**Risk Factor Questionnaire**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (DD,MM,YYYY)

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| **Form Completed by:** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number/email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 1. Participant Information** |
| ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_Gender:  Male  Female.  Village/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_Sub-County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_  Marital status  Married  Single  Widowed  **GPS Coordinates**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section 2. Epidemiological Risk Factors and Exposures** |
| 1. **Education level**  None  Primary  Secondary  Post-Secondary  Other specify\_\_\_\_\_ 2. **Current Occupation:**   Farmer  Herdsman Housewife  Student  Child  Health worker  Other, please specify occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Do you or your household own domestic animals Yes  No 2. If yes which ones  goats  sheep  Cattle  Pigs  Poultry  Dogs   cats others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Do you have any contact with domestic animals  Yes  No 2. Do you drink raw milk  Yes  No 3. Do you eat raw/uncooked meat  Yes  No 4. Which domestic animals do you usually get in contact with(tick all that apply)   goats  Cattle  Pigs  Poultry  Dogs others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. If yes, which type of contact  during milking  during grazing  grooming  slaughtering  others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Do you usually see wild animals in this village  Yes  No 3. If yes, which ones  monkeys  bats  antelopes  wild pigs  others specify\_\_\_\_\_\_\_ 4. Do you have any contact with wild animals  Yes  No 5. Which wild animals do you usually get in contact with(tick all that apply)   Bats  monkeys  wild Pigs  wild birds  rodents antelopes  others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. If yes, which type of contact  during hunting  accident  slaughtering  others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Do you often do hunting  Yes  No  Unk ,If yes, how often do you do hunting 3. Which animals are usually hunted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Have you seen mosquitoes in this village  Yes  No 5. Are you usually bitten by mosquitoes Yes  No 6. Do you usually come into contact with dead wild animals  Yes  No  Unk 7. Have you ever eaten wild meat  Yes  No  Unk if Yes which species 8. Do you usually travel outside your home or village/town,  Yes  No  Unkn 9. If yes, specify location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. Do you often collect firewood from the forest  Yes  No  Unk 11. Did you ever suffer from undiagnosed fever or illness ,  Yes  No  Unkn 12. Do you have el nino Rains Yes  No  Unkn 13. Do you some times get flooding in this area Yes  No  Unkn 14. If yes, which months do you get flooding\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15. Do you use mosquito nets Yes  No  Unkn 16. If yes/No why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 17. Do you spray your animals against external parasites Yes  No  Unkn 18. Do you use PPE when handling aninals Yes  No  Unkn 19. Have you heard of someone acutely ill in the last one year with unexplained fever or diagnosis   Yes  No  Unkn  **Knowledge & Attitude Questions**   1. Have you heard about RVF and CCHF virus disease  Yes  No  Unk 2. If yes, from who:  Health worker  Radio  community leaders  others specify\_\_\_\_\_\_\_ 3. Do you know how to identify a suspect of RVF or CCHF virus disease Yes  No  Unk 4. If yes how bleeding  High fever  vomiting diarrhea others specify\_\_\_\_\_\_\_\_\_\_\_\_ 5. Do you know the phone number to call in case you see a suspect case of RVF or CCHF disease   Yes  No  Unk   1. Do you believe RVF or CCHF disease really exists  Yes  No  Unk 2. If no, why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Have you heard of any survivor of RVF or CCHF disease  Yes  No  Unk 4. Would you relate with a survivor or RVF or CCHF disease  Yes  No  Unk 5. If no, why  fear of contracting disease  fear of stigma from community   others specify\_\_\_\_\_\_\_\_\_\_\_   1. Do you know how RVF or CCHF disease is transmitted  Yes  No  Unk 2. If yes, how  body contact sick person  through air  through needle pricks  contact with animals contact with dead person  contact with body fluids of sick person   biting mosquitoes(insects)  others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. If transmission through animals, which ones  goats  Cattle  Pigs  Poultry  Dogs   monkeys  bats  antelopes  wild pigs  others specify\_\_\_\_\_\_\_\_\_\_\_\_\_   1. How do you think you can protect yourself from acquiring RVF or CCHF disease   vaccination  avoiding contact with animals  traditional medicine  avoiding sick people  others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. How do you think RVF or CCHF disease can best be healed or treated   traditional medicine spiritual healing  Modern medicine Herbal medicine  others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Do you think you are at risk of contracting RVF or CCHF virus disease  Yes  No  Unk 2. If yes/no, why\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Do you know the cause of RVF and CCHF disease Yes  No  Unk 4. If yes which cause  Virus  Bats/monkey/other wild animals  God/other higher power   witchcraft  Evildoing/sin  curse  others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Do you know how RVF/CCHF diseases is transmitted  Yes  No  Unk 2. If yes, which of the following 3. From a person who is infected but doesn’t have any signs or symptoms?   Yes  No  Unk   1. Eating/preparing  bush  meat   Yes  No  Unk 2. Eating fruits likely eaten by bats  Yes  No  Unk 3. Blood of an infected person   Yes  No  Unk 4. Sperm of an infected person  Yes  No  Unk 5. Breast milk of an infected person  Yes  No  Unk 6. Shaking hands or other physical contact with an infected person   Yes  No  Unk   1. Other fluids from an infect person   Yes  No  Unk 2. Others specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Do you know how RVF/CCHF can be prevented  Yes  No  Unk 4. If yes, which of the following 5. Avoiding contact  with blood and body fluids   Yes  No  Unk 6. Avoiding  funeral or burial rituals that require handling the body of someone who has died from CCHF or RVF  Yes  No  Unk 7. A suspected person reduces the chance of spreading CCHF or RVF by immediately going to hospital  Yes  No  Unk 8. Would you buy from a shopkeeper who had contacted RVF but has recovered and declared well   Yes  No  Unk   1. Would you  keep the information secret if a family member contracts CCHF or RVF  Yes  No   Unk   1. Would  you welcome someone back into their community/neighborhood after a neighbor has recovered from CCHF or RVF  Yes  No  Unk |
| **Section 3. Specimen Information** |
| Specimen identification number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specimen collection date:\_\_\_/\_\_\_/\_\_\_\_\_\_ (MM/DD/YYYY)  Laboratory testing date:\_\_\_/\_\_\_/\_\_\_\_\_\_ (MM/DD/YYYY)  Results/Titer level: IgM \_\_\_\_\_\_\_\_\_\_\_\_\_ IgG \_\_\_\_\_\_\_\_\_\_\_\_\_ |