

Questionnaire for Australian Wildlife Rehabilitators About Knowledge, Attitude and Practices regarding Q fever

PARTICIPANT INFORMATION STATEMENT

The School of Veterinary Science at the University of Sydney is conducting an important public health survey of **Australian wildlife** rehabilitators. The survey is being conducted by Karen Mathews for the award of a PhD under the supervision of Associate Professor Katrina Bosward. The results of this study will allow us to **increase current knowledge and understanding of Q fever disease in wildlife rehabilitators**.

You have been invited to participate in this study because you are, or have been, a wildlife rehabilitator who specifically looks after **Australian mammals**. Survey participation requires you to be a rehabilitator who specifically looks after Australian mammals and 18 years or older.

The survey will involve answering a series of questions regarding your **knowledge** of, and **attitudes** towards, **Q fever disease** and **Q fever vaccination** and your **practices** while rehabilitating **Australian mammals**.

Participation will involve completing an anonymous online questionnaire which should take on average **30 minutes** to complete.

This study is confidential and you cannot be identified from your responses.

After you submit the questionnaire you will be redirected to the prize draw for an iPad Air 2. You can choose whether or not you would like to enter this. Please note that this is done via a separate link which will not be linked to your responses to this questionnaire to ensure that your responses remain anonymous.

You may view and download a Participant Information Sheet containing further information on the study by clicking on the link below.

Thank you very much for participating in this research study on Q fever, your responses will greatly assist in increasing our understanding of this important disease.

Regards,

Associate Professor Katrina Bosward

Email: katrina.bosward@sydney.edu.au

Ph: 02 9351 1756

Karen Mathews

Email: kmat3540@uni.sydney.edu.au

This study is being conducted with ethical approval from the Human Research Ethics Committee of the University of Sydney (protocol number XYZ). Any person with concerns or complaints about the conduct of a research study can contact the Manager for Ethics Administration, University of Sydney on -

Telephone: +61 2 8627 8176

email: human.ethics@sydney.edu.au

Fax: +61 8627 8177

[INSERT link to detailed PIS]

*I have read the Participant information statement and I would like to participate in this survey

Yes (Granted Access to questionnaire)

No You have selected an option that triggers this survey to end right now. To save your responses and end the survey, click the button below to do so. If you have selected the wrong option by accident and do not wish to leave the survey, you may click the other button below to continue, which will also remove the value of the option you just selected to allow you to enter it again and continue the survey.

Important information before you start the questionnaire

- For each question, please click on the box(es) that best applies and follow instructions for questions where more than one box can be checked.
- Boxes can be un-checked if you want to change your answer.
- In this survey '**wildlife**' refers only to **Australian mammals**.
- * Indicates a question is compulsory

Section 1: Questions about you and where you look after wildlife

1.1 *In your role as a wildlife rehabilitator have you looked after Australian mammals?

Yes

No → skip to page notifying the respondent they are ineligible to do the survey

1.2 *Gender

Female

Male

Prefer not to say

Prefer to self-describe

1.3 *What is your age?

1.4 *Highest level of education that you have completed

Please check one box only

High school level

TAFE or Private Colleges

University

Postgraduate studies (PhD, Masters etc.)

1.5 *Postcode where you live?

1.6 *Are you currently an active wildlife rehabilitator?

Yes

No → if no, which year did you last look after wildlife? Please estimate if unsure
(e.g. 1999)

1.7 *How many years in total have you been /were you a wildlife rehabilitator, directly working with Australian mammals?

1 - 5

5 – 10

more than 10

1.8 *Are/were you associated with a licensed wildlife rehabilitation group?

