

Bat and Lyssavirus Exposure among Humans in Area that Celebrates Bat Festival, Nigeria, 2010 and 2013

Appendix 1

Questionnaires Used for Surveys about Bat Exposure

The following pages show a set of questionnaires used to survey community members and bat hunters regarding bat exposures in Idanre, Nigeria, in 2010 and 2013:

- Two community surveys conducted during September 26–28, 2010 (9–11 days after the September 17, 2010, bat festival took place), and March 2–March 6, 2013 (11–15 days after the February 19, 2013, bat festival took place);
- A survey of bat hunters conducted on March 6, 2013;
- A follow-up survey of subjects who participated in the 2013 community survey or 2013 bat hunter survey, conducted during May 14–19, 2013 (85–90 days after the February 19, 2013, bat festival took place).

**1. Questionnaire used in two community surveys and a bat hunter survey of bat exposures
— Idanre, Nigeria, 2010 and 2013**

A. HOUSEHOLD INFORMATION

1) Household ID Number

2) GPS

3) Municipality

4) Community

[Section A. Administer to adult (18 years and older) present that attended door call (main responder).

Hello. My name is _____ and I am working with the <insert appropriate agency affiliation>.

We are conducting a survey to improve our understanding of the knowledge, attitudes, and practices of people in Idanre local government of Ondo State, who come in close contact with bats or places where bats live, like caves. We would like to ask for a few minutes of your time, around 40 minutes, to ask you about your experiences with bats and your knowledge about certain diseases. Your answers to the following questions are completely voluntary and will be kept confidential. Do you have time now? (If NO, “Thank you for your time.”)

5) Is there someone in the house that can respond to the interview?

Yes

No

Not applicable, because interview is being conducted on a person returning from a cave

6)

6.1) Consent obtained?

Yes

No

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6.2) If consent was NOT obtained

6.2.1) Reason for declining

Not interested

No time

Fear of participating

Not capable of consenting

Language barrier

Other

Household ID#

6.2.2) If the reason is "other"

6.2.2.1) Specify the reason for denying consent

6.2.3) Interviewer name: (First Name, First Family Name, Second Family name)

6.3) If consent obtained

Please think carefully about each question, and answer as well as you can. You can choose not to answer any of the questions.

NOTE to INTERVIEWER: Do not read the answer choices, unless otherwise indicated. Circle the choice that best represents the interviewee's answer.

6.3.1) How many people live in this home?

6.3.2) How many are females living in this home?

6.3.3) How many children of ages 0-5 live in this house?

6.3.4) How many children of ages 6-12 live in this house?

6.3.5) How many children of ages 13-17 live in this house?

6.3.6) About the house, which is the main material used to build the house?

Brick

Adobe

Wood

Canes

Cement Block

Cement / Concrete

Other

6.3.7) If the house is made of another material

6.3.7.1) Specify the other housing material

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6.3.8) Does the house have windows/doors that close and prevent bat entry?

(Check all that apply)

There are open windows

Windows can close completely

Doors can close completely

There are windows or doors that close incompletely and allow entry of bats

There are large openings in the walls for ventilation never closed

Household ID#

No openings
Other: _____
Don't know
Declined to answer

6.3.9) Do you own animals as either pets or livestock?

Yes
No
Don't know
Declined to answer

6.3.10) If you own animals as either pets or livestock

6.3.10.1) Do you know or have you seen if your domestic animals
(pets/cattle/pigs) have been bitten by bats?

Yes
No

6.3.10.2) If your domestic animals have been bitten by bats

6.3.10.2.1) Which of your animals have been bitten by bats? (Select all that
apply?)

Cows
Goats
Sheep
Pigs
Horses
Dogs
Cats
Chicken
Other

6.3.10.2.2) If the bitten animal is "Other"

6.3.10.2.2.1) Specify the animals that have been bitten by bats

6.3.10.3) Do you do anything to avoid your animals/pets being bitten by
bats?

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Nothing
Lights on where animals sleep
Barriers (nets, close doors)
Burn herbs
Apply oil/chemicals to animals
Hunt bats
Blankets
Garlic

Household ID#

Other

6.3.10.4) If answered OTHER as something that is done to avoid your animals/pets being bitten by bats

6.3.10.4.1) Specify what other thing is done to avoid your animals/pets being bitten by bats

6.3.10.5) Are one or more of your animals vaccinated against rabies?

Yes

No

Don't know

Declined to answer

6.3.10.6) Have any of your animals been sick or died due to bats?

Yes

No

Don't know

Declined to answer

6.3.10.7) If any of your animals have been sick or died due to an illness that you believe may have been caused by bats?

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Complete for each species:	Questions about animal sickness	What were their signs? (tick all that apply)	Questions about animal death
A) Goats	a) How many got sick? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> D/K <input type="checkbox"/> Declined	c) What were their signs? (tick all that apply) <input type="checkbox"/> Not moving much/hiding <input type="checkbox"/> Problems walking	d) How many died? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+

Household ID#

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	<p>b) Is/are the animal recovered from the symptoms? (yes, no, unsure, declined)</p>	<p><input type="checkbox"/> Not eating well <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Foaming at mouth/salivation <input type="checkbox"/> Bellowing/crying <input type="checkbox"/> Trembling or twitching <input type="checkbox"/> Behavior change (more quiet/more aggressive)</p>	<p><input type="checkbox"/> D/K <input type="checkbox"/> Declined</p> <p>e) Was/were the animal(s) slaughtered and eaten or sold for food? (yes, no, some, unsure, declined)</p> <p>f) Was/were any of the animals sick before they</p>
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Household ID#

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		<input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Runny nose <input type="checkbox"/> Problems breathing <input type="checkbox"/> Convulsions <input type="checkbox"/> Still birth <input type="checkbox"/> Suddenly died <input type="checkbox"/> Other (specify):	were slaughtered or sold? (yes, no, some, unsure, declined)
B) Sheep	a) How many got sick? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+	c) What were their signs? (tick all that apply)	d) How many died? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+

