

Risk Factors for MERS-CoV Seropositivity among Animal Market and Slaughterhouse Workers, Abu Dhabi, United Arab Emirates, 2014–2017

Appendix 1

Market and Slaughterhouse Worker Surveys

Market Worker Survey

Form Serial Number: ER/BW/_____/16
Interview Date: ____/____/____ Day Month Year
Interviewer initials: ____

Name of the animal market _____	
Location of the animal market (region and city) _____	
<u>Subject Information</u>	
FIRST NAME _____ LAST NAME _____	
AGE (years)	<i>GENDER</i> <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>
D.O.B: dd/mm/yyyy	<i>NATIONALITY</i> _____

CONSENTED

YES NO

BLOOD SPECIMEN COLLECTED

YES NO

Specimen collection date:

____/____/____
Day Month Year

Investigator Notes:

Sample Label:
(Place sticker here)

Home phone _____ Mobile phone 1 _____

Mobile phone 2 _____

CURRENT HOME ADDRESS

Street _____

City _____ Area: _____

INTERNAL USE:

Data Entered:
Initials:

Data Entry Checked:
Initials:

OCCUPATION

What is your job title at the animal market? _____

Do you have animals at your home? **YES** **NO**

If YES, specify type and number of animals at home: _____

How long have you worked at this animal market? _____years _____months

If less than one year, have you worked at any other animal markets prior to this one?

YES (specify location, number, or name of the animal market) _____

NO

How many hours per week do you typically work at the animal market? _____hours/week

How many hours per week do you typically work with animals outside the animal market?
_____ hours/week

Do you currently hold other jobs aside from working at the animal market? **YES** **NO**

If YES, Please specify location and job title of other job(s): _____

How often do you perform each of the following?

- | | | | |
|--|---------------------------------------|---|---------------------------------------|
| Handle camels | <input type="checkbox"/> NEVER | <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> DAILY |
| Feed camels | <input type="checkbox"/> NEVER | <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> DAILY |
| Clean camels | <input type="checkbox"/> NEVER | <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> DAILY |
| Clean camel housing | <input type="checkbox"/> NEVER | <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> DAILY |
| Handle or dispose camel waste | <input type="checkbox"/> NEVER | <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> DAILY |
| Clean equipment | <input type="checkbox"/> NEVER | <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> DAILY |
| Milk camels | <input type="checkbox"/> NEVER | <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> DAILY |
| Slaughter camels | <input type="checkbox"/> NEVER | <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> DAILY |
| Assist with camel parturition (birthing) | <input type="checkbox"/> NEVER | <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> DAILY |
| Give medications/vaccines to camels | <input type="checkbox"/> NEVER | <input type="checkbox"/> SOMETIMES | <input type="checkbox"/> DAILY |

Other tasks (specify and indicate frequency):

ANIMAL EXPOSURES

In the past 12 months, have you had direct physical contact with any animals or their waste?

- | | | | | | |
|---------|--------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|
| Camels | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> DAILY |
| Goats | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> DAILY |
| Sheep | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> DAILY |
| Cattle | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> DAILY |
| Horses | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> DAILY |
| Dogs | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> DAILY |
| Cats | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> DAILY |
| Bats | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> DAILY |
| Rodents | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> DAILY |
| Birds | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> DAILY |

Other animals (specify and indicate frequency):

Were any of the animals you had contact with ill? YES NO Do not recall

If YES, please describe the following:

Which animals were ill? _____

What were their symptoms? _____

Did you develop any illness after this contact with the ill animal? YES NO

If YES, what were your symptoms? _____

AND how long after this contact did your symptoms begin?

<1 Week 1-2 Weeks 3-4 Weeks >1 Month

In the past 12 months, have you eaten any raw camel milk or milk products?

YES NO Do not recall

In the past 12 months, have you drunk camel urine?

YES NO Do not recall

In the past 12 months, have you eaten uncooked camel meat?

YES NO Do not recall

PPE and HYGIENE

Do you usually wear personal protective equipment (PPE) when handling animals or their waste?

