

Predicovid (adult participants)- Permanent questionnaire

- Height (cm)
- Blood type / Rhesus
- Wearing glasses ?
- Owner status of the housing
- Housing surface
- Household composition (Number of adults, adolescents and children)
- Annual household income
- Highest level of education
- Currently exercising a professional activity? Yes/no
 - If no, why? (early retirement, retirement, unemployment, disability, other)
- Current or last exercised job?

Current treatments (except treatments for Covid-19)

1. Do you usually take medication (at least 3 times a week):
 - a. for cholesterol
 - b. for diabetes
 - c. for hypertension
 - d. for pain or inflammation
 - e. stomach acidity or reflux
 - f. to thin the blood (including low-dose aspirin)to sleep
 - g. against anxiety
2. Asthma (Yes/no)
3. Number of different drugs taken at least 3 times a week before the onset of Covid-19 symptoms

Tobacco

- Do you currently smoke?
 - 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

Physical activity

- Had you practiced intense physical activity during the 10 days before the first symptoms Covid19?
- When answering the following questions, please describe your usual practice of physical activity over the past year, namely the one you usually did before the first symptoms of Covid19. This year, how many hours did you spend on average per week: (indicate the number of full hours on average, Ex. None = 0, 2h15 = 2, 2h30 = 3)

Physical activity	In winter	In summer
To walking (including going to work, shopping, for your leisure ...)	-- h	-- h
To cycling (including to go to work, for your leisure ...)	-- h	-- h
To gardening and/or handiwork	-- h	-- h
To household chores (cooking, cleaning, ...)	-- h	-- h
To sport (swimming, gymnastics, tennis, etc)	-- h	-- h

- On average, before the first symptoms related to Covid19, how many hours per day did you sit (at work, during meals, in front of a screen, to read etc.) -- h

Food questionnaire

- 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						

- Before the first symptoms related to Covid19, were you regularly taking food supplements or vitamins rich in :
 - Vitamin D
 - Vitamin C
 - Zinc
 - Iron
 - Magnesium
 - Multivitamins
 - Other