Appendix 4. Personal Interview Example Questionnaire – Q Fever

Form Approved
OMB No. 0920-XXXX
Exp. Date XX/XX/XXXX

Q Fever Questionnaire

Family ID: _____ Participant ID: _____

Interviewer Name:

_____

Date of interview: _____

GPS coordinates: _____

Q Fever Questionnaire

Section I: Demographic and Contact Information

1. Name: _____

2. DOB: ____/____/_____ 3. Sex: ☐ Male (1) ☐ Female (2)

4. Are you Hispanic or Latino? ☐ Yes (1) ☐ No (2)

5. What is your race? (Select one or more responses.)
   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ White

6. Street address:_____

7. City: _____ 8. State: _____ 9. Zip: _____

10. Contact phone number : _____

11. Email address: _____

Section II: Exposure History

12a. Do you live on a property with animals? ☐ Yes (1) ☐ No (2)

If yes, complete this section; if no skip to question 13.

Which animals?	Yes (1)	No (2)
12b. Goats	☐	☐
12c. Cats	☐	☐
12d. Dogs	☐	☐
12e. Cows	☐	☐
12f. Sheep	☐	☐
12g. Horses	☐	☐

12h. Other, please specify: _____

13a. Do you work with animals in your profession? ☐ Yes (1) ☐ No (2)

If yes, complete this section; if no, skip to question 14.

13b. What is your profession? _____

Which animals?	Yes (1)	No (2)
12b. Goats	☐	☐
12c. Cats	☐	☐
12d. Dogs	☐	☐
12e. Cows	☐	☐
12f. Sheep	☐	☐
12g. Horses	☐	☐

12h. Other, please specify: _____

14. Is the place where you live within 1 mile of any livestock? ☐ Yes (1) ☐ No (2)
15. Is the place where you work within 1 mile of any livestock? ☐ Yes (1) ☐ No (2)
16. Have you been on any ranches or farms since [INSERT DATE]? ☐ Yes (1) ☐ No (2)

If yes, complete this section: if no skip to question 19.

17. Location of ranches or farms? _____
_____
_____

18. While you were on a ranch or farm did you have contact with any of the following animals?

	Yes (1)	No (2)
18a. Goats	☐	☐
18b. Cats	☐	☐
18c. Dogs	☐	☐
18d. Cows	☐	☐
18e. Sheep	☐	☐
18f. Horses	☐	☐

18g. Other, please specify: _____

For each animal type in the following questions, try to recall any type of contact/activity with the animal since September 1, 2010. Include any contact/activity, even if you mentioned it already.

19a. Goats ☐ Yes (1) ☐ No (2)

If yes, complete this section: if no, skip to question 20.

		Daily(1)	Several times/ week (2)	Several times/ month (3)	Hardly ever (4)	Never (5)
19b.	Near vicinity(same premises, but not close proximity)					
19c.	Close proximity (within 6 feet)					
19d.	Direct contact (touching/ handling)					
19e.	Feed					
19f.	Groom					
19g.	Clean animal holding area					
19h.	Remove manure					
19i.	Replace bedding					
19j.	Slaughter					
19k.	Vaccinate or give medicine					
19l.	Help or observe a birth					
19m.	Direct contact with a newborn					
19n.	Direct contact with a dead animal					
19o.	Direct contact with afterbirth or birth products					

20. Cows ☐ Yes (1) ☐ No (2)

If yes, complete this section; if no, skip to question 21.

		Daily(1)	Several times/ week (2)	Several times/ month (3)	Hardly ever (4)	Never (5)
20b.	Near vicinity(same premises, but not close proximity)					
20c.	Close proximity (within 6 feet)					
20d.	Direct contact (touching/ handling)					
20e.	Feed					
20f.	Groom					
20g.	Clean animal holding area					
20h.	Remove manure					
20i.	Replace bedding					
20j.	Slaughter					
20k.	Vaccinate or give medicine					
20l.	Help or observe a birth					
20m.	Direct contact with a newborn					
20n.	Direct contact with a dead animal					
20o.	Direct contact with afterbirth or birth products					

21a. Sheep ☐ Yes (1) ☐ No (2)

If yes, complete this section; if no, skip to question 22.

