

ENHANCED SURVEILLANCE QUESTIONNAIRE FOR DETECTION OF HUMAN CASES ON A(H5N1) -INFECTED FARMS

This questionnaire is intended to provide a basis for enhanced investigation. Please modify according to provincial data standards (e.g. demographic questions), and add or remove questions depending on specific exposures / circumstances / feasibility.

Investigator information

Name:

Contact information:

Interview date:

Participant information

(Person participating in farm investigation or their proxy on their behalf)

Last Name:

First Name:

Preferred First Name (if different):

Usual residential address:

City: **Province/Territory:**

Postal Code:

Phone number:

Date of Birth (DD-MM-YYYY):

Occupation (if applicable):

Current Employer (if applicable):

Please describe your relationship to this farm investigation (check all that apply):

- ☐ I am the farm owner/producer
- ☐ I am the farm manager
- ☐ I live on the farm premises
- ☐ I work on the farm
- ☐ I am the farm veterinarian
- ☐ I transport materials to and from the farm
- ☐ I am a visitor to the farm (within past 14 days) specify date(s) of visit: _____
- ☐ Other, please specify _____

Please specify what animals you have contact with on this farm:

- ☐ I have contact at least one type of farm animal on the premises (specify) _____
- ☐ I don't have contact with any farm animals on the premises
- ☐ I have contact with other domestic animals that live on this farm (e.g., dogs, cats, service animals, etc.)
- ☐ Other, please specify _____

Are you part of the Seasonal Agricultural Worker Program or the Temporary Foreign Worker Program?

- ☐ Yes
- ☐ No
- ☐ Unknown / prefer not to answer

Is respondent a proxy (person transcribing or completing questionnaire on behalf of someone else)?

- ☐ No
- ☐ Yes (complete information below):

Last name of proxy:

First name of proxy:

Relationship to participant:

Phone number of proxy:

Demographic information

Note to partners: Please change demographic questions as needed to align with provincial data standards and systems.

What is the sex you were assigned at birth?

(A set of biological attributes in humans and animals assigned at birth. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy):

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ Prefer not to answer

What is your gender?

(Refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people):

- ☐ Male
- ☐ Female
- ☐ Another gender
- ☐ Unknown / Prefer not to answer

With which race or population group do you most closely identify?

- ☐ Black (e.g. African, African Canadian, Afro-Caribbean descent)
- ☐ East/Asian (e.g. Chinese, Korean, Japanese, Taiwanese descent)
- ☐ Latino (e.g. Latin American, Hispanic descent)
- ☐ Middle Eastern (e.g. Arab, Persian, West Asian descent –e.g. Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)
- ☐ Indigenous (e.g. First Nations, Métis, Inuit)
- ☐ South Asian (Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan)
- ☐ Southeast Asian (e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)
- ☐ White (e.g. European descent)
- ☐ Other, specify:
- ☐ Prefer not to answer
- ☐ Unknown

Do you identify as First Nations, Inuk/Inuit and/or Metis?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

If yes please answer the next two questions. If no, please skip to Signs and Symptoms.

Please indicate which Indigenous identity you identify as:

- ☐ First Nations
- ☐ Inuk/Inuit
- ☐ Métis (includes member of a Métis organization or Settlement)
- ☐ Other Indigenous, specify:
- ☐ Prefer not to answer

Do you reside on a First Nations Community (on-reserve or Crown land) or Inuit Community most of the time?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

General signs and symptoms

Sign/symptom information from *PHAC: Avian influenza A (H5N1) Symptoms and treatment* and cross referenced with AI CCM guidance document

Have you had any of the following signs/symptoms (that were new or unusual to you) in the past 14 days?

