

**CONSENT FORM**  
**Assessment of sero-prevalence of Rift Valley Fever virus in High risk populations to identify potential risk factors after an outbreak of Rift Valley Fever disease in Kabale 2016**

**Introduction and what we are doing**

I am..... from Uganda Virus Research Institute/MoH/Kabale district. I am conducting an “Assessment of sero-prevalence of Rift Valley Fever virus in Kabale district to identify the extent of endemicity, risk factors for infection and identification high-risk areas and populations following and outbreak of Rift Valley Fever virus disease in Kabale 2016”

**Purpose of the Assessment**

This assessment will be important in informing the outbreak response to recent cases of Rift Valley Fever.

**Procedures:**

You have been chosen to participate in this assessment. In order to understand this condition better, you will be asked questions to assess your knowledge and daily activities. You will not be blamed for anything you say. You can choose to accept to participate or not to participate in this interview, but I would be happy if you agree. This interview will take a maximum of 20 minutes. You will also be asked to provide a blood sample of maximum 4ml. If you and your household care for animals, we would also like to ask some questions and collect blood samples from some of these animals. The samples will be tested in the coming months for Rift Valley fever virus, which is circulating in Kabale district and possibly surrounding districts. We are looking to see if you have been previously infected with this virus. We may also use or store this sample to test for previous infection with other infectious diseases, such as Marburg and Ebola viruses, CCHF, Rift Valley Fever and Yellow fever, or other zoonotic pathogens.

**Risks:** The assessment has no harm but only takes respondents’ time to participate in answering the questions. You may experience pain for short time during blood sample collection

**Benefits:** Taking part in this assessment may not provide you with direct benefits however you and your community members may benefit in future from the information that will be learned from this assessment.

**Incentives:** You will not be provided with any incentives to take part in this assessment

**Confidentiality:** The information obtained here will be confidential and will only be used for outbreak response. Information collected about you will be stored in a file that does not bear your name but only a code and kept under lock and key and will not be divulged to anyone except the assessment team and sponsors

**Right to refuse or to withdraw:** You do not have to take part in this assessment if you do not wish, and refusing to participate will not affect you or your family. You may stop participating in this assessment at any time that you wish without losing any of your rights

**Who to contact:** If you have any questions regarding this assessment, you may ask now or later. If you wish to later, you may contact the following number Dr. Luke Nyakarahuka, Uganda Virus Institute, Entebbe, 0776970840, 0752970840

**REC Contact:** In case of any ethical issues arising out of this assessment, contact the Research and Ethics Committee Chairman at Telephone Number 0414321962, Uganda Virus Research Institute

**Certificate of consent to the assessment**

I confirm that I have read the information sheet above concerning the assessment and have had the opportunity to ask questions and have had these answered satisfactorily. I understand that my participation is voluntary and I am free to withdraw consent at any time, without giving a reason, without my legal rights being affected. I understand that the blood sample collected from me will be tested for Viral hemorrhagic fevers such as Marburg and Ebola viruses, CCHF, Rift Valley and Yellow fever, or other zoonotic pathogens. I also know that the samples will be retained at UVRI for future testing of any other infectious agents. I understand that data collected may be looked at by responsible representatives from the UVRI for the purposes of monitoring and auditing to ensure that the assessment is being conducted properly. I give permission for these individuals to have access to relevant information and I agree to participate in the assessment

Name of participant..... Signature/Thumbprint..... Date (d/m/y).....

Name of Witness \_\_\_\_\_ Signature \_\_\_\_\_ Date (d/m/y) \_\_\_\_\_

Name of data Collector \_\_\_\_\_ Signature \_\_\_\_\_ Date (d/m/y) \_\_\_\_\_

**END OF CONSENT FORM**

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Name of participant..... Signature/Thumbprint..... Date (d/m/y).....

