



Revista Española de Nutrición Humana y Dietética

Spanish Journal of Human Nutrition and Dietetics

APPENDIX 1

Survey used for CONSUMER and survey used for FARMERS.

Knowledge about Pesticides Use and Consumption of Fruit and Legumes in Growers and Consumers in the Province of Nador, Morocco. Results from a Survey Study.

Conocimientos sobre el uso pesticidas y el consumo de frutas y legumbres en agricultores y consumidores en la provincia de Nador, Marruecos. Resultados de una encuesta.

CITE: Aberkani K, Zahra Briache F, Ghazal H, Ed-dine Samri S. Knowledge about Pesticides Use and Consumption of Fruit and Legumes in Growers and Consumers in the Province of Nador, Morocco. Results from a Survey Study. Rev Esp Nutr Hum Diet. 2022; 26(4). doi: 10.14306/renhyd.26.4.1708 [ahead of print]

SURVEY USED FOR CONSUMER.

DATE:..... **Form N°:**.....
Localization:..... Municipality:.....
Place of Residence : Urban Semi urban Rural

▪ **Personal Information :**
Sex : Men Women
Age : Children (<14years) Teenager (14-19years) Adult (>19years)
School level :
 Illiterate Primary
 Secondary/High School University
Family status :
 Single Married
 Divorced Widower/Widow
Professional/Social status:
 Without profession Student
 Liberal Profession Employee
Salary per month :
 100-200 \$ 200-300 \$
 300-400 \$ 500-1000 \$ > 1000 \$

▪ **Where do you buy fruits and vegetables from?**
 The Souks Markets and Supermarkets
 Shops The boulevards

▪ **What are your selection criteria for the purchase of fruits and vegetables?**
 Freshness Geographical origin
 Price Appearance of the product

▪ **How often do you buy these foods?**
 Once per month Every week
 Every day Others answers

▪ **What are the most consumed fruits and vegetables in your home?**
Fruits:.....
Vegetables:.....

▪ **How many times per day you eat fruits and vegetables?.....**

▪ **Do you know the “Organic foods”?**
 Yes No
If, Yes; Could you buy it? Yes No
Why?

▪ **What a “pesticide” mean for you?**
 Medication Poison Fertilizer Others answers

▪ **Do you know the risks of pesticide residues on your health?**
.....

▪ **Do you suffer from a chronic disease or an allergy?**
 Yes No
If, Yes; What is this disease?.....

SURVEY USED FOR FARMERS.

DATE: Localization:.....	Form N°: Municipality:.....
▪ The Farmer :	
Age : <input type="checkbox"/> Children (<14years) <input type="checkbox"/> Teenager (14-19years) <input type="checkbox"/> Adult (>19years)	
Family status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widower/Widow	
School level : <input type="checkbox"/> Illiterate <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/High School <input type="checkbox"/> University	
▪ Do you have agricultural training or degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
▪ Are you part of an association or a cooperative?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If, Yes; which is it?.....	
▪ Production :	
Type of production : <input type="checkbox"/> Open field <input type="checkbox"/> Greenhouse	
<input type="checkbox"/> Irrigated <input type="checkbox"/> Irrigated (Rainfall)	
▪ Supply of phytosanitary products:	
▪ How you purchase your pesticides? <input type="checkbox"/> Supplier <input type="checkbox"/> Souk <input type="checkbox"/> Others answers.....?	
▪ How do you choose your pesticides products?	
<input type="checkbox"/> Your own experience <input type="checkbox"/> Price	
<input type="checkbox"/> Recommendation of the experts <input type="checkbox"/> Recommendation of the supplier	
<input type="checkbox"/> Recommendation of the neighbors <input type="checkbox"/> Recommendation of the manufacture	
▪ What a “pesticide” mean for you?	
<input type="checkbox"/> Medication <input type="checkbox"/> Poison <input type="checkbox"/> Fertilizer <input type="checkbox"/> Others answers	
▪ Precautions in Processing and Handling:	
▪ Where do you store your products?.....	
▪ Is the storage location secure??.....	
▪ Do you read the labels?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
▪ Do you respect the recommended doses?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Why?.....	
▪ Do you treat yourself or do you use an application?	
<input type="checkbox"/> Myself <input type="checkbox"/> Other applicator	
▪ What precautions do you take before starting treatment?	
<input type="checkbox"/> Protect cloth <input type="checkbox"/> Mask <input type="checkbox"/> Glasses	
<input type="checkbox"/> Boots <input type="checkbox"/> Gloves <input type="checkbox"/> Others answers	
▪ Name of the active ingredients of the preparation:.....	
▪ Intended use:	
<input type="checkbox"/> Insecticide <input type="checkbox"/> Herbicide <input type="checkbox"/> Fungicide	
<input type="checkbox"/> Nematicide <input type="checkbox"/> Miticide <input type="checkbox"/> Other	
▪ Do you know the term “Post-Harvest Delay”? <input type="checkbox"/> Yes <input type="checkbox"/> No	
▪ Do you suffer from a chronic disease or an allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If, Yes; What is this disease?.....	
▪ Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I’m sterile	