Fourteen days selected based on PCR positivity window and to more accurately capture historical exposure in case of antibody detection at Day 21 without positive PCR

General signs/symptoms:

- ☐ feverish/chills (temp not taken)
- ☐ measured temperature $\geq 38^{\circ}$
- ☐ fatigue
- ☐ muscle pain
- ☐ joint pain
- ☐ headache

Date of onset (DD-MM-YYYY): _____
Date of onset (DD-MM-YYYY): _____
Date of onset (DD-MM-YYYY): _____
Date of onset (DD-MM-YYYY): _____
Date of onset (DD-MM-YYYY): _____
Date of onset (DD-MM-YYYY): _____

Respiratory symptoms:

- ☐ cough
- ☐ sore throat
- ☐ runny nose
- ☐ shortness of breath or difficulty breathing

Date of onset (DD-MM-YYYY): _____
Date of onset (DD-MM-YYYY): _____
Date of onset (DD-MM-YYYY): _____
Date of onset (DD-MM-YYYY): _____

Conjunctivitis:

- ☐ red or watery eyes
- ☐ discharge from the eyes

Date of onset (DD-MM-YYYY): _____
Date of onset (DD-MM-YYYY): _____

GI Symptoms:

- ☐ diarrhea
- ☐ vomiting
- ☐ nausea

Date of onset (DD-MM-YYYY): _____
Date of onset (DD-MM-YYYY): _____
Date of onset (DD-MM-YYYY): _____

Complications / Other symptoms:

- ☐ seizures
- ☐ other sign/symptom _____

Date of onset (DD-MM-YYYY): _____
Date of onset (DD-MM-YYYY): _____

Pre-existing conditions or risk factors

Do you have any of the following pre-existing conditions?

Cardiac Disease (e.g. heart disease)

- ☐ Yes. Please specify: _____
☐ No

Hepatic Disease (e.g. Hepatitis, Fatty Liver Disease)

- ☐ Yes. Please specify: _____
☐ No

Metabolic Disease (e.g. Diabetes, Obesity)

- ☐ Yes. Please specify: _____
☐ No

Renal Disease (e.g. Chronic Kidney Disease)

- ☐ Yes. Please specify: _____
☐ No

Respiratory Disease (e.g., Asthma, Emphysema, Chronic bronchitis, Tuberculosis)

- ☐ Yes. Please specify: _____
☐ No

Neurologic Disorder (e.g. Neuromuscular Disorder, Epilepsy)

- ☐ Yes. Please specify: _____
☐ No

Immunodeficiency Disease / Condition (e.g. HIV – specify if treated or not, blood cancer)

- ☐ Yes. Please specify: _____
☐ No

Hemoglobinopathy/Anemia (problems with red blood cell hemoglobin / low red blood cells causing tiredness)

- ☐ Yes. Please specify: _____
☐ No

Immunosuppressive medications (e.g. corticosteroids, anti-TNF, cancer treatment)

- ☐ Yes. Please specify: _____
☐ No

Tobacco or cannabis products

- ☐ Yes. Approximate amount per day: _____
☐ No

Alcohol Use

- ☐ Yes. Approximate # drinks per day _____
☐ No

Injection Drug Use

- ☐ Yes. Please specify: _____
☐ No

Other Substance Use

- ☐ Yes. Please specify: _____
☐ No

Malignancy (Cancer)

- ☐ Yes. Please specify: _____
☐ No

Pregnancy

- ☐ Yes. Please specify number of weeks pregnant: _____
☐ No

Postpartum (≤ 6 weeks)

- ☐ Yes
☐ No

Lactating, breast/chest feeding or expressing milk?

- ☐ Yes
☐ No

Other chronic condition or risk factor:

- ☐ Yes. Please specify: _____
- ☐ No

Have you received an influenza vaccination (flu shot or nasal spray) anytime between last October and the present date?

- ☐ Yes. Specify month and year of last vaccination (MM-YYYY): _____
- ☐ No
- ☐ Unknown

Are you currently taking an antiviral (e.g. prophylaxis) as a result of being on the farm or potentially exposed to an infected animal?

