## SUPPLEMENTAL TABLE

# QUESTIONNAIRE ON OCCUPATION SKIN DISEASES AMONG BRICKLAYERS AND MASONS IN OGBOMOSO, OYO STATE NIGERIA.

## BIODATA

Serial no
Age as at last birthday
Sex; Male Female
Religion; Christianity Islam Traditional Others
Educational level; Tertiary Secondary Primary Non-formal
Marital status Married Single Separated
Divorced Widow
Tribe; Yoruba Igbo Hausa Others
OCCUPATIONAL PROFILE
Job description Bricklayers/ Brick masons Apprentice Supervisor
How long have you been doing this work Months Years
On the average how many blocks do you mold or build with on a day?
Nature of work :Brick molding Sand/Cement mixing Bricklaying
Plastering Washing of Instruments All of the above
How often do you do this work per week? Everyday Twice Three times
GENERAL OCCUPATIONAL RELATED HEALTH SYMPTOMS

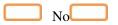
## MUSCULOSKELETAL DISORDERS

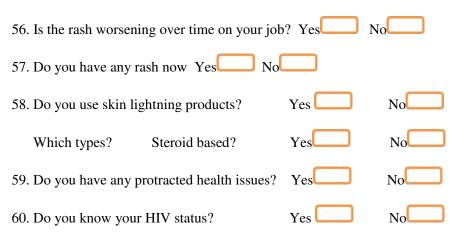
Wrist pain Yes No Elbow pain Yes No Shoulder pain Yes
No Back pain Yes No Waist pain Yes No
Generalized body pain or weakness Yes No
How frequent do you have this pain? Always Sometimes Occasionally
How often do you get injured? Always Sometimes Occasionally
Never
Other history (Please specify)
History of chronic cough (>2weeks) Yes No
History of breathlessness Yes No
DERMATOLOGICAL HISTORY
Did you have skin rashes before you started this job? Yes No
Don't know
Have you developed rashes on your body since you started this job Yes No
If yes, how long into the job did it start? Days Weeks Months Months
Years
If yes, where is the rash? Hands Face Generalized Trunk Leg . Others (signify)
Leg Leg . Others (signify)
Was the Rash itchy? Yes No
Was the rash on and off? Yes No
Does the rash bring out water (fluid oozing)? Yes No
Pain and paresthesia Yes No
Do you develop blisters or ulcers while performing your tasks? Yes No

Do you have scales on your body while performing your tasks? Yes No
Any discoloration (white of dark) on your body while performing your tasks? Yes
No
Do you frequently have any of the following? Catarrh Itchy eyes skin rashes Skin itching Does anyone in your family frequently have Catarrh, Itchy eyes, skin rashes, asthma and
body itching? Yes No
Do you develop skin rashes around where you wear? Belt Earring Earring
Necklace None
Do you develop rashes when you wash or used with detergent? Yes No
Did you receive treatment for the rash (specify)
Have you developed any nail changes since you started this work? Yes No
If yes what type? Loss of nail plate Painful swelling around the skin of the nails
Change of nail color
Do you have burns from hot water or from the instruments you use? Yes No
Do you develop blisters or ulcers when you use instruments like scissors to perform task?
Yes No
Do you know skin contact with cement or wet concrete could be harmful? Yes No
COSMETIC HISTORY
Soap type used regularly? Toilet soap Yes No
Medicated Soap Yes No

41.Cream types used regularly? Petroleum based Yes No							
OCCUPATIONAL CONTACT DERMATITIS RISK FACTORS ASSESSMENT							
42. What type cement do you use most often? Elephant Dangote Others (Please							
specify)							
43. Did you use gloves to perform your tasks? Yes No							
44. If yes how frequent? Always Sometimes Occasionally							
45. What task do you use hand gloves to do? Brick molding Sand/Cement mixing							
Bricklaying Plastering Washing of instruments							
46. If yes, what type of gloves do you use? Cellophane gloves Latex gloves							
Thick rubber gloves							
47. Do you develop skin rashes when you use gloves? Yes No							
48. How soon do you develop this rash when you use gloves? 1-7days >7days							
49. Did you ever use rain boots to perform your tasks? Yes No							
50. If yes how frequent? Always Sometimes Occasionally							
51. What task do you use rain boots to do? Brick molding Sand/Cement mixing							
Bricklaying Plastering Washing of instruments Washing of							
Towels							
52. If yes, what type of rain boots do you use? Thick rubber gloves Plastic type							
53.Do you develop skin rashes when you use boots? Yes No							
54. How soon do you develop this rash when you use boots? 1-7days >7days							

55.Do you develop rashes on your hands when you use cements with your bare hands? Yes





## **EXAMINATIONS**

#### 61. GENERAL PHYSICAL EXAMINATION

A.	Heightl	B. Weight	<b>C.</b> BMI
D.	Pallor	E. Jaundice	
F.	Cyanosis	.G. Fever	
Н.	Dehydration	I. Lymphadenopathy	7
J.	Pedal Oedema		

#### 62. DERMATOLOGICAL EXAMINATIONLIMBS (Upper limbs)

Rashes (blisters, scars, eczematous, excoriations, calluses):

a)	On the forearm	Yes	No
b)	On the hands	Yes	No
c)	Dorsum of the hand	Yes	No
d)	Palmar surface	Yes	No
e)	Rashes on the fingers	Yes	No
f)	Rashes on the interdigital cleft	Yes	No

Description of rash and diagnosis						
e) Tinea unguium			Yes	No		
f) Candida paronychia			Yes	No		
g) Keloid						
h) Onychomycosis						
Limbs (Lower limbs)						
Rashes (Ichthyosis, T. pa	edis, Sca	ars, Pig	mentary	skin changes)		
On the leg	Yes	No				
On the feet	Yes	No				
Dorsum of the feet	Yes	No				
Plantar surface	Yes	No				
Description of rash and diagnosis						
Face						
a) Rashes on the face	Yes	No				
If yes where (specify); Forehead, Cheeks, Nasal bridges, Chin etc						
Description of rash and diagnosis						

## Trunk

a) Rashes on the trunk		Yes	No			
b) If yes specify region						
Description of rash and diag						
Any features of skin lightening? Steroid based?				Yes	No	
	Hydro	oquinone ba	ased?	Yes	No	
5. Any evidence of chronic i	illness?			Yes	N	lo
6. If yes, specify (wasting of	f thenar and h	ypothenar	muscles, w	rinkling e	etc.)	

## 63. INVESTIGATION RESULTS:

### 64. PATCH TESTING:

Ро	sitive result Yes N	o Indet	erminate 🔲						
1.	1. Degree of reaction Mild Moderate Severe								
2.	If yes, allergic to								
	a. Potassium dichro	mate							
	b. Cobalt								
	c. Thiuram								
	d. Epoxy resin								
	e. Control								
SKIN	SCRAPPING	FOR	FUNGAL	STUDY	CULTURE				
RESU	LT								

SKIN BIOPSY .....