

## **Appendix 2: KAP Survey**

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

# Crimean-Congo Hemorrhagic Fever

## Knowledge, Attitudes, and Practice Survey

October 2014  
Tbilisi, Georgia

Interviewer Name:  
Interview Date:  
Location (Village/Region/District):  
GPS Coordinates:

### Introduction

Note: When administering the following survey, do not prompt any of the multiple choice answers; please have the participant state their own answers and circle all that apply.

**To the interviewee:** "Thank you for being willing to participate in this survey. I am going to start by asking you basic questions about yourself to get to know you better. Please note that your name and any other identifying information will not be collected during this survey. If you want to have the survey stopped at any time or for any reason, please tell us immediately."

### Demographics

1. Date of birth (DD/MM/YYYY): \_\_\_\_\_
2. Sex:
  - a. Male
  - b. Female
3. Nationality:
  - a. Georgian
  - b. Azery
  - c. Armenian
  - d. Other: \_\_\_\_\_
4. Residence:
  - a. Rural
  - b. Urban
5. Household Size (including the participant): \_\_\_\_\_
6. Highest education level:
  - a. Elementary
  - b. Secondary
  - c. Vocational

- d. Higher
  - e. None
  - f. Other: \_\_\_\_\_
7. Occupation:
- a. Farmer
  - b. Herder
  - c. Field worker
  - d. Slaughterhouse worker
  - e. Healthcare worker
  - f. Veterinarian
  - g. Other \_\_\_\_\_

**Risk Factors**

8. Do you own or take care of animals? Yes/No
- a. If yes, what type?
    - i. Sheep
    - ii. Goats
    - iii. Cattle
    - iv. Buffalo
    - v. Other \_\_\_\_\_
9. In the last four months, have you performed the following activities:
- a. Herding
    - i. No
    - ii. Sheep
    - iii. Goats
    - iv. Cattle
    - v. Buffalo
    - vi. Other \_\_\_\_\_
  - b. Animal birthing assistance
    - i. Have assisted in animal birthing but have used PPE (gloves, gowns, boots)
    - ii. Have assisted in animal birthing but have not used PPE
    - iii. Have not assisted in animal birthing
  - c. Slaughtering
    - i. No
    - ii. Sheep
      - 1. Slaughter sheep using PPE (gloves, gowns, boots)
      - 2. Slaughter sheep without PPE (gloves, gowns, boots)
    - iii. Goats
      - 3. Slaughter goats using PPE (gloves, gowns, boots)
      - 4. Slaughter goats without PPE (gloves, gowns, boots)
    - iv. Cattle
      - 5. Slaughter cattle using PPE (gloves, gowns, boots)

- 6. Slaughter cattle without PPE (gloves, gowns, boots)
  - v. Buffalo
    - 7. Slaughter buffalo using PPE (gloves, gowns, boots)
    - 8. Slaughter buffalo without PPE (gloves, gowns, boots)
  - vi. Other \_\_\_\_\_
    - 9. Slaughter animals using PPE (gloves, gowns, boots)
    - 10. Slaughter animals without PPE (gloves, gowns, boots)
  - d. Butchering/handling raw meat
    - i. No
    - ii. Sheep
    - iii. Goats
    - iv. Cattle
    - v. Buffalo
    - vi. Other \_\_\_\_\_
  - e. Handled ticks with bare hands
    - i. No
    - ii. Removed ticks from animal and threw is out
    - iii. Removed ticks from animals and killed with bare hands
    - iv. Removed ticks from yourself and threw it out
    - v. Removed ticks from yourself and killed with bare hands
    - vi. Other \_\_\_\_\_
  - f. Worked in a health care setting
    - i. No
    - ii. Primary healthcare
    - iii. Outpatient clinic
    - iv. Hospital
    - v. Other \_\_\_\_\_
  - g. Drank unpasteurized milk
    - i. Yes
    - ii. No
  - h. Gardening
    - i. Yes
    - ii. No
  - i. Any other outdoor activity not previously asked:
    - i. None
    - ii. Hiking
    - iii. Camping
    - iv. Hunting
    - v. Fishing
    - vi. Picnicking outside
10. In the last four months, have you had a tick bite?
- a. No
  - b. If yes, describe each situation:

| Date of Tick Bite<br>(MM/YYYY) | Where?<br>(village/region/district) | Where?<br>(body location) | How much time did it take<br>to get it removed after it<br>was found? |
|--------------------------------|-------------------------------------|---------------------------|---|
|                                |                                     |                           |   |
|                                |                                     |                           |   |
|                                |                                     |                           |   |
|                                |                                     |                           |   |
|                                |                                     |                           |   |
|                                |                                     |                           |   |
|                                |                                     |                           |   |
|                                |                                     |                           |   |

11. Any travel or migration in the last four months?

- a. No
- b. If yes, describe:

| Location (village/region/district) | Reason | Dates |
|------------------------------------|--------|-------|
|                                    |        |       |
|                                    |        |       |
|                                    |        |       |
|                                    |        |       |

12. Were you visited by the household educational campaign last month?

- a. Yes
- b. No
- c. I don't remember

## KAP Information

Reminder: When administering the survey, do not prompt any of the multiple choice answers; please have the participant state their own answers and circle all that apply.

