

HBVTR- Hepatitis B prevalence and associated risk factors in Turkish migrants in Middle Limburg  
Code: HBVTR-.....-..... (to be completed by the physician)

Name: .....

Surname: .....

Date of birth:

/   /

(DD/MM/JJJJ)

Gender: male

Address:

.....

Surname (and name) general  
practitioner:

.....

.....

.....

Region general  
practitioner:.....

.....

## QUESTIONNAIRE

### A. Demographic information

1. What is your country of birth?

- ☐ Belgium → go to question 3
- ☐ Turkey → go to question 2
- ☐ Other → go to question 3

2. If you are born in Turkey, what year did you come to Belgium? (e.g. the year 1999)

3. Which of your parents were born in Turkey? (multiple choices possible)

- ☐ Father → answer question 4
- ☐ Mother → answer question 5
- ☐ None → skip questions 4 and 5

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4. In which region was your father born? (see figure)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Region A: Marmara           | <input type="checkbox"/> Region B: Ege       | <input type="checkbox"/> Region C: Akdeniz      |
| <input type="checkbox"/> Region D: İç Anadolu        | <input type="checkbox"/> Region E: Karadeniz | <input type="checkbox"/> Region F: Doğu Anadolu |
| <input type="checkbox"/> Region G: Güneydoğu Anadolu |  |   |



5. In which region was your mother born? (see figure)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Region A: Marmara           | <input type="checkbox"/> Region B: Ege       | <input type="checkbox"/> Region C: Akdeniz      |
| <input type="checkbox"/> Region D: İç Anadolu        | <input type="checkbox"/> Region E: Karadeniz | <input type="checkbox"/> Region F: Doğu Anadolu |
| <input type="checkbox"/> Region G: Güneydoğu Anadolu |  |   |



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## B. Circumcision

1. Have you been circumcised?
  - ☐ Yes → go to question 2
  - ☐ No → skip questions 2 and 3
2. How have you been circumcised?
  - ☐ I was the only one circumcised and therefore not collectively in a group
  - ☐ We were circumcised collectively in a group
  - ☐ I don't know
3. Who circumcised you?
  - ☐ The circumcision was performed by a doctor
  - ☐ The circumcision was not performed by a doctor
  - ☐ I don't know

## C. Healthcare

1. Have you ever received blood? (multiple choices possible):
  - ☐ Yes, I received blood in Turkey before 1972
  - ☐ Yes, I received blood in Belgium before 1972
  - ☐ Yes, I received blood after 1972
  - ☐ No, I have not received any blood
2. Have you previously been treated at the dentist in Turkey?
  - ☐ Yes
  - ☐ No
3. Have you had surgery in the past? (multiple choices possible):
  - ☐ Yes, I have had surgery in Turkey
  - ☐ Yes, I have had surgery in Belgium
  - ☐ No, I have not had surgery
  - ☐ None of the above answers
4. Have you received treatment with needles (e.g. acupuncture, infusion) in the past? (multiple choices possible):
  - ☐ Yes, I received needle treatment in Turkey
  - ☐ Yes, I received treatment with needles in Belgium
  - ☐ No, I have not received needle treatment
  - ☐ None of the above answers

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## D. Family

1. Tick which of your family has hepatitis B virus infection (multiple choices possible):

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Mother                                 | <input type="checkbox"/> Brother(s)   |
| <input type="checkbox"/> Father                                 | <input type="checkbox"/> Sister(s)    |
| <input type="checkbox"/> I have a hepatitis B virus infection   | <input type="checkbox"/> Partner      |
| <input type="checkbox"/> Other family member (e.g. uncle, aunt) | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> None of the above answers              |                                       |

2. Have you ever shared a toothbrush with someone in the family?

- ☐ Yes, several times (knowing and/or accidentally)  
☐ Yes, once (knowing and/or accidentally)  
☐ No

3. Have you ever shared a nail clipper with someone in the family?

- ☐ Yes  
☐ No

4. Have you ever shared a razor with someone in the family?

- ☐ Yes  
☐ No

5. Have you ever shared a used towel with someone in the family?

- ☐ Yes  
☐ No

6. Have you ever eaten from the same plate with someone in the family?

- ☐ Yes  
☐ No

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## E. Other

1. Check what applies to you (multiple choices possible):
  - ☐ I have had a tattoo, body piercing or pierced ear in Turkey
  - ☐ I have had a tattoo, body piercing or pierced ear in Belgium
  - ☐ I have not had a tattoo, body piercing or pierced ear
  - ☐ None of the above answers
  
2. Have you previously received a foot treatment with fish (Fish spa?)
  - ☐ Yes, I got a foot treatment with fish in Turkey
  - ☐ Yes, I got a foot treatment with fish in a country other than Turkey
  - ☐ No, I have not received foot treatment with fish
  
3. What is your father's highest diploma?
  - ☐ No diploma
  - ☐ Primary school (primary education)
  - ☐ Secondary education
  - ☐ College or university (higher education)
  
4. What is your mother's highest diploma?
  - ☐ No diploma
  - ☐ Primary school (primary education)
  - ☐ Secondary education
  - ☐ College or university (higher education)
  
5. Have you been vaccinated against hepatitis B?
  - ☐ Yes                                      ☐ No                                      ☐ I don't know
  - If **Yes**, how many vaccinations have you had?
    - ☐ 1                                      ☐ 2                                      ☐ ≥3                                      ☐ I don't know
  - If **No**, why have you not been vaccinated against the hepatitis B virus?  
(multiple choices possible)
    - ☐ I don't need to be vaccinated because I feel well
    - ☐ I had no knowledge about the possibility of hepatitis B vaccination
    - ☐ I have to pay for the vaccination myself. Vaccine is too expensive
    - ☐ Unknown, I don't know