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## QUESTIONNAIRE

### **Effect of *Helicobacter pylori* and/or helminth coinfection on the specific immune response to *Mycobacterium tuberculosis* in individuals with latent tuberculosis infection**

The Universidad del Valle wishes to carry out a study to enroll adolescents and adults of both genders with ages ranging from 14 to 70 years, residents in Cali, in order to study the effect of coinfection by *Helicobacter pylori* and helminths on the immune response to *M. tuberculosis* in individuals with latent tuberculosis infection (LTBI).

The questions in this questionnaire seek to know the environment where you live and some aspects related to your diet and health. Your participation in the study is voluntary. If you decide to participate, and then change your mind, you can withdraw from the study at any time. Remember that the information that you provide us will be very useful to help other people.

Please do not stop answering the questions. Find the option that is closest to your reality. This is an anonymous document and the information is confidential.

We appreciate your participation.

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#### I. GENERAL DATA

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1. ID study:

2. Sex: F  M

3. Date of birth: Day: |\_\_||\_\_| Month |\_\_||\_\_| Year: |\_\_||\_\_||\_\_||\_\_|

4. Years: |\_\_||\_\_|

5. Residence address: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Family address: \_\_\_\_\_ Phone: \_\_\_\_\_

7. City \_\_\_\_\_: Neighborhood: \_\_\_\_\_ Strata: \_\_\_\_\_

8. District: |\_\_| Number of years lived in the area: |\_\_||\_\_|

9. Height (kgs): |\_\_||\_\_||\_\_| 10. Size (cm): |\_\_||\_\_||\_\_|

11. Educational level:  Primary  Secondary  Technician  Undergraduate

12. Social security:  Contributory  Subsidized  Associated  Non affiliated

13. Service ordered procedure: \_\_\_\_\_

**14. Employment situation:**

- 1. Self-employed worker
- 2. Subordinate worker
- 3. Retired
- 4. Disabled
- 5. Jobless
- 6. Housewives

**II. BACKGROUND RELATED TO YOUR HEALTH**

**15. Pathological:**

**15.1 Cancer**  Yes  No **15.2 Diabetes**  Yes  No **15.3 Coagulopathy**  Yes  No

**15.4 Chronic kidney disease**  Yes  No **15.5 Liver disease**  Yes  No

**15.6 Asthma**  Yes  No **15.7 EPOC**  Yes  No **15.8 Heart disease**  Yes  No

**15.9 Esophageal varices**  Yes  No **15.10 VIH (+)**  Yes  No

**15.11 Tuberculosis**  Si  No **15.12 Psychiatric illness** Yes  No

**15.11 Other**  Which: \_\_\_\_\_

**16 Surgical:**

**16.1 Partial or total gastrectomy**  Yes  No

**16.2 Heart surgery:**  Yes  No **16.3 Esthetic surgery (<3 months):**  Yes  No

**16.4 Other surgery**  Yes  No **16.5 Which:** \_\_\_\_\_

**17. Pharmacological:**

**17.1 Warfarin (Anticoagulant)** Yes  No  **16.2 Aspirin**  Yes  No

**16.3 Ibuprofen – NSAID** **Less than 1 week ago:**  Yes  No

**For more than 2 days:**  Yes  No

**16.4 Immunosuppressants** (Azathioprine, Cyclosporine, Mycophenolate, Corticosteroids, Sirolimus) Yes  No

**17 Antimicrobial**  Yes  No

**17.1 Macrolides** (Erythromycin, Milocamycin, Roxithromycin, Clarithromycin, Josamycin, Azithromycin)

**17.2 Imidazoles** (Clotrimazole, Miconazole, and Ketoconazole)  **17.3 Penicillin**

**17.4 Cephalosporins** (Cefuroxime, cefamandol, cefonidine, ceforanide, cefoxitin, cefmetazole)

**17.5 Tetracyclines** (Metacycline, Doxycycline, Minocycline, Lymecycline, Rolitetracycline, Tigecycline)

**17.6 Anti-tuberculosis drugs** (Isoniazid, ethambutol, pyrazinamide)

**17.7 Metronidazole**  **17.8 Albendazole**  **17.9. Mebendazole**  **17. 11 Praziquantel**

**17.12 Ivermectin**  **17.13 Trimethoprim**  **17.14 Antimalarial** (Chloroquine, Artemisin, etc)

**17.15 Other**  Which: \_\_\_\_\_

**17.16 How long ago?** More than 1 month  Less than 1 month  How many days? \_\_\_\_\_

**18. Do you have been treated for gastritis?** Yes  No

**18.1 Antacids** (Mylanta, sodium bicarbonate, aluminum hydroxide, magnesium hydroxide)

**18.2 PPI** (Omeprazole, Lansoprazole, Esomeprazole, Rabeprazole, Pantoprazole)

**18.3 H<sub>2</sub>-antagonist** (Ranitidine and famotidine, cimetidine, nizatidine)

**18.4 Other**  Which: \_\_\_\_\_

**18.5 More than 3 months ago**  **18.6 Less than 3 months ago**

**18.7 How long: More than 1 week**  **18.8 Less than 1 week**

### III. FAMILY INFORMATION AND LIFESTYLE HABITS

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19. How many people live in your home? |\_\_||\_\_|

