Questionnaire survey

The questionnaire should be prepared in two types, questionnaire for the status of dairy farm workers and dairy farm

A. **Questionnaire for Farm workers**

Title of the project: Prevalence and drug susceptibility of Mycobacterium bovis in dairy farm animals and workers in Mekelle, Tigray Northern Ethiopia.

A. Name of the Farm: _____

B. Address:
Region/city_____District/Subcity_____Kebelle_____:

C. Workers Identification code: _____

Q.NO	**Question** **Section1:Sociodemographic characteristics**	**Response (If it has square mark on it)**	
1	Sex	Male □ Female □	
2	Age	a.<15 □ b.15-40 □ c.>40 □	
3	Educational status	a. Illiterate □ b. Read and Write only □ c. High school □ d. Primary school □ e. Higher institution□	
4	Marital status	a. Single □ b. Married □ c. Divorced □	

5	What is your responsibility (job specification) in that dairy farm?	a. Animal attendant: □ b. Veterinary professional: □ c. Milkier: □ Other:(If, state)	

	Section 2: Contact with farm Animals and milk/meat consumption		
6	Did you have regular direct or indirect contact with farm animals?	Yes □ No □	
7	If say yes from Q_6 have you		
	a. Slept in the same house with animals	Yes □ No □	
	b. Mouth feeding with the animal	Yes□ No □	
	c. Other	Yes □ No □ (If yes, state _____)	
8	For how long have you been worked in contact with farm animals in this farm or elsewhere?	a. ≤6 month □ b. 6 month-3years □ c. ≥3 yrs.□	
9	Have you consumed of raw milk and/or meat?	Yes □ No □	
10	If say yes from Q_9 How often do you consume raw meat/milk?	a. 3 days or less per week□ b. 4 or more days per week□ c. Occasionally □ d. No	

11	Have you consumed of boiled/ pasteurized milk and /or cooked meat?	Yes □ No □	
12	If say yes from Q_{11} how often do you consume cooked meat/milk?	a.3 days / less per week □ b.4 days/ more per week □ c.Occasionally □ d. No □	
	Section3:Knowledge on Tuberculosis		
13	Have you heard about Tuberculosis that transmits from animals to humans before?	Yes □ No □	
14	If say yes from Q_{13} do you know how it is transmitted?	Yes □ No □	
15	From Q_{14} if your answer is yes what are the transmission ways or methods?	…… …… …… ……	

	Section 4: Signs and Symptoms of Tuberculosis		
16	Do you have any of the following symptoms for two weeks or longer?		
	A. Coughing:	Yes □ No □	
	B. Unexplained fever:	Yes □ No □	

	C. Chest pain:	Yes □ No □	
	D. Sputum production:	Yes □ No □	
	E. Coughing up blood:	Yes □ No □	
	F. Shortness of breath:	Yes□ No □	
	G. Night sweats:	Yes □ No □	
	H. Loss of appetite:	Yes □ No□	
	I. Unexplained weight loss:	Yes □ No□	
	J. Unexplained Fatigue: K. A swelling on the neck/axilla:	Yes □ No □ Yes□ No □	
17	If say yes from Q_{16} have you been diagnosed with TB?	Yes □ No □	
18	If say yes from Q_{17} have you ever been treated for TB disease?	Yes □ No □	
19	If say yes from Q_{19} how long you did take the medication?	…….. ……	

	Questioners: on status of the dairy farm		
20	What is the management system of dairy farm?	a. Poor b. Medium (satisfactory condition) c. very good d. Excellent	
21	What are the numbers of animal found in the dairy farm?	……..	
22	Are animals in your farm mixed with animals from other farms?	Yes □ No □	
23	If say yes from Q_{22} for how long?	……..	
24	Have you in the last six months, had any animal in your herd with chronic cough/chronic body wastage?	Yes □ No □	
25	Type of house/barn:	a. Indoor □ b. Outdoor □ c. Cattle share house with the owners □	
26	The type of breed that you have in your dairy farm	a. Local □ b. cross breed □ c. exotic □	

27	Had your animals been tuberculin/PPD tested before?	Yes □ No □	
28	If say yes from Q_{27}, what happened with the cattle tested as positive (multiple options possible)?	a. It remained at the farm□ b. It was slaughtered□ c. It was sold □ d. It was treated □	
29	What is the total milk production on your farm per month?	…….Liters/month	
30	To whom do you sell the milk (multiple options possible)?	a. to house hold consumers □ b. to intermediate supply □ c. to restaurants/cafeteria □	

THANK YOU VERY MUCH FOR YOUR TIME AND PATIENCE