**Animal Anthrax Investigation Questionnaire**

\_\_\_ **Case** \_\_\_ **Village Control** \_\_\_ **Area Control**

**Name of Interviewer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Interview (dd/mm/yy):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time Interview Began:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTRODUCTION**

Good Morning/Afternoon,

I am …… [name, surname] …….. and …… [name, surname] …… are my colleagues and we are the representatives of the National Food Agency of the Ministry of Agriculture of Georgia.

I would like to tell you that in Georgia within the “National Animal Health Program” the Animal Anthrax investigation is being carried out by NFA. The objective of the investigation is to improve and develop Anthrax prevention and control in Georgia.

CONTROL: We would like to ask you several questions about your [same species as case:\_\_\_\_\_\_\_\_\_\_\_\_\_\_]. Did you own a [same species as case] during PERIOD 1?

[***investigator writes the species of the case animal, all control animals are the same species as case animal***]

[***investigator explains the PERIOD 1 as the 30 days before DATE 1***]

[***If respondent did not have the same species of animal during PERIOD 1***]:

Thank you for your time. Because we must ask questions about [same species as case], we do not need to take up any more of your time. Have a nice day.

CASE: The questions concern the [*species of case*] that had anthrax on ………….. [date] and other domestic animals as well.

Our interview will continue for about 45 minutes. The interview is confidential; all the data collected will be used for this investigation only. During the interview if you decide to no longer participate in the investigation, we will stop the interview. Please, take into account that your active and sincere participation will contribute much to the effective prevention and improved control of anthrax in Georgia.

If you don’t mind we can start the interview.

Do you agree to participate?

Respondent 1 Respondent 2

##  \_\_\_ Yes \_\_\_ No \_\_\_ Yes \_\_\_ No

**Respondents**

1. What is your name? [Respondent 1]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Owner \_\_\_ Shepherd/Animal Handler

* 1. Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. What is your name? [Respondent 2]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Owner \_\_\_ Owner’s family \_\_\_ Shepherd/Animal Handler

* 1. Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 1. ANIMAL OWNER / HANDLER**

**Respondent 1**

1. During PERIOD 1, which is the 30 days before [say the DATE 1 date], who cared for your [same species as case animal]?

\_\_\_ Just me \_\_\_ Myself and my family member(s)

\_\_\_ Only my family member(s) \_\_\_ Myself, my family members, and the shepherd

\_\_\_ Myself and the shepherd \_\_\_ Only the shepherd

*[If answered ‘Just Me” go to Question 4]*

* 1. Since others also cared for the animal, are they available right now to participate in this interview? It would be very helpful to hear from them as well.

\_\_\_ Yes

\_\_\_ No

\_\_\_ Don’t know

Since they are not available, we would like to collect their name, role and phone number so we can schedule an interview with them.

* 1. What is their name?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. What is their role?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. What is their phone number?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Generally, how much time did you care for the animal in PERIOD 1?

\_\_\_ All the time \_\_\_ Morning and evening

\_\_\_ During the day \_\_\_ Once every 2 days

\_\_\_ Once per week \_\_\_ Once per month

\_\_\_ No time during Period 1

* 1. How many years experience do you have caring for livestock animals? \_\_\_\_\_\_
1. How old are you (in years)? \_\_\_\_\_\_
2. gender?

\_\_\_ Male \_\_\_ Female

**Respondent 2**

1. Generally, how much time did you care for the animal in PERIOD 1?

\_\_\_ All the time \_\_\_ Morning and evening

\_\_\_ During the day \_\_\_ Once every 2 days

\_\_\_ Once per week \_\_\_ Once per month

\_\_\_ No time during period

* 1. How many years experience do you have caring for livestock animals?? \_\_\_\_\_\_
1. How old are you (in years)? \_\_\_\_\_\_
2. gender?

\_\_\_ Male \_\_\_ Female

**Part 2. CONDITION & HISTORY**

CASE: I am going to ask you some questions about the animal that had anthrax.

CONTROL: What was the last [*Case species animal*] that you worked with? Did you have or work with this animal during the 30 days before date 1? Now, I am going to ask you some questions about this animal.

