Sociodemographic

Thank you for participating in the EDUQ-CMV study!

Please complete the questionnaire below.

SOCIODEMOGRAPHIC

Thank you for participating in the EDUQ-CMV study. Please complete the questionnaire below as your earliest convenience (no more than 7 days after your first meeting with our team).

1. Where were you born?	◯ Canada ◯ Other ◯ Prefer not to answer
2. What year did you first come to Canada to live?	_____
3. What is your immigration status right now?	◯ Refugee ◯ Student permit ◯ Work permit ◯ Permanent resident ◯ Citizen ◯ Other{socio_imigr_other} ◯ Prefer not to answer
4. Did you work with young children (less than 3 years old) in other countries prior to arrival in Canada?	◯ Yes ◯ No ◯ Prefer not to answer
5. For how many years?	_____
6. In which countries?	_____

7. What is/are your ethnicity? (Check all that apply)

- ☐ White (European descent / Not a visible minority)
- ☐ Black (please specify (for example: African American, Congolese, Haitian, or Nigerian)) : {socio_ethnic_black}
- ☐ Aboriginal (e.g., First Nations, Métis, Inuit)
- ☐ Arab (e.g., Egypt, Iraq, Jordan, Lebanon)
- ☐ South Asian (e.g., India, Sri Lanka, Pakistan, Bangladesh)
- ☐ West Asian (e.g., Turkey, Iran, Afghanistan)
- ☐ Chinese
- ☐ Korean
- ☐ Japanese
- ☐ Southeast Asian (e.g., Malaysia, Indonesia, Viet Nam)
- ☐ Latin American/Hispanic
- ☐ Filipino
- ☐ Other ethnic group or visible minority not mentioned above (please specify): {socio_ethnic_other}
- ☐ Mixed ethnicity
- ☐ Prefer not to answer

8. What is the first language you learned

- ◯ French
- ◯ English
- ◯ English and French, equally
- ◯ Other{socio_1st_lang_oth}
- ◯ Prefer not to answer

9. Do you think of yourself as:

- ◯ Straight or heterosexual
- ◯ Lesbian or gay or homosexual
- ◯ Bisexual
- ◯ I use a different term
- ◯ I don't know / Currently questioning
- ◯ Prefer not to answer

10. What is your marital status?

- ◯ Married and/or living with a partner (common law)
- ◯ Separated, Divorced, Widowed (not living common law)
- ◯ Single, never married (not living common law)
- ◯ Prefer not to answer

11. What is your gross annual household income in Canadian Dollars (before taxes and deductions)?

- ◯ Less than $10 000
- ◯ $10 000 - $24 999
- ◯ $25 000 - $49 999
- ◯ $50 000 - $74 999
- ◯ $75 000 - $99 999
- ◯ $100 000 - $149 999
- ◯ $150 000 - $199 999
- ◯ $200 000 and over
- ◯ Prefer not to answer

12. Which of the following best describes the highest level of education you have completed?

- ◯ Attended some high (secondary) school
- ◯ High (secondary) school diploma
- ◯ Completed an apprenticeship or other trade program
- ◯ Completed college, CEGEP or other non-university institutional program
- ◯ Attended but did not complete a university undergraduate degree
- ◯ Completed a university undergraduate degree
- ◯ Master's degree (or other post-graduate training)
- ◯ Doctoral degree (such as PhD., MD, EdD, DVM, DDS, or JD)
- ◯ Other (please specify): {socio_education_oth}
- ◯ Prefer not to answer

14. How many adults reside at home with you right now?

_____
(Do not include yourself)

15. How many children did you have?

_____

16. How many children reside at home with you right now?

_____

17. Please specify the number of children residing in your home by age group?

- ☐ Less than 3 years old {socio_nb_less_3yo}
- ☐ 3 to 5 years old {socio_nb_3_5yo}
- ☐ 6 to 10 years old {socio_nb_6_10yo}
- ☐ More than 10 years old {socio_nb_more_10yo}

Total number of children siding in participant home

_____

Please be advised, the total number of children residing in your home by age group (Q17) is bigger than total number of children reside at home (Q16)

18. How many of the children who live with you go to a daycare center or home daycare regularly?

_____

Please be advised, the total number of children living in your home and go to daycare (Q18) is bigger than total number of children residing in your home by age group (Q17)

19. Do you take medication for a health condition on a regular basis (such as for diabetes, or an auto-immune disorder like Crohn's Disease or Lupus...)?