Household ID#

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	<input type="checkbox"/> D/K <input type="checkbox"/> Declined b) Is/are the animal recovered from the symptoms? (yes, no, unsure, declined)	<input type="checkbox"/> Not moving much/hiding <input type="checkbox"/> Problems walking <input type="checkbox"/> Not eating well <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Foaming at mouth/salivation <input type="checkbox"/> Bellowing/crying <input type="checkbox"/> Trembling or twitching	<input type="checkbox"/> D/K <input type="checkbox"/> Declined e) Was/were the animal(s) slaughtered and eaten or sold for food? (yes, no, some, unsure, declined) f) Was/were any of the animals sick before they
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Household ID#

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		<input type="checkbox"/> Behavior change (more quiet/more aggressive) <input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Runny nose <input type="checkbox"/> Problems breathing <input type="checkbox"/> Convulsions <input type="checkbox"/> Still birth <input type="checkbox"/> Suddenly died <input type="checkbox"/> Other (specify):	were slaughtered or sold? (yes, no, some, unsure, declined)
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Household ID#

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<p>C) Cows</p>	<p>a) How many got sick?</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> 3+</p> <p><input type="checkbox"/> D/K <input type="checkbox"/> Declined</p> <p>b) Is/are the animal recovered from the</p>	<p>c) What were their signs? (tick all that apply)</p> <p><input type="checkbox"/> Not moving much/hiding <input type="checkbox"/> Problems walking</p> <p><input type="checkbox"/> Not eating well <input type="checkbox"/> Vomiting <input type="checkbox"/></p> <p>Diarrhea</p> <p><input type="checkbox"/> Foaming at mouth/salivation</p>	<p>d) How many died?</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2 <input type="checkbox"/> 3+</p> <p><input type="checkbox"/> D/K <input type="checkbox"/> Declined</p> <p>e) Was/were the animal(s) slaughtered and eaten or sold</p>
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Household ID#

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	symptoms? (yes, no, unsure, declined)	<input type="checkbox"/> Bellowing/crying <input type="checkbox"/> Trembling or twitching <input type="checkbox"/> Behavior change (more quiet/more aggressive) <input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Runny nose <input type="checkbox"/> Problems breathing <input type="checkbox"/> Convulsions <input type="checkbox"/> Still birth <input type="checkbox"/> Suddenly died	for food? (yes, no, some, unsure, declined) f) Was/were any of the animals sick before they were slaughtered or sold? (yes, no, some, unsure, declined)
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Household ID#

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		<input type="checkbox"/> Other (specify):	
D) Pigs	a) How many got sick? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> D/K <input type="checkbox"/> Declined	c) What were their signs? (tick all that apply) <input type="checkbox"/> Not moving much/hiding <input type="checkbox"/> Problems walking <input type="checkbox"/> Not eating well <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea	d) How many died? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> D/K <input type="checkbox"/> Declined

Household ID#

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	<p>b) Is/are the animal recovered from the symptoms? (yes, no, unsure, declined)</p>	<p><input type="checkbox"/> Foaming at mouth/salivation <input type="checkbox"/> Bellowing/crying <input type="checkbox"/> Trembling or twitching <input type="checkbox"/> Behavior change (more quiet/more aggressive) <input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Runny nose <input type="checkbox"/> Problems breathing <input type="checkbox"/> Convulsions</p>	<p>e) Was/were the animal(s) slaughtered and eaten or sold for food? (yes, no, some, unsure, declined) f) Was/were any of the animals sick before they were slaughtered or sold?</p>
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		<input type="checkbox"/> Still birth <input type="checkbox"/> Suddenly died <input type="checkbox"/> Other (specify):	(yes, no, some, unsure, declined)
E)	a) How many got sick? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> D/K <input type="checkbox"/> Declined	c) What were their signs? (tick all that apply) <input type="checkbox"/> Not moving much/hiding <input type="checkbox"/> Problems walking <input type="checkbox"/> Not eating well <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea	d) How many died? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> D/K <input type="checkbox"/> Declined

Household ID#

	b) Is/are the animal recovered from the symptoms? (yes, no, unsure, declined)	<input type="checkbox"/> Foaming at mouth/salivation <input type="checkbox"/> Bellowing/crying <input type="checkbox"/> Trembling or twitching <input type="checkbox"/> Behavior change (more quiet/more aggressive) <input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Runny nose <input type="checkbox"/> Problems breathing <input type="checkbox"/> Convulsions <input type="checkbox"/> Still birth <input type="checkbox"/> Suddenly died <input type="checkbox"/> Other (specify):	e) Was/were the animal(s) slaughtered and eaten or sold for food? (yes, no, some, unsure, declined) f) Was/were any of the animals sick before they were slaughtered or sold? (yes, no, some, unsure, declined)
F) Dogs	a) How many got sick? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> D/K <input type="checkbox"/> Declined b) Is/are the animal recovered from the symptoms? (yes, no, unsure, declined)	c) What were their signs? (tick all that apply) <input type="checkbox"/> Not moving much/hiding <input type="checkbox"/> Problems walking <input type="checkbox"/> Not eating well <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Foaming at mouth/salivation <input type="checkbox"/> Bellowing/crying <input type="checkbox"/> Trembling or twitching <input type="checkbox"/> Behavior change (more quiet/more aggressive) <input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Runny nose <input type="checkbox"/> Problems breathing <input type="checkbox"/> Convulsions <input type="checkbox"/> Still birth <input type="checkbox"/> Suddenly died <input type="checkbox"/> Other (specify):	d) How many died? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> D/K <input type="checkbox"/> Declined e) Was/were the animal(s) slaughtered and eaten or sold for food? (yes, no, some, unsure, declined) f) Was/were any of the animals sick before they were slaughtered or sold? (yes, no, some, unsure, declined)

7) Are there any dogs in your house?

Yes

No

7.1) If there are dogs in the house

7.1.1) How many dogs: _____

7.1.2) How many female dogs: _____

7.1.3) How many male dogs: _____

7.1.4) What is the age of the oldest dog in years?: ____

7.1.5) What is the age of the youngest dog?: _____

7.1.6) Are the dogs in your house vaccinated against rabies?:

Yes, all of them

Yes, but only some of them

No, none of them are vaccinated

Don't know

Decline to answer

7.1.6.1) If yes, when was the last vaccination:

Date: _____

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7.1.7) Have any of the dogs in the house bitten anybody?

