**Supplementary Materials**

*Coconut Water Consumption Survey Form*

**1- Do you drink coconut juice?** 1) Yes 2) No

**2- At what time of day ?**

1. Breakfast 2) Lunch 3) Snack 4) Dinner

 5) Other (please specify) \...................../

**3- How do you consume coconut juice?**

 1) Unblended 2) Blended with another juice 3) Other \............................/

**4- How often do you drink coconut juice ?**

 **1)** 1-2 times a day **2)** 3-4 times a day **3)** more than 4 times a day

  **4)** other \.............................................../

**5- What are its therapeutic virtues?**

1 Fortifying 2) Digestive 3) Refreshing 4) Antioxidant

 5) Unaware

*Consent To Participate Form*

This form is intended to obtain consent for this study.

By signing the consent form, you certify :

* That you are available to participate in this study until its completion.

To be completed by the participant

☐ I have read and understood the information provided in the information note.

☐ I willingly agree to participate in this research.

☐ I agree that my image may be used in presentations, scientific symposia, seminars or in any other way to promote this study.