**Appendix**

*Questionnaire used in this study*

**SECTION “GENERAL INFORMATION”**

1. **In which way have you been contacted?** (\*)[[1]](#footnote-1)

*Mark just one oval*

* I received an E-MAIL
* Via FACEBOOK
* Via WHATSAPP
* or Via INSTAGRAM
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Gender** (\*)[[2]](#footnote-2)

*Mark just one oval*

* F
* M

1. **Year of birth** (\*)[[3]](#footnote-3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Nationality** (\*)[[4]](#footnote-4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Place and province of birth** (\*)[[5]](#footnote-5)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Place and province of residence** (\*)[[6]](#footnote-6)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **You live in a……. environment** (\*)[[7]](#footnote-7)

*Mark just one of the ovals*

* Rural
* Urban

1. **Educational qualifications** (\*)[[8]](#footnote-8)

*Mark just one oval*

* Secondary/high school diploma
* Bachelor’s degree
* Master’s degree or specialist degree
* Post lauream (school of specialization, PhD, Master, …)

1. **Employment activities** (\*)[[9]](#footnote-9)

*Mark just one oval*

* Yes
* No

1. **If NO** (\*)[[10]](#footnote-10)

*Mark just one oval*

* Student
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If YES at which sector your work activity belongs?**

*Mark just one oval*

* Agriculture, forestry, livestock farming
* Food sector
* Manufacturing
* Water supply; sewerage, waste management and sanitation activities
* Construction
* Trade
* Accommodation and catering activities
* Professional, scientific and technical activities
* Health and social assistance
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Specific task carried out** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Have you contracted or know someone who has contracted the disease?**

*Mark just one oval*

* Yes, I contracted it
* Yes, I know someone who contracted it
* No

**SECTION “KNOWLEDGE OF PARASITE AND PARASITIC DISEASE”**

1. **Have you ever heard of toxoplasmosis before?**

*Mark just one oval*

* Yes
* No

1. **If YES, where?**

*Select all applicable entries*

* Books
* Magazines
* Television
* Radio
* Internet
* General practitioner
* Medical specialist (e.g. gynaecologist)
* Other healthcare
* Veterinarian
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Which animal is involved in the transmission of toxoplasmosis?**

*Select all applicable entries*

* Dog
* Cat
* Canary
* Hamster
* Mosquito
* Fish
* I don’t know

1. **Can the human being become infected?**

*Mark just one oval*

* Yes
* No
* I don’t know

1. **How can the human being contract the disease?**

*Select all applicable entries*

* Eating undercooked meat
* Eating unwashed vegetables
* Through the puncture with infected needle
* Through the tick bite
* Through coughing/sneezing
* I don’t know

1. **What are the symptoms associated with the toxoplasmosis?**

*Select all applicable entries*

* Headache
* Joint pain
* Vomiting
* Diarrhea
* Fever
* Rash
* I don’t know

1. **Toxoplasmosis is a disease with more serious consequences if it is contracted being…**

*Select all applicable entries*

* Pregnant
* Breastfeeding
* In old age
* In paediatric age
* I don’t know

1. **Do you think that the disease can be transmitted from the mother to the unborn child during pregnancy?**

*Mark just one oval*

* Yes
* No
* I don’t know

1. **If YES, what may be the effects on the unborn child?**

*Select all applicable entries*

* Hydrocephalus
* Retardation
* Calcification of the brain
* Chororetinite
* Miscarriage
* I don’t know

1. **If YES, what may be the effects/symptoms on the woman?**

*Select all applicable entries*

* Enlarged liver
* Enlarged spleen
* Enlargement of the lymph nodes
* Headache
* Muscle/joint pain
* I don’t know

1. **What is the pregnancy period in which the disease can cause more complications if contracted?**

*Select all applicable entries*

* First quarter
* Second quarter
* Third quarter
* Indifferent
* I don’t know

1. **How is toxoplasmosis diagnosed?**

*Select all applicable entries*

* Chest X-ray
* Blood draw
* Urinalysis
* Oropharyngeal swab
* Analysis of the symptoms
* I don’t know

1. **Is it possible to prevent toxoplasmosis?**

*Mark just one oval*

* Yes
* No
* I don’t know

1. **If YES how can it be prevented?**

*Select all applicable entries*

* To clean cat litter at least once a day
* To clean cat litter at least once a day
* To use gloves during gardening/horticulture
* To wash and peel fruits and vegetables before consumption
* To cook the meat well before eating it

1. Answer is required [↑](#footnote-ref-1)
2. Answer is required [↑](#footnote-ref-2)
3. Answer is required [↑](#footnote-ref-3)
4. Answer is required [↑](#footnote-ref-4)
5. Answer is required [↑](#footnote-ref-5)
6. Answer is required [↑](#footnote-ref-6)
7. Answer is required [↑](#footnote-ref-7)
8. Answer is required [↑](#footnote-ref-8)
9. Answer is required [↑](#footnote-ref-9)
10. Answer is required [↑](#footnote-ref-10)