



Human Questionnaire Form



Directions for completing the questionnaire

All questions are required unless otherwise indicated.

Directions for selecting modules for the interview

1. Select module(s) for site characterization
2. Add the Temporary Settlement Module if respondent dwelling is NOT permanent (Question 15)
3. Add all modules for work activities chosen in question 24 (Question 24)
4. Add Hunter Module if hunter/trapper/fisher is selected in Question 24 or "yes" to Question 52 "Since this time last year...".

Livelihood Module Table (based on response to Question 24)

Complete the module that corresponds with the livelihood chosen as follows:

extraction of minerals, gas, oil, timber	extractive industry module
crop production	crop production module
wildlife restaurant business	wildlife restaurant module
wild/exotic animal trade business	market and value chain module
rancher/farmer animal production business	animal production module
meat processing, slaughterhouse, abattoir	animal production module
zoo/sanctuary animal health care	zoos & sanctuaries module
hunter/trapper/fisher	hunter module
nurse, doctor, traditional healer, community health worker	hospital or clinic health professional module
If 'other' livelihood is livestock animal or product trade business	market and value chain module

If no additional modules are selected, the interview is complete.

Human Questionnaire Form ID Instructions

Enter the Site and Event Form ID barcode number to the grid located at the top of page 1 of the Human Questionnaire Form.

Enter the Human Questionnaire Form ID barcode number to grid located at the top of each associated module.

The barcode is located at the bottom right hand corner of each page of the Human Questionnaire section and the Site and Event Characterization Form.

Use the number after the dash (-) and fill the grid with the numbers from top to bottom.



316612-849572



Human Questionnaire Form



Add Site and Event Form ID:

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

Site name and date:

(For reference only)

1. Consent Form Administered & Signed yes no

Participant ID: _____

2. (Question removed)

3. Date of interview _____

4. Begin time of interview _____
(Example: 17:50)

5. End time of interview _____
(Example: 19:20)

6. Where are you conducting this interview?

Village/Town/City _____ Province/State _____

Latitude _____ Longitude _____

Interviewer: Please collect GPS coordinates if administering using paper and pen.

7. Interviewer Observed Gender male female other

INTERVIEW/QUESTIONNAIRE BEGINS

Demographics Section

8. How old are you? _____
If the exact age is unknown, enter the respondent's estimated age.

9. Where do you live?

Village/Town/City _____ Province/State _____

Latitude _____ Longitude _____

Interviewer: Probe for landmarks or nearest known site if area unknown.
GPS coordinates to be identified and entered after completion of interview.

10. How long have you lived there? <1 month 1 month - 1 year >1 - 5 years >5 - 10 years >10 years
Select one option.

11. How many other people live in the dwelling where you live? _____ Skip to question 14 if answer is 0.
(Not including participant)

12. How many in the dwelling are children less than 5 years old? _____
(Not including participant)

13. How many in the dwelling are male? _____
(Not including participant)





Human Questionnaire Form



Participant ID _____

(For reference only)

14. How many rooms are there in the dwelling where you live? _____
(Do not include bathroom or kitchen)

15. Is the dwelling a permanent structure (that cannot be moved)? yes
Interviewer: If answer is no, complete temporary settlement questionnaire. no

16. Do you get water from: piped in water/water taps
Select all that apply. covered well
 uncovered well/pond/river
 water truck/rainwater harvest
 other: _____

17. Do you treat your drinking water? yes
 no

18. If yes, how do you treat your water? boil
Select all that apply. filter
 add chlorine or bleach
 solar disinfection
 other: _____

19. Is your source for drinking water ever used by animals? yes
 no

20. In your dwelling is there a dedicated location for human solid waste/excreta? yes
(Example: toilet, latrine, designated area) no

21. Do you have containers for storing food for the household? yes, with covers
Select all that apply. yes, without covers
 no

Livelihood Section

In this section, I'd like to ask you about education and the kinds of work activities that you have done since this time last year.

22. What is the highest level of education you have completed? primary school
Select one option. secondary school
 college/university/professional
 none

23. What is the highest level of education that your mother completed? primary school
Select one option. (Skip for Cameroon.) secondary school
 college/university/professional
 none





Human Questionnaire Form

Participant ID _____

Livelihood Section

(For reference only)

24. Since this time last year what are the activities you have done to earn your livelihood?

Select all that apply

- extraction of minerals, gas, oil timber (**extractive industry module**)
 - crop production (**crop production module**)
 - wildlife restaurant business (**wildlife restaurant module**)
 - wild/exotic animal trade/market business (**market and value chain module**)
 - rancher/farmer animal production business (**animal production module**)
 - meat processing, slaughterhouse, abattoir (**animal production module**)
 - zoo/sanctuary animal health care (**zoos & sanctuaries module**)
 - protected area worker
 - hunter/trapper/fisher (**hunter module**)
 - forager/gatherer/non-timber forest product collector
 - migrant laborer
 - nurse, doctor, traditional healer, community health worker (**hospital or clinic health professional module**)
 - construction
 - other: _____
- If 'other' livelihood is livestock animal or product trade business (**market and value chain module**)

25. If more than one activity was selected, what is the activity on which you spend the most time since this time last year? Select one option.

- extraction of minerals, gas, oil timber
- crop production
- wildlife restaurant business
- wild/exotic animal trade/market business
- rancher/farmer animal production business
- meat processing, slaughterhouse, abattoir
- zoo/sanctuary animal health care
- protected area worker
- hunter/trapper/fisher
- forager/gatherer/non-timber forest product collector
- migrant laborer
- nurse, doctor, traditional healer, community health worker
- construction
- other: _____

26. Which best describes your job position?

Select one option.

- manager/owner/foreman
- worker
- live and work at home independently (If chosen, skip to question 28)
- professional
- other: _____

27. Where do you work?

Village/Town/City _____ Province/State _____

Latitude _____ Longitude _____

Interviewer: Probe for landmarks or nearest known site if area unknown.
GPS coordinates to be identified and entered after completion of interview.





Human Questionnaire Form

Participant ID _____

Medical History Section

(For reference only)

In this section, I'm going to ask you about any illness or sickness that is not known or recognized in the community, including by medical or treatment providers.

28. Where do you usually get treatment for medical problems? Select all that apply.

- clinic/health center
- hospital
- mobile clinic
- community health worker
- traditional healer
- dispensary or pharmacy

29. Have you ever had an unusual illness with any of the following symptoms:

Select all that apply. (READ ONLY SYMPTOMS)

- fever with headache and severe fatigue or weakness (encephalitis)
- fever with bleeding or bruising not related to injury (hemorrhagic fever)
- fever with cough and shortness of breath or difficulty breathing (SARI)
- fever with muscle aches, cough, or sore throat (ILI)
- fever with diarrhea or vomiting
- fever with rash
- persistent rash or sores on skin
- no (Skip to question 33)
- yes but, none of these symptoms-describe: _____

30. Since this time last year, have you had any of these symptoms?

- yes
- no (Skip to question 33)

31. If yes, which ones? Select all that apply.

- fever with headache and severe fatigue or weakness (encephalitis)
- fever with bleeding or bruising not related to injury (hemorrhagic fever)
- fever with cough and shortness of breath or difficulty breathing (SARI)
- fever with muscle aches, cough, or sore throat (ILI)
- fever with diarrhea or vomiting
- fever with rash
- persistent rash or sores on skin
- yes but, none of these symptoms-describe: _____

32. In your opinion, when you were sick, what caused this sickness? Select all that apply.

- contact with sick people
- contact with wild animals
- contact with other animals
- bad food or water
- bad spirits/witchcraft
- wound or injury
- I don't know
- other: _____

33. Since this time last year, have any of the people you lived with had any of these symptoms?

- yes
- no (Skip to question 36)

34. If yes, which ones? Select all that apply.

- fever with headache and severe fatigue or weakness (encephalitis)
- fever with bleeding or bruising not related to injury (hemorrhagic fever)
- fever with cough and shortness of breath or difficulty breathing (SARI)
- fever with muscle aches, cough, or sore throat (ILI)
- fever with diarrhea or vomiting
- fever with rash
- persistent rash or sores on skin
- yes but, none of these symptoms-describe: _____

35. Since this time last year, did anyone you lived with die from this illness?

- yes
- no





Human Questionnaire Form

Participant ID _____

Movement Section

(For reference only)

In this section, I'm going to ask you about any travel you have done since this time last year.

36. Have you traveled since this time last year? yes
If answer is no, skip to the next section. no

37. Where have you traveled since this time last year? Anywhere else?

Provide details, such as name of town, nearest (or most frequent) well known place if unknown by interviewer (to be linked to GPS coordinates later)
Collect up to 6 locations.

Interviewer: Probe for landmarks or nearest known site if area unknown. GPS coordinates to be identified and entered after completion of interview.

Village/Town/City _____ Province/State _____ Country _____

Latitude _____ Longitude _____

Notes: _____

Village/Town/City _____ Province/State _____ Country _____

Latitude _____ Longitude _____

Notes: _____

Village/Town/City _____ Province/State _____ Country _____

Latitude _____ Longitude _____

Notes: _____

Village/Town/City _____ Province/State _____ Country _____

Latitude _____ Longitude _____

Notes: _____

Village/Town/City _____ Province/State _____ Country _____

Latitude _____ Longitude _____

Notes: _____

Village/Town/City _____ Province/State _____ Country _____

Latitude _____ Longitude _____

Notes: _____

If there are more than six locations check here.
Do not collect additional location information.

38. Why have you traveled? work
Select all that apply. visit family
 moved
 religious reasons
 holiday/vacation
 go to hospital/seek medical care
 go to market
 other: _____





Human Questionnaire Form

Animal Contact Section

Participant ID _____

(For reference only)

In this section, I'm going to ask you about the animals in your life.

If answered "no" under the "In your lifetime" column, then no answer is required under the "Since this time last year" column.

	In your lifetime...	Since this time last year...
39. Has an animal lived as a pet in or near your dwelling?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
40. Have you handled live animals?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
41. Have you raised live animals?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
42. Have you shared a water source with animals for washing?	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know
43. Have you seen animal feces in or near food before you have eaten it?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
44. Have you eaten food after an animal has touched or damaged it? (Example: chew marks or scratches)	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know
45. Do any animals come inside the dwelling where you live?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
46. Have you cooked or handled meat, organs or blood from a recently killed animal?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
47. Have you eaten raw or undercooked meat or organs or blood?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
48. Have you eaten an animal that you knew was not well/sick?	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know	<input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know
49. Have you found a dead animal and collected it to eat or share?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
50. Have you found a dead animal and collected it to sell it?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
51. Have you been scratched or bitten by an animal?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
52. Have you hunted or trapped an animal? (If answered "yes" to "Since this time last year" also administer the hunter module)	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no
53. Have you slaughtered an animal?	<input type="radio"/> yes <input type="radio"/> no	<input type="radio"/> yes <input type="radio"/> no

example only do not use in field





Human Questionnaire Form

Participant ID _____

Animal Contact Section

(For reference only)

54. The last time you were scratched or bitten, or cut yourself while butchering or slaughtering, what did you do?
Select all that apply.

- let someone else take over
- wash wound with soap and water
- rinse wound with water
- bandage wound
- visit doctor
- nothing - kept working
- never butcher or slaughter
- n/a

55. Are there any risks associated with slaughtering or butchering when you have an open wound?

Interviewer: Do not read responses.

- no
- yes, but I don't know what they are
- yes, it can make you sick
- yes, it can poison you
- yes, it can infect you with a disease
- don't know
- other: _____

56. Interviewer: Circle all headings where "yes" was answered in the "Since this time last year" questions above.

Then ask which animals/mammals for each "yes" category.

Select all that apply.

	pet (39)	handled (40)	raised (41)	feces in or near food (43)	in house (45)	cooked/ handled (46)	eaten raw/ under cooked (47)	eaten sick (48)	found dead (49/50)	scratched/ bitten (51)	hunted/ trapped (52)	slaugh- tered (53)
rodents/shrews	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bats	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
non-human primates	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
birds	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
carnivores	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ungulates	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pangolins	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
poultry/other fowl	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
goats/sheep	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
camels	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
swine	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cattle/buffalo	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dogs	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cats	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. Are you worried about diseases or disease outbreaks in live animals in your local market?

- yes
- no

END OF MAIN QUESTIONNAIRE

