**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?