

Script continues from Attachment F "Screening Questions"

"Now that I know you are eligible to participate, I would like to share some additional details about the study and obtain your verbal permission for participation. Feel free to stop me and ask questions at any time." [Interviewee GO TO Verbal Consent Form]

SECTION 1: IDENTIFIERS: FILL IN BEFORE BEGINNING TELEPHONE INTERVIEW

INTERVIEW DATE: _____

INTERVIEW INITIALS: _____

1. Study ID: _____

2. Hospital ID (***hospitalization of interest***): _____

3. Enrollee Type: __ Case __ Control

4. County of Residence: _____

5. Date of Hospital Discharge (***from hospitalization of Interest***): ____/____/____
(mm/dd/yyyy)

6. Date of Invasive MRSA HACO culture (**if control, used matched-case culture date**): ____/____/____
(mm/dd/yyyy)

7. Age _____

8. Sex __ Male __ Female

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TIME
CHECK: _____

SECTION 2: MEDICAL HISTORY

“We now want to gather some information about your health, including treatments you may be receiving at home. Again, please remember if you do not feel comfortable answering any of these questions, we can skip the question.”

9. **Did you have a healthcare worker such as a doctor, nurse, or physical therapist visiting you at home between the date you left [hospital name] on ___/___/___ [date of discharge from hospitalization of interest] and ___/___/___ [date of initial HACO MRSA culture]?**

- Yes.....1 [Go to Q.9A]
- No.....2 [Go to Q.10]
- Don't know/Not sure.....7 [Go to Q.10]
- Refused.....9 [Go to Q.10]

9A. **While this healthcare worker was visiting you at home, did he/she do any of the following? [READ LIST AND CHECK ALL THAT APPLY]**

Intravenous medicines or fluids [If an interviewee doesn't know what this is, please say: **“this is giving you medicines or fluids through your veins using a needle**

- or tube”]**
- Wound care**
- Physical therapy**
- Don't know/Not sure
- Refused
- Other (specify): _____

10. **Did you leave the hospital on ___/___/___ [date of discharge from hospitalization of interest] with a tube inserted into your vein? This type of tube is also known as an intravenous catheter.**

- Yes.....1 [Go to 10B]
- No.....2
 - [PROMPT:] **“I just want to clarify that intravenous tube or catheter includes hemodialysis catheter, PICC line, Hickman, Port-A-Cath. So, you did not have any of those, correct?”** [Go to Q.10A]
- Don't know/Not sure.....7
 - [PROMPT:] **“Some examples of intravenous tube or catheter includes hemodialysis catheter, PICC line, Hickman, Port-A-Cath. Did you have any of those?”** [Go to Q.10A]
- Refused.....9 [Go to Q.10A]

10A. [If no], **Did you have a tube inserted into your vein anytime between the date you left _____ [hospital name] on ___/___/___ [date of discharge from hospitalization of interest] and ___/___/___ [date of initial HACO MRSA culture]?**

- Yes.....1 [Go to 10B]
- No.....2 [Go to Q.11]
- Don't know/Not sure.....7 [Go to Q.11]
- Refused.....9 [Go to Q.11]

10B. **Where was this intravenous tube located?** [DO NOT READ LIST]

- Neck
- Chest
- Arm
- Don't know/Not sure
- Refused
- Other (specify): _____

10C. **Do you remember what the healthcare worker called this intravenous tube?** [DO NOT READ THE LIST]

- PICC line
- Port-A-Cath
- Hickman/Broviac
- PermCath
- Don't remember/Not sure
- Refused
- Other (specify): _____

10D. **Was this tube placed into your vein surgically, in an operating room?**

- Yes.....1
- No.....2
- Don't know/Not sure.....7
- Refused.....9

10E. **Was the part of the tube that went into your vein longer than 6 inches?**
 [PROMPT: **On average the length of the 4 fingers pressed closely together is about 3 inches**]

- Yes.....1
- No.....2
- Don't know/Not sure.....7
- Refused.....9

10F. **For what reason did you have a tube inserted into your vein?** [READ LIST]

Reason	YES	NO	Don't Know/Not Sure	Refused
Antibiotic Treatment	1	2	7	9
Fluids	1	2	7	9
Blood products	1	2	7	9
Intravenous feeding	1	2	7	9
Dialysis	1	2	7	9
Chemotherapy	1	2	7	9
Pain medication	1	2	7	9
Other, Specify _____				

