

# MATAEA

## CASE REPORT FORM

Survey information			
	Question	Answer	Code
#1	Home ID	_____	id_foyer
#2	City ID	_____	I1
#3	City name	_____	I2
#4	Interviewer ID	_____	I3
#5	Date of interview	<div> <div>__</div> <div>__</div> <div>Day</div> <div>__</div> <div>__</div> <div>Month</div> <div>__</div> <div>__</div> <div>Year</div> </div>	I4
#6	Interview language	<div> <div>French</div> <div>1</div> </div> <div> <div>Tahitian</div> <div>2</div> </div>	I6
#7	Time of interview (24 hour clock)	<div> <div>__</div> <div>:</div> <div>__</div> <div>hr</div> <div>min</div> </div>	I7
#8	Consent has been read and obtained	<div> <div>Yes</div> <div>1</div> </div> <div> <div>No</div> <div>2 if NO, END</div> </div>	I5

Demographic Information			
	Question	Answer	Code
#9	Sex	Male 1 Female 2	C1
#10	What is your date of birth?  <i>Don't Know 77 77 7777</i>	<div> <div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div>Day</div> <div>Month</div> <div>Year</div> <div>If Known, Go to C4</div> </div>	C2
#11	How old are you?	Years = =	C3
#12	In total, how many years have you spent at school and in full-time study (excluding pre-school)?	Years = =	C4
#13	What is the highest level of education you have completed?	No formal schooling 1 Less than primary school 2 Primary school completed 3 Secondary school completed 4 High school completed 5 College/University completed 6 Post graduate degree 7 Don't want to answer 88	C5
#14	Where were you born?	<i>French Polynesia</i> 987 <i>France (except French Polynesia)</i> 1 Other 2 Don't know 77 Don't want to answer 88	X1
#15	What is your ethnic group background?	Polynesian 1 Caucasian 2 Asian 3 Mixed 4 Other 5 Don't know 77 Don't want to answer 88	C6
		Other (please specify): .....	C6other
#16	What is your marital status?	Never married 1 Currently married 2 Separated 3 Divorced 4 Widowed 5 Cohabiting 6 Don't want to answer 88	C7
#17	Which of the following best describes your main work status over the past 12 months?  <i>(USE SHOWCARD)</i>	Government employee 1 No-government employee 2 Self-employed 3 No-paid 4 Student 5 Homemaker 6 Retired 7 Unemployed (able to work) 8 Unemployed (unable to work) 9 Don't want to answer 88	C8

#18	How many people older than 18 years, including yourself, live in your household?	Number of people    —    —	C9
#19	How many people, including yourself, live in your household?	Number of people    —    —	Taille_oyer

Family history			
	Question	Answer	Code
#20	Place of birth	In French Polynesia    1 Outside of French Polynesia    2	Lieu_naiss
#21	If you were not born in French Polynesia, for how many years have you lived in French Polynesia?	Years    —    — Don't want to answer    88	Duree_poly nesie
#22	Place of birth of both parents <i>Don't know 77</i> <i>Don't want to answer 88</i>	Mother    .....  Father    .....	Naiss_mere  Naiss_pere
#23	Birth place of the four grandparents <i>Don't know 77</i> <i>Don't want to answer 88</i>	Paternal grandfather    .....  Paternal grandmother    .....  Maternal grandfather    .....  Maternal grandmother    .....	Naiss_gpp  Naiss_gmp  Naiss_gpm  Naiss_gmm
#24	Native language	French    1 Tahitian    2 English    3 Spanish    4 Other    5	Langue_mat
		Other (please specify) :    .....	Langue_mat _other

Tobacco use			
	Question	Answer	Code
#25	Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes? (USE SHOWCARD)	Yes 1 No 2 If No, go to T8	T1
#26	Do you currently smoke tobacco products daily?	Yes 1 No 2	T2
#27	How old were you when you first started smoking?	Age (Years) __ __ If Known, go to T5a/T5aw Don't know 77	T3
#28	Do you remember how long ago it was? (RECORD ONLY 1, NOT ALL 3)	In Years __ __ If Known, go to T5a/T5aw	T4a
	OR in Months __ __ If Known, go to T5a/T5aw	T4b	
	OR in Weeks __ __ Don't know 77	T4c	
#29	On average, how many of the following products do you smoke each day/week?  (IF LESS THAN DAILY, RECORD WEEKLY)  (RECORD FOR EACH TYPE, USE SHOWCARD)  Don't know 7777	DAILY↓ WEEKLY↓	
		Manufactured cigarettes _____	T5a/T5aw
		Hand-rolled cigarettes _____	T5b/T5bw
		Other _____ If Other, go to T5other, else go to T6	T5f/T5fw
		Other (please specify) : _____	T5other/T5otherw
#30	During the past 12 months, have you tried to stop smoking?	Yes 1 No 2	T6
#31	During any visit to a doctor or other health worker in the past 12 months, were you advised to quit smoking tobacco?	Yes 1 If T2=Yes, go to T17; if T2=No, go to T9 No 2 If T2=Yes, go to T17; if T2=No, go to T9 No visit during the past 12 months 3 If T2=Yes, go to T17; if T2=No, go to T9	T7
#32	In the past, did you ever smoke any tobacco products? (USE SHOWCARD)	Yes 1 If Yes, go to T10 No 2 If No, go to T17	T8
#33	In the past, did you ever smoke daily?	Yes 1 No 2	T9
#34	During the past 30 days, did someone smoke in your home?	Yes 1 No 2	T17
#35	During the past 30 days, did someone smoke in closed areas in your workplace (in the building, in a work area or a specific office)?	Yes 1 No 2 Don't work in a closed area 3	T18

