



## QUESTIONNAIRE

Name \_\_\_\_\_

Personal Numeric Code

Phone \_\_\_\_\_

*I am the participant*

*I am the parent or guardian of the participant*

Occupation \_\_\_\_\_

International travelling during the past year?

no     yes    where ? \_\_\_\_\_

Persons in the household \_\_\_\_\_, of which children \_\_\_\_\_

Children in collectivity (kindergarten, school, etc.)  no     yes

Professional or recreational outdoor activities?

daily     weekly     rarely     never

Household     city     village     mixed

apartment     house

If living in a house, the sewage system is  centralized     own, uncentralized



Main source of drinking water:

tap water    bottled    other sources (well/spring)

Consumption of raw milk?

no    yes

Consumption of raw or undercooked (rare) meat?

no    yes

Consumption of raw or smoked meat products (sausages, pastrami, etc.)?

no    yes

Consumption of unwashed fruits and vegetables?

no    sometimes    frequently    almost always

Washing hands before a meal?

no    sometimes    frequently    almost always

Owning the following animals?

	No	Yes	Indoor access
Dog(s)			
Cat(s)			
Hamster(s)			
Fish			
Turtle(s) or other reptiles			
Cage bird(s)			
Rabbit(s)			
Cow(s)			
Horse(s)			
Sheep			
Goat(s)			
Poultry			
Others?			



Have you ever been diagnosed with a parasitic disease?

no  yes, which? \_\_\_\_\_

Were you prescribed or did you take antiparasitic medication?

no  yes, which product/substance? \_\_\_\_\_

Any recent contact with persons having parasitic diseases?

no  yes  I don't know

Do you have one or more of the following symptoms for no apparent reason? (check all that apply)

	No (0)	Yes			
		Sometimes (1) (less than 1/month)	Rarely (2) (1-2/month)	Frequently (3) (1/week)	Very frequently (4) (>1/week)
Bloating					
Loss of appetite					
Nausea					
Vomiting					
Abdominal pain and/or cramps					
Constipation					
Diarrhea					
Weight loss					
Fever					
Fatigue					
Headaches					
Dizziness					
Muscle pain					
Joint pain					
Coughing					
Nettle rash					
Others:					

Signature

Date

\_\_\_\_\_

\_\_\_\_\_