

**Appendix II: Questionnaire for data collection on genetic and human factors in  
*Campylobacter* study**

**Title of the study:** *"Molecular characterization of antimicrobial resistant Campylobacter strains from human and chicken feces in Musanze District"*

**Participant ID No:** \_\_\_\_\_

Section I:	Questions	Response
<b>Demographics information</b>	1. Age:	Years:
	2. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
	3. Occupation	<input type="checkbox"/> Student <input type="checkbox"/> Farmer <input type="checkbox"/> Health worker <input type="checkbox"/> Butcher <input type="checkbox"/> Poultry handler <input type="checkbox"/> Other (please specify)
<b>Section II: Medical history:</b>	1. Have you experienced any of the following symptoms in the past 7 days? (Check all that apply)	<input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Nausea or vomiting <input type="checkbox"/> Fever <input type="checkbox"/> Blood in stools <input type="checkbox"/> None
	2. Have you been diagnosed with any gastrointestinal diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:.....

	3. Have you recently taken any antibiotics (within the last 14 days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify the antibiotic and duration .....
<b>Section III: Dietary Habits:</b>	1. Do you consume chicken products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, go to next questions
	2. How often do you consume chicken products (e.g., chicken, eggs)?	<input type="checkbox"/> Daily <input type="checkbox"/> Several times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Less than once a week <input type="checkbox"/> Rarely
	3. How do you prefer your chicken cooked?	<input type="checkbox"/> Grilled <input type="checkbox"/> Fried <input type="checkbox"/> Boiled
<b>Section IV: Hygiene Practices</b>	1. How often do you wash your hands before eating or preparing food?	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never
	2. How do you usually handle raw chicken before cooking? (Check all that apply)	<input type="checkbox"/> Wash with water <input type="checkbox"/> Handle with bare hands <input type="checkbox"/> Wear gloves <input type="checkbox"/> Other (Please specify): .....

	3. Do you wash your utensils and cooking surfaces after handling raw chicken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section V: Water and Sanitation</b>	1. What is the main source of drinking water in your household?	<input type="checkbox"/> Tap water <input type="checkbox"/> Borehole water <input type="checkbox"/> River or lake water <input type="checkbox"/> Bottled water <input type="checkbox"/> other (please specify).....
	2. Do you treat drinking water before consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how?
	3. Do you have access to proper sanitation facilities (e.g., latrines, flush toilets)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Is there a separate area for handling or slaughtering poultry in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Do you practice proper waste disposal (e.g., waste is disposed of in designated bins or area )?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section VI: Contact with animals</b>	1. Do you have direct contact with chicken (e.g., handling, feeding, slaughtering)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	2. Do you live in close proximity to chicken farms ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Have you or anyone in your household experienced foodborne illness after handling chicken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Do you keep chickens in your household or compound?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section VII: milk consumption</b>	1. How often do you consume milk?	<input type="checkbox"/> Daily <input type="checkbox"/> Several times a week <input type="checkbox"/> Occasionally <input type="checkbox"/> never
	2. What is the main types of milk consumed in your household?	<input type="checkbox"/> Raw (unpasteurized) milk <input type="checkbox"/> Pasteurized milk <input type="checkbox"/> Boiled milk

**Laboratory Notes:**

General notes and observations:

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Campylobacter species identified: .....

**Determination of virulence factors**

Virulence gene factor	+Ve	-Ve	Other notes
<i>flaA</i>			
<i>cadF</i>			
<i>cdtA</i>			
<i>cdtB</i>			
<i>cdtC</i>			

**Antimicrobial susceptibility findings:**

Drug (disc strength)	Zone diameter (mm)	Sensitive	Intermediate	Resistant
Ciprofloxacin (5µg)				
Erythromycin (15µg)				
Tetracycline (30µg)				
Gentamycin (10µg)				
Chloramphenicol (30µg)				

MDR /not ..... (*resistance to 3 or more drugs*)

Additional notes:

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