HIGH RISK GROUP QUESTIONNAIRE: QUARANTINE MANAGER/OWNER

Instructions to the administrators should be provided here.

A. GENERAL INFORMATION

A1. Country where study is being conducted: ________________

A2. Subject ID: ___ ___ ___ ___ ___ ___ ___ ___

A3. Interviewee Name: First name ________________ Surname ________________

A4. Interviewer Name: First name ________________ Surname ________________

A5. Date of interview (dd/mm/yyyy): ____/____/____

A6. Primary Residence (options to be finalized by country) (Region, City, Province, Country):

________________________________________________________________________________________

A7. Secondary Residence (options to be finalized by country) (Region, City, Province, Country):

________________________________________________________________________________________

A8. Language used for interview (options to be finalized by country):

☐ English ☐ Arabic ☐ Local dialect ☐ Persian ☐ Other, please specify ______

A9. Gender (tick one): ☐ Male ☐ Female

A10. Date of birth: ____/____/____ (dd/mm/yyyy)

B. QUARANTINE FACILITY GENERAL QUESTIONS

The questions below should be modified after piloting/field testing of the questionnaire.

B1. How long have you worked at this quarantine facility? ___ ___ Years ___ ___ Months

B2. Which days of week is this quarantine facility open?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

B3. Which animals are kept at this quarantine facility (check all that apply)?

☐ Dromedary camels ☐ Goats ☐ Sheep ☐ Cattle

☐ Horses ☐ Donkey ☐ Other (1) ______________

B4. How many animals are kept at this quarantine facility on average each day?

_____ Dromedary camels _____ Goats _____ Sheep _____ Cattle

_____ Horses _____ Donkey _____ Other (1) ______________

B5. If dromedary camels are processed at this facility, where are they from (fill in as required)?
At what age are dromedary camels brought to this facility?


B6. Are there any treatments or vaccinations required prior to arrival at this facility?

Treatment/Vaccine 1: ___________________________________________________________

Treatment/Vaccine 2: __________________________________________________________

Treatment/Vaccine 3: __________________________________________________________

B7. Are camels and other animals kept in the same quarantine areas?

☐ Yes  ☐ No

C. Contact

C1. May we contact you again with follow up questions or clarifications?

☐ Yes  ☐ No  ☐ Unknown

C1.1 If yes, telephone number of subject: _________________________________________