20. What material is most of the floor in your house?

20.1 Soil  20.2 Cement  20.3 Tile  20.4 Wood

21. How many rooms does your home have? |\_\_||\_\_|

22. Number of people per room |\_\_||\_\_|

23. What is the origin of the water you drink?

23.1 Aqueduct  23.2 Well  23.3 Other  Which? \_\_\_\_\_ 23.4 Does not know

24. How is the drainage of your house?

24.1 Connected to street drainage  24.2 Connected to a septic tank

24.3 Drain to a river or lake  24.4 I have no drain  24.5 Does not know

25. Do you have in your house?

25.1 TV  25.2 Stereo  25.3 Gas stove  25.4 Fridge

25.5 Washing machine  25.6 Vehicle (motorcycle, car, truck)

27. Have you smoked tobacco or any of the derived products at least once in the last 6 months?

27.1  Yes  No  You don't remember

28. Do you smoke now?  Yes  No

29. Are you exposed to tobacco smoke from a family member or coworker?  Yes  No

30. How many days per week do you consume any alcoholic beverage? |\_\_||\_\_|

31. If the answer above was yes, please describe the amount and type of liquor (beer, brandy, rum, whiskey) you consume.

31.1 A small glass (50 mL)  Type: \_\_\_\_\_

31.2 A medium glass (100 mL)  Type: \_\_\_\_\_

31.3 A big glass (250 mL)  Type: \_\_\_\_\_

31.4 Half bottle (350 mL)  Type: \_\_\_\_\_

31.5 Bottle (700-750 mL)  Type: \_\_\_\_\_

32. Do you do physical activity?  Yes  No

32.1 Once a week  32.2 >3 times a week  32.3 Daily  32.4 Never

### V. Dietary habits

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33. What is the frequency of consumption of the following foods or drinks per week?

	Unit	Food	Do you consume it weekly?		
			YES	NO	
33.1	1 glass	Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.2	1 portion	Bread	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.3	1 portion	Food paste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33.4	1 portion	Rice				
33.5	1 portion	Oats, wheat, cereals, corn				
33.6	1 portion	Red meat (beef or pork)				
33.7	1 portion	Salty and nitrated meat (beef or pork)				
33.8	1 portion	Chicken				
33.9	1 portion	Fish				
33.10	1 portion	Seafood (shrimp, oysters, octopus, snails, etc.)				
33.11	1 portion	Sausages (ham, salami)				
33.12	1 unit	Egg				
33.13	1 portion	Cheese				
33.14	1 portion	Grains (beans, lentils, chickpeas, peas)				
33.15	1 portion	Vegetables (exclude the consumption of bananas, potatoes, cassava, or other tubers)				
33.16	1 portion	Citrus fruits (oranges, grapefruits, lemons, tangerines, kiwi, etc.)				

**34. How do you consider your salt consumption:**

34.1 Low       34.2 Moderate       34.3 High

**35. How often do you add salt to foods that are ready to eat?**

35.1 Always       35.2 Usually       35.3 Sometimes       35.4 Never

**VI. MEDICAL HISTORY**

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**35. Presence of BCG scar (BCG vaccine)**

35.1 Yes       35.2 No

**36 Does any member of your family have gastric cancer?**

36.1 Yes       36.2 No       36.3 I don't know

Please indicate the relationship: \_\_\_\_\_

**37. At this time do you have any disease?**

37.1 Yes       37.2 No       37.3 I don't know

**38. If the previous answer was yes, please indicate which one (s)**

38.1 \_\_\_\_\_  
38.2 \_\_\_\_\_  
38.3 \_\_\_\_\_

**39. How many times have you visited the doctor in the last 5 years?:** |\_\_| |\_\_|

**40. Reasons for visiting it:**

40.1 \_\_\_\_\_  
40.2 \_\_\_\_\_  
40.3 \_\_\_\_\_  
40.4 \_\_\_\_\_

**41. Observations:**

**42. Date of the survey:** Day: |\_\_| |\_\_| Month: |\_\_| |\_\_| Years: |\_\_| |\_\_| |\_\_| |\_\_|

**43. Interviewer name:** \_\_\_\_\_