1. Did the animal have an ear tag?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

 *[Go to Question 10.1]*

 *[Go to Question 10.2]*

* 1. Do you rememeber what the number was?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Yes\_\_\_ No | \_\_\_ Yes\_\_\_ No |

 *[Go to Question 10.2]*

 *[Go to Question 10.3]*

* 1. What ws the number?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

10..3 What was its name and color?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Where did you get the animal?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Born within herd \_\_\_ Bought from within municipality\_\_\_ Bought from outside municipality\_\_\_ Bought from outside Georgia\_\_\_ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Born within herd \_\_\_ Bought from within municipality\_\_\_ Bought from outside municipality\_\_\_ Bought from outside Georgia\_\_\_ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. What was its sex:

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Female \_\_\_ Male | \_\_\_ Female \_\_\_ Male  |

*[Go to Question 12.1]*

 *[Go to Question 12.2]*

* 1. *[If female]* On DATE 1, was the animal:

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Pregnant\_\_\_ Milking/Dairy\_\_\_ Dry \_\_\_ Heifer | \_\_\_ Pregnant\_\_\_ Milking/Dairy\_\_\_ Dry \_\_\_ Heifer |

* 1. *[If male]* On DATE 1, was the animal:

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Not castrated \_\_\_ Castrated | \_\_\_ Not castrated \_\_\_ Castrated |

1. What was estimated age at DATE 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_ *□* years \_\_\_\_\_ *□* months *□* Don’t know |  \_\_\_\_\_ *□* years  \_\_\_\_\_ *□* months *□* Don’t know |

1. What was the condition of the animal at DATE 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Thin\_\_\_ Normal \_\_\_ Fat\_\_\_ Don’t Know | \_\_\_ Thin\_\_\_ Normal \_\_\_ Fat\_\_\_ Don’t Know |

1. How long had you taken care of it at DATE 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_ \_\_\_ years \_\_\_ months \_\_\_ Don’t know | \_\_\_\_\_ \_\_\_ years \_\_\_ months \_\_\_ Don’t know |

1. Were there any changes to the animal in PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

 *[If No or Don’t Know, go to Question 17]*

* 1. If yes, please select the changes

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Reduced milk yield \_\_\_ Abortion \_\_\_ Off feed for more than 12 hours\_\_\_ Fever (\_\_\_\_\_°C)\_\_\_ Limping \_\_\_ Difficulty breathing \_\_\_ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Reduced milk yield \_\_\_ Abortion \_\_\_ Off feed for more than 12 hours \_\_\_ Fever (\_\_\_\_\_°C)\_\_\_ Limping \_\_\_ Difficulty breathing \_\_\_ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Was there any difference in feeding the animal compared to the rest of all of your *[same species as case]* during PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 |  Respondent 2 |
|  \_\_\_ Yes\_\_\_ No \_\_\_ Don’t Know\_\_\_ No other animals to compare to  |  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know\_\_\_ No other animals to compare to |

*[If No or Don’t Know, go to Question 18]*

*[Go to Question 19]*

* + 1. If yes, describe

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Was the animal housed differently compared to the rest of all of your *[same species as case]* during PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 |  Respondent 2 |
|  \_\_\_ Yes |  \_\_\_ Yes |
|  \_\_\_ No |  \_\_\_ No |
|  \_\_\_ Don’t Know |  \_\_\_ Don’t Know |

*[If No or Don’t Know, go to Question 19]*

* + 1. If yes, describe:

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Was the animal ever vaccinated against anthrax during it’s lifetime?

|  |  |
| --- | --- |
| Respondent 1 |  Respondent 2 |
|  \_\_\_ Yes |  \_\_\_ Yes |
|  \_\_\_ No |  \_\_\_ No |
|  \_\_\_ Don’t Know |  \_\_\_ Don’t Know |

*[If No or Don’t Know, go to Question 20]*

* 1. If yes, how many times was it vaccinated against anthrax?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* 1. When was the last time it was vaccinated against anthrax before Date 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Less than 1 month before date 1\_\_\_ 1-6 months before date 1\_\_\_ 6-12 months before date 1\_\_\_ More than 12 months before date 1 | \_\_\_ Less than 1 month before date 1 \_\_\_ 1-6 months before date 1\_\_\_ 6-12 months before date 1 \_\_\_ More than 12 months before date 1 |

1. Was the animal vaccinated against any disease other than anthrax in the six months before Date 1?

|  |  |
| --- | --- |
| Respondent 1 |  Respondent 2 |
|  \_\_\_ Yes |  \_\_\_ Yes |
|  \_\_\_ No |  \_\_\_ No |
|  \_\_\_ Don’t Know/Don’t remember |  \_\_\_ Don’t Know/ Don’t remember |

*[Go to Question 21].*

* 1. If yes, list the diseases and the date vaccine was last given for each:

