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|  | Original Date: |  |
| Dates Revised: |  |
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| Q Fever HEALTH HISTORY QUESTIONNAIRE |
| All questions contained in this questionnaire are strictly confidential and are part of a research project approved by the local ethics committee. |
| **Which part of Mackay Health District did you live in during episode of Q fever?**  |
| 🞎 Mackay 🞎 Proserpine 🞎Bowen 🞎Moranbah 🞎Dyshart 🞎Sarina 🞎NeboPostcode: …………Do you classify yourself as Australian Aboriginal and/or Torres Strait Islander? 🞎 Yes 🞎 NoAre you a 🞎 Male 🞎 Female 🞎 UnspecifiedHow old are you? \_\_\_\_\_\_\_\_\_\_ years |
| PERSONAL HEALTH HISTORY |
|  |
| List any medical problems that doctors have diagnosed you with. Please date the year of diagnosis if possible. |
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| Surgeries |
| Year | Reason | Hospital |
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|  |  |  |
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| Other hospitalizations |
| Year | Reason | Hospital |
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| Please turn to next page |

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| Were you ever diagnosed with Q fever YES NO (If YES, please answer questions below) |
| Which year were you diagnosed? |  |  |
| Which season were you diagnosed? |  |  |
| At what age were you diagnosed? |  |  |
| Were you pregnant at time of diagnosis? |  |  |
| Did you travel around the time prior to the symptoms and diagnosis? Where did you travel? |  |  |
| Exposure Risks |
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| All questions contained in this questionnaire are optional and will be kept strictly confidential. |
| How large is your property | 🞎 greater than 5,000 squared metres |
| 🞎 less than 5,000 squared metres but greater than 1,000 squared metres |
| 🞎 less than 1,000 squared metres but greater than 500 squared metres |
| 🞎 less than 500 squared metres |
| Within the property | Do you have a fence around your property?How tall is the fence approximately? \_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  🞎 | Yes | 🞎 | No |
| Have you seen marsupials (kangaroos and wallabies) within your property/backyard/front yard?  | 🞎 | Yes | 🞎 | No |
| Have you seen possums within your property/backyard/front yard? 🞎 Yes 🞎 No |
|  | Have you sen possums within your property/backyard/front yard? 🞎 Yes 🞎 No |
|  | Did your property contain any sheep? 🞎 Yes 🞎 No |
|  | Did your property contain any cattle? 🞎 Yes 🞎 No |
|  | Was your property located near the cane farms 🞎 Yes 🞎 No |
| What was your occupation prior/during to the episode of Q fever? | 🞎 Vet | 🞎 Cattle farmer | 🞎 Cane farmer | 🞎 Pathology lab worker 🞎 Sheep shearer 🞎 Wildlife carer |
| If other please specify ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Were you in contact with any of these animals, or their litter just prior to the illness?** | 🞎 Wallabies/kangaroos 🞎 Cattle 🞎 Horses 🞎Sheep 🞎Possums 🞎BandicootsIf other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Tick any or multiple) |
| **How much time do you spend gardening? (if any)** |  |
| **How much time do you spend mowing the lawn? (if any)** |  |
| **How much time do you spend in your paddock? (if any)** |  |
| Alcohol | Do you drink alcohol? | 🞎 | Yes | 🞎 | No |
| If yes, what kind?  |
| How many drinks per week and how many years have you been drinking for? |
| Tobacco | Do you use tobacco?How many cigarettes per day..................... | 🞎 | Yes | 🞎 | No |
| No of years of smoking |  |
| Drugs | Do you currently use recreational or street drugs? | 🞎 | Yes | 🞎 | No |
| Have you ever given yourself street drugs with a needle? | 🞎 | Yes | 🞎 | No |
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**Have you ever been diagnosed with chronic Q fever?** 🞎 Yes 🞎 No

**If you have been diagnosed with chronic Q fever, how did it affect you?**

🞎 Endocarditis (affects the heart) 🞎 Hepatitis (affects the liver) 🞎Meningitis (affects the brain)

🞎 Aortic aneurysms (bulge in aorta ) 🞎Osteomyelitis (infection of bone)

🞎Other (please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**What was/is your treatment for acute Q fever?**

🞎 Doxycycline 🞎 Co-trimaxole 🞎Ciprofloxacin 🞎 Hydroxychloroquine

**What was/is your treatment for chronic Q fever?**

🞎 Doxycycline 🞎 Co-trimaxole 🞎Ciprofloxacin 🞎 Hydroxychloroquine 🞎doxycycline + hydroxychloroquine

**How long were you on treatment for? Acute: ………………….. Chronic: ………………………..**

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| **🞎 I consent to the information provided in this questionnaire to be used in medical research provided it is de-identified and no part of my personal information is known as a result of it.** |  |

Signature: …………………………………………….. Date: ­­­\_\_\_ /\_\_\_ /\_\_\_\_