

2017 SKIN ABSCESS OUTBREAK: QUESTIONNAIRE – CROSS-SECTIONAL STUDY

Instructions

1. Read the introduction and the informed consent form to the potential participant.
2. Obtain individual's signature if they agree to participate.
3. Hand an information sheet to participants to keep with them.
4. If the individual does not agree to participate, complete the refusal section.
5. If the individual agrees to participate, determine whether the individual meets the inclusion criteria: *Any person aged 18 years or older, engaged in underground work and employed for at least one month (as of the date of interview) at the Gold Mine.*
6. For all participants who do not have a skin lesion or bump anywhere on their body, sections A-F should be completed by the interviewer
7. For all participants who have a skin lesion or bump anywhere on their body, sections A-G should be completed by the interviewer and referred to a doctor or nurse to complete sections H-I. Obtain individual's signature if they agree to have a sample taken.
8. Read out all the possible options before selecting an appropriate option.

Introduction

Hello. My name is _____

I work for the National Institute for Communicable Diseases (NICD). There have been mine workers who have been affected with skin lesions at the gold mine. The NICD has been requested by the management of the gold mining company to assist with an investigation.

I would like to ask you some general questions about your health and the work that you do at the mine. We will record your answers on a questionnaire. This interview will take about 20 minutes.

All employee information will be kept confidential and will only be used for the purposes of this investigation. There should be no risk if you agree to take part in the investigation.

We hope that by collecting the information we will be able to prevent further cases at the mine.

Do you agree to be interviewed?

- 1 Yes (obtain participant signature, continue with the interview)
 2 No (complete the refusal section)

Participant signature: _____ Date: 21 February 2018

Reason for not agreeing to be interviewed

- 1 Not interested
 2 Too busy
 3 Concerned about confidentiality of information provided
 4 Other (specify): _____

SECTION A: INCLUSION CRITERIA			
Q1	Q1.1 Are you aged 18 years or older?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	If Yes to all four questions (Q1.1 to Q1.4), skip to Q2 If No, end questionnaire
	Q1.2 Are you engaged in underground work?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
	Q1.3 Are you employed at the gold mine?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
	Q1.4 Have you been working at the gold mine for at least one month?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
<i>If the inclusion criteria are not met:</i>		Thank you for your time. We will not include you in the study. Goodbye.	

SECTION B: OUTCOME STATUS			
Q2	Q2.1 Do you at this moment have a skin lesion or bump anywhere on your body (head, neck, arms, or legs)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	If Yes, continue with Q2.2, complete sections A-G and refer to doctor or nurse to complete sections H-I If No, complete sections A-F only and end questionnaire
	Q2.2 Where do you think that you got these skin lesion(s) or bumps on your body from?		

QUESTIONNAIRE

SECTION C: INTERVIEWER DETAILS			
Q3	Name and surname / initials of person completing the questionnaire:		
Q4	Date of interview (DD/MM/YYYY):	21/02/2018	
Q5	Shift	<input type="checkbox"/> 1 Morning <input type="checkbox"/> 2 Afternoon <input type="checkbox"/> 3 Evening	

Continue with SECTION D: EMPLOYEE DETAILS

SECTION D: EMPLOYEE DETAILS			
Q6	Sex (observation)	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	
Q7	What is your date of birth (DD/MM/YYYY)? If the participant does not know his / her date of birth; ask how old he or she is (age in years).	<input type="checkbox"/> 1 Known _____ <input type="checkbox"/> 2 Unknown _____ years	
Q8	Where do you stay after work?	<input type="checkbox"/> 1 Mine hostel <input type="checkbox"/> 2 Living out <input type="checkbox"/> 3 Unknown	
Q9	When did you start working at gold mine (DD/MM/YYYY)?		
Q10	How long have you worked at gold mine?	<input type="checkbox"/> 1 Less than 12 months <input type="checkbox"/> 2 1 to 3 years <input type="checkbox"/> 3 4 to 5 years <input type="checkbox"/> 4 More than 5 years <input type="checkbox"/> 5 Unknown	
Q11	What is your occupation?	<input type="checkbox"/> 1 Machine/rock drill operator <input type="checkbox"/> 2 Scraper winch operator <input type="checkbox"/> 3 Stope team member <input type="checkbox"/> 4 Development team member <input type="checkbox"/> 5 Load operator <input type="checkbox"/> 6 Loco operator <input type="checkbox"/> 7 Engineering assistant <input type="checkbox"/> 8 Other (specify) _____ <input type="checkbox"/> 9 Unknown	
Q12	What type of work are you involved in?	<input type="checkbox"/> 1 Development <input type="checkbox"/> 2 Roving surface <input type="checkbox"/> 3 Roving underground <input type="checkbox"/> 4 Shaft and services <input type="checkbox"/> 5 Stopping <input type="checkbox"/> 6 Traming <input type="checkbox"/> 7 Other (specify) _____	