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| Diseases | Date last given (mm/yy) | Diseases | Date last given (mm/yy) |
| \_\_\_ FMD |  | \_\_\_ FMD |  |
| \_\_\_ Pasteurellosis |  | \_\_\_ Pasteurellosis |  |
| \_\_\_ Brucellosis |  | \_\_\_ Brucellosis |  |
| \_\_\_ Bradzot (Clostridium) |  | \_\_\_ Bradzot (Clostridium) |  |
| \_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. .2 t age unit] Was the animal treated for ecto- or endo-parasites inthe six months before Date 1?

|  |  |
| --- | --- |
| Respondent 1 |  Respondent 2 |
|  \_\_\_ Yes |  \_\_\_ Yes |
|  \_\_\_ No |  \_\_\_ No |
|  \_\_\_ Don’t Know/Don’t remember |  \_\_\_ Don’t Know/ Don’t remember |

*[Go to Question 22].*

21.1. If yes, what was the date of the treatment during that time

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| Date last given (mm/yy) | Date last given (mm/yy) |
|  |  |

**Part 3. CLINICAL INFORMATION [Only ask for case animals]**

1. What was the outcome of the anthrax? [ask each outcome listed below]

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Sick \_\_\_ Slaughtered after being sick\_\_\_ Slaughtered without symptom of sickness  (confirmed after slaughtered)\_\_\_ Butchered after dead\_\_\_ Recovered \_\_\_ Dead \_\_\_ Sold, final outcome unknown | \_\_\_ Sick \_\_\_ Slaughtered after being sick\_\_\_ Slaughtered without symptom of sickness  (confirmed after slaughtered)\_\_\_ Butchered after dead\_\_\_ Recovered \_\_\_ Dead \_\_\_ Sold, final outcome unknown  |

* 1. What was the duration of illness from onset of illness until outcome?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Found dead \_\_\_ Less than half a day\_\_\_ Between half a day and one day\_\_\_ Greater than 24 hours  | \_\_\_ Found dead \_\_\_ Less than half a day\_\_\_ Between half a day and one day\_\_\_ Greater than 24 hours |

* 1. If more than one day, give the number of days

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ |

1. I am going to ask you about a number of signs of sickness you might have observed in your animal, either when alive or dead. After I read each observation, please say “yes”, “no’, or “don’t know”.

*[For questions specifically about an animal that has died, if the animal is not dead check “Not Applicable”]*

|  |  |  |
| --- | --- | --- |
| **Clinical signs** | Respondent 1 | Respondent 2 |
| Fever  | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Off feed | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Diarrhea | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Convulsion | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Muscle tremors | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Difficulty breathing | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Fallen down suddenly | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Swelling   *[If yes, select swollen body part(s)]* | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| \_\_\_ Tongue \_\_\_ Throat \_\_\_ Sternum \_\_\_ Flanks \_\_\_ Perineum \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Tongue \_\_\_ Throat \_\_\_ Sternum \_\_\_ Flanks \_\_\_ Perineum \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Drop in milk production  | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Discolored milk (Color\_\_\_\_\_\_\_\_\_\_\_\_) | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Sudden death (within 8 hours of onset of clinical symptoms) | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Found dead | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Rapid bloating of the dead animal | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Lack of stiffness of the body after death | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Blood from the carcass did not clot | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Dark/Tarry colored blood observed | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Bloody discharge from carcass | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Swollen spleen of the dead animal | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Other: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |

**Part 4. HERD DEMOGRAPHY** [ask for both animals and controls]

I am going to ask you several questions about the group of animals that the specific animal we are talking about spends time with during PERIOD 1. This includes animals that were pastured, fed, or travelled together, and can include animals that belong to several different people. I will call this group a HERD. Do you understand?

1. How many total animals, by species, were there in the herd during PERIOD 1? How many of those animals became sick and recovered, are still sick, and how many animals died? Please indicate for each species.

|  |  |  |
| --- | --- | --- |
|  | Respondent 1 | Respondent 2 |
| Species  | Total | Normal | Sick and recovered | Still sick | Dead | Total | Normal | Sick and recovered | Still sick | Dead |
| Cattle  |  |  |  |  |  |  |  |  |  |  |
| Goats |  |  |  |  |  |  |  |  |  |  |
| Sheep |  |  |  |  |  |  |  |  |  |  |
| Horses |  |  |  |  |  |  |  |  |  |  |
| Pigs |  |  |  |  |  |  |  |  |  |  |
| Other: specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |

* 1. How many other owners owned those animals?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Where were all of your animals [same species as case] during PERIOD 1(check all that apply)?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| □ Covered fenced area/barn □ Local grazing land / pasture□ Fenced area □ Seasonal grazing land□ Other (Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | □ Covered fenced area/barn □ Local grazing land / pasture□ Fenced area □ Seasonal grazing land□ Other (Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

* 1. If all of your animals [same species as case] were kept in more than 1 location during PERIOD 1, how many times during a week were they moved between locations?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Every day \_\_\_ Most days \_\_\_ Some days \_\_\_ 1 day\_\_\_ Don’t know \_\_\_ Did not move | \_\_\_ Every dayDaily \_\_\_ Most days \_\_\_ Some days \_\_\_ 1 day\_\_\_ Don’t know \_\_\_ Did not move |

**Go to 26**

* 1. How were they moved between locations?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Walked \_\_\_ Transported by vehicle | \_\_\_ Walked \_\_\_ Transported by vehicle |

* 1. Was the specific animal we are talking about moved between locations differently than the rest of your [same species as case] during PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 |  Respondent 2 |
|  \_\_\_ Yes |  \_\_\_ Yes |
|  \_\_\_ No |  \_\_\_ No |
|  \_\_\_ Don’t Know |  \_\_\_ Don’t Know |

1. Did all of your animals that are the *[same species as case]* share a common feeding place with other animals at the village?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes | \_\_\_ Yes |
|  \_\_\_ No | \_\_\_ No*[Go to Question 27]* |
|  \_\_\_ Don’t Know/Don’t remember | \_\_\_ Don’t Know/ Don’t remember |
|  \_\_\_ Not applicable [Don’t move animals] | \_\_\_ Not applicable [Don’t move animals] |

* 1. If yes, where:

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Common pastureland \_\_\_ Common feeding trough \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Common pastureland\_\_\_ Common feeding trough \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part 5. SEASONAL MIGRATION**

1. Does a migration route pass within 1 kilometer of the pasture where the herd grazed during PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know/Don’t remember | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know/ Don’t remember |

1. Did you move all of your animals [*same species as case]* to or from seasonal grazing land (the summer pastures or winter pastures) away from home during PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Yes, all animals \_\_\_ Yes, but not all animals \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes, all animals \_\_\_ Yes, but not all animals \_\_\_ No \_\_\_ Don’t Know |

 *[Go to question 28.1]*

 *[Go to question 29]*

* 1. How were they moved?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Walked \_\_\_ Transported by vehicle | \_\_\_ Walked \_\_\_ Transported by vehicle |

* 1. Was the specific animal we are talking about moved to or from seasonal grazing land differently than the rest of your [same species]?

|  |  |
| --- | --- |
| Respondent 1 |  Respondent 2 |
|  \_\_\_ Yes |  \_\_\_ Yes |
|  \_\_\_ No |  \_\_\_ No |
|  \_\_\_ Don’t Know |  \_\_\_ Don’t Know |

1. Do you ever use seasonal grazing lands?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know/Don’t remember | \_\_\_ Yes*[If No or Don’t Know, go to Question 35]*\_\_\_ No\_\_\_ Don’t Know/ Don’t remember |

1. Where is your seasonal grazing land located?

Region\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipality\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of grazing place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. During which month do you normally leave home with all of your animals to go to the grazing land?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Varies each year\_\_\_ Don’t Know/Don’t remember | Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Varies each year\_\_\_ Don’t Know/Don’t remember |

1. The last time you went to this seasonal grazing land, how long did it take to get there with all the [*same species as case*] animals (in days)?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know/Don’t remember | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know/Don’t remember |

1. The last time you went to this seasonal grazing land, how long did all your [*same species as case*] animals stay there (in days)?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know/Don’t remember | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know/Don’t remember |

1. The last time you went, how many, if any of the [*same species as case*] animals died when traveling to and from the seasonal grazing land?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know/Don’t remember | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know/Don’t remember |

**Part 6. HERD ANIMALS**

In the next few questions, I will ask you only about the animals that you owned during [PERIOD 1].

1. [CASE]:So, did any of your animals other than the animal that died of anthrax die suddenly during PERIOD 1?

