



Health questionnaire related to the resumption of physical activity and sports following the containment*

Answer the following questions by YES or NO	YES	NO
<p>Q1. Have you been tested positive for coronavirus SARS-CoV-2 (COVID-19) ?</p> <p style="padding-left: 40px;">by PCR test (nasopharyngeal, oral or bronchial)</p> <p style="padding-left: 40px;">probably, because I had one or more of the following symptoms: fever, cough, diarrhea, headache, aches, major fatigue, loss of taste or smell, unusual shortness of breath, digestive problems, weight loss over 5 kg. My PCR test was negative, but a doctor confirmed the diagnosis.</p> <p style="padding-left: 40px;">I have been hospitalized</p>		
Q2. Have you been in contact with one or several person who are suspected or diagnosed coronavirus SARS-CoV-2 positive (COVID-19) ?		
Q3. Do you have any of the following symptoms (<i>Fever, cough, diarrhea, headache, aches, major fatigue, loss of taste or smell, unusual shortness of breath, digestive problems</i>) ?		
Q4. Do you feel any discomfort during the effort in everyday life ?		
Q5. During the containment period and to date, have you stopped or significantly reduced your usual level of physical activity ?		
Q6. After containment, did you gain more than 5 kg ?		
Q7. Have you been or are you psychologically affected by the containment period (Altered sleep, mood, decreased or increased compulsive food intake, increased intake of alcohol or tobacco) ?		

questionnaire created by the C OS and translated by V