Cannabis use			
	Question	Answer	Code
#36	Have you ever smoked cannabis?	Yes 1 No 2 <i>If No or Don't want to answer, go to A1</i> Don't know 77 Don't want to answer 88	X2
#37	How old were you when you first started smoking cannabis? (USE SHOWCARD)	— — Don't know 77 Don't want to answer 88	X3
#38	Have you smoked cannabis within the past 12 months?	Yes 1 No 2 <i>If No or Don't want to answer, go to A1</i> Don't know 77 Don't want to answer 88	X4
#39	During the past 12 months, how frequently have you smoked cannabis?	5-7 days per week 1 2-4 days per week 2 1 day pre week 3 1-3 days per month 4 Less than once a month 5 Don't know 77 Don't want to answer 88	X5
#40	How old were you when you first started smoking cannabis at least once a week?  (USE SHOWCARD)	— — Never 99 Don't know 77 Don't want to answer 88	X6
#41	When you smoke cannabis, do you drink alcohol at the same time?	Never 1 Sometimes 2 Often 3 Always 4 Don't know 77 Don't want to answer 88	X7

Alcohol Consumption			
	Question	Answer	Code
#42	Have you ever consumed an alcoholic beverage such as beer, wine, liqueur, cider, whiskey, rum or champagne? (USE SHOWCARD)	Yes 1 No 2 If No, go to D1	A1
#43	Have you consumed any alcohol within the past 12 months?	Yes 1 If Yes, go to A4 No 2	A2
#44	Have you stopped drinking due to health reasons, such as a negative impact on your health or on the advice of your doctor or other health worker?	Yes 1 If Yes, go to A16 No 2 If No, go to A16	A3
#45	During the past 12 months, how frequently have you had at least one standard alcoholic drink? (USE SHOWCARD)	Daily 1 5-6 days per week 2 3-4 days per week 3 1-2 days per week 4 1-3 days per month 5 Less than once a month 6 Never 7	A4
#46	Have you consumed any alcohol within the past 30 days?	Yes 1 No 2 If No, go to A16	A5
#47	During the past 30 days, on how many occasions did you have at least one standard alcoholic drink?	Number — — If zero, go to A16 Don't know 77	A6
#48	During the past 30 days, when you drank alcohol, how many standard drinks on average did you have during one drinking occasion? (USE SHOWCARD)	Number — — Don't know 77	A7
#49	During the past 30 days, what was the largest number of standard drinks you had on a single occasion, counting all types of alcoholic drinks together?	Largest number — — Don't know 77	A8
#50	During the past 30 days, how many times did you have six or more standard drinks in a single drinking occasion?	Number of times — — Don't know 77	A9
#51	During each of the past 7 days, how many standard drinks did you have each day? (USE SHOWCARD)  Don't know 77	Monday — —	A10a
		Tuesday — —	A10b
		Wednesday — —	A10c
		Thursday — —	A10d
		Friday — —	A10e
		Saturday — —	A10f
		Sunday — —	A10g
#52	During the past 12 months, have you had family problems or problems with your partner due to your personal drinking behavior?	Yes, more than monthly 1 Yes, monthly 2 Yes, several times but less than monthly 3 monthly 4	A16

