

Predicovid (children participants)- Permanent questionnaire

1. How many people live in the same household as you?
 - Number of adults (more than 18 years old)
 - Number of adolescents (between 14 and 18 years old)
 - Number of children (less than 13 years old)

2. What is your school year?

Primary school: [*_] Cycle 3: (class 3-4) [*_] Cycle 4: (class 5-6)

Secondary school: [*_] Technical [*_] Classical

Class : [*_] 7 [*_] 6 [*_] 5 [*_] 4 [*_] 3 [*_] 2 [*_] 1

Physical activities

By physical activity we mean all activities that make your heart beat faster and make you feel short of breath. Sport is one of them, as is letting off steam with friends or walking to school.

Some examples of physical activity are running, fast walking, rollerblading, cycling, dancing, skateboarding, swimming, soccer, basketball, soccer, surfing, etc.

For the following questions, please calculate the total time you spend each day on such activities.

3. Did you practice intense physical activity during the 10 days preceding the first symptoms related to Covid-19? If yes which one?
4. By answering the following questions, please describe your usual practice of physical activity over the past year, that is, the one you usually did before the first symptoms related to Covid-19. How many hours did you spend on average per week:

Food questionnaire

8. Before the first symptoms related to Covid19, how often did you usually consume the following foods or drinks, regardless of how they were stored (fresh, canned or frozen), when they were consumed (meal or non-meal) and where (home or away from home)?

Foods	Almost never	Less than once a week	About once a week	2 to 3 times a week	4 to 6 times a week	Once a day or more. In this case, how many times or units per day
Fruits and vegetables						--/day
Breads, cereals, potatoes and legumes						--/day
Complete products						--/day
Milk & dairy products						--/day
Transformed meat and delicatessen						--/day
Meats, poultry, seafood, eggs						--/day
Added fat						--/day
Fat type						
Sweet products						--/day
Soft drinks						--/day
Alcoholic beverages						--/day
Salt						

9. At what age did you first do the following things?

Check only one box per line. If there's something you've never done, check the "never" box.

1	Drink alcohol (more than a sip))	Never	yes, I was ...years old
2	Be drunk	Never	yes, I was ...years old
3	Smoke a cigarette (more than a puff)	Never	yes, I was ...years old

10. Tobacco

- Just before your diagnosis of COVID-19 infection, did you smoke tobacco?

- Everyday
- Less than once a day
- Not at all
- Don't know

If "Less than once a day"

- In the past, did you used to smoke tobacco every day ? (Yes/No/Don't know)

If "Not at all"

- In the past, did you used to smoke:
 - Everyday
 - Less than once a day
 - Not at all
 - Don't know

11. How often do you currently consume alcoholic beverages such as beer or wine? Try to include even the times when you only drink a small amount. Check only one box per line

	1)	2)	3)	4)	5)
	<i>Everyday</i>	<i>Every week</i>	<i>Every month</i>	<i>Almost never</i>	<i>Never</i>
1. Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Spirits / Liqueurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>