- ◯ Yes
- ◯ No
- ◯ Don't know

20. Did you receive any training as a health professional?

- ◯ Yes
- ◯ No

Occupation/Employment

Please complete the questionnaire below.

OCCUPATION/EMPLOYMENT INFORMATION

1. What is your employment status right now?

◯ Not employed
◯ Full-time Employed
◯ Part-time Employed
◯ Self-employed
◯ Students (studying only)
◯ Other, please specify: {employ_status_oth}

2. Which of the following best describes your occupation?

◯ Legislators, senior officials, and managers
◯ Professionals
◯ Technicians and associate professionals
◯ Clerks
◯ Service workers and shop and market sales workers
◯ Skilled agricultural and fishery workers
◯ Crafts and trades workers
◯ Plant and machine operators and assemblers
◯ Armed forces
◯ Other job type (please specify): {employ_type_oth}

3. What is your job title at the hospital?

- ◯ Acheteure-se
- ◯ Adjointe - enseignement universitaire
- ◯ Agente - conformité animal
- ◯ Agente - finances recherche
- ◯ Agente - gestion du personel
- ◯ Agente - gestion éthique de la recherche
- ◯ Agente - gestion financière
- ◯ Agente - information recherche
- ◯ Agente - planification de programme/recherche
- ◯ Agente - recherche infra
- ◯ Agente - relations humaines
- ◯ Agente administrative
- ◯ Agente d'information
- ◯ Agente - autre*
- ◯ Aide de service
- ◯ Aide social
- ◯ Aide technique
- ◯ Aide-cuisinière
- ◯ Analyste informatique
- ◯ Analyste informatique recherche
- ◯ Analyste sp info
- ◯ Archiviste
- ◯ Assistante administrative
- ◯ Assistante chef - labo
- ◯ Assistante chef technicienne diet
- ◯ Assistante de recherche
- ◯ Assistante en readaptation
- ◯ Assistante infirmière chef recherche
- ◯ Assistante technicienne - soins santé
- ◯ Assistante technicienne lab/rx
- ◯ Assistante - autre*
- ◯ Brancardière
- ◯ Buandière
- ◯ Caissière - caféteria
- ◯ Conseillère en bâtiment
- ◯ Couturière
- ◯ Cuisinière
- ◯ Développeure recherche
- ◯ Diététiste - nutrition
- ◯ Diététiste - nutrition recherche
- ◯ Électricienne
- ◯ Électromécanicienne
- ◯ Journalière
- ◯ Magasinière
- ◯ Mécanicienne - entretien
- ◯ Mécanicienne - orthophonie/prothèses
- ◯ Mécanicienne - autre*
- ◯ Menuisière
- ◯ Monitrice - loisirs
- ◯ Monitrice interne
- ◯ Opératrice en informatique
- ◯ Ouvrière - entretien général
- ◯ Ouvrière - maintenance
- ◯ Ouvrière - autre*
- ◯ Patissière
- ◯ Peintre
- ◯ Photographe médicale
- ◯ Plombière
- ◯ Préposée - accueil
- ◯ Préposée - animaux recherche
- ◯ Préposée - buanderie
- ◯ Préposée - entretien ménager
- ◯ Préposée - services alimentaires
- ◯ Préposée - transport
- ◯ Préposée - autre*
- ◯ Secrétaire médicale
- ◯ Secrétaire - autre*
- ◯ Serrurière
- ◯ Spécialiste - audio-visuel
- ◯ Spécialiste - activités cliniques

