ZOONOSES QUESTIONNAIRE BASELINE

Employee Name: _____ **SSN (last 4):** _____

Date of Birth: _____ ☐ **Male** ☐ **Female** ☐ **Pregnant?**

Service: _____ **Job Title:** _____

Phone: _____ **Email:** _____

Routing: _____ **Building/Room #:** _____

Supervisor Name: _____ **Supervisor Phone:** _____

1. **Animal contact within the Minneapolis VAMC (check all that apply):**

   ☐ Rodents (i.e., rats, mice) ☐ Pigs ☐ Sheep

   ☐ Rabbits ☐ Guinea Pigs ☐ Goats

   ☐ Other (list all): _____

   ☐ Only incidental contact with potentially all animals for housekeeping/audits/inspections

2. **Total amount of contact time with animals (include contact with animal tissues, waste, body fluids, carcasses, or animal quarters):**

   ☐ More than one hour / week ☐ One or less hour / week

   ☐ Other (explain): _____

3. **Does your work with animals involve any human or animal pathogens or infectious diseases?**

   ☐ Yes ☐ No

   If yes, please list pathogens or diseases:

4. **Are you receiving immunosuppressive therapy such as prednisone, steroids, or anti-cancer drugs?**

   ☐ Yes ☐ No

5. **How often do you wear Personal Protective Equipment when working with animals? Check the appropriate responses.**

PPE	Never	Rarely	Sometimes	Always
Gloves	☐	☐	☐	☐
Gown	☐	☐	☐	☐
Mask	☐	☐	☐	☐
Cap	☐	☐	☐	☐
Goggles/Glasses	☐	☐	☐	☐

6. **Do you smoke, eat or drink in the animal areas?** ☐ Yes ☐ No

7. **How often do you do the following after handling animals at work?**

	Never	Rarely	Sometimes	Always
Wash Hands	☐	☐	☐	☐
Change Clothing	☐	☐	☐	☐
Shower	☐	☐	☐	☐

8. **Do you have a history of the following conditions? Check those you have or have had.**

☐ Hay fever ☐ Asthma ☐ Allergic skin reactions ☐ Eczema

☐ Sinusitis ☐ Other chronic respiratory infections

9. **Has anyone in your family ever had hay fever, asthma, eczema or allergic skin problems?**

☐ Yes ☐ No

10. **Do you have any of the following symptoms/conditions after working with laboratory animals or their cages? Check those you have.**

☐ Sneezing spells ☐ Runny or stuffy nose ☐ Watery or itchy eyes

☐ Coughing, wheezing, or shortness of breath ☐ Skin rash or hives ☐ Difficulty swallowing

If yes to any of the above, which animals cause the above problems?

11. **How frequently are you bothered by the symptoms below?**

Symptoms	Never	Monthly	Weekly	Daily
Watery, itchy eyes	☐	☐	☐	☐
Runny or stuffy nose	☐	☐	☐	☐
Sneezing spells	☐	☐	☐	☐
Frequent dry cough	☐	☐	☐	☐
Wheezing in chest	☐	☐	☐	☐
Rash or hives	☐	☐	☐	☐
Shortness of breath	☐	☐	☐	☐
Trouble swallowing	☐	☐	☐	☐

12. **Do you have any house pets?** ☐ Yes ☐ No

If yes, what type of animals do you have?

13. **Do you have any symptoms with your pets?** ☐ Yes ☐ No

If yes, what type of symptoms do you have?

14. **Do you have a chronic respiratory disease?** ☐ Yes ☐ No

If yes, please explain:

15. **Have you ever had a hernia (rupture)?** ☐ Yes ☐ No

If yes, please explain:

16. **Have you ever had back trouble or pain that required treatment, surgery, or loss of time at work?**

☐ Yes ☐ No

If yes, please explain:

17. **Do you have any joint problems or any form of arthritis?** ☐ Yes ☐ No

If yes, please describe:

18. **Do you work with chemicals?** ☐ Yes ☐ No

If yes, do you have symptoms from the chemicals? ☐ Yes ☐ No

If yes, please describe:

19. Please note any other health history you consider significant:

20. Immunization / TB Screening History:

Vaccine/Test	Date	Side Effect	Other Reaction
Tetanus (most recent)			
Rabies series, initial			
Rabies booster			
Rabies booster			
Rabies immune globulin			
Hepatitis B series			
Other			
Chest X-ray			

_____ _____

Signature of Employee **Date**

_____

Interviewer Name

_____ _____

Signature of Interviewer **Date**