

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)