

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 or 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

witchcraft Evildoing/sin curse others specify _____

52. Do you know how RVF/CCHF diseases is transmitted Yes No Unk

53. If yes, which of the following

a) From a person who is infected but doesn't have any signs or symptoms?
 Yes No Unk

b) Eating/preparing bush meat Yes No Unk

c) Eating fruits likely eaten by bats Yes No Unk

d) Blood of an infected person Yes No Unk

e) Sperm of an infected person Yes No Unk

f) Breast milk of an infected person Yes No Unk

g) Shaking hands or other physical contact with an infected person
 Yes No Unk

h) Other fluids from an infect person Yes No Unk

i) Others specify _____

54. Do you know how RVF/CCHF can be prevented Yes No Unk

55. If yes, which of the following

a) Avoiding contact with blood and body fluids Yes No Unk

b) Avoiding funeral or burial rituals that require handling the body of someone who has died from CCHF or RVF
Yes No Unk

c) A suspected person reduces the chance of spreading CCHF or RVF by immediately going to hospital Yes
No Unk

56. Would you buy from a shopkeeper who had contacted RVF but has recovered and declared well
 Yes No Unk

57. Would you keep the information secret if a family member contracts CCHF or RVF Yes No
 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 _____