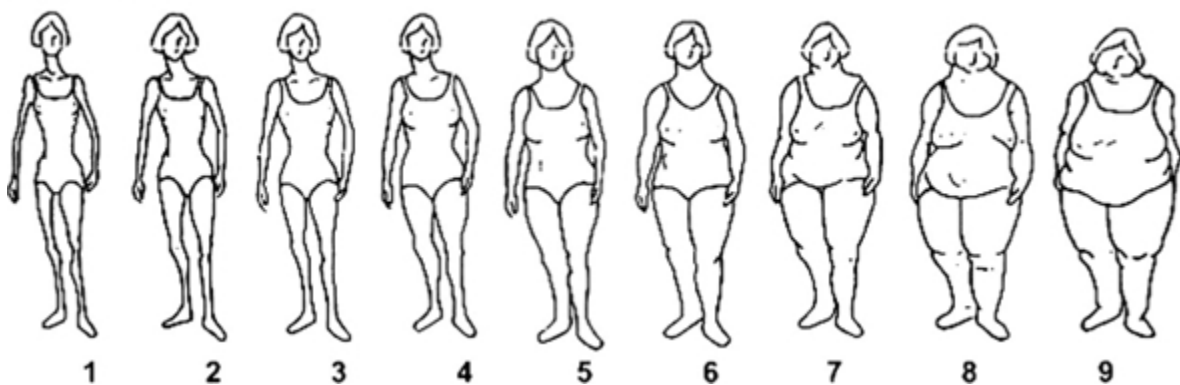
- Yes 40.1  
 No 40.2 →Skip to question #42  
 I don't know 40.3

41. Why did you visit the doctor or health post?

- Sickness 41.1  
 General check-up 41.2

42. How would you describe your weight? **CIRCLE THE NUMBER THAT CORRESPONDS WITH THE FIGURE.**

Women



43. With respect to the last question, do you think that...

- I need to lose weight 43.1  
 I need to gain weight 43.2  
 I do not need to lose or gain weight 43.3  
 I don't know 43.4

***You have finished! Thanks for participating!***



ID _____
DATE: ____/____/____
DATE OF BIRTH: ____/____/____

**End of the questionnaire:**

44. Person who directed the questionnaire: \_\_\_\_\_

45. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

46. Person who revised the questionnaire: \_\_\_\_\_

47. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

48. Person who processed the data: \_\_\_\_\_

49. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

50. Observations:

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ID	_____
DATE:	____/____/____
DATE OF BIRTH:	____/____/____

**FORM # 2: EVALUATION OF BIOMARKERS**

**Clinical Data / Body Measurements**

Height (cm, 0.1):

- 1. First: \_\_\_\_\_
- 2. Second: \_\_\_\_\_
- 3. Third if necessary: \_\_\_\_\_

Weight (kg, 0.1):

- 4. First \_\_\_\_\_
- 5. Second: \_\_\_\_\_
- 6. Third if necessary: \_\_\_\_\_
- 7. Body Mass Index (calculated, 0.1): \_\_\_\_\_ kg/m<sup>2</sup>

Waist Circumference (cm, 0.1):

- 8. First: \_\_\_\_\_
- 9. Second: \_\_\_\_\_
- 10. Third if necessary: \_\_\_\_\_

Hip Circumference (cm, 0.1):

- 11. First: \_\_\_\_\_
- 12. Second: \_\_\_\_\_
- 13. Third if necessary: \_\_\_\_\_

**Blood pressure (systolic / diastolic) (sitting position after 5 min rest)**

- 14. First: \_\_\_\_\_/\_\_\_\_\_ mmHg,      14.1 Pulse: \_\_\_\_\_
- 15. Second: \_\_\_\_\_/\_\_\_\_\_ mmHg      15.1 Pulse: \_\_\_\_\_
- 16. Third: \_\_\_\_\_/\_\_\_\_\_ mmHg;      16.1 Pulse: \_\_\_\_\_
- 17. If necessary: Fourth: \_\_\_\_\_/\_\_\_\_\_ mmHg      17.1 Pulse: \_\_\_\_\_

**Assessment of Acanthosis Nigricans: Areas of Evaluation:**

18. Neck

- Absent 18.1
- Yes → Present \_\_\_18.2 Mild \_\_\_18.3 Moderate\_\_\_18.4 Severe \_\_\_18.5

19. Elbow Crease

- Absent 19.1
- Yes → Present \_\_\_19.2 Mild \_\_\_19.3 Moderate\_\_\_19.4 Severe \_\_\_19.5

20. Armpit

- Absent 20.1
- Yes → Present \_\_\_20.2 Mild \_\_\_20.3 Moderate\_\_\_20.4 Severe \_\_\_20.5

21. Hand Knuckles

- Absent 21.1
- Yes → Present \_\_\_21.2 Mild \_\_\_21.3 Moderate\_\_\_21.4 Severe \_\_\_21.5

22. Observations: \_\_\_\_\_

**Instituto de Nutrición de  
Centro América y Panamá  
—INCAP—**



ID _____
DATE: ____/____/____
DATE OF BIRTH: ____/____/____

**Completion Form:**

23. Technician: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 23.1

24. Reviewer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 24.1

25. Person who processed the data: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 25.1