

# Framaforms

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Mes formulaires

## Soumission #19

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Informations sur la soumission

Formulaire : [Questionnaire \(En\)](#)

Soumis par Anonyme (non vérifié)

lun, 26/10/2020 - 09:57

0.0.0.0

## SAMPLING

**Enter your ID number (8 digits)**

12345678

**Are you the only person of your household participating in this study?**

No

**How many people from your household are participating?**

3

3 people

**ID number of co-participant #1**

23,456,781

**ID number of co-participant #2**

34,567,812

**Are you the only person from your immediate family participating in this study?**

No

**How many people from your closed relatives are participating in this study?**

2

2 people

**ID number of the co-participant**

23,456,781

**Please enter the country and the city where you are during the sampling:**

France, Paris

**Time**

14:30

**Do you have anything to report about your sampling?****Did you watch our instructional video before sampling yourself? (It was not mandatory to watch)**

Yes

## GENERAL INFORMATION

**What is your gender?**

Male

**How old are you ?**

22

**What is your nationality?**

France

**Nationality of your first biological parent (if known)**

Afghanistan

**Nationality of your second biological parent (if known)**

Albania

**In which country do you currently reside?**

France

**In which city do you currently reside?**

Paris

**How long have you been living here?**

1 year

**Does your current household correspond to your permanent residence?**

Yes

**Have you travelled out of your permanent home during these last months?**

Yes

**Indicate city/ country of your last trip and the approximate date you returned to your permanent residence.**

Monaco

## ABOUT YOUR SKIN

**Have you been subject to skin troubles or illnesses within the 6 last months?**

Yes

**Have you been medically diagnosed for a skin condition by a healthcare professional?**

No

**Can you briefly describe your symptoms?**

Irritating red patched on the elbow

**Have you undergone treatment(s) for your skin in the month preceding this skin sampling?**

No

**Have you observed the appearance of new symptoms or change in symptoms during confinement?**

No

**Were these symptoms present during the day of sampling?**

Yes

**Were they present on one of the sampling areas? If yes, select the concerned area.**

- Forearm
- Elbow crease

## ABOUT HYGIENE

**How frequently do you take showers? Over 2 days:**

4 (twice per day)

**At which frequency, approximately, do you wash your hands in a day?**

9

**How many times a day do you use hydroalcoholic gels to sanitise your hands?**

Once a day, occasionally

**Have your hygiene habits changed from pre-confinement?**

- I wash my hands more often
- Other

**Can you briefly explain what changes have taken place in your hygiene habits?**

I am paying more attention to my hygiene of hands, and I wore face mask.

**During last week, did you put sun screen on your arms?**

No

**During last week, did you put moisturizing cream on your arms?**

No

## ABOUT YOUR LOCKDOWN

First part – human contact

**How many people do you meet on average per day?**

7-10

**How many of these people live in your household ?**

1

**How many of these people do you consider to be close to you?**

3

**How many of these people do you consider to be acquaintances?**

5

**Approximately how many people have you met in the last 24 hours?**

10 - 15

**If you have one, do you live with your partner ?**

No

**Do you live with children? If so, how many?**

No

**Do you greet your loved ones with a kiss or a hug?**

No

**Do you maintain a distance of 2 meters when interacting with a person?**

yes

Second part – Frequented places

**Have you been confined during the year 2019-2020?**

Yes

**If yes, specify in which country and in which city you spent your confinement**

Monaco

**Are you still in confinement?**

No

**If no, please indicate for how long have you been out of confinement**

6 months

**Indicate again your resident country**

France

**Has your country of residence gone through a stage of global lockdown (ended or not)?**

Yes

**Currently, what is the lockdown level in your country of residence?**

Level 1 - Free movement of persons, wearing a mask is mandatory or advised

**On average, how much time do you spend in your home?**

Part of the day - 4 to 6 hours

**Do you work remotely or do you have to travel to your workplace?**

I go to my workplace

**How many different workplaces do you frequent?**

2

**If you work indoors, do you have an individual office or do you work in open space?**

I work outdoors

**Third part - Transportation**

**Public transportation (subway, bus, train, tram)**

0

**Usually, when using public transportation, do you travel during rush hours?**

**I don't use public transportation**

**Semi-individual transport (taxi - Uber, Heetch, etc. -, carpooling)**

0

**Individual transport (car, motorcycle, etc)**

3

**Other means of transport used?**

**Fourth (and final) part - Activities**

**Do you regularly go to shopping (supermarket, market, shop)?**

Yes

**Do you spend time in air-conditioned spaces?**

No

**Outdoor activities (garden, parks, etc.)**

Yes

**Seaside activities (beach, sea, swimming pool)**

No

**Do you expose yourself to the sun for long periods of time?**

No

**Outings in confined spaces (bars, pubs, clubs)**

**Yes**

**Outings in semi-confined spaces (terrace cafes, restaurants, cinemas)**

**Yes**

**Practice of a sport**

**No**

**Would you like to report an activity that you think has had an impact on your lockdown level?**

**Thank you !**

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**Contactez l'auteur·rice de ce formulaire**

**Pour contacter l'auteur·rice de ce formulaire, [cliquez ici](#)**

***Ne communiquez aucun mot de passe via Framaforms.***