- ☐ Yes. Specify date began taking antiviral (DD-MM-YYYY): _____
- ☐ No
- ☐ Unknown

On-farm exposure to A(H5N1)

Please complete Sections A to C by identifying all known exposures to animals **on this farm:**

Section A: Exposure to poultry

In the past 14 days, did you have any direct contact (touching or handling) or indirect contact (working or visiting an area where animals were present) with poultry and/or poultry products (e.g. meat, eggs) and/or byproducts (e.g. bones, flesh, feathers, blood, feed, bedding, manure)?

- ☐ Yes
☐ No
☐ Unknown/unsure

If yes, please complete questions below.

If no or unknown/unsure, please skip to Section B.

In the past 14 days, have you done any of the following with poultry:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
Caught poultry/loaded poultry into crates?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following with poultry:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
Cleaned poultry barn, enclosure, cage, trailer or other area where animal was housed or transported?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Fed/watered poultry?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Vaccinated or medicated poultry?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following with poultry:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Slaughtered, butchered or euthanized poultry?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Loaded or offloaded or otherwise handled dead poultry?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Incinerated and/or composted poultry?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following with poultry:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Rendered poultry?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Collected eggs at a poultry farm?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Been involved in the treatment of sick poultry?	Yes No Unsure	<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following with poultry:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Handled dead poultry?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Come within 2 meters of poultry for any other reason than listed above? Specify: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1)infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Touch poultry for any other reason than listed above? Specify: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following with poultry:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

Additionally, did you do any of the following:

Consume raw or undercooked products from poultry (meat, eggs, blood, other product)?

- ☐ Yes
☐ No
☐ Unknown/unsure

If yes: _____ (type of product)

Was the animal:

- ☐ Healthy
☐ Sick/Dead
☐ A(H5N1) positive

In the past 14 days, have you experienced any breaches in PPE (e.g. noticed gaps, tears, holes in PPE worn, slipped off face/ hands, used PPE that was incorrectly fitted, etc.) , if worn?

- ☐ Yes
☐ No
☐ Unknown/unsure

If yes, describe: _____

Section B: Exposure to dairy cattle, beef cattle or calves

In the past 14 days, did you have any direct contact (touching or handling) or indirect contact (working or visiting an area where animals were present) with cattle, or calves and/or their products (e.g. milk, meat) and/or their byproducts (e.g. bones, flesh, hides, blood, feed, bedding, urine, manure)?

- ☐ Yes
☐ No
☐ Unknown/unsure

If yes, please complete questions below.

If no or unknown/unsure, please skip to Section C

*****In the section below, please include cattle with decreased feed intake, altered fecal consistency, respiratory distress, decreased milk production, abnormal milk or any illness signs as “sick/unwell” animals*****

In the past 14 days, have you done any of the following involving cattle or calves:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
Loaded cattle/calves onto, or off a vehicle	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following involving cattle or calves:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
Cleaned cattle, calf barn, stalls, trailer or other area where animal was housed or transported	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Fed/watered cattle/calves?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Assisted calving cow or contact with a new calf (e.g. to confirm health, feed colostrum, etc.?)	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following involving cattle or calves:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Slaughtered or euthanized cattle/calves	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Worked in or visited a milking parlor or other place where milking was actively taking place?	Yes No Unsure	Was milk from: <input type="checkbox"/> Healthy cows <input type="checkbox"/> Sick cows <input type="checkbox"/> A(H5N1)-infected cows	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Used, cleaned or touched milking machinery/equipment?	Yes No Unsure	Was milk from: <input type="checkbox"/> Healthy cows <input type="checkbox"/> Sick cows <input type="checkbox"/> A(H5N1)-infected cows	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following involving cattle or calves:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask /respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
Transported unprocessed/unpasteurized milk/dairy product?	Yes No Unsure	Was milk from: <input type="checkbox"/> Healthy cows <input type="checkbox"/> Sick cows <input type="checkbox"/> A(H5N1)-infected cows	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Cleaned a milking parlour or other place where milking occurred?	Yes No Unsure	Was milk from: <input type="checkbox"/> Healthy cows <input type="checkbox"/> Sick cows <input type="checkbox"/> A(H5N1)-infected cows	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Conducted forestripping (expressed milk from animal teat by hand)?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Handle dead cattle/calves?	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following involving cattle or calves:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask /respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
Butchered meat from cattle/calf?		<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Been involved in the treatment of sick cattle/calves?	Yes No Unsure	<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-Infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Come within 2 metres of cattle/calf for any other reason than listed above? Specify:_____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following involving cattle or calves:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask /respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Vaccinated or medicated cattle/calf	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Artificial insemination of a cow	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Hoof trimming on cattle/calf	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following involving cattle or calves:	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask /respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Touched cattle/calf for any other reason than listed above? Specify: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

