

FARM ID _____
CASE/CONTACT ID _____
DATE OF SURVEY (mm/dd/yyyy) _____
CONDUCTING SURVEY _____

PERSON

Highly Pathogenic Avian Influenza A(H5N1) Exposure Questionnaire

Section 0: Contact information *(Please black-out or retain information in this section. Do not send to CDC)*

01. What is your name? _____
02. What is your current county and state of residence as well as the best number to reach you?
- County _____
State _____
Contact Number _____

Section A: Socio-demographic and farm exposure information

I am going to start with questions about your socio-demographic information.

- A1. What gender do you identify as?
- Male
 Female
 Other
- A2. How old are you?
- ___ ___ years
- A3. What kind of poultry farm do you work/live on (including a farm attended to cull birds)? *(Check all that apply)*
- Commercial Farm
 Backyard Farm
 I do not live or work on a farm **(Go to Section C)**
- A4. Are you employed by the farm?
- Yes, the farm is my place of employment
 No, the farm is a family or backyard farm
- A5. Did you live on the premises of the poultry farm during the outbreak?
- Yes
 No **(Go to Section B)**
- A5a. How far was your dwelling place from the live birds?

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_____ feet (approximation)

Section B: Information on contact with infected poultry during the outbreak

Now I am going to ask you questions about your exposures on the farm “during” the outbreak which we define as one week before the start of poultry deaths through the end of the culling.

B1. When did you start working on this farm?

Month _____ Year _____

B2. During this time (one week before the start of poultry deaths to the end of culling) how often did you work on the poultry farm, on average?

_____ (hours per day) _____ (days per week)

B3. What was your job function on the poultry farm during this time? (Check only one response)

- I cared for the live birds
- I cared for the live birds and culled the flock
- I cared for the live birds and was present at the culling but did not cull the birds myself
- I culled the flock **(Go to Q B14)**
- I was present at the culling but did not cull the birds myself **(Go to Q B14)**

B4. When did you notice sick or dying birds?

Date (mm/dd/yyyy): _____

B5. During this time, what species of birds did you work with on the poultry farm? (Check all that apply)

- Chickens Ducks Geese Turkeys Other _____

B6. During this time, which of the following jobs did you do around poultry? (check ‘Yes’ or ‘No’ for each. If ‘Yes’, write down the frequency)

		Yes	Frequency/day	No
a.	Feed poultry			
b.	Collect eggs			
c.	Clean poultry feeding tray			
d.	Clean water tray			
e.	Clean poultry stall/feces			
f.	Slaughter poultry			
g.	Defeather			
h.	Eviscerate			

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.				
i.	Take poultry to the market			
j.	Take eggs to the market			
k.	Vaccinate poultry			

B7. During this time, did you handle any sick birds?

- Yes
- No

B8. During this time, did you touch any dead poultry that **died on the farm**?

- Yes
- No **(Go to Q B9)**

B8a. If yes, what did you do with the dead bird(s)? (Check 'Yes' or 'No' for each)

		Yes	No
a.	Eviscerate		
b.	Bury		
c.	Burn		
d.	Throw in garbage pile/ponds/drains		
e.	Ate		
f.	Other (specify)_____		

B9. During this time, did you take any protective measures while you worked on the farm?

- Yes
- No **(Go to Q B10)**

B9a. If yes, what measure(s) did you take and how often were they taken? (Check 'Yes' or 'No' for each, if 'Yes', please describe how often)

		Mentioned	Not mentioned	How Often?
a.	Wore gloves			
b.	Wore eye protection/goggles			
c.	Wore medical facemask			
d.	Wore N95/respirator			
e.	Wore gown			
f.	Washed hands after working with poultry			
g.	Other (specify)_____			

B10. Did you eat or drink while working with poultry? Always Often Seldom Never

B11. Did you smoke while working with poultry? Always Often Seldom Never

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B12. Did you carry poultry or hold poultry on your lap? Always Often Seldom Never

B13. Did you change your clothes upon returning home after working with poultry?
 Always Often Seldom Never

B14. Did you take part in culling?
 Yes
 I was present for the culling but did not cull myself
 No **(Go to Q B17)**

B14a. What was your role(s) in culling? (Check 'Yes' or 'No' for each)

		Yes	No
a.	Handle sick poultry		
b.	Handle apparently healthy poultry		
c.	Cervical dislocation of poultry		
d.	Put culled poultry in bags		
e.	Bury poultry		
f.	Other (specify)_____		

B15. What species of birds did you cull? (check all that apply)
 Chickens Ducks Geese Turkeys Other_____

B16. Did you take any protective measures during your participation in culling?
 Yes
 No **(Go to Q B17)**

B16a. If yes, what measure(s) did you take? (Check 'Yes' or 'No' each)

		Yes	No
a.	Wore gloves		
b.	Wore eye protection/goggles		
c.	Wore medical facemask		
d.	Wore N95/respirator		
e.	Wore gown		
f.	Washed hands after working with poultry		
g.	Other (specify)_____		

B17. Did you take any anti-viral medication (Oseltamivir, Baloxavir, Peramivir, and Zanamivir) to prevent infection during/after the outbreak?
 Yes

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No **(Go to Section C)**

B17a. If yes, how many times did you take the medicine each day and for how many days?