◯ Spécialiste - clinique bio méd
◯ Spécialiste - procédés administratifs
◯ Spécialiste - science biomédicale
◯ Spécialiste - autre*
◯ Surveillante d'établissement
◯ Technicienne de laboratoire
◯ Technicienne de laboratoire recherche
◯ Technicienne en administration
◯ Technicienne en adminitration recherche
◯ Technicienne en alimentation
◯ Technicienne en arts graphiques
◯ Technicienne en assistance sociale
◯ Technicienne en audio-visuel
◯ Technicienne en batiment
◯ Technicienne en cytogénétique
◯ Technicienne en diététique
◯ Technicienne en documentation
◯ Technicienne en électronique
◯ Technicienne en génie bio-méd
◯ Technicienne en informatique
◯ Technicienne en loisirs
◯ Technicienne en pharmacie
◯ Technicienne en santé animale recherche
◯ Technicienne juridique
◯ Technicienne médicale
◯ Technicienne - autre*
◯ Autre titre d'emploi*

3.1 Please specify your job title:

_____

CMV Home Exposure

The following questions are related to your behaviours related to the care of your children at home

CMV HOME EXPOSURE

The following questions are related to your behaviours related to the care of your children at home.

	Always	Very Often	Sometimes	Rarely	Never	Notapplicable
1. How frequently do you wash your hands after changing diapers?	◯	◯	◯	◯	◯	◯
2. How frequently are you kissing your child on the lips?	◯	◯	◯	◯	◯	◯
3. How frequently do you wash your hands after handling your child's toys?	◯	◯	◯	◯	◯	◯
4. How frequently do you wash your hands after feeding your child?	◯	◯	◯	◯	◯	◯
5. How frequently do you place your child's dummy/pacifier in your mouth?	◯	◯	◯	◯	◯	◯
6. How frequently do you share food, drinks or eating utensils with your child?	◯	◯	◯	◯	◯	◯
7. How frequently do you receive kisses from your child?	◯	◯	◯	◯	◯	◯

As viruses can be transmitted by sex, we are asking a few questions about your sexual life.

8. Have you ever had sexual intercourse?
◯ Yes
◯ No

9. What was your age (years) at first sexual intercourse?
_____
({home_1st_sex_age_no})

10. What is the number of current and past sexual partners?
◯ Less than 5
◯ 5 to 10
◯ greater than 10
◯ Prefer not to answer

Knowledge about Cytomegalovirus (CMV)

The following questions ask about your knowledge of CMV and what you think about infection prevention measures and risk and severity of CMV infection.

KNOWLEDGE ABOUT CYTOMEGALOVIRUS (CMV)

The following questions ask about your knowledge of CMV and what you think about infection prevention measures and risk and severity of CMV infection.

1. Before today, had you ever heard about Cytomegalovirus or CMV?	◯ Yes ◯ No
2. Where/how did you learn about CMV	☐ Healthcare provider ☐ Friends and family ☐ Professional training ☐ Other (please specify):{knwl_learn_cmv_oth} ☐ Prefer not to answer
3. Please complete the following questions regarding your knowledge about Cytomegalovirus (CMV)	
Randomize the questions with Shazam	
CMV is the leading infectious cause of congenital hearing loss (that is, a baby is born with hearing loss due to a CMV infection during pregnancy).	◯ True ◯ False ◯ I don't know
Most people are born infected with CMV.	◯ True ◯ False ◯ I don't know
Most people with CMV infection have no symptoms and aren't aware that they have been infected.	◯ True ◯ False ◯ I don't know
CMV is primarily transmitted (that is, spread from person to person) by children aged 5 or younger.	◯ True ◯ False ◯ I don't know
Simple hygienic measures like hand washing and cleaning toys can prevent CMV infection.	◯ True ◯ False ◯ I don't know
order given	_____
4. Do you know anyone who has a child who was born with a birth defect as a result of Cytomegalovirus (CMV)?	◯ Yes ◯ No ◯ Not sure

5. How much do you disagree or agree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A. I am at risk for getting CMV	○	○	○	○	○
B. To me, CMV is dangerous	○	○	○	○	○

6. For the following questions, please select the number between 1 and 7 that best represents how easy or difficult you consider each behavior at home:

Difficult **Easy**

For me, at home ...

