

## **Supporting Information**

### **Q fever: how common is it, who is at risk, and what does this mean for blood transfusion safety? Donor questionnaire**

**This appendix was part of the submitted manuscript and has been peer reviewed.  
It is posted as supplied by the authors.**

Appendix to: Gidding HF, Faddy HM, Durrheim DN, et al. Seroprevalence of Q fever among metropolitan and non-metropolitan blood donors in New South Wales and Queensland, 2014–2015. *Med J Aust* 2019; doi: 10.5694/mja2.13004.

**Q fever: how common is it, who is at risk, and what does this mean for  
blood transfusion safety? Donor questionnaire**

Date \_\_\_\_\_

Study number \_\_\_\_\_

*Attach label here*

1. Your age in years \_\_\_\_\_

2. Your gender  Male  Female

3. Your current home postcode \_\_\_\_\_

4. Were you born in a country other than Australia or have you lived in another country for longer than 3 months? Yes  No

*If YES, please specify the country \_\_\_\_\_  
(list all if more than one)*

5. Have you **EVER LIVED** ...

In a rural/country area (a locality with a population of fewer than 100,000 people, approximately) for longer than 3 months Yes  No

On a farm that has sheep, cattle or goats Yes  No

On a farm that grows crops commercially (e.g. vegetables, grain, fruit) Yes  No

On a property that adjoined native bushland (e.g. national park, reserve) Yes  No

6. Have you **EVER WORKED**...

At an abattoir Yes  No

With sheep, cattle or goats or transported these animals Yes  No

With animals other than sheep, cattle or goats Yes  No

7. Have you **EVER** ...

Consumed unpasteurised milk or milk products (e.g. unpasteurised cheese) Yes  No  Unsure

Assisted or been present at the birth of a live or dead animal Yes  No  Unsure   
*If yes, specify type(s) of animals*

Been involved in shooting/hunting/preparing hunted animals (excluding fish) Yes  No  Unsure

Handled animal manure/animal fertiliser (e.g. in the garden) Yes  No  Unsure

8. Please indicate your **HIGHEST** level of direct contact (ie touching) with any of the following **AT ANY TIME DURING YOUR LIFE:**

Frequency	Most days a week	A few days a week	Occasionally (at least 6 times a year)	Rarely (up to 5 times a year)	Never any contact
Pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheep, cattle, goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feral animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other animal 1 specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other animal 2 specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pond water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate your smoking status (tick only one)

- Current smoker
- Previous smoker
- Never a smoker

10. Before today, had you heard of a disease called Q fever? Yes  No

11. Have you ever been told by your doctor you had Q fever? Yes  No

*If yes, what year did you have Q fever diagnosed (please estimate if unsure)? \_\_\_\_\_*

12. Did you know there was a vaccine against Q fever? (recommended for people at risk) Yes  No

13. Which of the following best describes your **Q fever** vaccination status?

I have been vaccinated

*In what year did you receive your Q fever vaccine (please estimate if unsure)? \_\_\_\_\_*

I have NOT been vaccinated

I cannot recall if I have been vaccinated

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE. YOUR PARTICIPATION IS APPRECIATED.**