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qg_B3_b_i-iii - B3 b(i-iii)

B3 b(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. Mineral 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