

Table S1: A Questionnaire for patients with eosinophilia at first encounter and after therapy

Section A:		
Please fill in your personal details		
Name		
Age		
Gender		
Telephone number		
Patient ID		
Place of residence		
Village/town/city		
Occupation		
Section B:		
Please answer the following questions by marking the appropriate answer with an X		
	YES	NO
Do you wash hands before eating?		
Do you wash hands after going to the toilet?		
Do you use soap for washing hands?		
Do you walk barefoot when outdoor?		
Do you have Latrine at home?		
Do use the Latrine everytime?		
Do you clean the vegetables before eating?		
Do you eat raw food (meat, vegetables)?		
Do you know how you can get infections with worms?		
Did you ever see a worm in your stool?		
Were you ever treated with a medication against worms?		

If yes, please mention where you got it (doctor/pharmacy/health care service programs/other)?		
Do you have allergic disorders like Asthma, Atopic dermatitis, Allergic Rhinitis; can you please mention what is the disorder?		
Did you receive a new medication during the past 10 days?		
Do you have a chronic infection with Worms?		
If yes, how do you know it?		
<p>Section C: In this section you'll need to answer the following questions by marking with an X regarding your health status alterations within <u>the past month</u>.</p> <p>After therapy administration you will have to answer the same questions again.</p>		
	First encounter	After therapy
Did you notice skin changes like rash, swelling, redness or itching?		
Did you have shortness of breath, coughs (dry or wet) or wheezing?		
Did you spit blood while you were coughing?		
Did you have chest pain?		
Did you have diarrhea? How many times a day?		
Is it watery or bloody?		
Did you lose weight recently?		
Did you have abdominal pain?		
Did you have Nausea or vomiting?		
Do you have blood in stool?		
Did you have constipation?		
Did you have fever?		
Did you have chills/feeling cold ?		
Did you have muscle pain?		

Did you have headache?		
Did you have throat irritation?		
Do you have chronic upper/lower limb swelling?		
Did you have visual loss or redness/irritation in your eyes?		