Name of Witness \_\_\_\_\_ Signature \_\_\_\_\_ Date (d/m/y) \_\_\_\_\_

Name of data Collector \_\_\_\_\_ Signature \_\_\_\_\_ Date (d/m/y) \_\_\_\_\_

**END OF CONSENT FORM**

**Questionnaire**

Date: \_\_\_/\_\_\_/\_\_\_ (D, M, Yr) Sample ID \_\_\_\_\_ Participant classification \_\_\_\_\_

**Form Completed by**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ District: \_\_\_\_\_  
Phone Number/email: \_\_\_\_\_

**Section 1. Assessment Participant Information**

ID Number: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female.  
Village/Town: \_\_\_\_\_ Parish: \_\_\_\_\_ Sub-County: \_\_\_\_\_  
District: \_\_\_\_\_ Nationality: \_\_\_\_\_ Marital status:  Married  Single  Widowed

GPS Coordinates \_\_\_\_\_

**Section 2. Epidemiological Risk Factors and Exposures**

1. Education level:  None  Primary  Secondary  Post-Secondary  Other, specify \_\_\_\_\_
2. Primary Occupation:  Farmer  Herdsman  Housewife  Student  Child  Animal Health worker  Butcher  Trader  Other, please specify occupation \_\_\_\_\_
3. Do you or your household own domestic animals  Yes  No **(If NO, skip to #5)**
4. If yes, which ones:  goats (n=\_\_\_\_)  sheep (n=\_\_\_\_)  Cattle (n=\_\_\_\_)  Pigs (n=\_\_\_\_)  Poultry (n=\_\_\_\_)  Dogs (n=\_\_\_\_)  cats (n=\_\_\_\_)  others, specify \_\_\_\_\_
5. In the past year, have you had contact with domestic animals  Yes  No **(If NO, skip to #8)**
6. If yes, which domestic animals have you had contact with (tick all that apply)  goats  Cattle  Pigs  Poultry  Dogs  others specify \_\_\_\_\_
7. If yes, which type of contact (tick all that apply)  during milking  during grazing  grooming  caring sick animals  slaughtering/skinning/butchering  preparing or handling raw meat  sleeping near animals  others, specify \_\_\_\_\_
8. In the past one year, have you drunk raw milk  Yes  No
9. In the past one year, have you eaten raw/uncooked meat  Yes  No
10. In the past one year, have you been involved in processing(handling or preparing) meat  Yes  No
11. In the past one year, have you been involved in Fetus/abortus disposal  Yes  No
12. In the past one year, have you assisted livestock(cattle, sheep and goats) to give birth  Yes  No
13. In the past one year, have you been involved in butchering livestock  Yes  No
14. In the past one year, have you seen wild animals in this village  Yes  No **(If NO, skip to #16)**
15. If yes, which ones:  monkeys  bats  antelopes  wild pigs  others specify \_\_\_\_\_
16. In past one year, have you any contact with wild animals  Yes  No **(If NO, skip to #19)**
17. If yes, which wild animals do you usually get in contact with (tick all that apply)  Bats  monkeys  wild Pigs  wild birds  rodents  antelopes  others specify \_\_\_\_\_
18. If yes, which type of contact  during hunting  accidental  slaughtering  other specify \_\_\_\_\_
19. In past one year, have you done hunting  Yes  No  Unk, **(If NO, skip to #22)**
20. If yes, how often do you do hunting \_\_\_\_\_
21. Which animals are usually hunted \_\_\_\_\_
22. In past one year, have you had contact with dead wild animals  Yes  No  Unk
23. Do you use PPE when handling animals  Yes  No  Unkn **(If NO, skip to #25)**
24. If yes, which ones  gloves  gumboots  masks  Eye protection  Aprons/ovals  others specify \_\_\_\_\_
25. Have you eaten wild meat in the past one year  Yes  No  Unk **(If NO, skip to #26)**
26. If Yes, which species \_\_\_\_\_
27. Have you traveled outside your home or village/town in the past one year,  Yes  No  Unkn **(If NO, skip to #28)**
28. If yes, specify location and date: \_\_\_\_\_
29. Did you ever suffer from undiagnosed fever or illness in the past one year,  Yes  No  Unkn, **(If NO, skip to #30)**
30. If yes, did you seek medical attention:  Yes  No

