

Epidemiological Survey

PERSONAL DATA		
I. Identification		
1. Identification number		
2. Name *		
3. Date of birth:		
4. Age: (years)		
5. Sex:	1-M	2- F
6. City:		
7. State		
8. Interview date:	___/___/___	
10. If the questionnaire has not been answered, please note the reason for the refusal		

* If the patient is positive for trichomoniasis, the name will only serve to inform the doctor who will take the appropriate measures. At no time the name will be released. For the researcher, identification will be made only through the identification number.

1 –ID number:	
2 – Skin color:	1 – White 2 – Brunette, brown, mulatto 3 – Black 4- NA
3 - Current marital status:	1 – Single 2 – Married 3 – Widow 4 – Divorced 5 – Cohabited 6 – NA
4 – Schooling:	1 – None 2 – 1 to 4 years 3 – 5 to 8 years 4 – 10 to12 years 5 – more than 12 years
5 – Previous occupation:	
6 – Previous income:	
7 – Do you smoke?	1 - yes 2 - no
7a –How many cigarrets per day?	
8 – How old were you when you first had sex?	
9 – Do you use any contraceptive method??	1 – sim 2 – não
10 – If so, which method?	1 – Oral contraceptive 2 – IUD 3 – Condom 4 – Calendar Method 5 –Another method (Which one?) 6 – NA
11 –Do you use drugs?	1 – yes 2 – no
12 –If so, which drug?	1 - Marijuana 2 - Cocaine 3 - Crack 4 - LSD 5 - Ecstasy 6 - Alcoholic beverage 7 - Other (Which one?) 8 – NA

Personal hygiene	
13 - How often do you shower?	1- Once a day 2- Twice a day 3- More than 2 times a day
14 - Do you usually share your towel with someone else?	1-Yes 2-No
15 - Are personal hygiene objects communal?	1-Yes 2-No
16 – Is the toilet paper commonly used or is it individual?	1 – Common 2 - Individual
17 - After using the bathroom, is there any possibility of washing your hands?	1-Yes 2-No
18 – If so, do you wash it?	1-Yes 2-No
Sexual behavior	
19 –Which is your sexual option?	1- heterosexual 2- homosexual 3- bisexual
20 - Are you entitled to an intimate visit??	1 – Yes 2 – No
21 – If so, do you exercise this right?	1 – Yes 2 – No
22 - What is the frequency of intimate visits??	1- once a month 2- twice a month 3- once a week 4 - Other 5 – NA
23 - Do you have sexual intercourse during intimate visits?	1 – Yes 2 – No
24 - Do you use a condom with your partner?	1 – Yes 2 – No
25 -How often?	1-Always 2- Frequently 3- Rarely 4- Never 5- NA

26 - If you don't use a condom, what reason?	<ul style="list-style-type: none"> 1 - Trust in the relationship 2 - I'm married and I don't think I need it. 3 - The partner does not accept 4 - I don't like it 5 - I feel uncomfortable 6 - I already use another method 7 - Other reasons 8 - NA
27 - Do you have any homosexual contact?	<ul style="list-style-type: none"> 1 - Yes 2 - No
28- What kind of contact?	
29 - How many homossexual partners do you have??	<ul style="list-style-type: none"> 1- One 2- Two 3- More than two 4- NA
30 - Do you know what is STD??	<ul style="list-style-type: none"> 1 - Yes 2 - No
31 - Have you had any STDs in the last 5 years?	<ul style="list-style-type: none"> 1 - Yes 2 - No
32 -If so, which STD?	<ul style="list-style-type: none"> 1-Gonorrhea 2- Syphilis 3- Herpes 4- Trichomoniasis 5- AIDS 6- Candidiasis 7- HPV 8- other 9- NA
33 - Does your partner have any STDs??	<ul style="list-style-type: none"> 1 - Yes 2 - No 3 - I do not know 4 - NA
34 - If so, which STD?	<ul style="list-style-type: none"> 1-Gonorrhea 2- Syphilis 3- Herpes 4- Trichomoniasis 5- AIDS 6- Candidiasis 7- HPV 8- other 9- NA
35 - Do you have any symptoms?	<ul style="list-style-type: none"> 1 - Yes 2 - No

36 -If so, which symptoms?

1 - discharge (determine type)

2 - vaginal itching

3 - burning

4 - odor

5 - bleeding after sexual intercourse