[CONTROL]*:* So, did any of your animals die suddenly during PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes | \_\_\_ Yes |
|  \_\_\_ No | \_\_\_ No |
|  \_\_\_ Don’t Know/Don’t remember | \_\_\_ Don’t Know/ Don’t remember |

 *[If No or Don’t Know,*

 *go to question 36]*

* 1. Was it determined that the animal died of anthrax?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know/Don’t remember | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know/ Don’t remember |

* 1. Who was involved in determining that the animal died of anthrax [check all that apply]?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Owner \_\_\_ Caretaker of the animal\_\_\_ Neighbor \_\_\_ Local medical doctor \_\_\_ Private veterinarian \_\_\_ Laboratory \_\_\_ Governmentveterinarian \_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Owner \_\_\_ Caretaker of the animal\_\_\_ Neighbor \_\_\_ Local medical doctor \_\_\_ Private veterinarian \_\_\_ Laboratory \_\_\_ Government veterinarian \_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* 1. What did you do [check all that apply]?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Separated and moved to a different location\_\_\_ Gave all animals antibiotics \_\_\_ Vaccinated animals against anthrax\_\_\_ Disinfected holding area\_\_\_ Nothing  | \_\_\_ Separated and moved to a different location \_\_\_ Gave all animals antibiotics \_\_\_ Vaccinated animals against anthrax \_\_\_ Disinfected holding area\_\_\_ Nothing |

* 1. Did you observe the following in the animals that died?

 After I read each observation, please say “yes”, “no’, or “don’t know”.

|  |  |  |
| --- | --- | --- |
| Observations | Respondent 1 | Respondent 2 |
| Fever  | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Off feed | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Diarrhea | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Convulsion | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Muscle tremors | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Difficulty breathing | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Fallen down suddenly | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Swelling   *[If yes, select swollen body part(s)]* | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| \_\_\_ Tongue \_\_\_ Throat \_\_\_ Sternum \_\_\_ Flanks \_\_\_ Perineum \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Tongue \_\_\_ Throat \_\_\_ Sternum \_\_\_ Flanks \_\_\_ Perineum \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Drop in milk production  | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Discolored milk (Color\_\_\_\_\_\_\_\_\_\_\_\_) | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Sudden death (within 8 hours of onset of clinical symptoms) | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Found dead | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Rapid bloating of the dead animal | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Lack of stiffness of the body after death | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Blood did not clot | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Dark/Tarry colored blood observed | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Bloody discharge from carcass | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Swollen spleen of the dead animal | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Other: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |

**Now I will ask you only about the animals that were pastured with your own animals, but were owned by others, during PERIOD 1.**

1. Did any of these animals die suddenly in PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

 *[If No or Don’t Know, go to question 37]*

* 1. Was it determined the animal died of anthrax?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

* 1. What did you do[check all that apply]?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Separated and moved to a different location\_\_\_ Gave all animals antibiotics \_\_\_ Vaccinated animals against anthrax\_\_\_ Disinfected holding area\_\_\_ Nothing  | \_\_\_ Separated and moved to a different location\_\_\_ Gave all animals antibiotics \_\_\_ Vaccinated animals against anthrax\_\_\_ Disinfected holding area\_\_\_ Nothing |

* 1. Did you observe the following in the animals that died?

 After I read each observation, please say “yes”, “no’, or “don’t know”.

|  |  |  |
| --- | --- | --- |
| Observations | Respondent 1 | Respondent 2 |
| Fever  | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Off feed | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Diarrhea | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Convulsion | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Muscle tremors | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Difficulty breathing | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Fallen down suddenly | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Swelling *[If yes, select swollen body part]* | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| \_\_\_ Tongue \_\_\_ Throat \_\_\_ Sternum \_\_\_ Flanks \_\_\_ Perineum \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Tongue \_\_\_ Throat \_\_\_ Sternum \_\_\_ Flanks \_\_\_ Perineum \_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Drop in milk production  | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Discolored milk (Color\_\_\_\_\_\_\_\_\_\_\_\_) | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Sudden death (within 8 hours of onset of clinical symptoms) | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Found dead | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |
| Rapid bloating of the dead animal | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Lack of stiffness of the body after death | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Blood did not clot | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Dark/Tarry colored blood observed | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Bloody discharge from carcass | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Swollen spleen of the dead animal | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know \_\_\_ Not applicable |
| Other: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |

**The next several questions are about the HERD, which is the entire group of animals that are pastured together.**

1. Were there scavenger or predator animals observed around the herd during PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

*[If No or Don’t Know, go to Question 38]*

* 1. If Yes, what animals did you see (indicate all that apply):

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Wild pigs \_\_\_ Stray dogs\_\_\_ Wolves or Jackals\_\_\_ Scavenging birds \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Wild pigs \_\_\_ Stray dogs\_\_\_ Wolves or Jackals\_\_\_ Scavenging birds \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

