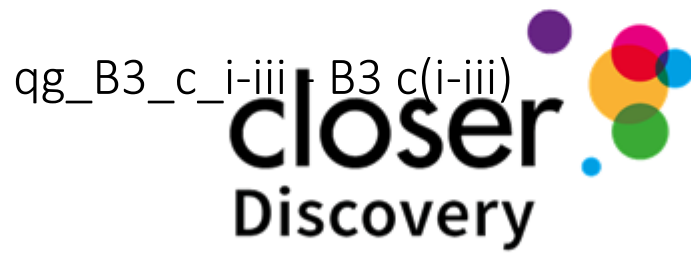


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Table of Contents

qg_B3_c_i-iii - B3 c(i-iii)	3
Code List Dimension	3
Code List Dimension	3
Responses	3

qg_B3_c_i-iii - B3 c(i-iii)

B3 c(i-iii)

Please describe below any vitamins, minerals such as iron or calcium or other supplements taken for your health in the past month and indicate how often you used them. Oil supplements

Code List Dimension

1	1
2	2
3	3

Code List Dimension

1	-
2	-

Responses

1	Every day
2	Most days
3	About 1-2 times a week
4	Less than once a week
5	Not at all

Type

Text

Label

Generic text

Maximum Length

255

1	Every day
2	Most days
3	About 1-2 times a week
4	Less than once a week
5	Not at all

Type

Text

Label

Generic text

Maximum Length

255