

Supplementary File 1: Data collection tool

PARTICIPANT'S PARTICULARS		
NO	Question	Response
1.	Date	____/____/20____
2.	Study number	_____
3.	Mobile phone number	LB-_____
4.	Age (owner/attendant)	_____
5.	Sex (owner/attendant)	1. Male 2. Female
6.	Residence (mention place) _____	1. Urban 2. Rural 3. Periurban
7.	Marital status	1. Married 2. Single 3. Widowed 4. Divorced
8.	Education level	1. No formal education 2. Primary 3. Secondary 4. Tertiary
9.	Occupation	1. Meat seller/vendor 2. Abattoir worker 3. Dog keeper/ attendant 4. Veterinary worker 5. Meat inspector 6. Employed
ASSOCIATED FACTORS		
10.	For how long have you been keeping the dog(s)?	Years _____ or months _____
11.	Did your dog(s) receive vaccine against leptospirosis?	1. YES 2. NO
12.	Do you keep other animals different from dogs?	1. YES 2. NO
13.	If YES mention them	_____ _____ _____
14.	Do you normally wash fruit/vegetables before consumption?	1. YES 2. NO
15.	Do you have a habit of eating during work/breaks?	1. YES

		2. NO
16.	Do you wash your hands before and after eating?	1. YES 2. NO
17.	Do you always wear protective gears when attending the dog(s)?	1. YES 2. NO
18.	If YES which one (s)?	1. Coat 2. Gloves 3. Apron 4. Plastic boots 5. Cap 6. Face mask 7. Other (specify).....
19.	How often do you clean your protective gears?	1. Everyday 2. Once a week 3. Twice a week 4. >2 a week
20.	Do you live in a house with sewage system (public service/septic tank)?	1. YES 2. NO
21.	Are you engaged in paddy cultivation activities?	1. YES 2. NO
22.	Are there any abandoned plots near your house?	1. YES 2. NO
23.	Do you have direct contact with blood/organs from the slaughterhouse?	1. YES 2. NO
24.	Do you have any contact with dog urine?	1. YES 2. NO
25.	Have you been excluded from attending dog(s) when getting wounds/bruises?	1. YES 2. NO
26.	Have you been working in farms previously?	1. YES 2. NO
27.	Have you ever helped animal births?	1. YES 2. NO
28.	If YES, did you wear any protective gears?	1. YES 2. NO
29.	Do you keep clothes clean after attending your dog(s)?	1. YES 2. NO
30.	Do you wash hands after animal contact?	1. YES 2. NO
31.	Are you working with bare feet?	1. YES 2. NO
32.	Have you ever been splashed with infected fluids (blood, urine, etc)?	1. YES 2. NO

33.	Are there any rodents at home?	1. YES 2. NO
34.	Is there any fallow land near home(within 100m)	1.YES 2:NO