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APPENDIX B

FORM TO OBTAIN SOCIOECONOMIC, DEMOGRAPHIC AND EPIDEMIOLOGICAL DATA – RESEARCH PROJECT “PREVALENCE OF PARASITIC INFECTIONS IN INMATES OF THE PRISONAL SYSTEM OF MID-WEST REGION, BRAZIL”.

PRISON UNIT:

Gallery:.....Number of inmates:.....

Size of the cell?..... The cell has windows?..... How many?.....

The institution has potable water? () Yes () No

In case of negative answer, how it is obtained?.....

The institution has sewerage system? () Yes () No

In case of negative answer, how it is eliminated?

1. Name:

2. City of origin:..... 3. State of origin:..... 4. Birth Date:/...../.....

5. Age: 6. Nationality: 7. Gender: 8. Marital status :.....

9. Prison time?..... 10. Cell number:.....

11. How many people sharing the same cell :.....

12. Ethnicity: a) Caucasian b) Black c) Brown d) Asian

13. What is your Education Level?

Illiterate (a) ()

Incomplete Primary ()

Complete Primary ()

Incomplete Second ()

Complete Second ()

Incomplete Higher ()

Complete Higher ()

Technical Course ()

14. Before being arrested what kind of job did you use to have?.....

15. Have you dealt with vegetable Garden? () Yes () No

16. Adding the income of all persons who live with you in the same household (including your income before being arrested), which were your family's monthly income ?

() until 1 Minimum Wage

() 2 to 3 Minimum Wage

() 1 to 2 Minimum Wage

() Above 4 Minimum Wage



17. House type: () Brick () Wood () Shed Other type: _____

18. How many rooms in your house?..... How many bathrooms?

19. What type of sanitation system in your house? () Sewage () Cesspool

20. Do you house has access to sewerage system? () Yes () No Electrical Energy? () Yes () No

Potable Water? () Yes () No

21. Do you know what parasites mean? () Yes () No

22. Do you know the way of transmission of parasites? () Yes () No

23. Do you have or have ever had any parasitic disease in the previous 2 years? () Yes () No () Do not know.

How long:.....

24. Have you undergone any anti-parasitic treatment in the previous 2 years? () Yes () No () Do not know.

How long :.....

25. Do you use to wash hands before eating? () Yes () No

26. Do you use to wash hands after going to the bathroom? () Yes () No

27. Have you ever done a stool exam in the previous 2 years? () Yes () No

How long:.....

28. Do you have any symphoms?

		Frequency?
Diarrhea	() Yes () No	
Constipation	() Yes () No	
Anal itching	() Yes () No	
Abdominal pain	() Yes () No	
Lack of appetite	() Yes () No	
Weight loss	() Yes () No	
Sickness and Nausea	() Yes () No	
Elimination of worms	() Yes () No	