

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-formalMarital 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 ☐

Years ☐

If yes, where is the rash? Hands ☐ Face ☐ Generalized ☐ Trunk ☐

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 or 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 ☐

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

☐ No ☐

56. Is the rash worsening over time on your job? Yes ☐ No ☐

57. Do you have any rash now Yes ☐ No ☐

58. Do you use skin lightning products? Yes ☐ No ☐

Which types? Steroid based? Yes ☐ No ☐

59. Do you have any protracted health issues? Yes ☐ No ☐

60. Do you know your HIV status? Yes ☐ No ☐

EXAMINATIONS

61. GENERAL PHYSICAL EXAMINATION

- A. HeightB. Weight.....C. BMI.....
- D. Pallor.....E. Jaundice.....
- F. Cyanosis.....G. Fever.....
- H. Dehydration.....I. Lymphadenopathy.....
- 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 unguiumYesNo
- f) Candida paronychiaYesNo
- g) Keloid
- h) Onychomycosis

Limbs (Lower limbs)

Rashes (Ichthyosis, T. paedis, Scars, Pigmentary skin changes)

- On the legYesNo
- On the feetYesNo
- Dorsum of the feetYesNo
- Plantar surfaceYesNo

Description of rash and diagnosis.....

Face

- a) Rashes on the faceYesNo

If yes where (specify); Forehead, Cheeks, Nasal bridges, Chin etc. -----

Description of rash and diagnosis.....

Trunk

- a) Rashes on the trunkYesNo
- b) If yes specify region -----

Description of rash and diagnosis.....

- Any features of skin lightening? Steroid based?YesNo
- Hydroquinone based?YesNo

5. Any evidence of chronic illness?YesNo
6. If yes, specify (wasting of thenar and hypothenar muscles, wrinkling etc.)-----
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63. INVESTIGATION RESULTS:

64. PATCH TESTING:

Positive result Yes ☐ No ☐ Indeterminate ☐

1. Degree of reaction Mild ☐ Moderate ☐ Severe ☐

2. If yes, allergic to
- a. Potassium dichromate
 - b. Cobalt
 - c. Thiuram
 - d. Epoxy resin
 - e. Control

SKIN SCRAPPING FOR FUNGAL STUDY CULTURE
RESULT.....

SKIN BIOPSY