- Yes
- No
- Don't know
- Decline to answer

7.1.8) Have any of the dogs in the house bitten any of your other animals?

- Yes
- No
- Don't know
- Decline to answer

B. HOUSEHOLD RESPONDENT INFORMATION

1A) Sample ID

1B) Name: First name, First Family name, Second Family name

1B.1) What is your home address?

1B.2) What is your mobile phone number? (if no mobile phone, get home phone instead)

1C) Where do you live when this bat festival does not take place?

- Idanre local government, Ondo State, Nigeria
- Ondo state (but not Idanre local government), Nigeria
- A state other than Ondo State, but in Nigeria
- An African country other than Nigeria
- A country outside of Africa

1D) If you do not live in Ondo State, what brought you to Ondo State at this time?

(circle all that apply)

- To participate in the bat festival
- For vacation but not specifically for the bat festival
- To see family and friends
- For work/to make money
- Other

1D.1) If other, please specify why:

1E) Did you participate in a survey like this about bats and the bat festival nearly three years ago?

- Yes
- No
- Declined to answer

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2) How old are you?

3) Gender

Household ID#

Male
Female

4) What is the last level of schooling you have completed? (Note to interviewer: Read all but last two options to participant.)

None
Started primary
Completed primary
Started basic/Junior Secondary School (JSS)
Completed basic/Junior Secondary School (JSS)
Started secondary/Senior Secondary School (SSS)
Completed secondary/Senior Secondary School (SSS)
Started higher education
Completed higher education
Not sure
Declined to answer

5) How many years have you lived in this house?

Less than one year
One year
More than one year

6) If you have lived in this house more than one year

6.1) how many years

7) How many years of experience do you have working/living with or near bats?

None
5 or less
6-15
16-25
> 25
Don't know
Declined to answer

8) What activities do you engage in that regularly puts you in contact with bats?
(check all that applies) (Note to interviewer: Read all but last two options to participant.)

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Bat hunting
Participation in bat festival
Preparing bats for consumption
Farming
Hunting
Nightwatchman
Other

Household ID#

None
Declined to answer

9) If the activity is Other
9.1)

9.2) Have you ever participated in the bat festival (if yes, go to the next question, and if no, skip to question 10)

Yes
No
Declined to answer

9.2.1) How many times or often do you participate in the bat festival?

Once a year
Twice a year
Don't know
Declined to answer

9.2.2) How many years have you participated in the bat festival?

Less than 2 years
2 years to less than 5 years
5 years to less than 20 years
20 years and more
Do not know
Declined to answer

9.2.3) what role do you play during the bat festival? (tick all that concerns)

Bat hunting
Selling of bats
Preparation of bats for food/consumption
Dancer, singer
Spiritual activities
Standby watcher
Don't know
Decline to answer
Other _____

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10) Have you been inside of a bat cave or bat refuge (trees, abandoned house, bridge, etc.)?

Yes
No
Don't know
Declined to answer

Household ID#

11) If you have been inside of a bat cave or refuge

11.1) How often do you enter bat caves or bat refuge? (Note to interviewer: Read all but last two options to participant.)

- once per year or less
- 2-4 times per year
- 5 times or more per year
- Don't know
- Declined to answer

11.2) When was the last time you entered a bat cave or bat refuge? (Note to interviewer: Read all but last two options to participant.)

- < 1 month ago
- 1 to 6 months ago
- 6-12 months ago
- More than 12 months ago
- Don't know
- Declined to answer

12) Have you ever touched a live bat with your skin uncovered?

- Yes
- No
- Don't know
- Declined to answer

13) If you have ever touched a live bat with your skin uncovered

13.1) How often do you touch bats? (Note to interviewer: Read all but last two options to participant.)

- once per year or less
- 2-4 times per year
- 5 times or more per year
- Don't know
- Declined to answer

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13.2) When was the last time you touched a bat with your skin uncovered? (Note to interviewer: Read all but last two options to participant.)

- < 1 month ago
- 1 to 6 months ago
- 6-12 months ago
- More than 12 months ago
- Don't know

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Declined to answer

14) Have you ever been scratched by a bat, to your knowledge?

Yes

No

Don't know

Declined to answer

15) If has been scratched by a bat

15.1) How often are you scratched by bats? (Note to interviewer: Read all but last two options to participant.)

once per year or less

2-4 times per year

5 times or more per year

Don't know

Declined to answer

15.2) When was the last time you were scratched by a bat? (Note to interviewer: Read all but last two options to participant.)

< 1 month ago

1 to 6 months ago

6-12 months ago

More than 12 months ago

Don't know

Declined to answer

16) Have you ever been bitten by a bat, to your knowledge?

Yes

No

Don't know

Declined to answer

17) If you have been bitten by a bat

17.1) How often are you bitten by bats? (Note to interviewer: Read all but last two options to participant.)

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once per year or less

2-4 times per year

5 times or more per year

Don't know

Declined to answer

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17.2) When was the last time you were bitten by a bat? (Note to interviewer: Read all but last two options to participant.)

- < 1 month ago
- 1 to 6 months ago
- 6-12 months ago
- More than 12 months ago
- Don't know
- Declined to answer

18) Have you ever prepared a bat as food?

- Yes
- No
- Don't know
- Declined to answer

19) If you ever prepared a bat as food

19.1) How often do you prepare them for eating (Note to interviewer: Read all but last two options to participant.)

- once per year or less
- 2-4 times per year
- 5 times or more per year
- Don't know
- Declined to answer

19.2) When was the last time you prepared one for eating? (Note to interviewer: Read all but last two options to participant.)

- < 1 month ago
- 1 to 6 months ago
- 6-12 months ago
- More than 12 months ago
- Don't know
- Declined to answer

20) Have you ever eaten a bat?

- Yes
- No
- Don't know
- Declined to answer

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21) If you have ever eaten a bat

21.1) How often do you eat bats? (Note to interviewer: Read all but last two options to participant.) (Note to interviewer: Read all but last two options to participant.)

- once per year or less
- 2-4 times per year
- 5 times or more per year
- Don't know
- Declined to answer

21.2) When was the last time you ate a bat? (Note to interviewer: Read all but last two options to participant.)