_____ times/day for _____ days

Section C: Other exposures

Now I am going to ask you questions about other exposures “during” the outbreak which we define as one week before the start of poultry deaths through the end of the culling.

C1. During this time, did you encounter any backyard poultry in the community or your home (other than poultry in section B)?

Yes

No

C2. During this time, did you encounter any sick or dead poultry in your home?

Yes

No

C3. During this time, did you visit any live animal markets?

Yes

No **(Go to Q C4)**

C3a. If yes, how many times did you go and what were the market names?

_____ times Market names: _____

C4. During this time, did you have close contact with any other animal(s)?

Yes

No **(Go to Q C5)**

C4a. If yes, what animal(s)? (Check all that apply)

Pigs/Hogs Goats Sheep Wild birds Cows Horses Other _____

Describe the contact: _____

C5. During this time, did you have close (<6 ft) contact with anyone you know tested positive for influenza?

Yes

No **(Go to Q C6)**

C5a. If yes, where: (Check all that apply)

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Market School Church Street Home Other home Other _____

C6. During this time, did you travel outside of the U.S.?

Yes

No **(Go to Section D)**

C6a. If yes, where did you travel (*city and country*) and for what dates?

City: _____ Country: _____ Dates of travel (mm/dd/yyyy): _____

Section D: Information on febrile or respiratory illness during the outbreak

Now I am going to ask you questions about any respiratory illness you had from one week before the start of poultry deaths up until 10 days after culling.

D1. Were you tested for influenza during the time from one week before the start of poultry deaths up until 10 days after culling?

Yes

No **(Go to Q D2)**

D1a. If yes to Q D1, what date were you tested:

Date (mm/dd/yyyy): _____

D1b. If yes to Q D1, what type of test was performed? (*Check all that apply*)

Reverse-transcriptase polymerase chain reaction (RT-PCR)

Rapid antigen test

Other _____

D1c. If yes to Q D1, what was your test result? (*Check only one response*)

Positive for influenza A(H5N1)

Positive for unsubtypeable influenza A

Positive for influenza A but non-H5N1 subtype

Negative

D2. Did you receive this season's influenza vaccine (starting August 2021 to today)?

Yes

No

D2a. If yes to Q D2, what date did you received the vaccine?

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Date (mm/dd/yyyy): _____

D2b: If yes to Q D2, what type of vaccine did you receive? (Check only one response)

- Inactivated (injectable)
- Live attenuated (spray)
- Unknown

D3. Did you develop any symptoms during the time from one week before the start of poultry deaths up until 10 days after culling?

- Yes
- No **(Go to Section E)**

D3a. If yes, what symptoms did you develop? (check 'Yes' or 'No' for each)

		Yes	No	Onset Date (mm/dd/yyyy)	Resolution Date (mm/dd/yyyy)
a.	Fever (Measured ≥ 100.4 °F)				
b.	Feverishness/chills				
c.	Cough				
d.	Fatigue				
e.	Sore throat				
f.	Runny or stuffy nose				
g.	Sneezing				
h.	Nausea/vomiting				
i.	Diarrhea				
j.	Headache				
k.	Rash				
l.	Muscle/body aches				
m.	Red/draining eyes				
n.	Difficulty breathing/shortness of breath				
o.	Seizures				
p.	Other _____				

D4. Did you go to any pharmacy/medical provider for the symptoms you had?

- Yes
- No **(Go to Q D5)**

D4a. If yes, were you prescribed any antiviral treatment?

- Yes Date started treatment (mm/dd/yyyy): _____
- No

D5. In the 3 days before symptom onset, had you been close (<6 ft) to anyone you know with similar symptoms?

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- Yes
- No **(Go to Section E)**

D5a. If yes, where (*check all that apply*):

- Market School Church Street Home Other home Other _____

Section E: Information on smoking and chronic illness

Now I am going to ask you questions about any health conditions you may have that could put you at higher risk for influenza infection.

E1. Do you smoke?

- Yes
- No **(Go to Q E2)**

E1a. If yes to Q E1, how long have you been smoking?

___ ___ years

E1b. If yes to Q E1, how many cigarettes did you smoke yesterday?

___ ___ cigarettes

E2. Has a doctor ever told you that you have lung disease?

- Yes
- No **(Go to Q E3)**

E2a. If yes, what disease(s) do you have? (*Check 'No' or 'Yes' for each. If 'Yes', write down duration of illness*)

		Yes	Duration of illness (years)	No
a.	Asthma			
b.	Emphysema			
c.	Chronic obstructive pulmonary disease (COPD)			
d.	Other (specify) _____			

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(Questions continued next page)

E3. Do you have any other chronic illnesses?

- Yes
- No **(Go to Q E4)**

E3a. If yes, what illness(es) do you have? [probe: any other] (Check 'Yes' or 'No' for each. If 'Yes', write down duration of illness)

		Yes	Duration of illness (years)	No
a.	Liver disease			
b.	kidney disease			
c.	Gastro-intestinal disease			
d.	Heart disease			
e.	Diabetes			
f.	Allergies			
g.	Other (specify) _____			

E4. Are you currently pregnant? (For female respondents only)

- Yes
- No **(Done with survey)**

E4a. If yes, what is your duration of pregnancy?

_____ weeks

E5. Additional notes:

Thank you for your cooperation and participation in the survey.