

Appendix. Histoplasmosis questionnaire.

Histoplasmosis Questionnaire			
Patient ID:			
Sex:	Age:		
Visit date:			
Health issues at today's medical examination		<input type="checkbox"/> No <input type="checkbox"/> Yes Which:	
Last cave visit		When:	Where:
Health problems upon returning from the cave		<input type="checkbox"/> No <input type="checkbox"/> Yes Which:	
FAMILY ANAMNESIS – DISEASES IN THE FAMILY			
Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes Which:		
Cancer	<input type="checkbox"/> No <input type="checkbox"/> Yes Which:		
Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes Which:		
Cardio-vascular diseases	<input type="checkbox"/> No <input type="checkbox"/> Yes Which:		
Other (list):			
PERSONAL ANAMNESIS			
Other diseases	<input type="checkbox"/> No <input type="checkbox"/> Yes Which:		
Lung diseases	<input type="checkbox"/> No <input type="checkbox"/> Yes Which:		
Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes Which:		
Allergies on medicaments	<input type="checkbox"/> No <input type="checkbox"/> Yes Which medicines:		
Regular medicine	<input type="checkbox"/> No <input type="checkbox"/> Yes Which:		
Occasional medicine	<input type="checkbox"/> No <input type="checkbox"/> Yes Which:		
Catheter / Implants	<input type="checkbox"/> No <input type="checkbox"/> Yes Where:		
Smoker	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Occasional Cigarettes / Day:

EXAMINATION – LUNGS					
<input type="checkbox"/>	Normal auscultatory diagnosis				
<input type="checkbox"/>	Crackles Where:				
<input type="checkbox"/>	Wheezes Where:				
<input type="checkbox"/>	Other (description)				
<input type="checkbox"/>	Other (description)				
LABORATORY TEST AND RADIOGRAPHY					
<input type="checkbox"/>	Serology	<input type="checkbox"/>	Serum Ag <input type="checkbox"/>	Urine Ag <input type="checkbox"/>	PCR
<input type="checkbox"/>	Chest x-ray in two standard projections				
<input type="checkbox"/>	Other:				

SPECIAL ANAMNESIS ON VISITS OF ENDEMIC REGIONS	
Visit of hazardous parts of the world or stay in endemic areas for the occurrence of histoplasmosis:	
• North America	<input type="checkbox"/> No <input type="checkbox"/> Yes Which states:
• Central America	<input type="checkbox"/> No <input type="checkbox"/> Yes Which countries:
• South America	<input type="checkbox"/> No <input type="checkbox"/> Yes Which countries:
• Africa	<input type="checkbox"/> No <input type="checkbox"/> Yes Which countries:
• Australia	<input type="checkbox"/> No <input type="checkbox"/> Yes
• East Asia	<input type="checkbox"/> No <input type="checkbox"/> Yes Which countries:
Visit to the endemic areas in the last year	<input type="checkbox"/> No <input type="checkbox"/> Yes When:
When was your last visit of the endemic area(s)?	Date:
Did you also visit caves in the endemic area(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes Where:
What was the longest time spent in a single cave in the endemic area(s)?	<input type="checkbox"/> < 5 hrs <input type="checkbox"/> between 5 and 10 hrs <input type="checkbox"/> > 10 hrs
Did you come into direct contact with bats and/or guano in the endemic area(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did you visit only show caves in the endemic area(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
While in the endemic area(s) did you participate in archaeological excavations or sampling of sediments and soils that resulted in dust formation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
While in the endemic area(s) did you stay in caves close to locations with abundant (decaying) organic material?	<input type="checkbox"/> No <input type="checkbox"/> Yes
ANAMNESIS ON SPELEOLOGICAL AND EXPLORATION ACTIVITIES IN CAVES	
How long have you been exploring caves? _____ years	
How often do you go into caves?	<input type="checkbox"/> On average once a week <input type="checkbox"/> On average once a month <input type="checkbox"/> Occasionally, few times a year <input type="checkbox"/> Other (<i>please specify</i>):
Do you visit only show caves?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you also visit caves that require proficiency in caving climbing technique?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you participate in cave expeditions and explorations in Slovenia?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you participate in cave expeditions and explorations elsewhere in Europe?	<input type="checkbox"/> No <input type="checkbox"/> Yes Where?
Do you participate in cave expeditions and explorations outside Europe?	<input type="checkbox"/> No <input type="checkbox"/> Yes Where?
Do you always clean caving equipment after each cave visit?	<input type="checkbox"/> No <input type="checkbox"/> Yes
After cave visit do you clean caving equipment only with water?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you clean cave equipment thoroughly after cave visits, including using detergents or other biocides?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you participate in cave survey activities that necessitate occasionally staying in a certain part or whole cave system?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you predominantly study waters in caves, such that you can encounter aerosols deriving from water bodies?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you occasionally come into contact with large amounts of organic material in caves; do you also visit caves that are mass graves?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Do you occasionally suffer exposure to large amounts of dust in caves, e.g. during cleaning, construction of cave infrastructure, exploration and discovery of geological, archaeological and other artefacts?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you use means of personal protection, such as masks, gloves and clothing, related to activities in caves?	<input type="checkbox"/> No <input type="checkbox"/> Yes
During research activities in caves do you also come into contact with bats, guano and/or guano-borne aerosols?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Did you stay in caves intended for speleotherapy?	<input type="checkbox"/> No <input type="checkbox"/> Yes How long? Where?
Were there any events (such as swallowing water or suffering abrasions or minor cuts) in caves that could cause infections?	<input type="checkbox"/> No <input type="checkbox"/> Yes Which? Where?
Did you suffer a bite from a bat in a cave?	<input type="checkbox"/> No <input type="checkbox"/> Yes Where? When?
Have you experienced direct contact with occasional dwellers in caves – animals?	<input type="checkbox"/> No <input type="checkbox"/> Yes Which?
Have you experienced a bite from any animal in a cave?	<input type="checkbox"/> No <input type="checkbox"/> Yes Where? When? Which?
Have you suffered any accident in caves that resulted in an open wound?	<input type="checkbox"/> No <input type="checkbox"/> Yes Where? When?
If you experienced an accident in a cave that resulted in an open wound, did you later consult your physician?	<input type="checkbox"/> No <input type="checkbox"/> Yes