HIGH RISK GROUP QUESTIONNAIRE: QUARANTINE WORKER

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)

A11. What is your current marital status?  ☐ Single  ☐ Married  ☐ Divorced  ☐ Widowed

A112. How many people live in your household with you (one household is defined as sharing a single kitchen)?

A12.1 Children aged less than 18 years old: _____

A12.2 Adults aged 18 years and older: ________

B. OCCUPATIONAL EXPOSURES

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

B2. What animals do you manage on the quarantine/holding ground facility?
Tick all that apply:

☐ Dromedary Camels  ☐ Goats  ☐ Sheep  ☐ Cattle
☐ Horses  ☐ Donkey  ☐ Rabbits  ☐ Cats  ☐ Dogs
☐ Other(1) ____________________  ☐ Other (2)__________________

B3. What is your job(s) at this quarantine facility? (Options to be finalized after field visit)
Tick all that apply:

☐ Sampling of animals  ☐ Animal vaccination  ☐ Animal care  ☐ Other ________________
Quarantine Worker Questionnaire - DRAFT (To be finalized by country implementing study)

Subject ID: ___  ___  ___  ___  ___  ___  ___  ___

Of the listed options, which you selected, which is your primary job? _________________________________

B4. How many days per week do you work at this quarantine?
☐ Once a week  ☐ At least three times a week  ☐ Daily

B5. Are there certain weeks/periods of the year when you work more or less at this quarantine facility (e.g., for example around holiday or festivals)?
☐ Yes  ☐ No
B5.2 If yes, please describe: _______

B6. Is working at the quarantine facility your main occupation?
☐ Yes  ☐ No
B6.1 If no, what is your main occupation? _________________________________

B7. Have you seen other animals, rodents or pests at the quarantine facility?
☐ Yes  ☐ No
B7.1 If yes, which other animals have been seen at the quarantine facility?
☐ Cats not owned by households  ☐ Dogs not owned by households  ☐ Rats  ☐ Mice  ☐ Bats  ☐ Other __________________________

B8. Do you live/sleep regularly (at least once per week) at the quarantine facility?
☐ Yes  ☐ No

C. PERSONAL PROTECTIVE EQUIPMENT AND HYGIENE PRACTICES

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

C1. Do you ever wear personal protective equipment while working at the quarantine facility?
☐ Yes  ☐ No

C2. What personal protective equipment do you usually (daily) wear when working at the quarantine facility?
☐ Gloves  ☐ Coveralls  ☐ Dust masks  ☐ Boots or boot covers  ☐ Respirators  ☐ Eye protection (goggles, safety glasses)  ☐ Other: ________________________________

C3. How often do you usually wash your hands while working at the quarantine facility?

(Note to interviewers: Observe if there are handwashing facilities at the quarantine facility and if there is soap or other cleaning materials are available.)
☐ At mealtimes  ☐ Before and after each animal related task  ☐ At bathroom times  ☐ The beginning and end of the day  ☐ Rarely
D. ANIMAL EXPOSURES IN/AROUND THE HOME (where you live)

D1. Have you had any livestock kept in or around your home in the last six months?
☐ Yes      ☐ No      ☐ Unknown

D1.1 Name the species, the number of animals and what they are used for

<table>
<thead>
<tr>
<th>Animal species</th>
<th>Number of animals</th>
<th>What are they used for?</th>
<th>Did you have direct contact (i.e., touch) with these animals?</th>
<th>Any illness affecting animals in the last six months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camels</td>
<td></td>
<td>income</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>food</td>
<td>☐ No</td>
<td>☐ No</td>
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<td></td>
<td></td>
<td>work</td>
<td>☐ Unknown</td>
<td>☐ Unknown</td>
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<td></td>
<td></td>
<td>racing</td>
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<td></td>
<td></td>
<td>pets</td>
<td></td>
<td></td>
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<tr>
<td>Sheep</td>
<td></td>
<td>income</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
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<tr>
<td></td>
<td></td>
<td>food</td>
<td>☐ No</td>
<td>☐ No</td>
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<td></td>
<td></td>
<td>work</td>
<td>☐ Unknown</td>
<td>☐ Unknown</td>
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<td>racing</td>
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<tr>
<td></td>
<td></td>
<td>pets</td>
<td></td>
<td></td>
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<tr>
<td>Goats</td>
<td></td>
<td>income</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
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<tr>
<td></td>
<td></td>
<td>food</td>
<td>☐ No</td>
<td>☐ No</td>
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<td></td>
<td></td>
<td>work</td>
<td>☐ Unknown</td>
<td>☐ Unknown</td>
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<td>racing</td>
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<td></td>
<td></td>
<td>pets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cattle</td>
<td></td>
<td>income</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>food</td>
<td>☐ No</td>
<td>☐ No</td>
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<td></td>
<td></td>
<td>work</td>
<td>☐ Unknown</td>
<td>☐ Unknown</td>
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<td></td>
<td>racing</td>
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<td></td>
<td>pets</td>
<td></td>
<td></td>
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<tr>
<td>Horses</td>
<td></td>
<td>income</td>
<td>☐ Yes</td>
<td>☐ Yes</td>
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<td></td>
<td></td>
<td>food</td>
<td>☐ No</td>
<td>☐ No</td>
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<td>work</td>
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<td>racing</td>
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<td></td>
<td></td>
<td>pets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D2. In the last six months, did you have any contact with any carcasses, body fluids, secretions, urine or excrement of camels in or around your home?
☐ Yes      ☐ No      ☐ Unknown