		Yes, once or twice 5 No	
<b>Diet</b>			
	<b>Question</b>	<b>Answer</b>	<b>Code</b>
#53	In a typical week, on how many days do you eat fruit? (USE SHOWCARD)	Number of days — — Don't know 77	D1
#54	How many servings of fruit do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know — — 77	D2
#55	What is the main reason why you don't eat more fruit? (SELECT ONLY ONE)	My consumption seems sufficient 1 Price 2 Supply difficulties 3 Constraining preparation 4 Presence of pesticides 5 Lack of fruit trees 6 I don't like fruits 7 Other 8	X8
		Other (please, specify) : .....	X8other
#56	In a typical week, on how many days do you eat vegetables? (USE SHOWCARD)	Number of days — — Don't know 77	D3
#57	How many servings of vegetables do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know — — 77	D4
#58	What is the main reason why you don't eat more vegetables? (SELECT ONLY ONE)	My consumption seems sufficient 1 Price 2 Supply difficulties 3 Constraining preparation 4 Presence of pesticides 5 Lack of vegetable patch 6 I don't like vegetables 7 Other 8	X9
		Other (please, specify) : .....	X9other
#59	In a typical week, on how many days do you eat meat? (USE SHOWCARD)	Number of days — — Don't know 77	Alim14
#60	How many servings of meat do you eat on one of those days? (USE SHOWCARD)	Number of servings Don't know — — 77	Alim15

#61	<p>What is the main reason why you don't eat more meat?</p> <p>(SELECT ONLY ONE)</p>	<p>Price 1</p> <p>Supply difficulties 2</p> <p>Constraining preparation 3</p> <p>Presence of antibiotics 4</p> <p>I don't like meat 5</p> <p>Other 6</p> <p>Don't know 77</p> <p>Don't want to answer 88</p> <p>Other (please, specify) .....</p>	<p>Alim16</p> <p>Alim16other</p>
#62	<p>In a typical week, on how many days do you eat fish?</p> <p>(USE SHOWCARD)</p>	<p>Number of days —</p> <p>Don't know 77</p>	Alim17
#63	<p>How many servings of fish do you eat on one of those days? (USE SHOWCARD)</p>	<p>Number of servings —</p> <p>Don't know 77</p>	Alim18
#64	<p>What is the main reason why you don't eat more fish?</p> <p>(SELECT ONLY ONE)</p>	<p>Price 1</p> <p>Supply difficulties 2</p> <p>Constraining preparation 3</p> <p>Presence of pesticides 4</p> <p>I don't like fish 5</p> <p>Other 6</p> <p>Don't know 77</p> <p>Don't want to answer 88</p> <p>Other (please, specify) : .....</p>	<p>Alim19</p> <p>Alim19other</p>
#65	<p>How often do you add salt or a salty sauce such as soy sauce to your food right before you eat it or as you are eating it?</p> <p>(SELECT ONLY ONE)</p> <p>(USE SHOWCARD)</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	D5
#66	<p>How often is salt, salty seasoning or a salty sauce added in cooking or preparing foods in your household?</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	D6
#67	<p>How often do you eat processed food high in salt? By processed food high in salt, I mean foods that have been altered from their natural state, such as packaged salty snacks, canned salty food including pickles and preserves, salty food prepared at a fast food restaurant, cheese, bacon and processed meat. (USE SHOWCARD)</p>	<p>Always 1</p> <p>Often 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know 77</p>	D7
#68	<p>How much salt or salty sauce do you think you consume?</p>	<p>Far too much 1</p> <p>Too much 2</p> <p>Just the right amount 3</p> <p>Too little 4</p> <p>Far too little 5</p> <p>Don't know 77</p>	D8
#69	<p>Do you think that too much salt or salty sauce in your diet could cause a health problem?</p>	<p>Yes 1</p> <p>No 2</p> <p>Don't know 77</p>	D10



Do you do any of the following on a regular basis to control your salt intake? (RECORD FOR EACH)			
#70	Limit consumption of processed foods	Yes 1 No 2	D11a
#71	Look at the salt or sodium content on food labels	Yes 1 No 2	D11b
#72	Use spices other than salt when cooking	Yes 1 No 2	D11d
#73	Avoid eating foods prepared outside of a home	Yes 1 No 2	D11e
#74	In the past 30 days, how often have you consumed sugary drinks such as sodas, coke, syrups or juice?  (USE SHOWCARD)	5 to 7 days a week 1 2 to 4 days a week 2 1 day a week 3 1 to 3 days per month 4 Less than one day per month 5 Don't know 77 Don't want to answer 88 If Don't want to answer, go to X13	X10
#75	How many drinks do you have on average on one of these days?  (USE SHOWCARD)	Number of drinks Don't know — Don't want to answer 77 88	X11
#76	When do you usually drink these sugary drinks? By meal, we mean breakfast, lunch and dinner  (USE SHOWCARD)	During meals 1 Between meals 2 During and between meals 3 Don't know 77 Don't want to answer 88	X12
#77	How often do you eat foods such as crisps, potato chips, spring rolls, ice cream, pastries, candies, cakes, chocolate, fast food, etc.  (USE SHOWCARD)	5 to 7 days a week 1 2 to 4 days a week 2 1 day a week 3 1 to 3 days per month 4 Less than one day per month 5 Don't know 77 Don't want to answer 88	X13