YES NO

If YES, check all that apply:

Gloves Dust Mask Respirator Coveralls Boots or boot covers

Eye protection (goggles, safety glasses) Other (specify):

Do you take your work clothes home with you? YES NO

Where are your work clothes washed? Home Work place Other (specify)

Who washes your work clothes? Self Household member Other worker

At which of the following times do you usually wash your hands at the animal market (check all that apply)?

Before and after each animal-related task

At meal times

At bathroom times

At prayer times

At the beginning and end of the day

Where do you wash your hands at the animal market? _____

TRAVEL HISTORY

During the last 12 months, did you visit: YES NO do not recall

If yes, check all that apply:

Bahrain Palestinian Territories Lebanon

Iraq Qatar Yemen

Iran Saudi Arabia Oman

Israel Syria Jordan

Kuwait South Korea Other

(list) _____

Did you travel within United Arab Emirates? YES NO

If YES, where? _____

ILLNESS HISTORY

During the last 12 months, have you seen a doctor for a respiratory illness? (for symptoms including any of the following: cough, fever, runny nose, shortness of breath, rapid or shallow breathing, sore throat, vomiting after cough, and wheezing):

YES **NO** **Do not recall**

If YES...

Where did you seek care for this illness (name/location of medical institution)?

Can you describe your symptoms during this time?

What medications did you take during this time?

Was a chest x-ray performed?

YES **NO** **Do not recall**

If YES,

Health insurance card number _____

Medical record number _____

Do you have any underlying medical conditions (e.g. immunocompromised, heart disease, pulmonary disease (COPD, emphysema, cancer, diabetes, hypertension, smoking, etc.)?)

YES **NO**

If YES, please describe _____

HUMAN EXPOSURES

Did you have contact with anyone hospitalized for respiratory illness during the last 12 months?

YES **NO** **Do not recall**

ADDITIONAL NOTES:

ANIMAL EXPOSURES

In the past 12 months, have you had direct physical contact with any animals or their waste?

- | | | | | | |
|---------|--------------------------------|---------------------------------|----------------------------------|---------------------------------|--------------------------------|
| Camels | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> DAILY |
| Goats | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly | <input type="checkbox"/> DAILY |
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YES NO Do not recall

In the past 12 months, have you drunk camel urine?

YES NO Do not recall

In the past 12 months, have you eaten uncooked camel meat?

YES NO Do not recall

PPE and HYGIENE

Do you usually wear personal protective equipment (PPE) when handling animals or their waste?

YES NO

If YES, check all that apply:

Gloves Dust Mask Respirator Coveralls Boots or boot covers

Eye protection (goggles, safety glasses) Other (specify):

Do you take your work clothes home with you? YES NO

Where are your work clothes washed? Home Work place Other (specify)

Who washes your work clothes? Self Household member Other worker

At which of the following times do you usually wash your hands at the slaughter house (check all that apply)?

Before and after each animal-related task

At meal times

At bathroom times

At prayer times

At the beginning and end of the day

Where do you wash your hands at the slaughter house? _____

TRAVEL HISTORY

During the last 12 months, did you visit: YES NO do not recall

If yes, check all that apply:

Bahrain Palestinian Territories Lebanon

Iraq Qatar Yemen

Iran Saudi Arabia Oman

Israel Syria Jordan

Kuwait South Korea Other

(list) _____

Did you travel within United Arab Emirates? YES NO

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ILLNESS HISTORY

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Where did you seek care for this illness (name/location of medical institution)?

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What medications did you take during this time?

Was a chest x-ray performed?

YES **NO** **Do not recall**

If YES,

Health insurance card number _____

Medical record number _____

Do you have any underlying medical conditions (e.g. immunocompromised, heart disease, pulmonary disease (COPD, emphysema, cancer, diabetes, hypertension, smoking, etc.)?)

YES **NO**

If YES, please describe _____

HUMAN EXPOSURES

Did you have contact with anyone hospitalized for respiratory illness during the last 12 months?

YES **NO** **Do not recall**

ADDITIONAL NOTES:
