

Appendix 4. Personal Interview Example Questionnaire – Q Fever

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

Q Fever Questionnaire

Public reporting burden of this collection of information is estimated to average XX minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 12c. Cats | <input type="checkbox"/> | <input type="checkbox"/> |
| 12d. Dogs | <input type="checkbox"/> | <input type="checkbox"/> |
| 12e. Cows | <input type="checkbox"/> | <input type="checkbox"/> |
| 12f. Sheep | <input type="checkbox"/> | <input type="checkbox"/> |
| 12g. Horses | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 12c. Cats | <input type="checkbox"/> | <input type="checkbox"/> |
| 12d. Dogs | <input type="checkbox"/> | <input type="checkbox"/> |
| 12e. Cows | <input type="checkbox"/> | <input type="checkbox"/> |
| 12f. Sheep | <input type="checkbox"/> | <input type="checkbox"/> |
| 12g. Horses | <input type="checkbox"/> | <input type="checkbox"/> |
| 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) | | | Ye s (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 smoked 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)