Physical activities			
	Question	Answer	Code
#78	Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like <i>[carrying or lifting heavy loads, digging or construction work]</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P4	P1
#79	In a typical week, on how many days do you do vigorous-intensity activities as part of your work?	Number of days ____	P2
#80	How much time do you spend doing vigorous-intensity activities at work on a typical day?	Hours : minutes ____ : ____	P3 (a-b)
#81	Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking <i>[or carrying light loads]</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P7	P4
#82	In a typical week, on how many days do you do moderate-intensity activities as part of your work?	Number of days ____	P5
#83	How much time do you spend doing moderate-intensity activities at work on a typical day?	Hours : minutes ____ : ____	P6 (a-b)
#84	Do you walk or use a bicycle ( <i>pedal cycle</i> ) for at least 10 minutes continuously to get to and from places?	Yes 1 No 2 If No, go to P10	P7
#85	In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?	Number of days ____	P8
#86	How much time do you spend walking or bicycling for travel on a typical day?	Hours : minutes ____ : ____	P9 (a-b)
#87	Do you do any vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause large increases in breathing or heart rate like <i>[running or football]</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2 If No, go to P13	P10
#88	In a typical week, on how many days do you do vigorous-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days ____	P11
#89	How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?	Hours : minutes ____ : ____	P12 (a-b)
#90	Do you do any moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities that cause a small increase in breathing or heart rate such as brisk walking, <i>[cycling, swimming and volleyball]</i> for at least 10 minutes continuously? (USE SHOWCARD)	Yes 1 No 2	P13
#91	In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities?	Number of days ____	P14
#92	How much time do you spend doing moderate-intensity sports, fitness or recreational ( <i>leisure</i> ) activities on a typical day?	Hours : minutes ____ : ____	P15 (a-b)
#93	How much time do you usually spend sitting or reclining on a typical day?	Hours : minutes ____ : ____	P16 (a-b)

Quality of life (SF-12)			
	Question	Answer	Code
#94	In general, would you say your health is:	Excellent 1 Very good 2 Good 3 Fair 4 Poor 5	X14
The following two questions are about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT YOU in these activities? If so, how much?			
#95	Moderate activities, such as moving a table, pushing a vacuum cleaner or bowling	Yes, limited a lot 1 Yes, limited a little 2 No, not limited at all 3	X15
#96	Climbing several flights of stairs	Yes, limited a lot 1 Yes, limited a little 2 No, not limited at all 3	X16
During the PAST 4 WEEKS, were you limited in the kind of work you do or other regular activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?			
#97	ACCOMPLISHED LESS than you would like	All of the Time 1 Most of the Time 2 Some of the Time 3 A Little of the Time 4 None of the Time 5	X17
#98	Didn't do work or other activities as CAREFULLY as usual	All of the Time 1 Most of the Time 2 Some of the Time 3 A Little of the Time 4 None of the Time 5	X18
During the PAST 4 WEEKS have you had any of the following problems with your work or other regular activities AS A RESULT OF YOUR PHYSICAL HEALTH?			
#99	ACCOMPLISHED LESS than you would like	All of the Time 1 Most of the Time 2 Some of the Time 3 A Little of the Time 4 None of the Time 5	X19
#100	Were limited in the KIND of work or other activities	All of the Time 1 Most of the Time 2 Some of the Time 3 A Little of the Time 4 None of the Time 5	X20
#101	During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)?	Not At All 1 A Little Bit 2 Moderately 3 Quite A Bit 4 Extremely 5	X21
The next three questions are about how you feel and how things have been DURING THE PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST 4 WEEKS –			
#102	Have you felt calm and peaceful?	All of the Time 1 Most of the Time 2 Some of the Time 3 A Little of the Time 4 None of the Time 5	X22
#103	Did you have a lot of energy?	All of the Time 1 Most of the Time 2 Some of the Time 3 A Little of the Time 4 None of the Time 5	X23

#104	Have you felt downhearted and blue?	All of the Time 1 Most of the Time 2 Some of the Time 3 A Little of the Time 4 None of the Time 5	X24
#105	During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting with friends, relatives, etc.)?	All of the Time 1 Most of the Time 2 Some of the Time 3 A Little of the Time 4 None of the Time 5	X25

