

Subject ID: _____

HIGH RISK GROUP QUESTIONNAIRE: CAMEL FARM/BARN/RANCH 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 at this camel farm/barn/ranch? ____ ____ Years ____ ____ Months

B2. What animals do you raise on your farm (check all that are there and add number of animal raised)?

Camels ____ Goats ____ Sheep ____ Cattle ____

Horses ____ Donkey ____ Chickens ____ Pigeons ____

Rabbits ____ Duck ____ Cats ____ Dogs ____

Other (1) _____ Other (2) _____

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B3. What is/are your job/jobs at this camel farm/barn/ranch? (Options to be finalized after field visit)

Tick all that apply:

- House Work (not animal care)
- 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 camel farm/barn/ranch?

- 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 camel farm/barn/ranch (e.g., for example around holiday or festivals)?

- Yes
- No

B5.2 If yes, please describe: _____

B6. Is working at the camel farm/barn/ranch your main occupation?

- Yes
- No

B6.1 If no, what is your main occupation? _____

B7. Is this farm/barn/ranch your primary residence?

- Yes
- No

B7.1 If yes, on average, how many nights per week do you sleep at this farm/barn/ranch?

(number) ___ nights/week

B7.2 If no, what is the address of your primary residence: _____

B8. Have you ever noticed any camel feces or urine in or around your living quarters in the last month?

- Yes
- No

B9. Have you seen other animals, rodents or pests at your farm/barn/ranch?

- Yes
- No

B9.1 If yes, which other animals have been seen on your farm/barn/ranch?

- Cats not owned by households
- Dogs not owned by households
- Rats
- Mice
- Bats
- Other _____

B10. On average, over the last 12 months, how often do you do the following activities?

- 1 = Never
- 2 = Rarely (not even once a month)
- 3 = Monthly (at least once a month)
- 4 = Weekly (at least once a week)
- 5 = Daily

Animal (Circle the number that is closest to how frequently you perform this activity)

B10.1 Kiss camels	1	2	3	4	5
B10.2 Clean camel housing	1	2	3	4	5
B10.3 Handle camel waste	1	2	3	4	5
B10.4 Slaughter camels	1	2	3	4	5
B10.5 Assist in the birth of camels	1	2	3	4	5
B10.6 Administer vaccines/medicines	1	2	3	4	5

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B10.7 Milk camels 1 2 3 4 5

B11. Are there other activities that you do frequently concerning camels on your farm/barn/ranch that were not covered above?

Yes No

B12. In the last 12 months are you aware of being in contact with any sick animals?

Yes No

B12.1 If yes what types (species) of animals?

Tick all that apply:

- | | | | |
|---|---------------------------------|--|----------------------------------|
| <input type="checkbox"/> Camels | <input type="checkbox"/> Goats | <input type="checkbox"/> Sheep | <input type="checkbox"/> Cattle |
| <input type="checkbox"/> Horses | <input type="checkbox"/> Donkey | <input type="checkbox"/> Chickens | <input type="checkbox"/> Pigeons |
| <input type="checkbox"/> Rabbits | <input type="checkbox"/> Duck | <input type="checkbox"/> Cats | <input type="checkbox"/> Dogs |
| <input type="checkbox"/> Other(1) _____ | | <input type="checkbox"/> Other (2) _____ | |

B12.2 If yes, do you know if any of the animals died of illness?

Yes No

B12.3 If yes, did you personally handle (touch) any of the sick animals or dead animals?

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 farm/barn/ranch?

Yes No

C2. What personal protective equipment do you usually (daily) wear when working at the farm/barn/ranch?

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Boots or boot covers | <input type="checkbox"/> Coveralls |
| <input type="checkbox"/> Dust masks | | <input type="checkbox"/> Respirators |
| <input type="checkbox"/> Eye protection (goggles, safety glasses) | | <input type="checkbox"/> Other: _____ |

C3. How often do you usually wash your hands while working at the farm/barn/ranch?

(Note to interviewers: Observe if there are handwashing facilities at the farm/barn/ranch and if there is soap or other cleaning materials are available.)

- | | | |
|---|--|--|
| <input type="checkbox"/> At mealtimes | <input type="checkbox"/> Before and after each animal related task | <input type="checkbox"/> At bathroom times |
| <input type="checkbox"/> The beginning and end of the day | | <input type="checkbox"/> Rarely |

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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	<input type="checkbox"/> None <input type="checkbox"/> < 10 animals <input type="checkbox"/> ≥ 10 animals	<input type="checkbox"/> income <input type="checkbox"/> food <input type="checkbox"/> work <input type="checkbox"/> racing <input type="checkbox"/> pets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Sheep	<input type="checkbox"/> None <input type="checkbox"/> < 10 animals <input type="checkbox"/> ≥ 10 animals	<input type="checkbox"/> income <input type="checkbox"/> food <input type="checkbox"/> work <input type="checkbox"/> racing <input type="checkbox"/> pets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Goats	<input type="checkbox"/> None <input type="checkbox"/> < 10 animals <input type="checkbox"/> ≥ 10 animals	<input type="checkbox"/> income <input type="checkbox"/> food <input type="checkbox"/> work <input type="checkbox"/> racing <input type="checkbox"/> pets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Cattle	<input type="checkbox"/> None <input type="checkbox"/> < 10 animals <input type="checkbox"/> ≥ 10 animals	<input type="checkbox"/> income <input type="checkbox"/> food <input type="checkbox"/> work <input type="checkbox"/> racing <input type="checkbox"/> pets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Horses	<input type="checkbox"/> None <input type="checkbox"/> < 10 animals <input type="checkbox"/> ≥ 10 animals	<input type="checkbox"/> income <input type="checkbox"/> food <input type="checkbox"/> work <input type="checkbox"/> racing <input type="checkbox"/> pets	Yes no <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

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

- | | | | |
|---------------------------------------|------------------------------|-----------------------------|----------------------------------|
| D4a. Feed camels? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| D4b. Clean camel housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| D4c. Slaughter camels? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| D4d. Assist with the birth of camels? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| D4e. Milk camels? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| D4f. Kiss/hug camels? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| D4g. Other tasks related to camels? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E1.2 | Do you regularly drink boiled camel milk? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E1.3 | Do you regularly drink camel urine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E1.4 | Do you regularly eat raw camel meat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E1.5 | Do you regularly eat cooked camel meat? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? |

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E3.4 What illnesses or medical conditions are you treating with camel or camel related products?

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	<input type="checkbox"/>		<input type="checkbox"/> Camel <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Horse <input type="checkbox"/> Cattle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Visit an animal market	<input type="checkbox"/>		<input type="checkbox"/> Camel <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Horse <input type="checkbox"/> Cattle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Visit a slaughter house	<input type="checkbox"/>		<input type="checkbox"/> Camel <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Horse <input type="checkbox"/> Cattle	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Visit a camel race track	Yes <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
G3.2 Productive Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
G3.3 Phlegm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
G3.4 Runny nose	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
G3.5 Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
G3.6 Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
G3.7 Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
G3.8 Muscle pain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
G3.9 Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
G3.10 Chest Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
G3.11 Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
G3.12 Rashes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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

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)

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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 _____

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I. Contact

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

Yes No Unknown

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