

Subject ID: _____

HIGH RISK GROUP QUESTIONNAIRE: ABATTOIR MANAGER/OWNER

This questionnaire is intended to be used once per abattoir to collect general information about operations of the abattoir. This questionnaire can be administered to the abattoir manager or owner.

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. GENERAL QUESTIONS ABOUT THE ABATTOIR OPERATIONS

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

B1. How long have you worked at this abattoir? _____ Years _____ Months

B2. What operations occur at this abattoir?

Tick all that apply:

Slaughtering of animals Cleaning Flaying Evisceration

Product (meat) storage/etc. Other _____

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

B3. Which days of week is this abattoir open?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

B4. Are there certain weeks/periods of the year when you work more or less at this slaughterhouse (e.g., for example around holiday or festivals)?

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B4.1 If yes, please describe:

B5. Which animals are slaughtered at this abattoir (check all that apply)?

- Dromedary camels Goats Sheep Cattle
 Horses Donkey Other (1) _____

B6. How many animals are slaughtered at this abattoir (check all that apply) each day?

- _____ Dromedary camels _____ Goats _____ Sheep _____ Cattle
_____ Horses _____ Donkey _____ Other (1) _____

B6. If dromedary camels are processed at this facility, where are they from (fill in as required)?

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): _____

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: _____