**To the interviewee:** "Now I am going to ask you questions regarding what you know about Crimean-Congo Hemorrhagic Fever and what you do to protect yourself."

### Knowledge

13. Have you ever heard about Crimean-Congo Hemorrhagic Fever, also known as CCHF?
- Yes (proceed to question 2)
  - No (proceed to **Attitudes section**)
  - I don't know
  - Other \_\_\_\_\_
14. Where have you learned/heard about CCHF? (circle all that apply)
- School
  - Media
    - TV
    - Radio
    - Newspaper/Magazines
    - Pamphlets
      - Where did you receive it? \_\_\_\_\_
    - Posters
      - Where did you see it? \_\_\_\_\_
  - Educational campaign last few months (July-October)
  - Training courses
  - Health care worker
  - Know someone who had CCHF
    - No
      - Yes, who? \_\_\_\_\_
  - Other \_\_\_\_\_
15. What are ways in which a human can become infected? (circle all that apply)
- Bite from a tick
  - Crushing a tick with bare hands
  - Contact with blood from infected animals
  - Contact with birthing tissues/fluids from infected animals
  - Eating infected meat
  - Contact with people sick from CCHF
  - Drinking unpasteurized milk
  - Other \_\_\_\_\_
16. What activities can put you at risk? (circle all that apply)
- Working with livestock

- b. Working in produce/vegetable/grain fields
  - c. Working in a rural, woody area
  - d. Slaughtering animals
  - e. Butchering meat
  - f. Working in a hospital
  - g. Being a abattoir/slaughterhouse worker
  - h. Working as a veterinarian
  - i. Other \_\_\_\_\_
17. What are the signs and symptoms of CCHF? (circle all that apply)
- a. Fever
  - b. Headache
  - c. Nausea/Vomiting
  - d. Diarrhea
  - e. Muscle pain
  - f. Weakness
  - g. Cough
  - h. Hematuria
  - i. Hematochezia/Melena
  - j. Hemoptysis
  - k. Other \_\_\_\_\_

### **Attitudes**

18. Do people frequently get bitten by ticks in your community?
- a. Yes
  - b. No
  - c. I don't know
  - d. Other \_\_\_\_\_
19. Do you think ticks are a problem in your community?
- a. Yes
  - b. No
  - c. I don't know
  - d. Other \_\_\_\_\_
20. Do you think there are more ticks this year than previously?
- a. Yes
  - b. No
  - c. I don't know
  - d. Other \_\_\_\_\_
21. Do you think CCHF is a problem in your community?
- a. Yes
  - b. No
  - c. I don't know
  - d. Other \_\_\_\_\_

22. Do you think CCHF is something you should be worried about?
- a. Yes
  - b. No
  - c. I don't know
23. Do you think you can protect yourself from CCHF?
- a. Yes
    - i. If yes, how? \_\_\_\_\_
  - b. No
  - c. I don't know
  - d. Other \_\_\_\_\_

### **Practices**

24. Do you have any interaction with ticks during your job?
- a. Yes
    - i. Please describe \_\_\_\_\_
  - b. No
  - c. Other \_\_\_\_\_
25. What method do you use to remove ticks off *yourself*?
- a. Remove by hand
  - b. Remove with tweezers
  - c. Go to a hospital/health care center
  - d. Other \_\_\_\_\_
26. What do you do to protect *yourself* from ticks/CCHF? (circle all that apply)
- a. Protective clothing (i.e. long pants, socks, etc.)
    - i. How often? Always   Sometimes   Never
  - b. Treat your clothing with repellent
    - i. How often? Always   Sometimes   Never
  - c. Insect repellent
    - i. How often? Always   Sometimes   Never
  - d. Use pesticides in the environment
    - i. How often? Always   Sometimes   Never
  - e. Avoid woody/rural areas
    - i. How often? Always   Sometimes   Never
  - f. Other \_\_\_\_\_
    - i. How often? Always   Sometimes   Never
27. What care would you seek, if any, if you experienced symptoms of CCHF (fever, muscle aches, nausea/vomiting, bloody stools or urine)? (circle all that apply)
- a. Go to a hospital/healthcare facility
    - i. Primary healthcare
    - ii. District
    - iii. Regional
    - iv. Tbilisi ID hospital



- v. Any other clinic in Tbilisi: \_\_\_\_\_
- vi. Other: \_\_\_\_\_
- b. Stay at home
- c. Try local pharmacy
- d. Go to a local healer
- e. Other \_\_\_\_\_

The following questions refer to livestock; if the participant said NO to **Question 8**, skip to the question below and proceed to the **Educational Campaign** section.