- < 1 month ago
- 1 to 6 months ago
- 6-12 months ago
- More than 12 months ago
- Don't know
- Declined to answer

22) What kinds of bats do you most frequently observe or have had contact with? (Note to interviewer: Read all but last two options to participant.)

- Fruit-eating bats
- Insect-eating bats
- Vampire bats
- Multiple types
- Other
- Don't know
- Declined to answer

23) If the kind of bat is "Other"

23.1) Specify the other type of bat

24) Do you or your family do something to avoid bat bites in the house?

- Nothing
- Use mosquito net
- Prevent entry of bat in the house
- Increase number of cats
- Increase the number of cattle/pigs to be bitten
- Destroy bat refuges/kill bats
- Pray/consult the gods
- Declined to answer
- Other

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25) If answered OTHER as the type of action taken to avoid bites in the house

25.1) Specify what you and your family does to avoid bat bites in the house

26) How much do you know about rabies? (Note to interviewer: Read all but last two options to participant.)

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- Little to none
- Basic
- Extensive
- Declined to answer

27) How dangerous is rabies?

- Very Severe
- Mild or moderate
- Don't know
- Declined to answer

28) How do people get infected with rabies? (Note to interviewer: Read all but last two options to participant.)

- Animal bite
- Animal scratch or lick
- Touching an animal
- Eating an animal
- Other
- Don't know
- Declined to answer

29) If the way people are infected with rabies is "Other"

29.1) Specify the way people are infected by rabies

30) What animals can be infected with rabies? (check all that apply) (Note to interviewer: Read all but last two options to participant.)

- Bats
- Dogs
- Cats
- Horses
- Livestock
- Wild mammals (not bats)
- Other
- Don't know
- Declined to answer

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31) If the animals are potentially infected with rabies are "Other"

31.1) Specify which other animals could be infected with rabies

32) What would you do if you were bitten or scratched by a bat? (Note to interviewer: Read all but last two options to participant. Select all that apply.)

- Nothing

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- Wash wound with soap and water
- Call a doctor for advice
- Call or visit a traditional healer
- Seek medical care at a hospital, clinic or health post
- Seek rabies PEP (rabies vaccines)
- Have bat tested for rabies (or other diseases)
- Other
- Don't know
- Declined to answer

33) If the action that you would take is Other
 33.1) Specify the other action that would be taken

34) Do you think there is any time of the year in which bats attack more animals or people?

- No, it is the same all year round
- Yes, rainy season (April-October)
- Yes, dry season (November-April)
- Don't know
- Declined to answer

35) If someone has been bitten by an animal potentially infected with rabies what should that person do? (Check all that apply)

- Nothing
- Wash wound with soap and water
- Call a doctor for advice
- Call or visit a traditional healer
- Seek medical care at a hospital or clinic
- Seek rabies post-exposure prophylaxis (rabies vaccines)
- Check animal's vaccination history
- Observe animal for a period of time to see if it becomes rabid
- Have animal tested for rabies
- Kill animal
- Other
- Don't know
- Declined to answer

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36) If the action is "Other"
 36.1) Specify the other action that should be done if someone has been bitten by an animal that might be infected by rabies

37) Have you ever been vaccinated against rabies?
 Yes
 No
 Don't know

Declined to answer

38) If you have ever been vaccinated against rabies

38.1) What was the reason you were vaccinated against rabies?

- Post-exposure prophylaxis
- Pre-exposure prophylaxis
- Have received PreP and PEP
- Don't know
- Declined to answer

38.2) If you have received rabies vaccination after being bitten or scratched by an animal bite, what animal or animals were responsible for the incident? (check all that apply)

- Bats
- Dogs
- Cats
- Horses
- Livestock
- Wild mammals (not bats)
- Others
- Don't know
- Declined to answer
- Did not receive PEP

38.3) If received a vaccination after being bitten by an OTHER animal

38.3.1) Specify the other animal that bit you

39) Are you aware if there are any other diseases that humans can get from bats?
(NOTE: any disease mentioned means "yes")

- Yes
- No
- Don't know
- Declined to answer

40) Have you or anyone you know ever experienced an illness that you believe may have been caused by bats or being in a bat cave?

- Yes
- No
- Don't know
- Declined to answer

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41) If you or anyone you know ever experienced an illness that you believe may have been caused by bats or being in a bat cave

41.1) What were the symptoms? (Check all that apply) (Note to interviewer: If respondent doesn't indicate that the person(s) recovered, ask if they died from illness. If answer is yes, circle death as a symptom. If respondent knows of more than one person affected—

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including but necessarily themselves—and symptoms mentioned are a composite, circle “multiple persons”.)

- Skin rash/discoloration/ infection
- Unusual bleeding (e.g. from nose/mouth)
- Fever
- Cough
- Sneezing
- Runny nose
- Chest congestion
- Muscle pain
- Difficulty breathing
- Headache
- Convulsions
- Altered mental state (dementia)
- Unconsciousness/coma
- Muscle weakness/paralysis
- Vomiting or diarrhea or stomach cramps
- Miscarriage/stillbirth
- Death
- Multiple persons
- Other
- Don't know
- Declined to answer

41.2) If the symptoms is "Other"

41.2.1) Specify the other symptom

41.2.2) Are you or the person you know that presented symptoms caused by a bat recovered?

- Yes
- No
- Don't know
- Decline to answer

42) We would like to take a sample of your blood. Will you allow us to take a sample?

- Yes
- No

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42.2 Was blood sampled obtained?

- Yes
- No

42.3. IF blood sample was not obtained, why not?

- Did not consent for blood
- Was not able to get blood

Household ID#

Other: _____

42.4) Will you allow us to return in 6-8 weeks to ask you some more questions? YES/ NO

43) Has anyone from your family or living here had been in contact, bitten, scratched, eaten, or had touched a bat?

Yes

No

C. PARTICIPANTS WITH BAT EXPOSURE (ADDITIONAL TO RESPONDENT)
Additional Participant

Interviewer name: (First Name, First Family Name, Second Family name)_

1A) Sample ID

1B) Name: First name, first family name, second family name

1C) Household ID: _____

2) How old are you?

3) If at least 18 years old or mature minors

3.1) Consent obtained? (If yes, go to question 3.2)

Yes

No

3.2) What is your mobile phone number? (if no mobile phone, get home phone instead)

4) If less than 18 years old

4.1) Parental permission obtained?