History of Raised Blood Pressure			
	Question	Answer	Code
#106	Have you ever had your blood pressure measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H6</i>	H1
#107	Have you ever been told by a doctor or other health worker that you have raised blood pressure or hypertension?	Yes 1 No 2 <i>If No, H6</i>	H2a
#108	Were you first told in the past 12 months?	Yes 1 No 2	H2b
#109	In the past two weeks, have you taken any drugs (medication) for raised blood pressure prescribed by a doctor or other health worker?	Yes 1 No 2	H3
#110	Have you ever seen a traditional healer for raised blood pressure or hypertension?	Yes 1 No 2	H4
#111	Are you currently taking any herbal or traditional remedy for your raised blood pressure?	Yes 1 No 2	H5

History of Diabetes			
	Question	Answer	Code
#112	Have you ever had your blood sugar measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H12</i>	H6
#113	Have you ever been told by a doctor or other health worker that you have raised blood sugar or diabetes?	Yes 1 No 2 <i>If No, go to H12</i>	H7a
#114	Were you first told in the past 12 months?	Yes 1 No 2	H7b
#115	In the past two weeks, have you taken any drugs (medication) for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H8
#116	Are you currently taking insulin for diabetes prescribed by a doctor or other health worker?	Yes 1 No 2	H9
#117	Have you ever seen a traditional healer for diabetes or raised blood sugar?	Yes 1 No 2	H10
#118	Are you currently taking any herbal or traditional remedy for your diabetes?	Yes 1 No 2	H11

History of Raised Total Cholesterol			
	Question	Answer	Code
#119	Have you ever had your cholesterol (fat levels in your blood) measured by a doctor or other health worker?	Yes 1 No 2 <i>If No, go to H17</i>	H12
#120	Have you ever been told by a doctor or other health worker that you have raised cholesterol?	Yes 1 No 2 <i>If No, go to H17</i>	H13a
#121	Were you first told in the past 12 months?	Yes 1 No 2	H13b
#122	In the past two weeks, have you taken any oral treatment (medication) for raised total cholesterol prescribed by a doctor or other health worker??	Yes 1 No 2	H14
#123	Have you ever seen a traditional healer for raised cholesterol?	Yes 1 No 2	H15
#124	Are you currently taking any herbal or traditional remedy for your raised cholesterol?	Yes 1 No 2	H16

History of Cardiovascular Diseases			
	Question	Answer	Code
#125	Have you ever had a heart attack or chest pain from heart disease (angina) or a stroke (cerebrovascular accident or incident)?	Yes 1 No 2	H17

Lifestyle Advice			
	Question	Answer	Code
#126	During the past 12 months, have you visited a doctor or other health worker?	Yes 1 No 2	H20
During any of your visits to a doctor or other health worker in the past 12 months, were you advised to do any of the following? (RECORD FOR EACH)			
#127	Quit using tobacco or don't start	Yes 1 No 2	H20a
#128	Reduce salt in your diet	Yes 1 No 2	H20b
#129	Eat at least five servings of fruit and/or vegetables each day	Yes 1 No 2	H20c
#130	Reduce fat in your diet	Yes 1 No 2	H20d
#131	Start or do more physical activity	Yes 1 No 2	H20e
#132	Maintain a healthy body weight or lose weight	Yes 1 No 2	H20f
#133	Reduce sugary beverages in your diet	Yes 1 No 2	H20g

CORE (for women only): Cervical Cancer Screening			
The next question asks about cervical cancer prevention. Screening tests for cervical cancer prevention can be done in different ways, including Visual Inspection with Acetic Acid/vinegar (VIA), pap smear and Human Papillomavirus (HPV) test. VIA is an inspection of the surface of the uterine cervix after acetic acid (or vinegar) has been applied to it. For both pap smear and HPV test, a doctor or nurse uses a swab to wipe from inside your vagina, take a sample and send it to a laboratory. It is even possible that you were given the swab yourself and asked to swab the inside of your vagina. The laboratory checks for abnormal cell changes if a pap smear is done, and for the HP virus if an HPV test is done.			
	Question	Answer	Code
#134	Have you ever had a screening test for cervical cancer, using any of these methods described above?	Yes 1 No 2 Don't know 77	CX1

Long-term illness			
	Question	Answer	Code
#135	Do you have a long-term illness?	Yes 1 <i>If Yes, go to X27</i> No 2 <i>If No, go to All1</i>	X26
#136	Please, specify :	Hypertension 1 Diabeties 2 Other 3 Don't know 77	X27
		If Other (please specifiy) .....	X27other

Allergies			
	Question	Answer	Code
#137	Have you ever been told by a doctor or other health professional that you had any kind of food/digestive allergy (dairy, gluten, effs, peanuts ...)	Yes 1 No 2 Don't know 77	All1
#138	Have you ever been told by a doctor or other health professional that you had any kind of respiratory allergy (dust, pollen, animals...)	Yes 1 No 2 Don't know 77	All2
#139	Have you ever been told by a doctor or other health professional that you had any kind of skin allergy (dust, pollen, animals...)	Yes 1 No 2 Don't know 77	All3