Yes If yes, which one(s)? Please indicate in table below

No

Please check all boxes that apply

WIRES	<input type="checkbox"/>	Native Arc (WA)	<input type="checkbox"/>
Wildlife Victoria	<input type="checkbox"/>	Fourth Crossing Wildlife	<input type="checkbox"/>
Wildlife Rescue	<input type="checkbox"/>	FAUNA	<input type="checkbox"/>
Wildlife Rescuers (VIC)	<input type="checkbox"/>	Brisbane Area Rescue Network	<input type="checkbox"/>
Wildlife ARC	<input type="checkbox"/>	Native Animal Rescue (WA)	<input type="checkbox"/>
Wildcare NT	<input type="checkbox"/>	Native Animal Network Inc. (SA)	<input type="checkbox"/>
Wildcare Australia	<input type="checkbox"/>	LAOKO	<input type="checkbox"/>
Wildlife Aid	<input type="checkbox"/>	AWARE	<input type="checkbox"/>
WAWRC	<input type="checkbox"/>	Australian Animal Rescue	<input type="checkbox"/>

Tweed Valley Wildlife Rehabilitators	<input type="checkbox"/>	ACT Wildlife	<input type="checkbox"/>
SMWS	<input type="checkbox"/>	North Queensland Wildlife Care	<input type="checkbox"/>
Snowy Mountains Wildlife Rescue	<input type="checkbox"/>	AWARE	<input type="checkbox"/>
ONARR	<input type="checkbox"/>	Northern Rivers Wildlife Carers	<input type="checkbox"/>
Northern Tablelands Wildlife Carers	<input type="checkbox"/>	Other Please specify below	<input type="checkbox"/>
Qld Wildlife Carers & Volunteers Assoc	<input type="checkbox"/>		

1.9 *Where do/did you primarily look after Australian wildlife?

Check all boxes that apply

- private residence
- private animal care facility not associated with a private residence, that is not open to the general public (eg. wildlife rescue and rehabilitation facility)
- animal care and housing facility that is open to the general public (eg. zoo)
- veterinary clinic
- other please specify below

1.10 *What is the postcode at which most of your wildlife caring is/was undertaken?

1.11 *Do/did you look after wildlife at your own property?

- Yes
- No → Please proceed to **Question 1.14**

1.12 * If you rehabilitate wildlife on your own property, where are the animals housed?

Please check each box that applies

In the house where you live

In a separate building or outside enclosure (e.g. cage, shed, yard, aviary)

1.13 *How many people live in your household?

1.14 *Please indicate, how many animals you look after per year.

1 - 10

10-30

30-50

more than 50

Section 2: Questions about the wildlife you look after and nearby animals

2.1 *What type of Australian mammal do you, or have you, look(ed) after in your role as a wildlife rehabilitator?

Please check boxes for all animal types and species that apply

Kangaroos

Possums

Wallabies

Wombats

Wallaroo

Koalas

Pademelon

Flying-foxes

Bandicoots

Echidnas

Other native mammals

Please specify

2.2 *The following table of questions relates to animals **living on the same property where you look after wildlife**. This may be as pets, farmed animals or animals passing through.

Please answer to the best of your knowledge and check **YES** if the situation applies.

Animal species	Living on same property as the wildlife in your care	Have direct contact with the wildlife in your care	Have direct contact with you
Wildlife species	YES	YES	YES
Kangaroos	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wallabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bandicoots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flying-foxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Koalas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wombats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Echidnas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reptiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rabbits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mice and rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic species	YES	YES	YES
Cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet rabbits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet mice or rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 *The following table of questions relates to **animals living outside of the property boundaries, but within 2km of that property where you look after wildlife**

Please answer to the best of your knowledge and click on **YES** if the situation applies. If you live in a suburban area you may only be able to answer regarding close neighbours.

Animal species	Living outside of but within 2km of the property where you look after wildlife	Have direct contact with the wildlife in your care	Have direct contact with you
Wildlife species	YES	YES	YES
Kangaroos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wallabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bandicoots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flying-foxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Koalas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wombats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Echidnas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reptiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rabbits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mice and rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic species	YES	YES	YES
Cattle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pigs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet rabbits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet mice or rats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.4 *If you have another occupation as well as being a wildlife rehabilitator, **in that occupation** do you have contact with any of the animals listed below?