Yes

No

4.2) Children between 7 and 17 years [Interviewer: parents will answer the survey when child < 9 years of age but child age 9 years and older will answer survey directly]

4.2.1) Child assent obtained?

Yes

No

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5) If consent obtained (and assent if applicable)

5.1) Interviewer: who is being interviewed:

Self

Parent/guardian

5.2) Gender

Household ID#

Male
Female

5.2.1) Did you participate in a survey like this about bats and the bat festival nearly three years ago?

Yes
No
Declined to answer

5.3) What is the last level of schooling you have completed?

None
Started primary
Completed primary
Started basic/Junior Secondary School (JSS)
Completed basic/Junior Secondary School (JSS)
Started secondary/Senior Secondary School (SSS)
Completed secondary/Senior Secondary School (SSS)
Started higher education
Completed higher education
Not sure
Declined to answer

5.4) How many years have you lived in this house?

Less than one year
One year
More than one year

5.4.1) Where do you live when this bat festival does not take place?

Idanre local government, Ondo State, Nigeria
Ondo state (but not Idanre local government), Nigeria
A state other than Ondo State, but in Nigeria
An African country other than Nigeria
A country outside of Africa

5.4.2) If you do not live in Ondo State, what brought you to Ondo State at this time?
(circle all that apply)

To participate in the bat festival
For vacation but not specifically for the bat festival
To see family and friends
For work/to make money
Other

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5.4.2.1) If other, please specify why:

Household ID#

5.5) If you have lived in this house more than one year

5.5.1) how many years

5.6) How many years of experience do you have working/living with or near bats?

(Note to interviewer: Read all but last two options to participant.)

None

5 or less

6-15

16-25

> 25

Don't know

Declined to answer

5.7) What activities do you engage in that regularly puts you in contact with bats?

(check all that applies) (Note to interviewer: Read all but last option to participant.)

Bat hunting

Participation in bat festival

Preparing bats for consumption

Farming

Hunting

Nightwatchman

Other

None

Declined to answer

5.8) If the activity is Other

5.8.1)

5.8.2) Have you ever participated in the bat festival (if yes, go to the next question, and if no, skip to question 5.9)

Yes

No

Declined to answer

--	--	--

5.8.3) How many times or often do you participate in the bat festival?

Once a year

Twice a year

Don't know

Declined to answer

5.8.4) How many years have you participated in the bat festival?

Household ID#

- Less than 2 years
- 2 years to less than 5 years
- 5 years to less than 20 years
- 20 years and more
- Do not know
- Declined to answer

5.8.5) what role do you play during the bat festival? (tick all that concerns)

- Bat hunting
- Selling of bats
- Preparation of bats for food/consumption
- Dancer, singer
- Spiritual activities
- Standby watcher
- Don't know
- Decline to answer
- Other _____

5.9) Have you been inside of a bat cave or bat refuge (trees, abandoned house, bridge, etc.)?

- Yes
- No
- Don't know
- Declined to answer

5.10) If you have been inside of a bat cave or refuge

5.10.1) How often do you enter bat caves or bat refuge? (Note to interviewer: Read all but last two options to participant.)

- once per year or less
- 2-4 times per year
- 5 times or more per year
- Don't know
- Declined to answer

--	--	--

5.10.2) When was the last time you entered a bat cave or bat refuge? (Note to interviewer: Read all but last two options to participant.)

- < 1 month ago
- 1 to 6 months ago
- 6-12 months ago
- More than 12 months ago
- Don't know

Household ID#

Declined to answer

5.11) Have you ever touched a live bat with your skin uncovered?

Yes

No

Don't know

Declined to answer

5.12) If you have ever touched a live bat with your skin uncovered

5.12.1) How often do you touch bats? (Note to interviewer: Read all but last two options to participant.)

once per year or less

2-4 times per year

5 times or more per year

Don't know

Declined to answer

5.12.2) When was the last time you touched a bat?

< 1 month ago

1 to 6 months ago

6-12 months ago

More than 12 months ago

Don't know

Declined to answer

5.13) Have you ever been scratched by a bat, to your knowledge?

Yes

No

Don't know

Declined to answer

5.14) If has been scratched by a bat

5.14.1) How often are you scratched by bats? (Note to interviewer: Read all but last two options to participant.)

once per year or less

2-4 times per year

5 times or more per year

Don't know

Declined to answer

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5.14.2) When was the last time you were scratched by a bat?

< 1 month ago

1 to 6 months ago

6-12 months ago

More than 12 months ago

Household ID#

Don't know
Declined to answer

5.15) Have you ever been bitten by a bat, to your knowledge?

Yes
No
Don't know
Declined to answer

5.16) If you have been bitten by a bat

5.16.1) How often are you bitten by bats? (Note to interviewer: Read all but last two options to participant.)

once per year or less
2-4 times per year
5 times or more per year
Don't know
Declined to answer

5.16.2) When was the last time you were bitten by a bat? (Note to interviewer: Read all but last two options to participant.)

< 1 month ago
1 to 6 months ago
6-12 months ago
More than 12 months ago
Don't know
Declined to answer

5.17) Have you ever prepared a bat as food?

Yes
No
Don't know
Declined to answer

5.18) If you have ever prepared a bat as food

5.18.1) How often do you prepare them for eating? (Note to interviewer: Read all but last two options to participant.)

once per year or less
2-4 times per year
5 times or more per year
Don't know
Declined to answer

--	--	--

5.18.2) When was the last time you prepared a bat for eating? (Note to interviewer: Read all but last two options to participant.)

Household ID#

- < 1 month ago
- 1 to 6 months ago
- 6-12 months ago
- More than 12 months ago
- Don't know
- Declined to answer

5.19) Have you ever eaten a bat?

- Yes
- No
- Don't know
- Declined to answer

5.20) If you ever eaten a bat

5.20.1) How often do you eat bats? (Note to interviewer: Read all but last two options to participant.)

- once per year or less
- 2-4 times per year
- 5 times or more per year
- Don't know
- Declined to answer

5.20.2) When was the last time you ate a bat?

