**Appendix 2: KAP Survey**

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:
   1. Male
   2. Female
3. Nationality:
   1. Georgian
   2. Azery
   3. Armenian
   4. Other:
4. Residence:
   1. Rural
   2. Urban
5. Household Size (including the participant): \_\_\_\_\_\_\_\_\_\_\_\_
6. Highest education level:
   1. Elementary
   2. Secondary
   3. Vocational
   4. Higher
   5. None
   6. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Occupation:
   1. Farmer
   2. Herder
   3. Field worker
   4. Slaughterhouse worker
   5. Healthcare worker
   6. Veterinarian
   7. Other

## Risk Factors

1. Do you own or take care of animals? Yes/No
2. If yes, what type?
   * 1. Sheep
     2. Goats
     3. Cattle
     4. Buffalo
     5. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. In the last four months, have you performed the following activities:
4. Herding
5. No
6. Sheep
7. Goats
8. Cattle
9. Buffalo
10. Other
11. Animal birthing assistance
12. Have assisted in animal birthing but have used PPE (gloves, gowns, boots)
13. Have assisted in animal birthing but have not used PPE
14. Have not assisted in animal birthing
15. Slaughtering
16. No
17. Sheep
    * + 1. Slaughter sheep using PPE (gloves, gowns, boots)
        2. Slaughter sheep without PPE (gloves, gowns, boots)
18. Goats
    * + 1. Slaughter goats using PPE (gloves, gowns, boots)
        2. Slaughter goats without PPE (gloves, gowns, boots)
19. Cattle
    * + 1. Slaughter cattle using PPE (gloves, gowns, boots)
        2. Slaughter cattle without PPE (gloves, gowns, boots)
20. Buffalo
    * + 1. Slaughter buffalo using PPE (gloves, gowns, boots)
        2. Slaughter buffalo without PPE (gloves, gowns, boots)
21. Other
    * + 1. Slaughter animals using PPE (gloves, gowns, boots)
        2. Slaughter animals without PPE (gloves, gowns, boots)
22. Butchering/handling raw meat
23. No
24. Sheep
25. Goats
26. Cattle
27. Buffalo
28. Other
29. Handled ticks with bare hands
30. No
31. Removed ticks from animal and threw is out
32. Removed ticks from animals and killed with bare hands
33. Removed ticks from yourself and threw it out
34. Removed ticks from yourself and killed with bare hands
35. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
36. Worked in a health care setting
37. No
38. Primary healthcare
39. Outpatient clinic
40. Hospital
41. Other
42. Drank unpasteurized milk
43. Yes
44. No
45. Gardening
46. Yes
47. No
48. Any other outdoor activity not previously asked:
49. None
50. Hiking
51. Camping
52. Hunting
53. Fishing
54. Picnicking outside
55. In the last four months, have you had a tick bite?
    1. No
    2. If yes, describe each situation:

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

1. Any travel or migration in the last four months?
2. No
3. If yes, describe:

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

1. Were you visited by the household educational campaign last month?
2. Yes
3. No
4. 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

1. Have you ever heard about Crimean-Congo Hemorrhagic Fever, also known as CCHF?
   1. Yes (proceed to question 2)
   2. No (proceed to **Attitudes section**)
   3. I don’t know
   4. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Where have you learned/heard about CCHF? (circle all that apply)
3. School
4. Media
   * 1. TV
     2. Radio
     3. Newspaper/Magazines
     4. Pamphlets
        1. Where did you receive it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
     5. Posters
        1. Where did you see it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Educational campaign last few months (July-October)
6. Training courses
7. Health care worker
8. Know someone who had CCHF
   * 1. No
        1. Yes, who?
9. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. What are ways in which a human can become infected? (circle all that apply)
11. Bite from a tick
12. Crushing a tick with bare hands
13. Contact with blood from infected animals
14. Contact with birthing tissues/fluids from infected animals
15. Eating infected meat
16. Contact with people sick from CCHF
17. Drinking unpasteurized milk
18. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
19. What activities can put you at risk? (circle all that apply)
20. Working with livestock
21. Working in produce/vegetable/grain fields
22. Working in a rural, woody area
23. Slaughtering animals
24. Butchering meat
25. Working in a hospital
26. Being a abattoir/slaughterhouse worker
27. Working as a veterinarian
28. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
29. What are the signs and symptoms of CCHF? (circle all that apply)
30. Fever
31. Headache
32. Nausea/Vomiting
33. Diarrhea
34. Muscle pain
35. Weakness
36. Cough
37. Hematuria
38. Hematochezia/Melena
39. Hemoptysis
40. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Attitudes