I don't have contact with animals in any other occupation

Check all boxes that apply

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Cattle | <input type="checkbox"/> Kangaroos |
| <input type="checkbox"/> Sheep | <input type="checkbox"/> Bandicoots |
| <input type="checkbox"/> Goats | <input type="checkbox"/> Possums |
| <input type="checkbox"/> Horses | <input type="checkbox"/> Flying-foxes |
| <input type="checkbox"/> Pigs | <input type="checkbox"/> Koalas |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Wombats |
| <input type="checkbox"/> Cats | <input type="checkbox"/> Birds |
| <input type="checkbox"/> Dogs | <input type="checkbox"/> Rabbits |
| <input type="checkbox"/> Horses | <input type="checkbox"/> Rodents |
| <input type="checkbox"/> Other | |

If your answer was 'other' please specify

2.5 *Have you ever been present or assisted with the birth of any animal species other than humans?

- Yes - If yes, which animal species
- No

2.6 *Have you ever been bitten by a tick while in your role as a wildlife rehabilitator?

- Yes
- No
- Unsure

Section 3: Questions about your rehabilitation practices

3.1 *Do you hand rear orphaned joeys (kangaroos, wallabies, koalas, bandicoots, possums and wombats) or juvenile flying-foxes?

- Yes if yes, please indicate which type of joey or pup (e.g. kangaroo, possum)
- No

*Please indicate the **personal protection** you typically use in the following scenarios.

3.2 * When handling animals how often do you use:

<i>Check all boxes that apply</i>	Always	Frequently	Occasionally	Rarely	Never
Disposable gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overalls / protective outerwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prompt hand washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3 *When cleaning enclosures how often do you use:

<i>Check all boxes that apply</i>	Always	Frequently	Occasionally	Rarely	Never
Disposable gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Face mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overalls / protective outerwear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prompt hand washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.4 *How do you dispose of the following materials and wastes?

<i>Check all boxes that apply</i>	I don't do this activity	In the rubbish bin	In an uncovered compost heap	In a covered compost bin	Burn	Bury	Take to tip	Flush down the toilet	Other – please specify below
Dead animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine and faeces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pouch liners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soiled bedding if discarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawn clippings from animal living areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5 *How often do you clean enclosures – that is, remove faeces, uneaten food and bedding?

Please check one box only

- Once a day
- More often than once a day
- Every second day
- Twice weekly
- Weekly
- Not applicable

3.6 *Please check all the activities you undertake when cleaning enclosures, cages and aviaries etc.

Please check all the activities you do

- Roll any enclosure paper linings to capture faeces, urine and uneaten food?
- Hose out cages/enclosure
- Sweep or rake out faeces and urine in cages/enclosures
- Mow lawns or disturb the soil around cages/enclosures
- Wear the same clothes into your home afterwards
- Change your clothes before doing other activities

3.7 *Do you use a disinfectant when cleaning enclosures or anywhere the wildlife under your care is living?

- Yes -> proceed to 3.8
- No → proceed to **Question 3.9**

3.8 *When do you use the disinfectant?

- Before cleaning/hosing down
- After cleaning/hosing down

3.9 *How do you usually wash the following items?

<i>Check all boxes that apply</i>	I don't do this activity	Cold water & detergent	Hot water & detergent	Soak in sanitizer before washing (e.g. Milton)	Other
Clothes you wear when handling wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothes you wear when cleaning enclosures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirty washable bedding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirty pouch liners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.10 *Please select the statement that describes your washing practices

<i>Check all boxes that apply</i>	Yes	No	Sometimes
The clothes that I wear while caring for wildlife and other clothing are washed in the same machine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The clothes that I wear while caring for wildlife are washed in the same machine but in different loads.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not always separate my wildlife clothing from my other clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family members are also involved in washing clothes and bedding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I care for wildlife in my day to day clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4: Questions about what you know and how you feel about Q fever

4.1 *Before this questionnaire, had you heard of Q fever?

- Yes
- No → proceed to **Section 4.6** -

4.2 *Where have you heard about Q fever?

