Subject ID: ___ ___ ___ ___ ___ ___ ___ ___

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 _____

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

Animal species	Number of animals	What are they used for?	Did you have direct contact (i.e., touch) with these animals?	Any illness affecting animals in the last six months?
Camels	☐ None ☐ < 10 animals ☐ ≥ 10 animals	☐ income ☐ food ☐ work ☐ racing ☐ pets	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Sheep	☐ None ☐ < 10 animals ☐ ≥ 10 animals	☐ income ☐ food ☐ work ☐ racing ☐ pets	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Goats	☐ None ☐ < 10 animals ☐ ≥ 10 animals	☐ income ☐ food ☐ work ☐ racing ☐ pets	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Cattle	☐ None ☐ < 10 animals ☐ ≥ 10 animals	☐ income ☐ food ☐ work ☐ racing ☐ pets	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Horses	☐ None ☐ < 10 animals ☐ ≥ 10 animals	☐ income ☐ food ☐ work ☐ racing ☐ pets	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

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:

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?

Subject ID: ___ ___ ___ ___ ___ ___ ___ ___

_____

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?

Country	**Region/City**	**Approximate Dates**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

☐ Yes ☐ No ☐ Unknown

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

_____

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

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

Subject ID: ___ ___ ___ ___ ___ ___ ___ ___

G. 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:

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

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

If yes, when were you hospitalized (DD/MM/YYYY): ____/___/_____

If yes, which hospital did you receive treatment(s)? (Name and address)

_____

Subject ID: ___ ___ ___ ___ ___ ___ ___ ___

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

Subject ID: ___ ___ ___ ___ ___ ___ ___ ___

I1. May we contact you again with follow up questions or clarifications?

☐ Yes ☐ No ☐ Unknown

I1.1 If yes, telephone number of subject: _____

Formatted: Normal, Space After: 0 pt