28. How do you prevent ticks for your animals? (circle all that apply)
- a. Use insecticides/acaricide
    - i. Spray
    - ii. Pour on
    - iii. Dipping the animals
    - iv. Other \_\_\_\_\_
  - b. Other \_\_\_\_\_
29. What method do you use to remove ticks off your livestock? (circle all that apply)
- a. Remove by hand
  - b. Remove with tweezers
  - c. Go to a veterinarian
  - d. Other \_\_\_\_\_

## Educational Campaign

Note: If the participant answered no to **Question 12** and/or is not from the following regions, skip this section and proceed to the **Recent Illness** section.

Please check which one applies:

- Samtskhe-Javakheti Region
  - Borjomi PHC (Chobiskhev, Dxirl)
- Shida Kartli Region
  - Khashrui PHC (Ali, Brili, Vaka, Natsargora)
- Shida Kartli Region
  - Kreli PHC, Gori PHC, Kaspi PHC

**To the interviewee:** "Now I am going to ask you questions about the educational campaign that was performed recently regarding Crimean-Congo Hemorrhagic Fever."

30. Has your understanding of CCHF changed since the educational campaign?
- a. Yes
    - i. How? \_\_\_\_\_
  - b. No
    - i. Why not? \_\_\_\_\_
  - c. I don't know
  - d. Other \_\_\_\_\_
31. Has your perception of CCHF changed since the educational campaign?
- a. Yes
    - i. How? \_\_\_\_\_
  - b. No
    - i. Why not? \_\_\_\_\_
  - c. I don't know
  - d. Other \_\_\_\_\_
32. Has the way you protect yourself changed since the educational campaign?
- a. Yes
    - i. How? \_\_\_\_\_
  - b. No
    - i. Why not? \_\_\_\_\_
  - c. I don't know
  - d. Other \_\_\_\_\_
33. Has the way you interact with ticks changed since the educational campaign?
- a. Yes
    - i. How? \_\_\_\_\_
  - b. No
    - i. Why not? \_\_\_\_\_
  - c. I don't know

d. Other\_\_\_\_\_

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## Recent Illness

**To the interviewee:** “Now I am going to ask about any illnesses you might have had during in the past four months”

34. Have you ever been diagnosed with CCHF?

b. No

c. If yes, describe:

i. Date:

ii. Where were you diagnosed:

iii. What symptoms did you have?

1. Fever
2. Headache
3. Nausea/Vomiting
4. Diarrhea
5. Muscle pain
6. Weakness
7. Cough
8. Hematuria
9. Hematochezia/Melena
10. Hemoptysis
11. Other \_\_\_\_\_

35. Have you had any illness in the last four months?

a. Yes

b. No (Finish questionnaire)

36. How many times have you been ill in the last four months? And what are those dates?

| Date Started (DD/MM/YYYY) | Date Ended (DD/MM/YYYY) |
|---------------------------|-------------------------|
| 1.                        |                         |
| 2.                        |                         |
| 3.                        |                         |

37. What signs or symptoms did you have during this illness?

| Signs/Symptoms     | 1 <sup>st</sup> Illness |    | 2 <sup>nd</sup> Illness |    | 3 <sup>rd</sup> Illness |    |
|--------------------|-------------------------|----|-------------------------|----|-------------------------|----|
|                    | Yes                     | No | Yes                     | No | Yes                     | No |
| Fever              |                         |    |                         |    |                         |    |
| Weakness/Lethargy  |                         |    |                         |    |                         |    |
| Headache           |                         |    |                         |    |                         |    |
| Body / muscle pain |                         |    |                         |    |                         |    |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Joint pain   |  |  |  |  |  |  |
| Cough  |  |  |  |  |  |  |
| Abdominal Pain   |  |  |  |  |  |  |
| Vomiting   |  |  |  |  |  |  |
| Diarrhea   |  |  |  |  |  |  |
| Jaundice (yellowing of the skin)   |  |  |  |  |  |  |
| Bruising   |  |  |  |  |  |  |
| Petechiae (small dark purple or dark red dots that don't go away when you push down on them) |  |  |  |  |  |  |
| Nose Bleeding  |  |  |  |  |  |  |
| Bleeding from gums   |  |  |  |  |  |  |
| Blood in vomitus   |  |  |  |  |  |  |
| Blood in stool   |  |  |  |  |  |  |
| Blood in urine   |  |  |  |  |  |  |
| Coughing blood   |  |  |  |  |  |  |
| Other, please list:  |  |  |  |  |  |  |

38. Did you seek any care for your symptoms?  
 c. If yes, where? \_\_\_\_\_ And when? \_\_\_\_\_  
 d. If no, why not? \_\_\_\_\_
39. If you were hospitalized, how long were you in the hospital for? \_\_\_\_\_
40. Did you receive any medications or treatments?  
 e. If yes, what? \_\_\_\_\_  
 f. Received medication or treatment from:  
 i. Primary healthcare  
 ii. District  
 iii. Regional  
 iv. Tbilisi ID hospital  
 v. Any other clinic in Tbilisi: \_\_\_\_\_  
 vi. Local pharmacy  
 vii. Local healer  
 viii. Other \_\_\_\_\_