D3. In the last six months, did you have any contact with any camel bedding, stray of feed in or around your home?
☐ Yes      ☐ No      ☐ Unknown

D4. At your home, in the last six months did you do any of the following activities:

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Subject ID:  ____  ____  ____  ____  ____  ____  ____  ____

D4a. Feed camels?  □ YES  □ NO  □ UNKNOWN
D4b. Clean camel housing?  □ YES  □ NO  □ UNKNOWN
D4c. Slaughter camels?  □ YES  □ NO  □ UNKNOWN
D4d. Assist with the birth of camels?  □ YES  □ NO  □ UNKNOWN
D4e. Milk camels?  □ YES  □ NO  □ UNKNOWN
D4f. Kiss/hug camels?  □ YES  □ NO  □ UNKNOWN
D4g. Other tasks?  □ YES  □ NO  □ UNKNOWN

D4g1. If yes, please specify:____________________________________________________________

D5. Do others living in your household (e.g., domestic help or relative) frequently visit or work on a farm or market where camels are kept or sold?
□ Yes  □ No  □ Unknown

D5a. Have others living in your household (e.g., domestic help or relative) had visited or worked in the in the past 2 weeks at a farm or market where camels are kept or sold?
□ Yes  □ No  □ Unknown

D5b. Have others living in your household (e.g., domestic help or relative) had direct contact with camels in the past 2 weeks?
□ Yes  □ No  □ Unknown

E. FOOD/MEDICINAL EXPOSURES

The following series of questions are focused on food exposures in the last six months and questions related to your use of camel or camel products for medicinal or therapeutic reasons.

E1. Do you regularly eat camel meat or consume other camel products (e.g., milk, urine)?
   E1.1 Do you regularly drink raw camel milk?  □ Yes  □ No
   E1.2 Do you regularly drink boiled camel milk?  □ Yes  □ No
   E1.3 Do you regularly drink camel urine?  □ Yes  □ No
   E1.4 Do you regularly eat raw camel meat?  □ Yes  □ No
   E1.5 Do you regularly eat cooked camel meat?  □ Yes  □ No

E2. Do you believe that camels or camel products have medicinal or therapeutic properties?
□ Yes  □ No  □ Not sure

E3. Do you use camel products for medicinal purposes?  □ Yes  □ No
   If yes:
   E3.1 Do you drink camel milk for medicinal or therapeutic purposes?
   E3.2 Do you drink camel urine for medicinal purposes?
   E3.3 Do you receive or use any traditional medications that contain camel products?
   E3.4 What illnesses or medical conditions are you treating with camel or camel related products?
Quarantine Worker Questionnaire - DRAFT (To be finalized by country implementing study)

Subject ID: __  __  __  __  __  __  __  __

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F. TRAVEL HISTORY AND EXPOSURES

F1. During the last six months have you travelled outside [study site]?

☐ Yes   ☐ No

F1.1 If yes, what countries/regions have you visited?

<table>
<thead>
<tr>
<th>Country</th>
<th>Region/City</th>
<th>Approximate Dates</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

F2. Have you attended any recent mass gatherings (e.g., weddings, festivals or religious pilgrimages) outside of your region's country where there were large numbers of people together?

☐ Yes   ☐ No   ☐ Unknown

F2.1 If yes, specify event(s) and location:

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F3. When you travelled, did you do any of the following?

