

Subject ID: _____

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)?

Subject ID: _____

Location 1 (City, Province, Country): _____

Location 2 (City, Province, Country): _____

Location 3 (City, Province, Country): _____

Location 4 (City, Province, Country): _____

Location 5 (City, Province, Country): _____

Location 6 (City, Province, Country): _____

B6. At what age are dromedary camels brought to this facility?

B7. Are there any treatments or vaccinations required prior to arrival at this facility?

Treatment/Vaccine 1: _____

Treatment/Vaccine 2: _____

Treatment/Vaccine 3: _____

B8. 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: _____