Employee Industry Number: _____

		<input type="checkbox"/> 8 Unknown	
Q13	In which section of the mine do you currently work in (number)?		
Q14	In which gang do you belong to?		

Continue with SECTION B: EMPLOYEE MEDICAL HISTORY

SECTION B: EMPLOYEE MEDICAL HISTORY			
Q15	Do you have any of the following medical conditions?	<p>Q15.1 Diabetes mellitus <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown</p> <p>Q15.2 Tuberculosis (TB) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown If Yes, status of TB infection <input type="checkbox"/> 1 Previous <input type="checkbox"/> 2 Current</p> <p>Q15.3 Cancer <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown If Yes, specify what type _____</p> <p>Q15.4 Skin conditions (for example eczema, psoriasis) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown If Yes, specify what type _____</p> <p>Q15.5 Other medical condition <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown If Yes, specify what type _____</p>	
Q16	You may decide if you want to answer the next question or not.	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	

Employee Industry Number: _____

	Are you HIV-positive?	If Yes, are you on antiretroviral medication? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	
Q17	Do you have a history of smoking	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No If Yes, are you a <input type="checkbox"/> 1 Current smoker <input type="checkbox"/> 2 Previous smoker <input type="checkbox"/> 3 Unknown	If Yes, skip to Q18 If No, skip to Q20
Q18	How many cigarettes do you smoke in one day?		
Q19	How long have you been smoking (years)?		
Q20	Do you drink alcohol?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	If Yes, skip to Q21 If No, skip to Q24
Q21	How often do you drink alcohol?	<input type="checkbox"/> 1 Everyday <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 Twice a week <input type="checkbox"/> 4 Three times a week <input type="checkbox"/> 5 More than three times a week <input type="checkbox"/> 6 Weekends only <input type="checkbox"/> 7 Once a month <input type="checkbox"/> 8 Other (specify) _____ <input type="checkbox"/> 9 Unknown	
Q22	What type of alcohol do you drink (beer, sorghum beer/umqomboti, cider, wine, brandy, whisky, vodka, gin, sherry, cane)?		
Q23	What volume of alcohol do you drink at any given time (how many cans, glasses, shots, dumpi, quart, bottles, mixed)?	Number of units: _____ Unit type (e.g. cans): _____ Volume (millilitres): _____	