Please check all boxes that apply

- Social media
- Web-based article
- Newspaper or magazines
- TV
- Radio
- Doctor
- Veterinarian or Vet nurse
- Wildlife rehabilitation group
- Wildlife conference
- Family or friend
- Other wildlife rehabilitator
- Government agency
- Training session
- Other – please specify below

4.3 *What do you think are the most common way(s) a person can acquire Q fever?

Check all the ways you think apply

- Contact with other infected people
- Contact with infected animals, animal tissues or body fluids
- Inhalation of Infected dust, including dust spread by the wind
- Contact with environments and objects contaminated by infected animals
- Tick bites
- Mosquito bites
- Animal bites
- Drinking contaminated raw (un-pasteurised) dairy products such as milk and cheese
- Unsure

Please answer true or false to the following questions: (Knowledge measure questions)

4.4 *Animals that are infected with the causative agent of Q fever are usually obviously sick

- True False Unsure

4.5 *Q fever in people is easily recognised and diagnosed

- True False Unsure

4.6 *Q fever can cause serious long-term illness in people

- True False Unsure

4.7 *The organism that causes Q Fever is a

- fungus parasite virus bacteria

4.8 *The main route of infection for the organism that causes Q fever is

- through cuts and open wounds on the skin
- inhaling the airborne organism
- eating contaminated food
- directly across the skin surface

4.9 *Please select one response that describes your feelings about the statement:

“Wildlife rehabilitators are at risk of Q fever from contact with Australian native mammals”.

Please check only one box

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Section 5. Questions about Q fever vaccination

5.1 *Before this questionnaire, did you know that there is a vaccine available in Australia that protects people against Q fever?

- Yes
- No** → if no, please proceed to **Question 5.7**

Participants answering NO to 5.1 will be directed to Q5.7 where they will answer Q1 and 2 in the matrix. Then they will be branched to Section 6

5.2 *Have you ever been vaccinated against Q fever?

- Yes → if yes, please proceed to **Question 5.3**
- No → if no, please proceed to **Question 5.4**
- Can't recall → please proceed to **Question 5.5**

5.3 *In which year were you vaccinated? Please estimate if unsure (e.g. 1999)

→ Please proceed now to **Question 5.7**

5.4 *Please indicate any reasons for you **not** getting vaccinated to date.

Check as many boxes as apply

- The pre-vaccination screening process indicated I should not have the vaccine
- I have had medically diagnosed Q fever disease and was advised I am unable to be vaccinated
- The cost of getting vaccinated is too expensive
- It is too difficult to find a medical practitioner who gives the vaccine
- Vaccination is not provided by my employer or wildlife rehabilitation group
- Pre-screening and vaccination is too time consuming
- I think the Q fever vaccine may harm my health
- I think the Q fever vaccine may not be effective
- I don't think Q fever is serious enough to require vaccination
- I don't think I am at risk of acquiring Q fever
- I was told I was not at risk – please specify by whom
- Haven't got around to doing it
- I was unaware I needed to
- Other – please specify below

5.5 *Would you consider being vaccinated against Q fever in the future?

- Yes
- No
- Unsure

5.6 *Has anyone recommended that you should be vaccinated for Q fever?

- Yes → If yes, please indicate who made the recommendation:
- No → if no, please proceed to **Question 5.7**

Check as many boxes as apply

- Doctor
- Veterinarian
- Veterinary Nurse
- Friend
- Other wildlife rehabilitator
- Speaker at a wildlife conference/workshop or training session
- Government
- Employer
- University/college
- Wildlife rehabilitation group
- Other Please specify below

5.7 *For the following 5 statements, we are interested in your feelings and would like you to indicate your level of agreement:

Check only one box	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Unsure
1. "Vaccines against diseases are usually a good way to protect someone against the disease"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. "I worry that vaccines can do more harm than good"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. "I am convinced of the importance of Q fever vaccination"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. "The Q fever vaccine is effective in preventing Q fever"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. "The Q fever vaccine is safe when administered appropriately"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.8 *Are there any other comments or observations you'd like to make regarding Q fever and the Q fever vaccination?

Section 6: Questions about Q fever exposure and disease

6.1 *In the time you have been rehabilitating wildlife, on average, what do you think your level of exposure to the Q fever causative agent may have been?