Respiratory diseases			
	Question	Answer	Code
#140	Have you ever been told by a doctor or other health professional that you had asthma?	Yes 1 No 2 Don't know 77 Don't want to answer 88	Resp1
#141	In the past 12 months, have you had wheezing or whistling in your chest?	Yes 1 No 2 Don't know 77 Don't want to answer 88	Resp2
#142	In the past 12 months, has your chest sounded wheezy during or after exercise or physical activity?	Yes 1 No 2 Don't know 77 Don't want to answer 88	Resp3

#143	Do you usually cough on most days for 3 consecutive months or more during the year?	Yes 1 No 2 Don't know 77 Don't want to answer 88	Resp4
#144	For how many years have you had this cough?	Years — — Don't know 77 Don't want to answer 88	Resp5
#145	Do you bring up phlegm on most days for 3 consecutive months or more during the year?	Yes 1 No 2 Don't know 77 Don't want to answer 88	Resp6
#146	For how many years have you had trouble with phlegm (flem)?	Years — — Don't know 77 Don't want to answer 88	Resp7

Cancer			
	Question	Answer	Code
#147	Have you ever been told by a doctor or other health professional that you had cancer or a malignancy of any kind?	Yes 1 No 2 Don't know 77 Don't want to answer 88	Canc1
#148	What kind of cancer was it? (3 answers maximum)	Breast 1 Cervix 2 Lung 3 Colon-Rectum 4 Prostate 5 Other 6 More than 3 types of cancer 8	Canc2
		If Other (please specify) : .....	Canc2other
#149	How old were you when this cancer was diagnosed for the first time ?	Years — — Don't know 77 Don't want to answer 88	Canc3
#150	Whether dead or alive, has your mother / father / brother / sister or child ever had cancer or a malignant tumor?	Yes 1 No 2 Don't know 77 Don't want to answer 88	Canc4

Disabilities			
	Question	Answer	Code
#151	Because of a physical, mental, or emotional condition, do you have serious difficulties with your daily activities?	Yes 1 No 2 Don't know 77 Don't want to answer 88	handi1
#152	Are you blind or do you have serious difficulty seeing even when wearing glasses?	Yes 1 No 2 Don't know 77 Don't want to answer 88	Handi2
#153	Are you deaf or do you have serious difficulty hearing?	Yes 1 No 2	Handi3

		Don't know 77	
		Don't want to answer 88	

Ciguatera			
	Question	Answer	Code
#154	How many times have you had Ciguatera?	0 0 1 1 2 2 3 3 4 4 Between 5 and 9 5 More than 10 6 Don't know 77	CIG1
#155	When you got intoxicated, did you consult a medical structure?	Yes (everytime) 1 Yes (but not everytime) 2 No 3	CIG2
#156	If No, why have you not consult a medical structure? (several possible answers)	Symptoms were not severe It is useless because there is no effective treatment 1 I prefer to treat myself with traditional medicine 2 I don't want to pay for consultation just for that 3 Other 4 5	CIG3
		If Other (please specify): .....	CIG3other
#157	If you had done several ciguatera, which one was the most severe	The first one 1 The last one 2 Neither the first nor the last 3	CIG4
#158	How quickly did all of your symptoms disappear (including itching, tingling, general fatigue...)?	Less than a month 1 Between 1 and 3 months 2 Between 3 and 6 months 3 Between 6 months and a year 4 More than a year 5 Don't know 77	CIG5
#159	With which marine products did you get intoxicated?	.....	CIG6
#160	Where did it come from?	Personal / family fishing / given by a friend 1 Buy directly from the fisherman 2 Buy by the roadside 3 Purchased in supermarkets / stores / markets 4	CIG7
#161	Were you aware that there was a risk of being intoxicated by consuming these fish?	Yes 1 Only for some (if several ciguatera) 2 No 3	CIG8
#162	What means do you use to avoid catching Ciguatera? (several possible answers)	Yes, I eat less or more fish at all 1 I eat more offshore fish 2 I no longer consume certain risk species 3 No, I haven't changed anything 4	CIG9



Biomarkers of exposure to mosquitoes			
	Question	Answer	Code
#163	Is your accommodation:	A house with a garden 1 A house without a garden 2 An apartment with terrace 3 An apartment without terrace 4	LEM1
#164	Is your accommodation air conditioned?	Yes 1 No 2	LEM2
#165	Do you have access to running water in your home?	Yes 1 No 2	LEM3
#166	Do you get bitten by mosquitoes?	Never 1 Rarely 2 Often 3 Everyday 4	LEM4
#167	What means do you use to protect yourself from mosquito bites?  (several possible answers)	Elimination of hoppers 1 Spraying with insecticides 2 Application of repellents to the skin 3 Mosquito repellents 4 Plant fires (smoke) 5 Use of mosquito nets 6 None 7 Mosquito rackets 8 Fan 9	LEM5

