

**“QUESTIONNAIRE ON Q FEVER”**

**DEPARTMENT OF VETERINARY PUBLIC HEALTH**

**NAGPUR VETERINARY COLLEGE, NAGPUR**

Sample ID \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_

Age (yrs): \_\_\_\_\_

Sex: Male/Female      Village : \_\_\_\_\_

Profession : \_\_\_\_\_

What are the reasons for which you visited the doctor?

\_\_\_\_\_

\_\_\_\_\_

When did the symptoms appear \_\_\_\_\_

Laboratory findings (if any)

\_\_\_\_\_

**Have you experienced the following symptoms :**

Fever (Days\_\_\_ )

Chills

Tiredness

Night sweating

Headache

Body pain

Joint pain

Cough

Rashes

Diarrhoea/ stomach pain

Weight loss

Others \_\_\_\_\_

Have you consumed raw milk or milk products

Yes/No

Do you assist in slaughtering of animals in home

Yes/No

Do you live in close vicinity of animals

Yes/ No

Do you have animals in your home

Yes/No

Types of animals reared in farm

Cattle

Buffalo

Goat

Sheep

Poultry

Pigs

Dogs

Others \_\_\_\_\_

How many years in contact with animals \_\_\_\_\_

Are you involved in manure disposal/ cleaning of sheds/ cleaning of shed etc

Yes/No

Do you handle parturition in animal

Yes/No

Do animals have ticks

Yes/ No

Any animal suffering from reproductive problems      Abortion/ anestrus /Repeat breeding

How do you dispose placenta/ birth contents

Burial/ burning/ throw away/ others