- < 1 month ago
- 1 to 6 months ago
- 6-12 months ago
- More than 12 months ago
- Don't know
- Declined to answer

5.21) What kinds of bats do you most frequently observe or have had contact with?
(Note to interviewer: Read all but last two options to participant.)

- Fruit-eating bats
- Insect-eating bats
- Vampire bats
- Multiple types
- Other
- Don't know
- Declined to answer

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5.22) If the kind of bat is "Other"

5.22.1) Specify the other type of bat

5.23) Do you or your family do something to avoid bat bites in the house?

- Nothing
- Use mosquito net
- Prevent entry of bat in the house
- Increase number of cats
- Increase the number of cattle/pigs to be bitten
- Destroy bat refuges/kill bats
- Pray
- Declined to answer
- Other

5.24) If answered OTHER as the type of action taken to avoid bites in the house

5.24.1) Specify what you and your family does to avoid bat bites in the house

5.25) How much do you know about rabies? (Note to interviewer: Read all but last two options to participant.)

- Little to none
- Basic
- Extensive
- Declined to answer

5.26) How dangerous is rabies?

- Very Severe
- Mild or moderate
- Don't know
- Declined to answer

5.27) How do people get infected with rabies?

- Animal bite
- Animal scratch or lick
- Touching an animal
- Eating an animal
- Other
- Don't know
- Declined to answer

5.28) If the way people are infected with rabies is "Other"

5.28.1) Specify the way people are infected by rabies

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5.29) What animals can be infected with rabies? (check all that apply)

- Bats
- Dogs
- Cats
- Horses
- Livestock

Household ID#

- Wild mammals (not bats)
- Other
- Don't know
- Declined to answer

5.30) If the animals are potentially infected with rabies are "Other"
 5.30.1) Specify which other animals could be infected with rabies

- 5.31) What would you do if you were bitten or scratched by a bat?
- Nothing
 - Wash wound with soap and water
 - Call a doctor for advice
 - Call or visit a traditional healer
 - Seek medical care at a hospital, clinic or health post
 - Seek rabies PEP (rabies vaccine)
 - Have bat tested for rabies (or other diseases)
 - Other
 - Don't know
 - Declined to answer

5.32) If the action that you would take is Other
 5.32.1) Specify the other action that would be taken

5.33) Do you think there is any time of the year in which bats attack more animals or people?

- No, it is the same all year round
- Yes, rainy season (April-October)
- Yes, dry season (November-April)
- Don't know
- Declined to answer

5.34) If someone has been bitten by an animal potentially infected with rabies what should that person do? (Check all that apply)

- Nothing
- Wash wound with soap and water
- Call a doctor for advice
- Call or visit a traditional healer
- Seek medical care at a hospital or clinic
- Seek rabies PEP (rabies vaccines)
- Check animal's vaccination history
- Observe animal for a period of time to see if it becomes rabid
- Have animal tested for rabies
- Kill animal
- Other
- Don't know

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Declined to answer

5.35) If the action is "Other"

5.35.1) Specify the other action that should be done if someone has been bitten by an animal that might be infected by rabies

5.36) Have you ever been vaccinated against rabies?

Yes

No

Don't know

Declined to answer

5.37) If you have ever been vaccinated against rabies

5.37.1) What was the reason you were vaccinated against rabies?

Post-exposure prophylaxis

Pre-exposure prophylaxis

Have received PreP and PEP

Don't know

Declined to answer

5.37.2) If you have received rabies vaccination after being bitten or scratched by an animal bite, what animal or animals were responsible for the incident? (check all that apply)

Bats

Dogs

Cats

Horses

Livestock

Wild mammals (not bats)

Others

Don't know

Declined to answer

Did not receive PEP

5.37.3) If received a vaccination after being bitten by an OTHER animal

5.37.3.1) Specify the other animal that bit you

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5.38) Are you aware if there are any other diseases that humans can get from bats?

Yes

No

Don't know

Declined to answer

5.39) Have you or anyone you know ever experienced an illness that you believe may have been caused by bats or being in a bat cave?

Household ID#

- Yes
- No
- Don't know
- Declined to answer

5.40) If you or anyone you know ever experienced an illness that you believe may have been caused by bats or being in a bat cave

5.40.1) What were the symptoms?

- Skin rash/discoloration/ infection
- Unusual bleeding (e.g. from nose/mouth)
- Fever
- Cough
- Sneezing
- Runny nose
- Chest congestion
- Muscle pain
- Difficulty breathing
- Headache
- Convulsions
- Altered mental state (dementia)
- Unconsciousness/coma
- Muscle weakness/paralysis
- Vomiting or diarrhea or stomach cramps
- Miscarriage/stillbirth
- Death
- Multiple persons
- Other
- Don't know
- Declined to answer

5.40.2) If the symptoms is "Other"

5.40.2.1) Specify the other symptom

5.40.2.2) Are you or the person you know that presented symptoms caused by a bat recovered?

- Yes
- No
- Don't know
- Decline to answer

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5.41) We would like to take a sample of your blood. Will you allow us to take a sample?

- Yes
- No

5.41.2 Was blood sampled obtained?

Household ID#

Yes

No

5.41.3 IF blood sample was not obtained, why not?

Did not consent for blood

Was not able to get blood

Other: _____

5.41.4) Will you allow us to return in 6-8 weeks to ask you some more questions? YES/ NO

6) Please ask again if there is anyone else living here that has been bitten, scratched or has eaten or touched any bats. If so then fill additional section C for each additional exposed person. (Follow same process for consent/assent and blood sampling than other participants.

Those are all the questions I have for you. Thank you very much for your time and cooperation. We or personnel of the MoH may need to contact you again if the survey is found to be incomplete. Results of this study will be reported to MoH representatives in your area.

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Household ID#

Technical Appendix 2. Questionnaire used in a follow-up survey of bat exposures — Idanre, Nigeria, 2013

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Date of Follow-up: Household ID Number:
(autofill)

Interviewer Name: First Name, First Family name, Second Family name

1. Municipality: autofill
2. Community: autofill
3. GPS Coordinates: autofill

Section A

[Section A. Administer to the person originally consented to the main responder of the study. If not available, ask if another adult (18 years and older) is available]

Hello. My name is _____ and I am working with the <insert appropriate agency affiliation>.

