


# Questionnaire: Indigenous Population

<b>FEDERAL UNIVERSITY OF GRANDE DOURADOS</b> <b>GRADUATE PROGRAM IN HEALTH SCIENCES</b> <b>MULTICENTRIC STUDY OF INFECTIOUS DISEASES IN THE INDIGENOUS POPULATION OF THE DOURADOS-MS RESERVE</b>		
<b>BLOCK A - GENERAL INFORMATION</b>		
1. Questionnaire number: ____ _ 2. Responsible for data collection : _____ 3. Date of data collection : ____/____/____ 4. Typist : _____ 5. Typing date : ____/____/____ 6. City: _____ 7. Village: _____ 8. Residence/House : _____		
9. Type of housing? _____		HOW IS YOUR HOME? ( ) Wood ( ) shack ( ) brick
10. Does the house have running water? (1) Yes _____ (2) No _____ 11. If the answer is no, how is the water supply? _____ _____ 12. Name: _____ 11. How long have you lived in the village? (months) _____ 12 Which village did you previously live in? _____ 13. What religion? _____ 14. Do you receive benefits such as family allowance and retirement? (1) Yes _____ (2) No _____ 15. What benefits do you receive? _____ 16. What means of communication do you use? ( ) Cell Phone ( ) Radio ( ) TV ( ) internet 17. Gender: ____		How do you get water? Ask for identification document, to be reliable data
18. Birth date : ____/____/____		
<b>BLOCK B - SOCIAL DEMOGRAPHIC INFORMATION</b>		
19. Naturalness : _____ 20. What state were you born in? ____ 21. What is your ethnicity? __ (1) Guarani-Kaiwá (2) Guarani-Nhandeva (3) Terena (4) Kadiwéu (5) Guató (6) Kinikinaw (7) Ofaié (8) Other (_____)		
22. You're? __ (1) Married or living with a partner (2) Widowed (3) Separated/divorced (4) Single		Until what year did you study?

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<p>23. What was the last school grade you attended? ? _____</p> <p>23. It works? (1) Yes (2) No</p> <p>24. What is the monthly income of everyone in the family: R\$ _____ per month</p> <p>25. How many people live with you? ____</p> <p>26. Have you ever been arrested? ____ (1) Yes (2) No</p>																					
<b>BLOCK C – NUTRITIONAL HISTORY</b>																					
<p>29. What's your weight? ____</p> <p>30. What's your height? ____</p> <p>31. Do you take any medication? ____ (1) Yes (2) No</p> <p>32. If yes, specify which medication you use? _____</p> <p><b><u>Drug and alcohol history</u></b></p> <p>33 You smoke? ____ (1) Yes (2) No. If not, skip to question 37.</p> <p>34. If yes, at what age did you start? ____</p> <p>35. If yes, how many cigarettes do you smoke per day? ____</p> <p><b>If the respondent smokes, skip to question 37.</b></p> <p>36. Have you ever smoked? ____ (1) Yes (2) No</p> <p><b>Have you ever used any of the following drugs:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 35%;"></th> <th style="width: 65%;">Have you used it in the last year? (1) Yes (2) No</th> </tr> </thead> <tbody> <tr> <td>Alcohol</td> <td>37.</td> </tr> <tr> <td>Marihuana</td> <td>38.</td> </tr> <tr> <td>Cocaine</td> <td>39.</td> </tr> <tr> <td>Crack (stone)</td> <td>40.</td> </tr> <tr> <td>Heroin</td> <td>41.</td> </tr> <tr> <td>Sniffed glue/other solvents</td> <td>42.</td> </tr> <tr> <td>Base paste</td> <td>43.</td> </tr> <tr> <td>Hashish</td> <td>44.</td> </tr> <tr> <td>Did you inject any drugs? Which are:</td> <td>45.</td> </tr> </tbody> </table> <p><b>If male: If not, skip to question 53.</b></p> <p>46. Have you ever had a prostate exam? ( ) Yes No</p> <p>47. If so, which one? ( ) digital rectal examination ( ) blood test (psa) ( ) ultrasound ( ) biopsy</p> <p>48. Do you have cancer in the family? ( ) Yes No</p> <p>49. If so, what cancer was diagnosed? _____</p> <p>_____</p>		Have you used it in the last year? (1) Yes (2) No	Alcohol	37.	Marihuana	38.	Cocaine	39.	Crack (stone)	40.	Heroin	41.	Sniffed glue/other solvents	42.	Base paste	43.	Hashish	44.	Did you inject any drugs? Which are:	45.	
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<p>50. Is your diet high in fat? ( ) Yes No</p> <p>51. Do you have any urinary problems such as burning, weak stream, waking up at night to urinate or blood in the urine? ( ) Yes No</p> <p>52. If so, which ones? _____</p>	
<b>BLOCK D - TUBERCULOSIS</b>	
<b><u>History of tuberculosis-related signs and symptoms</u></b>	
<p>53. Do you have or have you had tuberculosis before? __ (1) Yes (2) No (3) Don't know. If not go to question 100</p> <p>54. How many treatments were performed?</p> <p>55. How long ago was the last treatment performed?__ __ months.</p> <p>56. How long ago was the last treatment performed?__ __ months. Type of discharge (last): __ (1) Cure (2) Abandonment (3) Don't know</p> <p>57. Do you know someone with TB? __ (1) Yes (2) No (3) Don't know.</p>	
<b>BLOCK E – SEXUALLY TRANSMITTED INFECTIONS</b>	
<p>58. Do you have or have you had a sexually transmitted disease? __ (1) Yes (2) No (3) Don't know If not go to question 70</p> <p>59. How long ago was the last treatment performed?_____ months.</p> <p>60. Do you have HIV?__ (1) Yes (2) No</p> <p>61. If so, are you on antiretroviral treatment?</p> <p>62. Do you have hepatitis? __ (1) Yes (2) No</p> <p>63. Do you have syphilis? __ (1) Yes (2) No</p> <p>64. If yes, are you being medicated? __ (1) Yes (2) No</p> <p>65. Have you ever had syphilis?__ (1) Yes (2) No</p> <p>66. If so, did you take all three doses of the drug? __ (1) Yes (2) No</p> <p>67. If so, did the partner take all three doses of the drug? __ (1) Yes (2) No</p> <p>68. Has a test been offered for these diseases (HIV, viral hepatitis, syphilis)? __ (1) Yes (2) No</p> <p>69. If yes, for which:_____</p> <p>70. Have you ever had a blood transfusion? __ (1) Yes (2) No</p> <p>71. If so, what year?_____</p> <p>72. You have tattoo? __ (1) Yes (2) No</p> <p>73. If yes, how many?</p> <p>74. Do you have a piercing? __ (1) Yes (2) No</p> <p>75. Do you have a piercing? __ (1) Yes (2) No</p> <p>76. Do you have a sore on your penis or vagina? __ (1) Yes (2) No</p> <p>77. Do you have or have you had urethral discharge? __ (1) Yes (2) No</p>	