	1	2	3	4	5	6	7	Notapplicable
A. Avoiding sharing cups, food and utensils with a child is:	○	○	○	○	○	○	○	○
B. Not putting a pacifier in my own mouth is:	○	○	○	○	○	○	○	○
C. Not kissing a child on the lips is	○	○	○	○	○	○	○	○
D. Washing my hands after contact with a child's saliva is	○	○	○	○	○	○	○	○
E. Washing my hands after contact with a child's urine is	○	○	○	○	○	○	○	○
F. Washing my hands after contact with a child's diaper is	○	○	○	○	○	○	○	○
G. Washing my hands after changing a child's diaper is:	○	○	○	○	○	○	○	○

Monthly Saliva Home Collection Symptoms

Please complete the questionnaire below.

MONTHLY SALIVA HOME COLLECTION SYMPTOMS QUESTIONNAIRE

1. Have you had any of the following as a new symptom in the past 14 days? (Check all that apply)

- ☐ Cough, runny nose, sore throat, trouble breathing, wheezing or other respiratory symptoms
- ☐ Vomiting, diarrhea, belly pain, or other intestinal
- ☐ Headache, joint, or other pain
- ☐ Rash
- ☐ Fever
- ☐ General symptoms such as fatigue, low appetite, muscle aches, or irritability
- ☐ Other, specify: {mv_new_symp_oth_hss}
- ☐ None

2. Have you experienced the following symptoms for more than 7 days? (check all that apply)

- ☐ Fever
- ☐ Fatigue
- ☐ Night sweats
- ☐ Myalgia (muscle aches and pains)
- ☐ None of the above

POSITIVE CMV symptoms

Thank you for participating in the EDUQ-CMV study!

Please complete the questionnaire below.

POSSIBLE CMV SYMPTOMS

1. Do you currently have any of the following symptoms? (check all that apply)

- ☐ Cough, runny nose, sore throat, trouble breathing, wheezing or other respiratory symptoms
- ☐ Vomiting, diarrhea, belly pain, or other intestinal
- ☐ Headache, joint, or other pain
- ☐ Rash
- ☐ Fever
- ☐ General symptoms such as fatigue, low appetite, muscle aches, or irritability
- ☐ Other, specify: {pos_cmv_symp_oth_hss}
- ☐ No symptoms

Exploratory Outcomes

The following questions ask how you feel about different measures to prevent infection.

EXPLORATORY OUTCOMES

IMPORTANT - Before answering the questions below, please read/watch the following information on EDUQ-CMV's study website https://www.eduqcmv.ca/prevention

I have read/watch the information available on EDUQ-CMV's study website

- ◯ Yes
- ◯ No

Please read/watch the information available on EDUQ-CMV's study website before answering the following questions: https://www.eduqcmv.ca/prevention

1. I will avoid saliva sharing behaviors with children less than 3 years old (e.g., sharing the same utensil, kissing on the lips):

- ◯ Extremely Unlikely
- ◯ Unlikely
- ◯ Neutral
- ◯ Likely
- ◯ Extremely Likely
- ◯ I don't know

2. I will wash my hands after changing diapers:

- ◯ Extremely Unlikely
- ◯ Unlikely
- ◯ Neutral
- ◯ Likely
- ◯ Extremely Likely
- ◯ I don't know
- ◯ Not applicable (I don't change diapers)

3. If I was pregnant, I will accept a blood test to check for recent CMV infection:

- ◯ Extremely Unlikely
- ◯ Unlikely
- ◯ Neutral
- ◯ Likely
- ◯ Extremely Likely
- ◯ I don't know