1. Did you notice more blood-sucking insects (horseflies) biting your animals than normal during PERIOD 1?

*[If No or Don’t Know, go to Question 39]*

* 1. If yes, specify insect if known

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Part 7. FEEDING PRACTICES

1. How were all of your [*same species as case*] animals fed during PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Grazing only \_\_\_ Grazing and trough feeding\_\_\_ Trough feeding only  | \_\_\_ Grazing only \_\_\_ Grazing and trough feeding\_\_\_ Trough feeding only  |

*Go to Part 8*
39.1 Since your animals were fed from a trough, please tell me the kinds of food they were given DURING PERIOD ONE. [For each type of food given, ask where the food came from].

|  |  |  |  |
| --- | --- | --- | --- |
| Food Type | Was this type of food given? | Source of food  | Where was it from? |
| Fresh cut green leaves/grasses/plants  | \_\_\_ Yes \_\_\_ No\_\_\_ Don’t Know | □ From owner’s farm□ From local farm□ From store | Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Municipality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know |
| Roughages (dry plants such as hay, straw, maize) | \_\_\_ Yes \_\_\_ No\_\_\_ Don’t Know | □ From owner’s farm□ From local farm□ From store | Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Municipality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know |
| Concentrate | \_\_\_ Yes \_\_\_ No\_\_\_ Don’t Know | □ From owner’s farm□ From local farm□ From store | Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Municipality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know |
| Salt lick blocks | \_\_\_ Yes \_\_\_ No\_\_\_ Don’t Know | □ From owner’s farm□ From local farm□ From store | Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Municipality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know |
| Other: \_\_\_\_\_\_\_\_\_\_ | \_\_\_ Yes \_\_\_ No\_\_\_ Don’t Know | □ From owner’s farm□ From local farm□ From store | Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Municipality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know |

*[If only fed from a trough, go to Part 9]*

## Part 8. PASTURE PRACTICES:

*[If “Grazing” or “Grazing and trough feeding” were selected in Question 39, complete this section]*

**I am going to ask about pasture feeding during PERIOD 1, which is the 30 days before DATE 1.**

1. What was the type of pasture or forage the herd grazed?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Mixed grasses \_\_\_ Rye\_\_\_ Alfalfa \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Don’t know | \_\_\_ Mixed grasses \_\_\_ Rye\_\_\_ Alfalfa \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Don’t know |

1. Were fertilizers used on the pasture on which the herdwas grazed ?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

*[If No or Don’t Know, go to Question 42]*

* 1. If yes, please indicate the type of fertilizer(s):

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Was there an animal anthrax burial site on or near the pastureland used by the herd?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Yes, on or adjacent to pasture\_\_\_ Yes, within 1 km\_\_\_ No\_\_\_ Don’t Know | \_\_\_ Yes, on or adjacent to pasture\_\_\_ Yes, within 1 km\_\_\_ No\_\_\_ Don’t Know |

1. Were there any earthworks or digging in the soil (such as plowing; gardening; ditch-digging; road, bridge or rail work; and irrigation channels) on or near to the pastureland used by the herd?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Yes, on or adjacent to pasture\_\_\_ Yes, within 1 km\_\_\_ No\_\_\_ Don’t Know | \_\_\_ Yes, on or adjacent to pasture\_\_\_ Yes, within 1 km\_\_\_ No\_\_\_ Don’t Know |

1. What was the condition of forage on the land on which your herd has been pastured in PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Dry and rough \_\_\_ Fresh and green \_\_\_ Don’t Know | \_\_\_ Dry and rough\_\_\_ Fresh and green\_\_\_ Don’t Know |

**Part 9. WATER**

1. What is the source of water on the pastureland that your herd had access to during PERIOD 1? *[check all that apply]*

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Pooling rainwater \_\_\_ Pooling floodwater \_\_\_ Permanent pond or lake \_\_\_ Stream or creek \_\_\_ River \_\_\_ Piped water \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Pooling rainwater \_\_\_ Pooling floodwater \_\_\_ Permanent pond or lake \_\_\_ Stream or creek \_\_\_ River \_\_\_ Piped water \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part 10. VETERINARY INTERVENTIONS**

1. Did your herd receive any veterinary care for any reason in the 6 months before DATE 1?

|  |  |  |
| --- | --- | --- |
| Respondent 1 | Respondent 2 |  |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know | *[If No or Don’t know, go to 46.2]* |

