

Supplement 1. PPS Survey Template (English)

Demographic Questions

1. Gender
 - a. male
 - b. female
2. Age:
3. Do you have a partner, sibling, or child in the U.S.A?
4. Height in cm
 - a. Weight in kg
 - b. BMI
 - c. Blood Glucose
5. Are you pregnant or have a baby less than a year of age?
 - a. Yes
 - b. No

Soda Tax Outcomes Questions

6. During the last week how many packages of junk (processed) food did you eat?
 - a. 0-1
 - b. 2-3
 - c. 4-5
 - d. 6-7
7. On a typical day how many tortillas do you eat?
 - a. 0-5
 - b. 6-10
 - c. 11-20
 - d. 21-30
 - e. >30
8. On a typical day how many glasses of soda do you drink?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. >4
9. On a typical day, how many glasses of water do you drink?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. >4
10. On a typical day how many glasses of flavored water do you drink?
 - a. 0
 - b. 1
 - c. 2
 - d. 3
 - e. 4
 - f. >4

11. On a typical day how many minutes do you walk or perform any physical activity?
- 0-14
 - 15-29
 - 30-44
 - 45-60
 - more than an hour

Women's Health Questions

12. Which contraceptive method did you last use? For women aged 14-45.
- Oral contraceptive pills
 - Rhythm method
 - I have never used
 - IUD
 - Tubal ligation
 - Condoms
13. If you are not using contraception, why not?
- My partner does not live close by
 - I do not have a partner
 - I want to get pregnant
 - I am unable to get pregnant
 - My partner had a vasectomy
 - I do not like chemicals
 - I am not sexually active
14. When was your last Papanicolaou?
- Less than a year
 - Between 1-3 years
 - Between 3-5 years
 - More than 5 years
 - Never
15. When was your last mammogram?
- Less than a year
 - Between 1-3 years
 - Between 3-5 years
 - More than 5 years
 - Never
16. Do you have children?
- Yes
 - No
17. Have you ever had a delivery by Caesarian section?
- Yes
 - No

Diabetic Complications Questions

18. Do your feet itch or have cracks?
- Yes
 - No
19. How do you care for your feet? (May choose more than one)
- Do you change socks when your feet are wet?
 - Do you wash your feet daily
 - Do you go barefoot in your home?
 - Do you always wear shoes or slippers in the home?

20. What treatments do you use if your feet are itchy, peeling or have cracks? (May choose more than one)
- a. Creams (name?)
 - b. Herbs or home remedies (name?)
 - c. Chemicals (name?)
 - d. Nothing (name?)
21. Have you ever been to the clinic for a foot problem?
- a. Yes
 - b. No