		Daily(1)	Several times/ week (2)	Several times/ month (3)	Hardly ever (4)	Never (5)
21b.	Near vicinity(same premises, but not close proximity)					
21c.	Close proximity (within 6 feet)					
21d.	Direct contact (touching/ handling)					
21e.	Feed					
21f.	Groom					
21g.	Clean animal holding area					
21h.	Remove manure					
21i.	Replace bedding					
21j.	Slaughter					
21k.	Vaccinate or give medicine					
21l.	Help or observe a birth					
21m.	Direct contact with a newborn					
21n.	Direct contact with a dead animal					
21o.	Direct contact with afterbirth or birth products					

22. Have any animals that you have been exposed to since [INSERT DATE] been ill with any of the following symptoms?

22a. Abortion ☐ Yes (1) ☐ No (2) 22b. If yes, what animals(s)? _____

22c. Newborn death ☐ Yes (1) ☐ No (2) 22d. If yes, what animals(s)? _____

22e. Poor doer ☐ Yes (1) ☐ No (2) 22f. If yes, what animals (s)? _____

22g.Weak newborn ☐ Yes (1) ☐ No (2) 22h. If yes, what animals (s)? _____

22i. Decreased fertility ☐ Yes (1) ☐ No (2) 22j. If yes, what animals (s)? _____

23. What time of year do the livestock you been exposed to give birth?

	N/A (1)	Dec-Feb (2)	Mar-May (3)	Jun-Aug (4)	Sep-Nov (5)	All Year (6)	Unk (9)
23a. Goats							
23a. Cows							
23a. Sheep							

24a. How do you dispose of dead goats, cows, or sheep (including dead fetuses or newborn)?

☐ Compost (1) ☐ Incinerate (2) ☐ Burial (3) ☐ Other (4) ☐ N/A (5)

24b. ***If other***, please describe: _____

25a. Do you clean/disinfect an area after an animal has given birth? ☐ Yes (1) ☐ No (2)

25b. ***If yes***, please explain: _____

26. What is done with the manure (animal waste) from the livestock you care for?

- Nothing- don't pick it up (1)
- Spread in fields (2)
- Spread in garden (3)
- Sell it/give it away (4)
- N/A (5)

Section III: Medical History

27a. Do you recall having an illness with fever since [INSERT DATE]? ☐ Yes (1) ☐ No (2)

If yes, complete this section; if no, skip to questions 28

27b. When approximately did this illness begin? _____ ☐ Don't remember (99)

27c. How many days did the illness last? _____ ☐ Don't remember (99)

27d. Did you miss work due to Illness? ☐ Yes (1) ☐ No (2)

27e. ***If yes***, how many days were you out? _____

27f. Did you seek medical attention for this illness? ☐ Yes (1) ☐ No (2)

27g. Physician's name: _____ ☐ Unk (9)

27h. Visit date: _____/_____/_____ ☐ (Unk) 9

27i. Were you hospitalized due to this illness? ☐ Yes (1) ☐ No (2)

If yes, complete this section; if no, skip to question 27m.

27j. Name of hospital: _____ ☐ Unk (9)

27k. Admit date: ____/_____/_____ ☐ Unk (9)

27l. Discharge date ____/____/_____ ☐ Unk (9)

27m. What diagnosis did you receive for this illness? _____

28. Since [INSERT DATE], have you experienced/were you told by your doctor you had any of the following symptoms/ conditions?

		Yes (1)	No (2)	Unk (9)			Yes (1)	No (2)	Unk (9)
28n.	Fever				28o.	Joint Pain			
28p.	Chills				28q.	Back pain			
28r.	Insomnia				28s.	Jaundice			
28t.	Cough				28u.	Myocarditis			
28v.	Nausea				28w.	Osteomyelitis			
28x.	Anorexia				28y.	General fatigue			
28z.	Stiff neck				28aa.	Night sweats			
28bb.	Hepatitis				28cc.	Weight loss			
28dd.	Pneumonia				28ee.	Shortness of breath			
28ff.	Endocarditis				28gg.	Diarrhea			
28hh.	Meningitis				28ii.	Muscle pain			
28jj.	Headache				28kk.	Abdominal pain			
28ll.	Rigors				28mm.	Hepatomegaly			
28nn.	Rash				28oo.	Miscarriage			
28pp.	Chest pain				28qq.	Guillain-Barre			
28rr.	Vomiting								

28ss. Is there anything else you would like to share about your illness?

29a. Do you have any history of heart problems? ☐ Yes (1) ☐ No (2)

29b. if yes, please explain: _____

30. Do you currently smoke or have you smokes since [INSERT DATE]?

☐ Yes (1) ☐ No (2)

31. Since [INSERT DATE], have you consumed raw (unpasteurized) dairy products, such as goat cheese?

☐ Yes (1) ☐ No (2)

Section IV: Human Lab Data

Serum specimen 1

32. Sample date: ____/___/_____

33. IgG Phase I: _____

34. IgG Phase II: _____

34. IgM Phase I: _____

36. IgM Phase II: _____

Serum specimen 2

37. Sample date: ____/___/_____

38. IgG Phase I: _____

39. IgG Phase II: _____

40. IgM Phase I: _____

40. IgM Phase II: _____

42a. Category of analysis: ☐ Case (1) ☐ Control (2)

42b. ***if case'*** ☐ Probable (1) ☐ Confirmed (2)