Mr./Mrs. (*name of person originally consented to the study*) participated in a survey in Feb/March of this year; is (*he/she*) in the house and available to participate in a follow-up survey at this time?

If available, interviewer to confirm that consent was obtained for participation in the Feb/March survey (Yes, No)				
If not available, ask if another adult who participate in the original study is available to answer follow-up questions.	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> </table>			

Last (Feb/March) (*you or name of person originally consented to the study*) agreed to participate in a survey to improve our understanding of the knowledge, attitudes, and practices of people in Idanre local government of Ondo State, who come in close contact with bats or places where bats live, like caves. We are here today to ask for a few more minutes of your time, around 20 minutes, to follow-up on your responses about any animals you've kept as pets or livestock since the festival, exposures to bats since the festival, and about your health since the bat festival. Your answers to the questions are completely voluntary and will be kept confidential. Do you have

Household ID#

time now? (If NO, "Thank you for your time." Ask if there is another time that would be more convenient)

Just like for the first survey, you do not have to be in this follow-up survey. It is up to you. You do not have to answer any question or give blood if you do not want to.

Do you want to be in the follow-up part of the Nigeria Bats study? (Yes, No)

Name: _____

Signature: _____

Date: _____

Right Thumbprint (if not able

to read/write): _____

Please think carefully about each question, and answer as well as you can. You can choose not to answer any of the questions.

History of Animal Illness Since the Bat Festival:

1. A) At the time of the bat festival, did you have any animals as pets or livestock? (Yes, No, Don't know, Declined to answer)

If no, go to **Section B** on page 6

If yes, ask the following questions:

- B) Have any of the animals died since the festival? (Yes, No, Don't know, Declined to answer)
- C) Have any of the animals been sick since the festival? (Yes, No, Don't know, Declined to answer)
- D) During or since the bat festival, did any of your animals come in contact with bats – either by biting, scratching, or touching (Yes, No, Don't know, Declined to answer)
- E) If yes, please indicate which sort of the animals have been in contact with bats during or since the bat festival (Select all that apply?)

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Household ID#

Goats

Sheep

Cows

Pigs

Horses

Dogs

Cats

Chicken

Other (Specify "other" type of animal)

F) Now I/we are going to ask you more about the animals you had at the time of the festival and any sickness or death they've had since the festival.

Household ID#

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**Follow-up Form
(Convalescent Blood Draw Visit)**

- Since after the festival: 1-4 weeks ago (in the past 4 weeks)
- Since after the festival: 5-8 weeks ago (longer than 4 weeks ago)
- Don't know
- Declined to answer

12. A) During or since the bat festival, have you touched a live bat with your skin uncovered? (Yes, No, Don't know, Declined to answer)

B) If yes, when was the last time you touched a bat?

- During the festival
- Since after the festival: 1-4 weeks ago (in the past 4 weeks)
- Since after the festival: 5-8 weeks ago
- Don't know
- Declined to answer

13. A) During or since the bat festival, were you scratched by a bat, to your knowledge? (Yes, No, Don't know, Declined to answer)

B) If yes, when was the last time you were scratched by a bat?

- During the festival
- Since after the festival: 1-4 weeks ago (in the past 4 weeks)
- Since after the festival: 5-8 weeks ago
- Don't know
- Declined to answer

Household ID#

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**Follow-up Form
(Convalescent Blood Draw Visit)**

14. A) During or since the bat festival, were you bitten by a bat, to your knowledge? (Yes, No, Don't know, Declined to answer)

B) If yes, when was the last time you were bitten by a bat?

During the festival

Since after the festival: 1-4 weeks ago (in the past 4 weeks)

Since after the festival: 5-8 weeks ago

Don't know

Declined to answer

15. A) During or since the bat festival, did you prepare bat as food? (Yes, No, Don't know, Declined to answer)

B) If yes, when was the last time you prepared bat as food?

During the festival

Since after the festival: 1-4 weeks ago (in the past 4 weeks)

Since after the festival: 5-8 weeks ago

Don't know

Declined to answer

16. A) During or since the bat festival, did you eat bat? (Yes, No, Don't know, Declined to answer)

B) If yes, when was the last time you ate bat?

During the festival

Since after the festival: 1-4 weeks ago (in the past 4 weeks)

Since after the festival: 5-8 weeks ago

Don't know

Declined to answer

17. What kinds of bats do you most frequently observe or have had contact with? (Note to interviewer: Read all but last two options to participant.)

Fruit-eating bats

Multiple types

Insect-eating bats

Other (specify)

Vampire bats

Don't know

Household ID#

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**Follow-up Form
(Convalescent Blood Draw Visit)**

Declined to answer

Household ID#

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**Follow-up Form
(Convalescent Blood Draw Visit)**

Respondent History of Illness Since Bat Festival:

18. A) Since the bat festival, have you felt sick at any time? Yes, No
B) If yes, did you go for help when you felt sick? (Y=1, N=2, Declined=99)
If yes: ask the following questions:
a) Where did you go? (nearby clinic, state hospital, private hospital/clinic, pharmacy/chemist, traditional healer, other: (specify))
b) What did the doctor/healer/chemist say was wrong? (list all, unsure=3, declined=99)
c) Did you stay at the hospital for treatment? (Y=1, N=2, declined=99)
d) If yes, how many days were you in the hospital?
e) Did the doctor/healer/chemist prescribe any medication?
i) If yes, what medication/s: (list all, unsure=3, declined=99)
19. A) Since the bat festival, have you taken any medications?
B) If yes, what medication/s: (list all, unsure=3, declined=99)

**Follow-up Form
(Convalescent Blood Draw Visit)**

Weakness:				
Delayed/difficulty walking:				
Difficulty swallowing:				
Difficulty speaking:				
Difficulty hearing:				
Difficulty seeing:				
Excessive fear/anxiety				
Seizures				
Strokes or convulsions:				
Fainting or loss of consciousness:				
Other symptoms:				
symptom 1, by _____				
symptom 2, by _____				

21. A) Since the last time we talked to you around 2 months ago, have you received rabies vaccination? Yes, No

B) If yes, when were you given your last rabies vaccination?"

Those are all the questions I have for you. Thank you very much for your time and cooperation. We or personnel of the state Ministry of Health may need to contact you again if the survey is found to be incomplete. Results of this study will be reported to Ministry of Health representatives in your area.