Additionally, did you do any of the following:

Splatter milk and/or other bodily fluids from cattle into the air or onto your body?

- ☐ Yes
- ☐ No
- ☐ Unknown/unsure

If yes where:

- ☐ Eyes
- ☐ Nose
- ☐ Mouth
- ☐ Ears
- ☐ Skin
- ☐ Did not touch body

Was the animal:

- ☐ Healthy
- ☐ Sick/Dead
- ☐ A(H5N1) infected
- ☐ Don't know

Consumed raw or undercooked meat/organs from dairy/beef cattle or calves?

- ☐ Yes
- ☐ No
- ☐ Unknown/unsure

If yes, type of product: _____

Was the animal:

- ☐ Healthy
- ☐ Sick/Dead
- ☐ A(H5N1) infected
- ☐ Don't know

Consumed unpasteurized milk from a cow?

- ☐ Yes
- ☐ No
- ☐ Unknown/unsure

If yes, type of product: _____

Was the animal:

- ☐ Healthy
- ☐ Sick/Dead
- ☐ A(H5N1) infected
- ☐ Don't know

In the past 14 days, have you experienced any breaches in PPE (e.g. noticed gaps, tears, holes in PPE worn, slipped off face/hands, used PPE that was incorrectly fitted, etc.) , if worn?

- ☐ Yes
- ☐ No
- ☐ Unknown/unsure

If yes, describe: _____

Section C: Exposure to domestic animals or wild animals on the farm

If you interacted with any other domestic animals on the farm, including other farmed animals (e.g. pigs, goats) or companion animals (e.g. dogs, barn cats), or wild animals within the past 14 days, please complete this section. If not, please skip to #7.

In the past 14 days, did you have any direct contact (touching or handling) or indirect contact (working or visiting an area where animals were present) with any other animals on the farm, including domestic animals or wild animals?

- ☐ Yes
☐ No
☐ Unknown/unsure

If yes, please complete questions below. If no or unknown/unsure, please skip to next section

In the past 14 days, have you done any of the following with <u>other animals</u> :	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
Loaded animal onto, or off, a vehicle Specify animal: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Cleaned animal barn, stall, cage, trailer or other area where animal was housed or transported Specify animal: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following with <u>other animals</u> :	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Fed/watered animal? Specify animal: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Slaughtered or euthanized animal? Specify animal: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following with <u>other animals</u> :	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
Assisted in birthing of an animal ? Specify animal: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Handled dead animal? Specify animal: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Incinerated animal? Specify animal: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following with <u>other animals</u> :	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Butchered meat from animal? Specify animal: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Been involved in the treatment of sick animals? Specify animal: _____	Yes No Unsure	<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	<u>Never</u> <u>Sometimes</u> <u>Always</u>	<u>Never</u> <u>Sometimes</u> <u>Always</u>	<u>Never</u> <u>Sometimes</u> <u>Always</u>
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	<u>Never</u> <u>Sometimes</u> <u>Always</u>	<u>Never</u> <u>Sometimes</u> <u>Always</u>	<u>Never</u> <u>Sometimes</u> <u>Always</u>
Come within 2 metres of an animal for any other reason than listed above? Specify reason and animal: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

