## QUESTIONNAIRE A

GENDER:		
1.	Are you a trained professional?	
	( ) Yes ( ) No. If so, how many years have you been in the profession?	
	If you are not, answer question 2	
2.	What year study are you in at the Faculty of Physiotherapy at UENP?	
	() 1st year () 2nd year () 3rd year () 4th year	
3.	How old are you?	
	() 18-20 years old () 21-25 years old () 26-35 years old () 36 years old or more	
4.	Are you aware of the meaning of biosafety?	
	() Yes () No	
5.	Have you ever attended a biosafety course and/or	
	lecture?	
	() Yes () No	
6.	Have you ever noticed if your physical therapist uses any protective	
	equipment?	
	() Yes () No	
7.	Do you know what protective equipment (PPE) means?	
	() Yes () No	
8.	Name the PPE you know.	
9.	If you have to see patients in the Faculty of Physiotherapy Clinic, do you know exactly	
	how to take care of yourself?	
	() Yes () No	
10	What is your main doubt concern regarding infection provention in alinical practice?	
10.	. What is your main doubt concern regarding infection prevention in clinical practice?	
11.	. What sterilization means do you know?	
	() Sterilization oven () Autoclave () Others	
12.	Do you know any laws biosafety in physiotherapy	
	() Yes () No	
13.	Are you aware of the biosafety law that protects professionals and the environment?	
	() Yes () No	
14.	Do you know what an occupational disease is?	
	() Yes () No	
15.	. In your opinion, is it important to immunize all professionals and/or employees of	
	health facilities?	
	() Yes () No	
16.	Are you aware of what the acronym CTNBIO means?	
	() Yes () No	

## QUESTIONNAIRE B

Give only one answer to the questions below:		
1.	Do you use gloves to care for patients?	
	() Yes () No	
2.	Do you change gloves between patients?	
	() Yes () No	
3.	Do you wear a lab coat during patient care?	
	() Yes () No	
4.	Do you use a lab coat for a service environment?	
	() Yes () No	
5.	Have you ever had a vaccine for hepatitis B and other infectious diseases for which you can	
	be immunized?	
	() Yes () No	
6.	Do you clean the appliances, stretchers and treatment tools properly?	
	() Yes () No	
7.	Do you do hand hygiene before and after each appointment?	
	() Yes () No	
8.	Do you wear closed shoes in environments that may be contaminated?	
	() Yes () No	
9.	Have you been the victim of contamination (discharge, pus, blood)?	
	() Yes () No	
10.	If you answered yes to the question above, did you notify the responsible sector and receive	
	adequate and immediate assistance?	
	() Yes () No	
11.	Mark as affirmative alternatives as to what you always do to ensure biosafety in the ventures.	
	() Cleaning of stretcher surfaces after developments	
	() Washing of hands before each appointment and before wearing gloves	
	() Use of closed shoes for patient care	
	() I have the clothes I use to care for patients washed separately from others for casual use	
	() I always sanitize/disinfect the devices used to treat patients	