**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 [ ]  Unk1. 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
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| **Section 3. Specimen Information**  |
| Specimen identification number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specimen collection date:\_\_\_/\_\_\_/\_\_\_\_\_\_ (MM/DD/YYYY)Laboratory testing date:\_\_\_/\_\_\_/\_\_\_\_\_\_ (MM/DD/YYYY)Results/Titer level: IgM \_\_\_\_\_\_\_\_\_\_\_\_\_ IgG \_\_\_\_\_\_\_\_\_\_\_\_\_  |