* 1. If yes, from whom?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Government veterinarian\_\_\_ Private veterinarian\_\_\_ An animal caretaker who is a veterinarian/vet tech \_\_\_ Don’t Know  | \_\_\_ Government veterinarian \_\_\_ Private veterinarian\_\_\_ An animal caretaker who is a veterinarian/vet tech \_\_\_ Don’t Know  |

* + 1. For what reason? [check all that apply]

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Vaccinate at my request\_\_\_ Vaccinate as part of campaign\_\_\_ Care for sick animal \_\_\_ Assist with birthing\_\_\_ Assist with accident/trauma \_\_\_ General health check\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Don’t Know | \_\_\_ Vaccinate at my request\_\_\_ Vaccinate as part of campaign\_\_\_ Care for sick animal \_\_\_ Assist with birthing\_\_\_ Assist with accident/trauma \_\_\_ General health check\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Don’t Know  |

* 1. [*If 46 was no*] Why has a veterinarian not visited your herd in the 6 months before DATE 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Veterinary service is far away from household \_\_\_ Veterinary service not available\_\_\_ Do not have a financial possibility \_\_\_ I treat my animals myself\_\_\_ My neighbor treats my animals for me\_\_\_ Do not think it is necessary or needed at all\_\_\_ Animals did not need veterinary care\_\_\_ Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | \_\_\_ Veterinary service is far away from household \_\_\_ Veterinary service not available\_\_\_ Do not have a financial possibility \_\_\_ I treat my animals myself\_\_\_ My neighbor treats my animals for me\_\_\_ Do not think it is necessary or needed at all\_\_\_ Animals did not need veterinary care\_\_\_ Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

1. Did veterinarians vaccinate any livestock in your village against anthrax in the 2 years before DATE 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know/Don’t Remember  | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know/Don’t Remember  |

 [*Respondent 1: Yes, go to 47.1]*

 [*Respondent 2: Yes, go to 48*]

* 1. *[Only ask Respondent 1]* How many of each animal species that you own received anthrax vaccine, and when were they vaccinated? How many of each animal species did you own at the time of vaccination?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Animal | Select One | Number vaccinated | Date of most recent vaccinatation(mm/yy) | Number owned |
| Cattle | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |  |  |  |
| Horse | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |  |  |  |
| Goat | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |  |  |  |
| Sheep | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |  |  |  |
| Pig | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |  |  |  |
| Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know |  |  |  |

1. Did you observe any side effects of your animals after anthrax vaccination?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

* 1. If yes, describe the side effects you observed:

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Part 11. KAP**

**Now I will ask you your opinions of anthrax disease. Is it ok to proceed?**

1. Have you ever had anthrax or has a person you know ever had anthrax before PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

1. Have you or someone you know ever had an animal die from anthrax before PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

1. Have you received any informationon the identification or prevention of animal anthrax before PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

1. Have you received any information on the identification or prevention of animal anthrax after PERIOD 1?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

1. How would you like to receive anthrax information from each of the following sources of If there is another source of information for anthrax please tell us

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Veterinarian during vaccination campaigns\_\_\_ Veterinarian when there is a health problem\_\_\_ From agricultural consultant center\_\_\_ From leaders at village meetings\_\_\_ Listen to radio; TVOther, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Veterinarian during vaccination campaigns\_\_\_ Veterinarian when there is a health problem\_\_\_ From agricultural consultant center\_\_\_ From leaders at village meetings\_\_\_ Listen to radio; TVOther, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. I will read a list of animals, and tell me which ones you feel may be at risk for anthrax infection

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| Y N Y N  | Y N Y N  |
| □ □ Cattle □ □ Sheep □ □ Goat □ □ Pigs □ □ Horse □ □ Dog□ Others □ Don’t know | □ □ Cattle □ □ Sheep □ □ Goat □ □ Pigs □ □ Horse □ □ Dog□ Others □ Don’t know |

1. Can people get anthrax from animals that have anthrax?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

1. Can anthrax in animals be prevented?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

1. Is anthrax a problem in your region?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

 [If No, go to 57.1]

* 1. Why do you think anthrax is NOT a problem?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Would you vaccinate your animals for anthrax if the vaccine was free?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

1. Would you vaccinate your animals for anthrax if you had to pay for the vaccine?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
|  \_\_\_ Yes \_\_\_ No \_\_\_ Don’t Know | \_\_\_ Yes\_\_\_ No\_\_\_ Don’t Know |