In the past 14 days, have you done any of the following with <u>other animals</u> :	Circle One	Status of animal (complete all rows that apply for each activity)	How much contact in the past two weeks?	Did you wear gloves? (circle one)	Did you wear a mask/respirator? (circle one)	Did you wear a face shield/eye protection? (circle one)
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Have a pet that lives where you are housed? Specify animal: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
Touched animal(s) for any other reason than listed above? Specify reason and animal: _____	Yes No Unsure	<input type="checkbox"/> Healthy	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Sick/unwell (with no known A(H5N1) infection)	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> Dead	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always
		<input type="checkbox"/> A(H5N1)-infected	_____ hours/min (circle one)	Never Sometimes Always	Never Sometimes Always	Never Sometimes Always

Additionally, did you do any of the following:

Consumed raw, undercooked or unpasteurized products from an animal on the farm?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes: Specify type of product: _____

If yes: Specify animal(s) (include domestic, wild and farm animals): _____

Was the animal:

- ☐ Healthy
- ☐ Sick/Dead
- ☐ A(H5N1) positive

In the past 14 days, have you experienced any breaches in PPE (e.g. noticed gaps, tears, holes in PPE worn, slipped off face/hands, used PPE that was incorrectly fitted), if worn?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, describe: _____

Other possible exposure to A(H5N1)

Have you ever worked with wildlife or domestic/farm animals at another place/location outside of the one you are currently working in?

- ☐ Yes
- ☐ No

If yes, please list all places you have worked:

<i>Country</i>	<i>Municipality</i>	<i>Year</i>	<i>Type of animal/activity</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To the best of your knowledge, have you ever been exposed to A(H5N1)/bird flu/avian influenza in the past?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, please indicate date of exposure (DD-MM-YYYY) _____

Details of exposure _____

In the past 14 days, have you done any of the following:

Travelled outside of your province/territory of residence/employment or outside of Canada?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, dates of travel: From:(DD-MM-YYYY): _____ To (DD-MM-YYYY): _____

Country/City Visited: _____

Name and address of hotel or residence: _____

Visited another farm / worked with animals on another farm?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, date of last exposure (DD-MM-YYYY): _____

If yes, type of animal(s) exposed to: _____

Attended agricultural exhibitions, fairs, petting zoos or other gatherings where people and livestock were present?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, date of event (DD-MM-YYYY): _____

Attended a gathering with other farm workers outside of work?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, date of gathering (DD-MM-YY): _____

Visited/volunteered/worked in a veterinary clinic / animal care / wildlife rehabilitation facility?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, date of visit (DD-MM-YYYY): _____

Past contact with positive case or symptomatic person

In the past 14 days, have you been in close contact (within 6 ft/2 m) with any person who tested positive for A(H5N1)?

- ☐ Yes. Specify dates from DD-MM-YYYY _____ to DD-MM-YYYY _____
Relationship to you: _____
- ☐ No
- ☐ Unknown

If yes, was PPE worn during this time?

- ☐ Always
- ☐ Sometimes
- ☐ Never

If yes, were any of these people members of your household?

- ☐ Yes
- ☐ No
- ☐ Unknown

In the past 14 days, have you been in close contact (within 6 ft/2 m) with any person who has/had any of the following signs/symptoms:

Measured temperature $\geq 38^{\circ}$, feverish/chills, fatigue, muscle pain, joint pain, headache, cough, sore throat, runny ~~n~~ose, shortness of breath, difficulty breathing, red or watery eyes, discharge from eyes, diarrhea, vomiting, nausea, seizures.

☐ Yes. Specify dates from DD-MM-YYYY _____ to DD-MM-YYYY _____
Relationship to you: _____

☐ No

☐ Unknown

If yes, were any people members of your household?

☐ Yes

☐ No

☐ Unknown