This form supplements the following article:

Challenges in using serological methods to explore historical transmission risk of Chlamydia psittaci in a workforce with high exposure to equine chlamydiosis - Belinda Jones (https://doi.org/10.33321/cdi.2019.43.65)

Pre-foaling season Questionnaire

Please complete the survey below. This survey should take 10-15 minutes to complete.

Thank you.

Occupation

- ◯ Foaling manager
- ◯ Foaling staff
- ◯ Veterinary nurse
- ◯ Veterinarian
- ◯ Other

Please specify

Have you worked with broodmares before?

◯ Yes ◯ No

What regions have you worked in?
(if Australia, specify state/territory/region, if overseas, specify country)

- ☐ Australian Capital Territory
- ☐ New South Wales
- ☐ Northern Territory
- ☐ Queensland
- ☐ South Australia
- ☐ Tasmania
- ☐ Victoria
- ☐ Western Australia
- ☐ Overseas

Region in Queensland

Region in New South Wales

Region in Victoria

Region in South Australia

Region in the Australian Capital Territory

Region in Western Australia

Region in the Northern Territory

Region in Tasmania

Country/countries

Number of foaling seasons

(If you have worked two foaling seasons in one year (eg. in Australia and overseas) please count these separately as 2 foaling seasons.)

Bird Exposures

The following questions relate to any contact you may have had with birds over the past 3 months.

In the past 3 months have you directly handled any birds? ◯

Yes ◯ No ◯ Unsure

Please specify the type of bird

☐ Pet bird ☐ Wild bird ☐ Poultry ☐ Unsure

In the past 3 months have you hand fed any birds?

◯ Yes ◯ No ◯ Unsure

Please specify the type of bird

☐ Pet bird ☐ Wild bird ☐ Poultry ☐ Unsure

In the past 3 months have you had contact with a sick or dead bird?

◯ Yes ◯ No ◯ Unsure

Please specify the type of bird

☐ Pet bird ☐ Wild bird ☐ Poultry ☐ Unsure

In the past 3 months have you cleaned a bird feeder or bird bath?

◯ Yes ◯ No ◯ Unsure

In the past 3 months have you mowed the lawn at a stud farm?

◯ Yes ◯ No ◯ Unsure

Was a grass catcher or face mask used?

◯ Yes ◯ No ◯ Unsure

In the past 3 months have you mowed the lawn at a residential property?

◯ Yes ◯ No ◯ Unsure

Was a grass catcher or face mask used?

◯ Yes ◯ No ◯ Unsure

Is there any other additional information you would like to add?

Previous exposure to Chlamydia psittaci

The following questions relate to previous exposure you may have had to Chlamydia psittaci at any time in the past.

Have you ever been exposed to horses or aborted equine material that were later confirmed to be infected with Chlamydia psittaci?

◯ Yes ◯ No ◯ Unsure

Please specify the date of contact (month/year)
(e.g. June 2016)

Please specify the type of contact

- ☐ Foaling a mare
- ☐ Providing care to critically unwell foal
- ☐ Manipulated a critically unwell foal
- ☐ Flushing of a mare
- ☐ Handling a placenta
- ☐ Conducting a post-mortem
- ☐ Cleaning up or disposal of infected materials
- ☐ Other

If other, please specify

Have you ever been diagnosed with psittacosis?

◯ Yes ◯ No ◯ Unsure

Date of diagnosis (month/year)

(e.g. June 2016)

Who made the diagnosis?

☐ General practitioner ☐ Emergency department or hospital admission ☐ Other

Please specify

How was the diagnosis made?

☐ Doctor diagnosed based on symptoms ☐ Blood test ☐ Throat swab (PCR) test ☐ Other

Please specify

Have you had any unexplained severe respiratory illnesses requiring antibiotic treatment during a previous foaling season?

◯ Yes ◯ No ◯ Unsure

How many times?

When (month/year)?

(e.g. June 2016)

What was the diagnosis (es)?

Is there any other additional information you would like to add about possible previous exposures to Chlamydia psittaci?

Symptoms of illness

The following questions relate to any symptoms of illness you may have experienced in the last 3 months.

In the last 3 months have you had a diagnosis of pneumonia made by a doctor?

◯ Yes ◯ No ◯ Unsure

When were you diagnosed (month/year)?
(e.g. June 2016)

If known, what was the cause of your pneumonia?

What treatment did you receive?

☐ No treatment ☐ Antibiotics ☐ Hospital admission

In the last 3 months have you had a flu-like illness (cough and fever) that made you take time off from work?

◯ Yes ◯ No ◯ Unsure

What symptoms did you have (tick all that apply)?

☐ Fever
☐ Cough
☐ Shortness of breath
☐ Muscle aches
☐ Headache
☐ Chills

How long did your symptoms last (days)?

Did you see a doctor?

◯ Yes ◯ No ◯ Unsure

Were blood tests or swabs taken to make the diagnosis?

◯ Yes ◯ No ◯ Unsure

What was the diagnosis?

What treatment did you receive?

☐ No treatment ☐ Antibiotics ☐ Hospital admission

Is there any other additional information you would like to add?