Please check one box only

- Unsure
- No Exposure
- Low exposure
- Moderate exposure
- High exposure

6.2 *Have you ever had Q fever disease?

A positive skin or blood test on pre-vaccination screening is not confirmation of Q fever illness.

- Yes
- No → if no, please proceed to **Question 6.10**

6.3 In what year did you have Q fever disease? Please estimate if unsure

6.4 *How were you diagnosed with Q fever disease? *Please check only one box*

- Medical Practitioner, with **no** laboratory testing
- Medical Practitioner, **confirmed with laboratory testing**
- I suspect I have had Q fever but have not had it medically diagnosed
- Other - Please specify

6.5 *Were you hospitalised during your Q fever illness?

Yes

No → if no, please proceed to **Question 6.7**

6.6 *For how many days were you hospitalised? days

6.7 *To what extent did you experience each of the following when you had Q fever disease?

<i>Please check <u>one</u> box in each horizontal row</i>	Did not experience	Mild	Moderate	Severe
Fever and chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle and joint pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocarditis (heart valve disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (liver disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – please describe below and indicate severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify 'Other' as indicated above

6.8 *Have you experienced pregnancy complications that were attributed to Q fever?

Yes

No

6.9 *Have you been medically diagnosed as having Post Q fever fatigue syndrome?

Yes

No

6.10 * How many people living in your household, apart from yourself, have been diagnosed with Q fever disease?

- 0
- 1
- 2
- 3
- ≥ 4

Section 7: Additional Information

To help us with the interpretation of our data and make it more meaningful we would like you to answer the following two questions

7.1 Are you completing this questionnaire as a result of attending the Australian Wildlife Rehabilitation Conference?

- Yes No

7.2 If yes had you heard of Q fever prior to attending this conference?

- Yes No

Section 8: Survey completion

We greatly appreciate your help with this study and thank you for taking the time to complete this questionnaire.

After you submit the questionnaire you will be redirected to a link that will give you the option to register to receive a summary report of the findings and/or enter the prize draw for an iPad Air 2

Your participation in the is important in aiding our understanding of Q fever disease within the Australian wildlife rehabilitator community. If you would like to be contacted about future studies in this area, please indicate your preference after submitting of this survey.

Please note that this is done via separate links which will not be linked to your responses to this questionnaire to ensure that your responses remain anonymous.

Thank you once again for your participation in this important work.

SUBMIT

Section 8: Additional links

Thankyou your questionnaire has been submitted.

Please indicate your preference by checking the box(es)

Would you like to enter the draw to win an iPad? Yes No

Would like to receive the summary of findings of this study Yes No

Are you interested in being contacted about future studies? Yes No

If you answered **yes** to any of the above, please provide your contact details below. Please note your personal details will be separated and de-identified from your survey responses, preserving your confidentiality and anonymity.

Please indicate how you would like to be contacted

Email:

Postal:

If you would like to obtain further information about Q fever we recommend the following websites:

Health NSW Fact sheet

<http://www.health.nsw.gov.au/infectious/factsheets/pages/q-fever.aspx>

SafeWork NSW Factsheet

<http://www.safework.nsw.gov.au/health-and-safety/safety-topics-a-z/diseases/q-fever>

Australian Immunisation Handbook 10th Edition 2013 – Chapter on Q fever

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-15>

Wildlife Health Australia – Q fever in Australian wildlife fact sheet

[https://www.wildlifehealthaustralia.com.au/Portals/0/Documents/FactSheets/Mammals/Q%20Fever%20in%20Australian%20Wildlife%20Jun%202013%20\(1.4\).pdf](https://www.wildlifehealthaustralia.com.au/Portals/0/Documents/FactSheets/Mammals/Q%20Fever%20in%20Australian%20Wildlife%20Jun%202013%20(1.4).pdf)

*If you have any concerns surrounding Q fever infection, with regards to yourself or someone you may know, please contact your GP as soon as possible to discuss these concerns and potential Q fever testing.

