

## Demographic, Socioeconomic and Health Status Form

English version

Date of interview:		Participant's Number:	
<b>PARTICIPANT'S CHARACTERISTICS</b>			
<b>DEMOGRAPHICS</b>			
<b>1. Date of Birth:</b>			
<b>2. Marital Status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Cohabitant <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow		
<b>3. Children in charge</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Number of children:		
	Ages of children:		
<b>4. Educational Attainment</b>	<input type="checkbox"/> Elementary <input type="checkbox"/> Vocational <input type="checkbox"/> Master / PhD <input type="checkbox"/> High School <input type="checkbox"/> Higher Education <input type="checkbox"/> None		
<b>5. Level of Employment</b>	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		
	Current or past occupation:		
<b>6. Type of housing</b>	<input type="checkbox"/> House <input type="checkbox"/> Apartment		
	<input type="checkbox"/> Other:		
<b>7. Homeownership</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent		
	<input type="checkbox"/> Other:		
<b>8. Number of people that live at home:</b>			

<b>9. Head of household</b>	<input type="checkbox"/> Participant <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Parents in law <input type="checkbox"/> Parents of the participant <input type="checkbox"/> Son / daughter	
	<input type="checkbox"/> Other:	
<b>10. People that contribute economically at home</b>	<input type="checkbox"/> Participant <input type="checkbox"/> Parents in law <input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Parents of the participant <input type="checkbox"/> Son / daughter	
	<input type="checkbox"/> Other:	
<b>If the participant is not the head of household, please answer the following questions about the person who is the head of the household:</b>		
<b>11. Educational Attainment</b>	<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> Vocational <input type="checkbox"/> Higher Education <input type="checkbox"/> Graduate <input type="checkbox"/> None	
<b>12. Level of Employment</b>	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
	Current or past occupation:	
<b>13. Total income at home:</b>		

HEALTH RELATED INFORMATION	
<b>14. Health insurance</b>	<input type="checkbox"/> Public <input type="checkbox"/> Private
<b>15. Presence of Chronic Disease</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypercholesterolemia <input type="checkbox"/> Hypertriglyceridemia
	<input type="checkbox"/> Other:
PHYSICAL ACTIVITY	
During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. What type of physical activity or exercise did you spend the most time doing during the past month?  ANSWER:	