Continue with SECTION F: EXPOSURE INFORMATION

SECTION F: EXPOSURE INFORMATION

Q24	Have you noticed any cuts or scratches on your body (arms, head, neck or legs) over the last week?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	
Q25	Do you wear any personal protective equipment?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	<p>If Yes, skip to Q26</p> <p>If No, skip to Q39</p>
Q26	At any given time, do you take off the following personal protective equipment? (tick all that apply)	<input type="checkbox"/> 1 Overalls <input type="checkbox"/> 2 Gloves <input type="checkbox"/> 3 Masks <input type="checkbox"/> 4 Boots <input type="checkbox"/> 5 Goggles <input type="checkbox"/> 6 Helmets <input type="checkbox"/> 7 Knee protectors <input type="checkbox"/> 8 Arm protectors <input type="checkbox"/> 9 Other (specify) _____	
Q27	For every shift that you have worked in the last week, how often have you worn personal protective equipment?	<input type="checkbox"/> 1 Always (100%) <input type="checkbox"/> 2 Most of the time (80%) <input type="checkbox"/> 3 Sometimes (50%) <input type="checkbox"/> 4 Never (0%)	<p>If options 2-4 were selected skip to Q28</p> <p>If option 1 was selected, skip to Q29</p>
Q28	What are the reasons for not wearing your personal protective equipment all the time?		
Q29	Do you share any personal protective equipment with other mine workers?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	<p>If Yes, skip to Q30</p> <p>If No, skip to Q31</p>
Q30	Have you shared personal protective equipment with others who have or previously had skin lesions or bumps on their body?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	
Q31	How many sets of overalls do you use during one shift?	<input type="checkbox"/> 1 One <input type="checkbox"/> 2 Two <input type="checkbox"/> 3 More than two <input type="checkbox"/> 4 Other (specify) _____	<p>If two or more than two or other, skip to Q32</p> <p>If one, skip to</p>

		<input type="checkbox"/> 5 Unknown	Q33
Q32	If you use more than one set of overalls, where do you change into your work overalls?	<input type="checkbox"/> 1 Mine change rooms <input type="checkbox"/> 2 Underground <input type="checkbox"/> 4 Other (specify) _____ <input type="checkbox"/> 5 Unknown	
Q33	Where do you store your work overalls after a shift?	<input type="checkbox"/> 1 Mine change rooms <input type="checkbox"/> 2 Underground <input type="checkbox"/> 3 Where you stay <input type="checkbox"/> 4 Other (specify) _____ <input type="checkbox"/> 5 Unknown	If underground, skip to Q34 If not underground, skip to Q36
Q34	Do you rinse off your work overalls with water underground after a shift?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	
Q35	When do you bring up your work overalls from underground?	<input type="checkbox"/> 1 After every shift <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 Twice a week <input type="checkbox"/> 4 Never	
Q36	Do you wash your work overalls every day?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	If No, skip to Q37 If Yes, skip to Q38
Q37	How often do you wash your work overalls in a week?	<input type="checkbox"/> 1 Nil/zero <input type="checkbox"/> 2 Once <input type="checkbox"/> 3 Twice <input type="checkbox"/> 4 More than two times <input type="checkbox"/> 5 Unknown	
Q38	Where do you wash your work overalls?	<input type="checkbox"/> 1 Mine Laundromat <input type="checkbox"/> 2 Where you stay <input type="checkbox"/> 3 Other (specify) _____ <input type="checkbox"/> 4 Unknown	
Q39	Do you shower/bath at the mine change rooms after a shift?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	If No, skip to Q40 If Yes, skip to Q41
Q40	Where do you shower/bath after a shift?	<input type="checkbox"/> 1 Where you stay <input type="checkbox"/> 2 Other (specify) _____	

		<input type="checkbox"/> 3 Unknown	
Q41	Do you share a bedroom with anyone where you stay?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	If Yes, skip to Q42 If No, skip to Q46
Q42	Do you share a bed with anyone where you stay?		
Q43	How many people do you share a bedroom with?		
Q44	What is the relationship of this person(s) with whom you share a bedroom with? (tick all that apply)	<input type="checkbox"/> 1 Family <input type="checkbox"/> 2 Friend(s) <input type="checkbox"/> 3 Co-worker(s) <input type="checkbox"/> 4 Other (specify) _____ <input type="checkbox"/> 5 Unknown	
Q45	Does anyone who you share a bedroom with have or previously had skin lesions or bumps?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	
Q46	Do you share a bathroom facility with anyone where you stay?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	If Yes, skip to Q47 If No, skip to Q50
Q47	How many people do you share a bathroom facility with?		
Q48	What is the relationship of this person(s) with whom you share a bathroom facility with? (tick all that apply)	<input type="checkbox"/> 1 Family <input type="checkbox"/> 2 Friend(s) <input type="checkbox"/> 3 Co-worker(s) <input type="checkbox"/> 4 Other (specify) _____ <input type="checkbox"/> 5 Unknown	
Q49	Does anyone who you share a bathroom facility with have or previously had skin lesions or bumps?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	
Q50	Have you worked in a different section(s) of the mine over the last 12 months?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	
Q51	Have you worked in a different gang(s) over the last 12 months?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	
Q52	Have you been in contact with anyone that has or previously had	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	If Yes, skip to Q53

