

**STUDY OF LIVING AND HEALTH CONDITIONS OF RECYCLABLE WASTE COLLECTORS IN CAMPO GRANDE, CENTRAL BRAZIL.**

**1. GENERAL INFORMATION**

Cooperative \_\_\_\_\_

Recyclable waste collectors at the dumping ground ( )      1.1 initials: \_\_\_\_\_

1.2 Name: \_\_\_\_\_

1.3 Date of birth: \_\_\_/\_\_\_/\_\_\_

1.4 Place of birth: \_\_\_\_\_

1.5 Address: \_\_\_\_\_ House number: \_\_\_\_\_

Neighborhood: \_\_\_\_\_ Phone number: \_\_\_\_\_

1.7 How long have you been living in Campo Grande city \_\_\_\_\_

**2. SOCIODEMOGRAPHIC DATA**

2.1 What is your (self-declared) race/color?

( ) White ( ) Black ( ) Multiracial ( ) East Asian ( ) Indigenous

2.2 What is your religious affiliation or belief? ( ) Catholic ( ) Evangelical ( ) Spiritist ( ) None ( ) Another religion \_\_\_\_\_

2.3 Marital Status? ( ) Single ( ) Married/ with a partner ( ) Divorced/ without a partner ( ) Widow/Widower I\_ I

2.4 Who lives with you?

Name / Family Relationship	Age

2.5 How many years did you study? (years of study) \_\_\_\_\_

2.6 Monthly Family Income.....US\$ \_\_\_\_\_

2.6.2 How many people are responsible for this income? |\_|\_|

2.7 Do you own a house? |\_| No |\_| Yes

2.7.1 Type of residence: |\_| Masonry construction |\_| Wooden construction

|\_| Canvas shack-type construction

2.7.2 How many rooms are there in your residence? |\_|\_|\_| How many bathrooms? |\_|\_|

2.7.3 Does your house have access?

Sewer system? ( ) No ( ) Yes

Electrical power grid? ( ) No ( ) Yes

Water supply network? ( ) No ( ) Yes

Where does your water supply come from? (origin of drinking water) \_\_\_\_\_

### 3 WORK ACTIVITY

3.1 Previous job before working as a recyclable waste collector? \_\_\_\_\_

3.2 How long have you been working as a recyclable waste collector? \_\_\_\_\_

3.3 How long have you been working at the cooperative? \_\_\_\_\_

3.4 Do you engage in any other activity? ( ) No ( ) Yes What? \_\_\_\_\_

3.4.1 Have you experienced any type of work-related accident as a recyclable waste collector?

( ) No ( ) Yes – What kind of accident? \_\_\_\_\_

3.5 Do you use personal protective equipment? ( ) No ( ) Yes

How often do you use personal protective equipment?

PPE	Always	Sometimes	Never
Gloves			
Boots			
Apron			
Cap			
Glasses			

long-sleeved shirt			
Others			

3.6 In your opinion, can handling recyclable material cause illness??

( ) No ( ) Yes If yes, which ones? \_\_\_\_\_

### SURVEY FORM ABOUT RISK FACTORS FOR INFECTIOUS DISEASE

1. Do you have any disease? ( ) No ( ) Yes

If yes, which ones? \_\_\_\_\_

2. How old were you when you had your first sexual intercourse? \_\_\_\_

3. Is there any case of Hepatitis, AIDS, or Syphilis in your family? ( ) No ( ) Yes

If yes, which ones? \_\_\_\_\_

4. If yes, what is the degree of relationship? ( ) Father ( ) Mother ( ) Husband/wife ( ) Brother/sister ( ) Other \_\_\_\_\_