COVID-19			
	Question	Answer	Code
#168	Have you ever been tested positive for covid-19? (Nasopharyngeal test performed by medical staff) If Yes, go to cov2 If No, go to cov10	Yes 1 No 2 Don't know 77	Cov1
#169	If yes, when did you test positive?	Date _ _ _ _ _	Cov2
#170	How long have you been isolated?	Number of days _ _	Cov3
#180	Have you had the following symptoms? (several possible answers)	Fever ( $\geq 38^{\circ}\text{C}$ ) 1 Sore throat 2 Runny nose 3 Cough 4 Shortness of breath 5 Vomiting 6 Nausea 7 Diarrhea 8 Loss of smell or taste 9 Asymptomatic 10	Cov4
#181	What was your medical treatment like?	Non 1 Medical consultation 2 Traditional medicine 3	Cov5

#182	How long have you had symptoms?	Asymptomatic Less than a week 1 week to 1 month More than a month	1 2 3 4	Cov6
#183	Have you had any complications related to COVID-19?	Yes No	1 2	Cov7
#184	What were the complications of your illness?	Need for "simple" hospitalization Need for hospitalization in the intensive care unit	1 2	Cov8
#185	Were you returning from abroad when you fell ill?	Yes No	1 2	Cov9
#186	In the past 12 months, have you experienced any of the following symptoms? (several possible answers)	Fever ( $\geq 38^{\circ}\text{C}$ ) Sore throat Runny nose Cough Shortness of breath Chills Vomiting Nausea Diarrhea Headache Skin rash Conjunctivitis Muscle aches Joint pain Loss of appetite Loss of smell Loss of taste Fatigue Other symptoms Asymptomatic If Other (please specify: ..... Cov10_other	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Cov10
#187	Have you been in contact with anyone with suspected or confirmed COVID-19?	Yes No Don't know	1 2 77	Cov11
#188	Has a family member tested positive for Covid-19?	Yes No Don't know	1 2 77	Cov12
#189	Has a work colleague tested positive for Covid-19?	Yes No Don't know	1 2 77	Cov13
#190	Have you participated in a group gathering in which one or more cases have been detected (festive meal, family meal, etc.)?	Yes No Don't know	1 2 77	Cov14
#191	Have you implemented the following barrier gestures? (several possible answers)	Hand washing or hand disinfection Don't shake hands Cough into your elbow Maintain a safe distance Wearing a mask None	1 2 3 4 5 6	Cov15

What has been the impact of the health crisis on your daily life?				
#192	Social (social support, loss of social ties, isolation)	Positive Negative Both Neither of the two Don't know	1 2 3 4 77	Cov16
#193	Psychological (well-being, relaxation, joy, sadness, distress, stress, etc.)	Positive Negative Both Neither of the two Don't know	1 2 3 4 77	Cov17
#194	Economic (employment, increase in income, retraining, versatility, loss of work, reduction in income, etc.)	Positive Negative Both Neither of the two Don't know	1 2 3 4 77	Cov18
#195	Family (family reunification, degradation of the bond by break-up of the couple or of the parent-child bond, etc.)	Positive Negative Both Neither of the two Don't know	1 2 3 4 77	Cov19
#196	Health (absence of appearance of frequent diseases due to the implementation of barrier gestures, disease with clinical complications, etc.)	Positive Negative Both Neither of the two Don't know	1 2 3 4 77	Cov20
#197	Are you vaccinated ?	Yes No Don't want to answer	1 2 88	Cov21
#198	Name of the vaccine	Pfizer/BioNTech Moderna Janssen AstraZeneca Other	1 2 3 4 5	Cov22
		If Other (please specify): .....		Cov22a
#199	First injection date:	Date	__ __ __ __ __	Cov23a
#200	Second injection date	Date	__ __ __ __ __	Cov23b