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<p>78. Do you have or have you had warts on your penis or vagina? __ (1) Yes (2) No</p> <p>79. Have you ever had sexual intercourse with a non-injecting illicit drug user partner? __ (1) Yes (2) No</p> <p>80. Have you ever had sex with an injecting drug user? (1) Yes (2) No</p> <p>81. Have you ever had sex with a partner with HIV? __ (1) Yes (2) No</p> <p>82. Have you ever had sexual intercourse with a partner with syphilis? __ (1) Yes (2) No</p> <p>83BR Have you ever had sexual intercourse with a partner with hepatitis? __ (1) Yes (2) No</p> <p>84. Do you have a steady sexual partner? __ (1) Yes (2) No</p> <p>85. If yes, for how many years?</p> <p>86. What is the number of partners in the last 5 years? __ __</p> <p>87. Are you a sex worker? __ (1) Yes (2) No</p> <p>88. Have you ever been a sex worker? __ (1) Yes (2) No</p> <p>89. Have you ever had sex for money or drugs? __ (1) Yes (2) No</p> <p>90. What is your sexual preference? __ (1) homosexual (2) heterosexual</p> <p>91. If you are heterosexual, have you ever had a homosexual relationship? __ (1) Yes (2) No</p> <p>92. Do you use condoms during sexual intercourse? __ (1) Yes (2) No</p> <p>93. Have you ever shared syringes/needles? __ (1) Yes (2) No</p> <p>94. Have you ever shared objects for tattooing, pliers, shaving equipment, for using inhaled drugs? __ (1) Yes (2) No</p> <p>95. Have you ever had any surgery? __ (1) Yes (2) No</p> <p>96. If so, what year? _____</p> <p>97. Have you ever had a hepatitis B vaccine? __ (1) Yes (2) No</p> <p>98. If yes, how many doses?</p>	
<b>BLOCK F - EXAMINATIONS CARRIED OUT - post-testing</b>	
<p><b><u>Serologies</u></b></p> <p>99. Blood collection date: __/__/____</p> <p>100. Rapid test for syphilis: __ (1)Reagent (2) Non-reactive</p> <p>101. Rapid HIV test: __ (1)Reactive (2) Non-reactive</p> <p>102. Hepatitis B rapid test: __ (1)Reactive (2) Non-reactive</p> <p>103. Hepatitis C rapid test: __ (1)Reactive (2) Non-reactive</p> <p>104. Anti-HIV 1/ 2: __ (1) Reagent (2) Non-reactive</p> <p>105. INNO-LIA III HCV Ab: __ (1)Reagent (2) Non-reactive</p> <p>106. Western Blot for HIV: __ (1)Reactive (2) Non-reactive</p> <p>107. Anti-Treponema pallidum IgG: __ (1)Reagent (2) Non-reactive</p>	

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108. Anti- <i>Treponema pallidum</i> IgM: __ (1)Reagente (2) Não-reagente	
109. HBsAg: __ (1)Reagente (2) Não-reagente	
110. Anti-HBs: __ (1)Reagente (2) Não-reagente	
111. Anti-HBc total: __ (1)Reagente (2) Não-reagente	
112. Anti-HCV: __ (1)Reagente (2) Não-reagente	