BURULI SKIN SWAB STUDY QUESTIONNAIRE

Name:

Date you collected our study swabs:

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Please describe in a few words what you did outside on the date you collected our study swabs (e.g. gardening, walking the dog, etc.):

Please describe the amount of clothing covering you were wearing when outside (e.g. above knee shorts, open sandals, gloves, sleeveless top):

Where were you? (Name of suburb or town):

Have you ever had a friend or relative diagnosed with Buruli ulcer?

 YES NO UNSURE

If so, when was it diagnosed? (Month/Year)

Have you ever had medically proven Buruli ulcer (also called Bairnsdale ulcer?)

YES NO UNSURE

If yes, what was the approximate date diagnosed? (Month/Year)

Where was/is the ulcer located on your body?

Are you currently receiving treatment for Buruli ulcer?

YES NO UNSURE