Mental health			
	Question	Answer	Code
#201	We are going to ask you sensitive questions related to mental health. Do you accept to answer it?	Yes 1 No 2	Sm
How often have they been bothered by the following over the past 2 weeks?			
#202	- Little interest or pleasure in doing things?	Not at all 1 Several days 2 More than half the days 3 Nearly every day 4 Don't know 77 Don't want to answer 88	Sm1
#203	- Feeling down, depressed, or hopeless?		Sm2
#204	- Trouble falling or staying asleep, or sleeping too much?		Sm3
#205	- Feeling tired or having little energy?		Sm4
#206	- Poor appetite or overeating?		Sm5
#207	- Feeling bad about yourself — or that you are a failure or have let yourself or your family down?		Sm6
#208	- Trouble concentrating on things, such as reading the newspaper or watching television?		Sm7
#209	- Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?		Sm8
#210	- Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?		Sm9
#211	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all 1 Somewhat difficult 2 Very difficult 3 Extremely difficult 4 Don't know 77 Don't want to answer 88	Sm10

Sexual health			
	Question	Answer	Code
#212	We are going to ask you sensitive questions related to sexual health. Do you accept to answer it?	Yes 1 No 2	SH0
#213	Have you ever had sexual intercourse?	Yes 1 No 2 Don't want to answer 88	SH1
#214	How old were you when you first had sexual intercourse?	Age en Years — — Don't remember 77 Don't want to answer 88	SH2
#215	When you first had sexual intercourse, did you use a condom against sexually transmitted infections?	Yes 1 No 2 Don't remember 3 Don't know 77 Don't want to answer 88	SH3

#216	When you have a casual sexual intercourse, do you use a condom against sexually transmitted infections?	Yes 1 No 2 Sometimes 3 Don't have any casual sexual intercourse 4 Don't want to answer 88	SH4
#217	Have you ever had a disease/ infection which you got through sexual contact?	Yes 1 No 2 Don't know 77 Don't want to answer 88	SH5

Female health			
	Question	Answer	Code
#218	We are going to ask you sensitive questions related to women health. Do you accept to answer it?	Yes 1 No 2	Sf0
#219	At what age did you have your first period?	Years — — Don't know 77 Don't want to answer 88	Sf1
#220	Are you currently taking contraception?	Yes 1 No 2 Don't know 77 Don't want to answer 88	Sf2
#221	If Yes, which one?	Contraceptive pill 1 IUD 2 Other 3	Sf2a
#222	Are you menopausal?	Yes 1 No 2 Don't know 77 Don't want to answer 88	Sf3
#223	If Yes, at what age did you have your menopause?	Years — — Don't know 77 Don't want to answer 88	Sf3a
#224	How many pregnancies have you had?	Number of pregnancies — — Don't know 77 Don't want to answer 88	Sf4
#225	How many of these pregnancies were miscarriages?	Number of miscarriages — — Don't know 77 Don't want to answer 88	Sf5

Blood pressure			
	Question	Answer	Code
#226	Interviewer ID	__ __	M1
#227	Device ID for blood pressure	__ __	M2
#228	Cuff size used	Small 1 Medium 2 Large 3 Extra-large 4	M3
#229	Reading 1	Systolic ( mmHg) __ __ __	M4a
		Diastolic (mmHg) __ __ __	M4b
#230	Reading 2	Systolic ( mmHg) __ __ __	M5a
		Diastolic (mmHg) __ __ __	M5b
#231	Reading 3	Systolic ( mmHg) __ __ __	M6a
		Diastolic (mmHg) __ __ __	M6b
#232	During the past two weeks, have you been treated for raised blood pressure with drugs (medication) prescribed by a doctor or other health worker?	Yes 1 No 2	M7

Height and weight			
	Question	Answer	Code
#233	For women: Are you pregnant?	Yes 1 <i>If Yes, go to pigm1</i> No 2	M8
#234	Interviewer ID	__ __	M9
#235	Device IDs for height and weight	Height __ __	M10a
		Weight __ __	M10b
#236	Height	in Centimetres (cm) __ __ __ . __	M11
#237	Weight <i>If too large for scale 666.6</i>	in Kilograms (kg) __ __ __ . __	M12

Waist			
	Question	Answer	Code
#238	Device ID for waist	__ __	M13
#239	Waist circumference	in Centimetres (cm) __ __ __ . __	M14

Skin color measurement			
	Question	Answer	Code
#240	Reading n°1		pigm1
#241	Reading n°2		pigm2
#242	Reading n°3		pigm3
#243	Reading n°4		Pigm4

Blood glucose			
	Question	Answer	Code
#244	During the past 12 hours have you had anything to eat or drink, other than water?	Yes 1 No 2	B1
#245	Technician ID	__ __	B2
#246	Device ID	__ __	B3
#247	Time of day blood specimen taken (24 hour clock)	Hours : minutes : hrs mins	B4
#248	Fasting blood glucose [CHOOSE ACCORDINGLY: MMOL/L OR MG/DL]	mmol/l ____ mg/dl ____	B5
#249	Today, have you taken insulin or other drugs (medication) that have been prescribed by a doctor or other health worker for raised blood glucose?	Yes 1 No 2	B6