<table>
<thead>
<tr>
<th>Tick all that apply:</th>
<th>Location of the farm (town, country)</th>
<th>Animals present at venue</th>
<th>Did you have direct contact with any of these animals?</th>
<th>Did you have any direct contact with any animal carcasses, body fluids, secretions, urine or excrement while at this venue?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit a farm with animals</td>
<td>☐</td>
<td>☐ Camel ☐ Goat ☐ Sheep ☐ Horse ☐ Cattle</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>Visit an animal market</td>
<td>☐</td>
<td>☐ Camel ☐ Goat ☐ Sheep ☐ Horse ☐ Cattle</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>Visit a slaughter house</td>
<td>☐</td>
<td>☐ Camel ☐ Goat ☐ Sheep ☐ Horse ☐ Cattle</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>Visit a race track</td>
<td>Yes ☐</td>
<td>☐ Camel ☐ Goat ☐ Sheep ☐ Horse ☐ Cattle</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
</tbody>
</table>

June 2018
6. SIGNS AND SYMPTOMS

G1. Are you sick today with fever and/or cough?
☐ Yes ☐ No
(If yes, ask to take respiratory specimens)

G2. Did you experience any respiratory signs or symptoms during the last six months?
☐ Yes ☐ No ☐ Unknown

G3. If you answered yes to either G1 or G2, please indicate which symptoms:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Today</th>
<th>Last 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>G3.1 Dry Cough</td>
<td>☐ Yes</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>G3.2 Productive Cough</td>
<td>☐ Yes</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>G3.3 Phlegm</td>
<td>☐ Yes</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>G3.4 Runny nose</td>
<td>☐ Yes</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>G3.5 Sore throat</td>
<td>☐ Yes</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>G3.6 Fever</td>
<td>☐ Yes</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>G3.7 Shortness of breath</td>
<td>☐ Yes</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>G3.8 Muscle pain</td>
<td>☐ Yes</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>G3.9 Diarrhea</td>
<td>☐ Yes</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>G3.10 Chest Pain</td>
<td>☐ Yes</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>G3.11 Vomiting</td>
<td>☐ Yes</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
<tr>
<td>G3.12 Rashes</td>
<td>☐ Yes</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
</tr>
</tbody>
</table>

G4. Have you sought medical care?
☐ Yes ☐ No ☐ Unknown

G4.1 If yes, where did you seek medical care (name and address of medical facility)?
_________________________________________________________

G5. Where you hospitalized during the course of your illness?
☐ Yes ☐ No ☐ Unknown

G5.1 If yes, when were you hospitalized (DD/MM/YYYY): ___/___/_______

G5.2 If yes, which hospital did you receive treatment(s)? (Name and address)
_________________________________________________________
H. MEDICAL HISTORY AND RELATED EXPOSURES

H1. Do you currently smoke tobacco (ex. cigarettes, cigars, shisha)?
□ Daily □ A few days a week □ Not at all □ Unknown

H2. Do you share your tobacco (e.g., shisha)?
□ Yes □ No □ Unknown

H3. Have you smoked tobacco daily in the past?
□ Yes □ No □ Unknown

H4. Is there any hereditary disease running in your family?
□ Yes □ No □ Unknown
  H4.1 If yes, please specify the disease(s): _______________________________________________________

H5. Do you currently have any chronic illness (ex. asthma, cancer, diabetes)?
□ Yes □ No □ Unknown
  H5.1 If yes, please specify the disease(s): _______________________________________________________

H6. Have you taken medications regularly in the last six months?
□ Yes □ No □ Unknown
  H6.1 If yes, what medications do you regularly take?
List all: ____________________________________________

H7. Have you taken any traditional medications in the last six months?
□ Yes □ No □ Unknown
  H7.1 If yes, which traditional medications?
List all: ____________________________________________

H8. If female, were you pregnant in the last six months?
□ Yes □ No □ Unknown

H9. Have you visited anyone in the hospital in the last 6 months?
□ Yes □ No □ Unknown
  H9.1 If yes, was the person sick with respiratory (cough, breathing problems)?
□ Yes □ No □ Unknown
  H9.2 If yes, at what hospital (regions, city, district)_____________________________________________
  H9.3 If yes, what was your relationship to the person in the hospital?
□ Close family □ Extended family □ Friend □ Other___________________

I. Contact
Quarantine Worker Questionnaire - DRAFT (To be finalized by country implementing study)

Subject ID: ___  ___  ___  ___  ___  ___  ___  ___

1. May we contact you again with follow up questions or clarifications?
   □ Yes  □ No  □ Unknown

1.1 If yes, telephone number of subject: _____________________________________________