

# PART I - PARTICIPANT'S SOCIAL-DEMOGRAPHIC PARTNER INFORMATION

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### Country

### Region

### Participant Number

### Gender

- Male  
 Female

### Date of Birthday

### Level education:

### Completed year of education

### Professional job

### Exercise Practice

- exercise 150 min per week  
 No exercise 150 min per week

### Participate in the Olympic games / trainings

- Yes  
 No

### Do you have a diagnostic of a chronic disease (diabetes, hypertension, dyslipidemia, etc)?


Yes

No

**If yes, Right the:**

**1:**

**Name of the pills**

	
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**Frequency per day**

	
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**Dosage**

	in mg
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**2:**

**Name of the pills**

	
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**Frequency per day**


	
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**Dosage**

	in mg
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**3:**

**Name of the pills**

	
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**Frequency per day**

	
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**Dosage**

	in mg
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Save 