

**Risk Factor Questionnaire**

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

**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** \_\_\_\_\_

## 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 \_\_\_\_\_

3. Do you or your household own domestic animals  Yes  No

4. If yes which ones  goats  sheep  Cattle  Pigs  Poultry  Dogs  
 cats  others specify \_\_\_\_\_

5. Do you have any contact with domestic animals  Yes  No

6. Do you drink raw milk  Yes  No

7. Do you eat raw/uncooked meat  Yes  No

8. Which domestic animals do you usually get in contact with(tick all that apply)

goats  Cattle  Pigs  Poultry  Dogs  others specify \_\_\_\_\_

9. If yes, which type of contact  during milking  during grazing  grooming  slaughtering  others specify \_\_\_\_\_

10. Do you usually see wild animals in this village  Yes  No

11. If yes, which ones  monkeys  bats  antelopes  wild pigs  others specify \_\_\_\_\_

12. Do you have any contact with wild animals  Yes  No

13. Which wild animals do you usually get in contact with(tick all that apply)

Bats  monkeys  wild Pigs  wild birds  rodents  antelopes

others specify \_\_\_\_\_

14. If yes, which type of contact  during hunting  accident  slaughtering  others specify \_\_\_\_\_

15. Do you often do hunting  Yes  No  Unk ,If yes, how often do you do hunting

16. Which animals are usually hunted\_\_\_\_\_

17. Have you seen mosquitoes in this village  Yes  No

18. Are you usually bitten by mosquitoes  Yes  No

19. Do you usually come into contact with dead wild animals  Yes  No  Unk

20. Have you ever eaten wild meat  Yes  No  Unk if Yes which species

21. Do you usually travel outside your home or village/town,  Yes  No  Unkn

22. If yes, specify location: \_\_\_\_\_

23. Do you often collect firewood from the forest  Yes  No  Unk

24. Did you ever suffer from undiagnosed fever or illness ,  Yes  No  Unkn

25. Do you have el nino Rains  Yes  No  Unkn

26. Do you some times get flooding in this area  Yes  No  Unkn

27. If yes, which months do you get flooding\_\_\_\_\_

28. Do you use mosquito nets  Yes  No  Unkn

29. If yes/No why\_\_\_\_\_

30. Do you spray your animals against external parasites  Yes  No  Unkn

31. Do you use PPE when handling animals  Yes  No  Unkn

32. Have you heard of someone acutely ill in the last one year with unexplained fever or diagnosis

Yes  No  Unkn

### Knowledge & Attitude Questions

33. Have you heard about RVF and CCHF virus disease  Yes  No  Unk

34. If yes, from who:  Health worker  Radio  community leaders  others specify \_\_\_\_\_

35. Do you know how to identify a suspect of RVF or CCHF virus disease  Yes  No  Unk

36. If yes how  bleeding  High fever  vomiting  diarrhea  others specify \_\_\_\_\_

37. Do you know the phone number to call in case you see a suspect case of RVF or CCHF disease  
 Yes  No  Unk

38. Do you believe RVF or CCHF disease really exists  Yes  No  Unk

39. If no, why \_\_\_\_\_

40. Have you heard of any survivor of RVF or CCHF disease  Yes  No  Unk

41. Would you relate with a survivor of RVF or CCHF disease  Yes  No  Unk

42. If no, why  fear of contracting disease  fear of stigma from community  
 others specify \_\_\_\_\_

43. Do you know how RVF or CCHF disease is transmitted  Yes  No  Unk

44. 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 \_\_\_\_\_

45. If transmission through animals, which ones  goats  Cattle  Pigs  Poultry  Dogs  
 monkeys  bats  antelopes  wild pigs  others specify \_\_\_\_\_

46. 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 \_\_\_\_\_

47. How do you think RVF or CCHF disease can best be healed or treated  
 traditional medicine  spiritual healing  Modern medicine  Herbal medicine  
 others specify \_\_\_\_\_

48. Do you think you are at risk of contracting RVF or CCHF virus disease  Yes  No  Unk

49. If yes/no, why \_\_\_\_\_

50. Do you know the cause of RVF and CCHF disease  Yes  No  Unk

51. If yes which cause  Virus  Bats/monkey/other wild animals  God/other higher power

<input type="checkbox"/> witchcraft <input type="checkbox"/> Evildoing/sin <input type="checkbox"/> curse <input type="checkbox"/> others specify _____
52. Do you know how RVF/CCHF diseases is transmitted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
53. If yes, which of the following
a) From a person who is infected but doesn't have any signs or symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
b) Eating/Preparing bush meat <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
c) Eating fruits likely eaten by bats <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
d) Blood of an infected person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
e) Sperm of an infected person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
f) Breast milk of an infected person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
g) Shaking hands or other physical contact with an infected person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
h) Other fluids from an infect person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
i) Others specify _____
54. Do you know how RVF/CCHF can be prevented <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
55. If yes, which of the following
a) Avoiding contact with blood and body fluids <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
b) Avoiding funeral or burial rituals that require handling the body of someone who has died from CCHF or RVF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
c) A suspected person reduces the chance of spreading CCHF or RVF by immediately going to hospital <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
56. Would you buy from a shopkeeper who had contacted RVF but has recovered and declared well <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
57. Would you keep the information secret if a family member contracts CCHF or RVF <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
58. 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 \_\_\_\_\_