	skin lesion(s) or bumps on their body?	<input type="checkbox"/> 3 Unknown	If No, end questionnaire if participant does not have skin lesions OR continue with Q55 if the participant does have skin lesions
Q53	Were you in contact with this person(s) on more than one occasion?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	
Q54	Please explain what was the relationship of this person(s) to you?	<input type="checkbox"/> 1 Family <input type="checkbox"/> 2 Friend(s) <input type="checkbox"/> 3 Co-worker(s) <input type="checkbox"/> 4 Other (specify) _____ <input type="checkbox"/> 5 Unknown	End questionnaire if participant does not have skin lesions OR continue with Q55 if the participant does have skin lesions

Continue with SECTION G: HISTORY OF SKIN LESIONS

SECTION G: HISTORY OF SKIN LESIONS			
Q55	Did you have previous episodes of skin lesions or bumps?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown	If Yes, skip to Q56 If No, skip to Q58
Q56	How many episodes* of skin lesions or bumps did you have? <i>*A new episode is defined when the skin lesion(s) presents on a different location on the body OR after the resolution of a previous episode of skin lesion(s) within 21 days</i>	<input type="checkbox"/> 1 Known Number: _____ <input type="checkbox"/> 2 Unknown	If Known, skip to Q57 If Unknown, skip to Q58
Q57	Date and location where skin lesions or bumps occurred <i>*Resolved is defined when the skin lesion(s) is healed OR a scar is present</i>	<input type="checkbox"/> 1 First episode Month/Year: _____ Location: _____	

Employee Industry Number: _____

		<p>Resolved*: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown</p> <p><input type="checkbox"/> 2 Second episode Month/Year: _____ Location: _____ Resolved: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown</p> <p><input type="checkbox"/> 3 Third episode Month/Year: _____ Location: _____ Resolved: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown</p> <p><input type="checkbox"/> 4 Fourth episode Month/Year: _____ Location: _____ Resolved: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown</p> <p><input type="checkbox"/> 5 Fifth episode Month/Year: _____ Location: _____ Resolved: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown</p> <p><input type="checkbox"/> 6 Sixth episode Month/Year: _____ Location: _____ Resolved: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown</p> <p><input type="checkbox"/> 7 Seventh episode Month/Year: _____ Location: _____ Resolved: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown</p> <p><input type="checkbox"/> 8 Eighth episode Month/Year: _____ Location: _____</p>
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Employee Industry Number: _____

		<p>Resolved: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown</p> <p><input type="checkbox"/> 9 Ninth episode Month/Year: _____ Location: _____</p> <p>Resolved: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown</p> <p><input type="checkbox"/> 10 Tenth episode Month/Year: _____ Location: _____</p> <p>Resolved: <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown</p>	
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Continue with SECTION H: CURRENT EPISODE OF SKIN LESIONS

Introduction

Hello. My name is _____

I am a doctor or nurse working for the National Institute for Communicable Diseases (NICD). I would like to ask you some questions on your current episode of skin lesion(s), examine current skin lesion(s) and to take a sample of the skin lesion(s) or bumps on your body to be tested at our laboratory.

This is important so that we can make a diagnosis and treat you appropriately. Your results will be shared with the doctors at the health clinic on the mine.

Taking samples of skin lesions or bumps will take about 10 minutes.

All employee information and results will be kept confidential and will only be used for the purposes of this investigation.