31. Have you heard of someone acutely ill in the last one year with unexplained fever or diagnosis?  
 Yes  No  Unkn
32. Have you had *el nino* (have you had more rainfall than usual) rains in the last one year?  Yes  No  Unkn
33. Have you had flooding in this sub-county in past one year?  Yes  No  Unkn **(If NO, skip to #34)**
34. If yes, which months do you get flooding \_\_\_\_\_
35. In the past 1 year, have you seen more mosquitoes than usual in this village?  Yes  No
36. In the past year, have you been bitten by more mosquitoes than usual?  Yes  No
37. In the past year, have you been using a mosquito net?  Yes  No  Unkn **(If NO, skip to #38)**
38. If yes/No, why \_\_\_\_\_
39. In past year, have you sprayed animals against external parasites?  Yes  No  Unkn
40. Have you done indoor spraying against mosquitoes in the last one year?  Yes  No  Unkn
41. Have you been the forest/bush in past one year  Yes  No  Unk

**Knowledge & Attitude Questions**

42. Have you heard about Rift Valley Fever Disease?  Yes  No  Unk **(If NO, skip to #43)**
43. If yes, from whom:  Health worker  Radio  community leaders  others, specify \_\_\_\_\_
44. Do you know the signs and symptoms of RVF virus disease in humans?  Yes  No  Unk **(If NO, skip to #45)**
45. If yes, what are some signs and symptoms?  bleeding  fever  vomiting  diarrhea  others specify \_\_\_\_\_
46. Do you know the signs and symptoms of RVF virus disease in animals?  Yes  No  Unk **(If NO, skip to #47)**
47. If yes, what are some signs and symptoms in animals?  bleeding  fever  nasal discharge  diarrhea  abortion  reduced milk production  prostration  loss of appetite  others, specify \_\_\_\_\_
48. Do you know who to contact in case you see a suspect case of RVF disease?  Yes  No  Unk
49. Do you believe RVF disease really exists?  Yes  No  Unk **(If YES, skip to #50)**
50. If no, why \_\_\_\_\_
51. Have you heard of any survivor of RVF disease?  Yes  No  Unk
52. Would you relate/interact with a survivor of RVF disease  Yes  No  Unk
53. Would you welcome someone back into their community/neighborhood after a neighbor has recovered from RVF?  
 Yes  No  Unk **(If YES, skip to #54)**
54. If no, why?  fear of contracting disease  fear of stigma from community  others specify \_\_\_\_\_
55. Do you know how RVF disease is transmitted?  Yes  No  Unk **(If NO, skip to #57)**
56. If yes, how?  body contact sick person  through air  through needle pricks  contact with animals  contact with dead person  contact with body fluids of sick person  biting mosquitoes(insects)  others specify \_\_\_\_\_
57. If transmission through animals, which ones?  goats  Cattle  Sheep  Poultry  Dogs  monkeys  bats  antelopes  wild pigs  others specify \_\_\_\_\_
58. How do you think you can protect yourself from acquiring RVF disease?  
 vaccination  avoiding contact with animals  traditional medicine  avoiding sick people  sleeping in a mosquito net  others specify \_\_\_\_\_
59. How do you think RVF disease can best be healed or treated?  
 traditional medicine  spiritual healing  Modern medicine  Herbal medicine  others specify \_\_\_\_\_
60. Do you think you are at risk of contracting RVF virus disease?  Yes  No  Unk
61. If yes/no, why \_\_\_\_\_
62. Do you know how RVF disease can be prevented  Yes  No  Unk **(If NO, skip to end of interview)**
63. If yes, how \_\_\_\_\_

Thank you for your Time

*End of Interview*

**Section 3. Specimen Information**

Specimen identification number: \_\_\_\_\_

Specimen collection date: \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Laboratory testing date: \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Results/Titer level: IgM \_\_\_\_\_ IgG \_\_\_\_\_