5. Have you ever received a blood transfusion? ( ) No ( ) Yes, 1994 or after ( ) Yes, before 1994

6. Have you ever had a sexual relationship with someone who has received a blood transfusion? ( ) No ( ) Yes

7. Have you ever had any surgery? ( ) No ( ) Yes If yes, what surgery? \_\_\_\_\_

8. Have you ever had a tattoo? ( ) No ( ) Yes

9. Have you had a piercing? ( ) No ( ) Yes

10. Have you shared personal cutting objects such as nail clippers, and razor blades with anyone? ( ) No ( ) Yes

11. Have you ever had acupuncture with needles? ( ) No ( ) Yes

12. Have you ever had dental treatment? ( ) No ( ) Yes

13. Are you currently sexually active? ( ) No ( ) Yes Number of partners \_\_\_/last 5 years

14. Have you ever had a sexual relationship with a same-sex partner? ( ) No ( ) Yes

15. About drug use:

15.1 Have you ever used drugs in your lifetime? ( ) No ( ) Yes

If yes, which ones? \_\_\_\_\_

15.2 Have you used drugs intravenously? ( ) No ( ) Yes

15.3 Has a sexual partner or someone with whom you've had sexual relations ever used drugs?

( ) No ( ) Yes If yes, which ones? \_\_\_\_\_

**16.** Do you use condoms? ( ) No ( ) Yes

If yes, how often? ( ) Always ( ) Sometimes ( ) Never

**17.** Do you know which diseases condoms help prevent? ( ) No ( ) Yes

If yes, which ones? \_\_\_\_\_

**18.** Do you know what condoms are used for? ( ) No ( ) Yes

If yes, for what? \_\_\_\_\_

**19.** Have you ever had any Sexually Transmitted Infection (STI)?

( ) No ( ) Yes ( ) no/inf.

If yes, when? \_\_\_\_\_ Which STI? \_\_\_\_\_

**20.** Have you ever received money for sex? ( ) No ( ) Yes

**21.** Have you ever been incarcerated? ( ) No ( ) Yes

If yes, how many times? \_\_\_\_\_

**22.** Have you ever had hemodialysis? ( ) No ( ) Yes

**23.** Do you smoke? ( ) No ( ) Yes If yes, How many cigarettes by day? \_\_\_\_\_

**24.** About the consumption of alcoholic beverages:

( ) Does not consume

( ) Rarely consumes (< 1 day/week)

( ) Occasionally consumes (1-3 days/week)

( ) Frequently consumes (4 -6 days/week)

( ) Consumes daily

In what quantity? \_\_\_\_\_ week

**25.** Have you been tested for:

Hepatitis B: ( ) No ( ) Yes

Hepatitis C: ( ) No ( ) Yes

HIV: ( ) No ( ) Yes

Syphilis: ( ) No ( ) Yes

If yes, what was the result?

Hepatitis B: ( ) Negative ( ) Positive

Hepatitis C: ( ) Negative ( ) Positive

HIV: ( ) Negative ( ) Positive

Syphilis: ( ) Negative ( ) Positive

**26.** If you are living with Hepatitis B, C, HIV, or Syphilis have you started treatment?

( ) No ( ) Yes How long?: \_\_\_\_\_

**27.** Have you had any genital discharge in the last 12 months?

( ) No ( ) Yes ( ) Do not remember

**28.** Have you had any wounds/ulcers on the genital area in the last 12 months?

( ) No ( ) Yes ( ) Do not remember

**28.1** Have you ever had?

( ) genital discharge ( ) ulcers genital ( ) genital warts ( ) genital blisters

**29.** Do you know the ways of transmission of the Hepatitis B virus? ( ) No ( ) Yes

If yes, specify: \_\_\_\_\_

**30.** Do you know the ways of transmission of Hepatitis C? ( ) No ( ) Yes

If yes, specify: \_\_\_\_\_

**31.** Do you know the ways of transmission of Syphilis? ( ) No ( ) Yes

If yes, specify: \_\_\_\_\_

**32.** Do you know the ways of transmission of HIV? ( ) No ( ) Yes

If yes, specify: \_\_\_\_\_

**33.** Do you know the prevention methods for Hepatitis B virus? ( ) No ( ) Yes

If yes, specify: \_\_\_\_\_

**34.** Do you know the prevention methods for Hepatitis C virus? ( ) No ( ) Yes

If yes, specify: \_\_\_\_\_

**35.** Do you know the prevention methods for Syphilis? ( ) No ( ) Yes

If yes, specify: \_\_\_\_\_

**36.** Do you know the prevention methods for HIV? ( ) No ( ) Yes

If yes, specify: \_\_\_\_\_

**37.** Have you been vaccinated against Hepatitis B? ( ) No ( ) Yes ( ) Do not remember

If yes, how many doses? \_\_\_\_\_

**38.** Have you been vaccinated against Diphtheria/Tetanus (DTa)?

( ) No ( ) Yes ( ) Do not remember

If yes, how many doses? \_\_\_\_\_

**39.** Would you like to receive these vaccines?

( ) No ( ) Yes

If not, why? \_\_\_\_\_

**40.** As a recyclable waste collector, have you had contact with feces?

( ) No ( ) Yes If yes, Which type? ( ) Human ( ) Animal

**41.** Do you ingest food found in recycling? ( ) No ( ) Yes