Questionnaire used in a follow-up survey of bat exposures — Idanre, Nigeria, 2013

Date of Follow-up:

D	D	M	M	Y	Y	Y	Y

Household ID Number:

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(autofill)

Interviewer Name: First Name, First Family name, Second Family name

1. Municipality: autofill
2. Community: autofill
3. GPS Coordinates: autofill

Section A

[Section A. Administer to the person originally consented to the main responder of the study. If not available, ask if another adult (18 years and older) is available]

Hello. My name is _____ and I am working with the <insert appropriate agency affiliation>.

Mr./Mrs. (*name of person originally consented to the study*) participated in a survey in Feb/March of this year; is (*he/she*) in the house and available to participate in a follow-up survey at this time?

Household ID#

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If available, interviewer to confirm that consent was obtained for participation in the Feb/March survey (Yes, No)

If not available, ask if another adult who participate in the original study is available to answer follow-up questions.

Last (Feb/March) (*you or name of person originally consented to the study*) agreed to participate in a survey to improve our understanding of the knowledge, attitudes, and practices of people in Idanre local government of Ondo State, who come in close contact with bats or places where bats live, like caves. We are here today to ask for a few more minutes of your time, around 20 minutes, to follow-up on your responses about any animals you've kept as pets or livestock since the festival, exposures to bats since the festival, and about your health since the bat festival. Your answers to the questions are completely voluntary and will be kept confidential. Do you have time now? (If NO, "Thank you for your time." Ask if there is another time that would be more convenient)

Just like for the first survey, you do not have to be in this follow-up survey. It is up to you. You do not have to answer any question or give blood if you do not want to.

Do you want to be in the follow-up part of the Nigeria Bats study? (Yes, No)

Name: _____

Signature: _____

Date: _____

Right Thumbprint (if not able to read/write): _____

Please think carefully about each question, and answer as well as you can. You can choose not to answer any of the questions.

History of Animal Illness Since the Bat Festival:

1. A) At the time of the bat festival, did you have any animals as pets or livestock? (Yes, No, Don't know, Declined to answer)

If no, go to **Section B** on page 6

Household ID#

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If yes, ask the following questions:

- B) Have any of the animals died since the festival? (Yes, No, Don't know, Declined to answer)
- C) Have any of the animals been sick since the festival? (Yes, No, Don't know, Declined to answer)
- D) During or since the bat festival, did any of your animals come in contact with bats – either by biting, scratching, or touching (Yes, No, Don't know, Declined to answer)
- E) If yes, please indicate which sort of the animals have been in contact with bats during or since the bat festival (Select all that apply?)
 - Goats
 - Dogs
 - Sheep
 - Cats
 - Cows
 - Chicken
 - Pigs
 - Other (Specify "other" type of animal)
 - Horses
- F) Now I/we are going to ask you more about the animals you had at the time of the festival and any sickness or death they've had since the festival.

Household ID#

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**Follow-up Form
(Convalescent Blood Draw Visit)**

Don't know

Declined to answer

Household ID#

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**Follow-up Form
(Convalescent Blood Draw Visit)**

14. A) During or since the bat festival, were you bitten by a bat, to your knowledge? (Yes, No, Don't know, Declined to answer)

B) If yes, when was the last time you were bitten by a bat?

During the festival

Since after the festival: 1-4 weeks ago (in the past 4 weeks)

Since after the festival: 5-8 weeks ago

Don't know

Declined to answer

15. A) During or since the bat festival, did you prepare bat as food? (Yes, No, Don't know, Declined to answer)

B) If yes, when was the last time you prepared bat as food?

During the festival

Since after the festival: 1-4 weeks ago (in the past 4 weeks)

Since after the festival: 5-8 weeks ago

Don't know

Declined to answer

16. A) During or since the bat festival, did you eat bat? (Yes, No, Don't know, Declined to answer)

B) If yes, when was the last time you ate bat?

During the festival

Since after the festival: 1-4 weeks ago (in the past 4 weeks)

Since after the festival: 5-8 weeks ago

Don't know

Household ID#

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**Follow-up Form
(Convalescent Blood Draw Visit)**

Declined to answer

17. What kinds of bats do you most frequently observe or have had contact with? (Note to interviewer: Read all but last two options to participant.)

Fruit-eating bats

Insect-eating bats

Vampire bats

Multiple types

Other (specify)

Don't know

Declined to answer

Household ID#

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**Follow-up Form
(Convalescent Blood Draw Visit)**

Respondent History of Illness Since Bat Festival:

18. A) Since the bat festival, have you felt sick at any time? Yes, No

B) If yes, did you go for help when you felt sick? (Y=1, N=2, Declined=99)

If yes: ask the following questions:

a) Where did you go? (nearby clinic, state hospital, private hospital/clinic, pharmacy/chemist, traditional healer, other: (specify))

b) What did the doctor/healer/chemist say was wrong? (list all, unsure=3, declined=99)

c) Did you stay at the hospital for treatment? (Y=1, N=2, declined=99)

d) If yes, how many days were you in the hospital?

e) Did the doctor/healer/chemist prescribe any medication?

i) If yes, what medication/s: (list all, unsure=3, declined=99)

19. A) Since the bat festival, have you taken any medications?

B) If yes, what medication/s: (list all, unsure=3, declined=99)

Household ID#

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**Follow-up Form
(Convalescent Blood Draw Visit)**

Chest pain:				
Muscle aches:				
Joint pain:				
Very tired/weak:				
Headache:				
Rash: Site_____				
Bleeding from gums or mouth				
HISTORY OF ILLNESS	Have you had "<i>name specific symptom</i>" (Yes = 1, No= 2, unsure= 3, declined =99)	How many days ago did it start? (if started today: code=00, NA=88, declined =99)	How many days did the symptom last? (if continuing until today, count current day as 1; NA= 88, declined=99)	Did you have this symptom before or during the bat festival? (Yes=1, No=2, unsure=3, NA=88, declined=99)
Blood spots in eyes (sclera) or on skin				
Stiff neck:				
Unbalanced/difficulty walking:				
Difficulty swallowing:				
Difficulty speaking:				
Difficulty hearing:				
Difficulty seeing:				

Household ID#

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