There might be some risk with sample collection. *Explain that the sample collection might be painful to the participant.*

DOCTOR OR NURSE'S DETAILS

Name and surname or initials of person completing the form:	
Date of completion (DD/MM/YYYY):	21/02/2018
Shift	<input type="checkbox"/> 1 Morning <input type="checkbox"/> 2 Afternoon <input type="checkbox"/> 3 Evening

SECTION H: CURRENT EPISODE OF SKIN LESIONS		
<p>Q58</p>	<p>When did the skin lesion(s) occur on your body?</p> <p>If the participant does not know when the skin lesion(s) occurred; ask how many days/week(s) ago did he notice the skin lesion(s).</p>	<p>Date (DD/MM/YYYY): _____</p> <p>_____ day(s)</p> <p>_____ week(s)*</p> <p><i>*One week is equivalent to seven days</i></p>
<p>Q59</p>	<p>Location of skin lesions (tick all that apply)</p>	<p><input type="checkbox"/> 1 Face</p> <p><input type="checkbox"/> 2 Hands</p> <p><input type="checkbox"/> 3 Fingers</p> <p><input type="checkbox"/> 4 Groin</p> <p><input type="checkbox"/> 5 Axillae</p> <p><input type="checkbox"/> 6 Head and neck</p> <p><input type="checkbox"/> 7 Upper limbs</p> <p><input type="checkbox"/> 8 Trunk and back</p> <p><input type="checkbox"/> 9 Lower limbs</p> <p><input type="checkbox"/> 10 Other (specify)</p> <p>_____</p>
<p>Q60</p>	<p>Description of skin lesion(s) (tick all that apply)</p>	<p><input type="checkbox"/> 1 Boils</p> <p><input type="checkbox"/> 2 Furuncles</p> <p><input type="checkbox"/> 3 Superficial abscesses</p> <p><input type="checkbox"/> 4 Subcutaneous abscesses</p> <p><input type="checkbox"/> 5 Ulcers</p> <p><input type="checkbox"/> 6 Infected lacerations</p> <p><input type="checkbox"/> 7 Nodules on extremities</p> <p><input type="checkbox"/> 8 Cellulitis</p> <p><input type="checkbox"/> 9 Other (specify)</p> <p>_____</p>
<p>Q61</p>	<p>Other description of skin lesion(s) on presentation (tick all that apply)</p>	<p><input type="checkbox"/> 1 Painful</p> <p><input type="checkbox"/> 2 Swollen</p> <p><input type="checkbox"/> 3 Skin irritation</p> <p><input type="checkbox"/> 4 Itching</p>

		<input type="checkbox"/> 5 Pus present <input type="checkbox"/> 6 Other (specify) _____	
Q62	Did you attend the mine clinic for treatment? (tick all that apply)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown Did the participant seek health care elsewhere? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown If Yes, specify where: <input type="checkbox"/> 1 Local clinic <input type="checkbox"/> 2 Pharmacy <input type="checkbox"/> 3 Traditional healer <input type="checkbox"/> 4 Relative <input type="checkbox"/> 5 Friend <input type="checkbox"/> 6 Other (specify) _____ <input type="checkbox"/> 7 Unknown	
Q63	Have you had treatment with antibiotics?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown If Yes, specify which antibiotics: _____ _____	
Q64	Have you had treatment with incision and drainage?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unknown If Yes, specify the date (DD/MM/YYYY): _____ _____	

Continue with SECTION I: SAMPLE COLLECTION

Employee Industry Number: _____

Can we take a sample of the skin lesion or bump to be tested at our laboratory?	<input type="checkbox"/> 1 Yes (continue with sample collection) <input type="checkbox"/> 2 No
Can we take a picture of the skin lesion or bump to be used for the investigation?	<input type="checkbox"/> 1 Yes (continue with taking a picture. Save the image using the employee industry number.) <input type="checkbox"/> 2 No
Participant signature: _____ Date: 21 February 2018	

Q65	Sample collected:	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No If No, specify the reason: _____	
Sample number	Site of skin lesion	Sample type	Comments
		<input type="checkbox"/> 1 Pus aspirate <input type="checkbox"/> 2 Skin scrapings <input type="checkbox"/> 3 Other (specify) _____	
		<input type="checkbox"/> 1 Pus aspirate <input type="checkbox"/> 2 Skin scrapings <input type="checkbox"/> 3 Other (specify) _____	
		<input type="checkbox"/> 1 Pus aspirate <input type="checkbox"/> 2 Skin scrapings <input type="checkbox"/> 3 Other (specify) _____	

End of questionnaire

Thank you for your participation