1. Do people frequently get bitten by ticks in your community?
   1. Yes
   2. No
   3. I don’t know
   4. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you think ticks are a problem in your community?
3. Yes
4. No
5. I don’t know
6. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Do you think there are more ticks this year than previously?
8. Yes
9. No
10. I don’t know
11. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Do you think CCHF is a problem in your community?
13. Yes
14. No
15. I don’t know
16. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. Do you think CCHF is something you should be worried about?
18. Yes
19. No
20. I don’t know
21. Do you think you can protect yourself from CCHF?
22. Yes
    * 1. If yes, how? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
23. No
24. I don’t know
25. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Practices

1. Do you have any interaction with ticks during your job?
   1. Yes
      1. Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. No
   3. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What method do you use to remove ticks off *yourself*?
3. Remove by hand
4. Remove with tweezers
5. Go to a hospital/health care center
6. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. What do you do to protect *yourself* from ticks/CCHF? (circle all that apply)
8. Protective clothing (i.e. long pants, socks, etc.)
   * 1. How often? Always Sometimes Never
9. Treat your clothing with repellent
10. How often? Always Sometimes Never
11. Insect repellent
12. How often? Always Sometimes Never
13. Use pesticides in the environment
14. How often? Always Sometimes Never
15. Avoid woody/rural areas
16. How often? Always Sometimes Never
17. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. How often? Always Sometimes Never
19. 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)
20. Go to a hospital/healthcare facility
21. Primary healthcare
22. District
23. Regional
24. Tbilisi ID hospital
25. Any other clinic in Tbilisi:
26. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
27. Stay at home
28. Try local pharmacy
29. Go to a local healer
30. 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.

1. How do you prevent ticks for your animals? (circle all that apply)
2. Use insecticides/acaricide
3. Spray
4. Pour on
5. Dipping the animals
6. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. What method do you use to remove ticks off your livestock? (circle all that apply)
9. Remove by hand
10. Remove with tweezers
11. Go to a veterinarian
12. 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.”

1. Has your understanding of CCHF changed since the educational campaign?
   1. Yes
      1. How? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. No
      1. Why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. I don’t know
   4. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has your perception of CCHF changed since the educational campaign?
3. Yes
   1. How? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. No
   1. Why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. I don’t know
6. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Has the way you protect yourself changed since the educational campaign?
8. Yes
9. How? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. No
11. Why not?\_\_\_\_\_\_\_\_\_\_\_\_\_
12. I don’t know
13. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. Has the way you interact with ticks changed since the educational campaign?
15. Yes
16. How? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. No
18. Why not?
19. I don’t know
20. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Recent Illness**

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

1. Have you ever been diagnosed with CCHF?
   1. No
   2. If yes, describe:
      1. Date:
      2. Where were you diagnosed:
      3. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you had any illness in the last four months?
   1. Yes
   2. No (Finish questionnaire)
3. 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. What signs or symptoms did you have during this illness?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1st Illness** | | **2nd Illness** | | **3rd Illness** | |
| **Signs/Symptoms** | **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: |  |  |  |  |  |  |

1. Did you seek any care for your symptoms?
   1. If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_ And when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If you were hospitalized, how long were you in the hospital for? \_\_\_\_\_\_\_\_\_\_\_
3. Did you receive any medications or treatments?
   1. If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Received medication or treatment from:
      1. Primary healthcare
      2. District
      3. Regional
      4. Tbilisi ID hospital
      5. Any other clinic in Tbilisi:
      6. Local pharmacy
      7. Local healer
      8. Other