



# Risk Factor Questionnaire

Write or affix Participant ID in space provided.

Enter the following information:

- Name of facility
- Facility code
- Interviewer name
- Participation or registration number
- Date of interview



## Participant Risk Factor Questionnaire

Name of facility: \_\_\_\_\_  
Facility code: \_\_\_\_\_  
Interviewer name: \_\_\_\_\_  
Client Identification Number: \_\_\_\_\_  
Interview date: \_\_/\_\_/\_\_\_\_ (dd/mm/yyyy)



Affix Participant ID Number here

## How to complete questionnaire:



1. Use check mark to select answer

Staff Initials: \_\_\_\_\_

3. Sign your initials in the space provided at the end of the questionnaire.

### Demographic Characteristics

1. What kind of work/occupation do you do most of the time?
- not currently working    student    fishmonger    hairdresser    retail/market vendor    restaurant/hotel worker    professional/managerial    domestic worker    other \_\_\_\_\_

2. Mark only ONE answer per question