

Supplementary Table S1.

Epidemiological Questionnaire

Alveolar echinococcosis - alveococcosis

1. Name:
2. Year of birth:
3. Sex:
4. Place of birth: voivodship..... TOWN/VILLAGE*
5. Current address: voivodship..... TOWN/VILLAGE*
6. Profession: farmer, forester, veterinarian, sawmill worker, other*
7. House / summer house near the forest: YES/NO *
8. Pets: DOGS , CATS , OTHER:*
9. Contact with livestock; work in an animal shelter, in a vet clinic, with wild animals*
10. Eating habits – picking mushrooms, berries, wild strawberries, raspberries in the forest
11. Are fur animals bred near your place of residence?
Which ones?.....
12. Do you mow the grass?.....
13. What source of water do you use in your household? well, municipal water supply *,
other
14. Have you ever drunk water directly from natural sources (stream, pond, river, lake
etc.*) When.....
15. The first symptoms: abdominal pain, nausea, vomiting, jaundice, diarrhoea*,
other..... (year month.....)
16. Age at the diagnosis:.....
17. When were the first lesions in the liver identified? year month;
Size of the lesion..... (cm)
18. Lesions in the liver were detected based on the ultrasound, abdominal computed
tomography, abdominal magnetic resonance imaging *
19. Has the blood test for alveococcosis was performed? YES/NO*; year
20. How long was the time from the first symptoms to the final
diagnosis?.....
21. Surgeries (please specify the year of the procedure): YES/NO *
.....
22. Current symptoms:.....
23. Concomitant diseases:.....
24. Since when was the antiparasitic albendazole (Zentel) administered?
25. Was the albendazole treatment stopped?.....
Why?..... When?.....
Other received drugs:.....
.....