1. What do you do if one of your animals suddenly becomes sick *[check all that apply]*?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Treat it with antibiotics\_\_\_ Slaughter it\_\_\_ Separate it from the other animals\_\_\_ Call a private veterinarian\_\_\_ Call a government veterinarian\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Treat it with antibiotics\_\_\_ Slaughter it\_\_\_ Separate it from the other animals\_\_\_ Call a private veterinarian\_\_\_ Call a government veterinarian\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. What do you do if one of your animals dies suddenly *[check all that apply]*?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Treat other animals with antibiotics\_\_\_ Butcher it for meat\_\_\_ Sell the carcass\_\_\_ Bury the carcass\_\_\_ Call a private veterinarian\_\_\_ Call a government veterinarian\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Treat other animals with antibiotics\_\_\_ Butcher it for meat \_\_\_ Sell the carcass\_\_\_ Bury the carcass\_\_\_ Call a private veterinarian\_\_\_ Call a government veterinarian\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. In which languages would you prefer to receive educational materials on anthrax *[check all that apply]*?

|  |  |
| --- | --- |
| Respondent 1 | Respondent 2 |
| \_\_\_ Georgian\_\_\_ Russian\_\_\_ Azeri\_\_\_ Armenian\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Georgian\_\_\_ Russian\_\_\_ Azeri\_\_\_ Armenian\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. What was the highest level of education that you completed?

|  |  |
| --- | --- |
| Respondent 1  | Respondent 2 |
| \_\_\_ Primary\_\_\_ Some of Secondary\_\_\_ Secondary\_\_\_ Certificate\_\_\_ Some college\_\_\_ College | \_\_\_ Primary\_\_\_ Some of Secondary\_\_\_ Secondary\_\_\_ Certificate\_\_\_ Some college\_\_\_ College |

Additional comments during interview

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for dedicating your time and participation to our survey, please accept this handout that shows ways to prevent anthrax in yourself, your family, and your animals. We wish you health and the best of luck!

Time interview ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Interviewer use only, to complete after the interview*

|  |  |
| --- | --- |
| Location | GPS coordinates |
| Location where animals are kept at night | 3 or more satellites? \_\_\_ Yes \_\_\_ NoN \_\_\_\_\_\_\_\_\_\_\_\_ E\_\_\_\_\_\_\_\_\_\_\_\_\_Elevation\_\_\_\_\_\_\_\_\_\_ meters |

Notes on additional pasture history in past 30 days:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If more than 1 respondent was interviewed, were they interviewed at the same time?

\_\_\_ Yes \_\_\_ No

How often were the respondents in agreement?

 \_\_\_ All the time \_\_\_ Some of the time \_\_\_ None of the time

**PART 12. ANIMAL CLASSIFICATION**

**Complete this section before travelling to the case’s village to conduct the interview**

Address where owner lives Name of Village/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of disease onset (dd/mm/yy): \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

If not available, Date of death (dd/mm/yy): \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Expertise number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expertise date (dd/mm/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal Identification number (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type of identification number: \_\_\_ Ear tag \_\_\_ Description of animal \_\_\_ Other, Specify\_\_\_\_\_\_\_\_\_\_\_

**Check the following boxes once the information has been collected**

|  |  |
| --- | --- |
| Check when complete | Tasks to complete before go to the field |
| \_\_\_ | The Questionnaire Identification Number has been provided by the project coordinators  Case Questionnaire Identification Number: \_\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_- \_\_\_  Expertise number - year - code (1; vc1,2; ac1,2) Village Control Questionnaire Identification Number: \_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_, \_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_ Area Control Questionnaire Identification Number: \_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_, \_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_ |
| \_\_\_ | You have written the Questionnaire Identificatoin Number on every page |
| \_\_\_ | You have to write Date1 (the date of disease onset for the case animal) on every page. If it is not available, please write the date of death. |
| \_\_\_ | Ensure the animal is a confirmed case, based on the below laboratory test(s) (select all that apply)\_\_\_ Encapsulated bacilli on blood smear\_\_\_ Positive bacterial culture \_\_\_ PCR detection of virulence factor nucleic acid |
| \_\_\_ | Contact municipality vet and coordinate interviews |
| \_\_\_ | Check to see what language(s) the owner and shepherd speak, to determine which language version of the questionnaire to use, and if another interviewer is needed \_\_\_ Georgian \_\_\_ Russian \_\_\_ Azerian \_\_\_ Armenian |
| \_\_\_ | The Area Control villages have been selected Area control village 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area control village 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_ | The animal species has been confirmed Species \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |