
Appendix 1

Market and Slaughterhouse Worker Surveys

Market Worker Survey

<table>
<thead>
<tr>
<th>Form Serial Number: ER/BW/<em>/</em>/_/16</th>
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<tbody>
<tr>
<td>Interview Date: __<strong>/_<strong><strong>/</strong></strong></strong></td>
</tr>
<tr>
<td>Interviewer initials: ___ ___ ___</td>
</tr>
</tbody>
</table>

Name of the animal market ________________________________

Location of the animal market (region and city) __________________________

Subject Information

FIRST NAME ___________________________ LAST NAME ___________________________

AGE (years) | GENDER | D.O.B: dd/mm/yyyy | NATIONALITY ___________________________
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<td>CONSENTED</td>
<td>Investigator Notes:</td>
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<table>
<thead>
<tr>
<th>BLOOD SPECIMEN COLLECTED</th>
<th>Sample Label:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES ☐ NO</td>
<td><em>(Place sticker here)</em></td>
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</tbody>
</table>

**Specimen collection date:**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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<tbody>
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</table>

**Home phone ______________________ Mobile phone 1______________________**

**Mobile phone 2 ________________________**

**CURRENT HOME ADDRESS**

**Street __________________________________________________**

**City_______________ Area: _____________________**

**INTERNAL USE:**

<table>
<thead>
<tr>
<th>Data Entered:</th>
<th>Data Entry Checked:</th>
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<tbody>
<tr>
<td>Initials:</td>
<td>Initials:</td>
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</table>
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 □ NEVER □ SOMETIMES □ DAILY

Feed camels □ NEVER □ SOMETIMES □ DAILY

Clean camels □ NEVER □ SOMETIMES □ DAILY

Clean camel housing □ NEVER □ SOMETIMES □ DAILY

Handle or dispose camel waste □ NEVER □ SOMETIMES □ DAILY

Clean equipment □ NEVER □ SOMETIMES □ DAILY

Milk camels □ NEVER □ SOMETIMES □ DAILY

Slaughter camels □ NEVER □ SOMETIMES □ DAILY

Assist with camel parturition (birthing) □ NEVER □ SOMETIMES □ DAILY

Give medications/vaccines to camels □ NEVER □ SOMETIMES □ 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?

<table>
<thead>
<tr>
<th>Animal</th>
<th>Never</th>
<th>Rarely</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camels</td>
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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:
**Slaughterhouse Worker Survey**

**Form Serial Number:** ER/BW/__/__/__/16

**Interview Date:** _____/_____/_____

**Interviewer initials:** ___ ___ ___

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**Name of the slaughter house** ____________________________

**Location of the slaughter house (region and city)** __________________________

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**Subject Information**

**FIRST NAME** ____________________________ **LAST NAME** __________________________

**AGE (years)**

**D.O.B:** dd/mm/yyyy

**GENDER**

- [ ] Male
- [ ] Female

**NATIONALITY** ____________________________

---

**CONSENTED**

- [ ] YES
- [ ] NO

**BLOOD SPECIMEN COLLECTED**

- [ ] YES
- [ ] NO

**Specimen collection date:**

______/______/_____

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**Home phone** ____________________________ **Mobile phone 1** ____________________________

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**CURRENT HOME ADDRESS**

**Street** ____________________________

**City** ____________________________ **Area:** ____________________________

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**INTERNAL USE:**

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Initials: 

Data Entry Checked:

Initials: 

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**Investigator Notes:**

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**Sample Label:**

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