10G. **After you left the hospital on ___/___/___ [date of discharge from the hospitalization of interest], for how long did you have this tube in your vein?**

- Yes..... 1 [Go
to Q.11C]
- No..... 2 [Go
to Q.11B]
- Don't know/Not sure..... 7 [Go
to Q.11C].....
- Refused..... 9 [Go
to Q.11C]

11B. [If no] **When were the antibiotic(s) prescribed to you?**

___/___/___(mm/dd/yyyy)[Go to Q.11.C]
 ___ Don't know/Not sure [Go to Q.11.C] ___ Refused [Go to Q.11.C]

11C. **Why did you take the antibiotic(s)? [ONLY READ LIST IF PROMPT NEEDED]**

- ___ Ear, sinus, upper respiratory infections
- ___ Bronchitis/pneumonia
- ___ Urinary tract infection
- ___ Skin Infection
- ___ Dental/ oral surgery
- ___ Surgery
- ___ Other, specify: _____
- ___ Don't know/Not sure
- ___ Refused

11D. **For how long did you take antibiotic(s) between ___/___/___ [date of discharge from hospitalization of interest] and ___/___/___ [date of initial HACO MRSA culture]?** [NOTE: If the interviewee was discharged with antibiotics clarify you want to know the duration after he/she left the hospital or If interviewee took multiple course of antibiotics you want to know the total duration of antibiotic use]

___ days or ___ weeks [Go to Q.11.D.i] ___ Don't know/Not sure [Go to Q.11.D.i]
 ___ Refused [Go to Q.11.D.i]

11.D.i. **When did you stop taking antibiotics** [NOTE: clarify to interviewee that you want to know the date he/she stopped prior to date of initial HACO MRSA culture on ___/___/___]?

Date: ___/___/___(mm/dd/yyyy)

___ Still taking antibiotics ___ Don't know/Not sure ___ Refused

11E. **We would like to know the name of the antibiotic(s) you were taking between ___/___/___ [date of discharge from the hospitalization of interest] and ___/___/___ [date of initial HACO MRSA culture]. If you have your pill bottles or prescription can you tell me the name(s) of the antibiotic(s) you were taking? If you do not have the pill bottles or prescription, can you remember the name of the antibiotic(s) you were taking?**

[DO NOT READ LIST]

Antibiotic	Yes	Antibiotic	Yes
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Amoxicillin	1	Floxin	1
Amoxicillin/Clavulanate	1	Keflex	1
Ampicillin	1	Keftab	1
Augmentin	1	Levofloxacin	1
Azithromycin	1	Monurol	1
Bactrim	1	Metronidazole	1
Biaxin	1	Norfloxacin or Norlox	1
Ceclor	1	Ofloxacin or Oflox	1
Cefaclor	1	Omnicef	1
Cefadroxil	1	Penicillin or Pen VK	1
Cefdinir	1	Pediazole	1
Ceftin	1	Septra	1
Cefixime	1	Suprax	1
Cefuorixime	1	Tetracycline	1
Cefzil	1	Tequin	1
Cefprozil	1	Trimox	1
Cephalexin	1	Trimethoprim/Sulfa	1
Cephradine	1	Vancomycin	1
Ciprofloxacin/Cipro	1	Zagam	1
Clarithromyc	1	Zithromax or Z-pak	1
Cleocin	1	Other, Specify	
Clindamycin	1	Other, Specify	
Dapsone	1	Other, Specify	
Doxycycline	1	Other, Specify	
Duricef	1	Other, Specify	
Erythromycin	1	Other, Specify	
Erythromycin/sulfa	1	Don't Know/Not Sure	7
Flagyl	1	Refused	9

“I will now ask you questions about wounds or open places, such as a cuts or breaks in your skin. Please remember that many of the questions are going to refer to the time period after your left the hospital on ___/___/___ [date of discharge from hospitalization of interest] and ___/___/___” [date of initial HACO MRSA culture]

12. When you left the hospital on ___/___/___ [date of discharge from hospitalization of interest] did you have a wound such as a cut or break in your skin?

- Yes.....1 [Go to Q.12B]
- No.....2 [Go to Q.12A]
- Don't know/Not sure.....7 [Go to Q.12A]
- Refused.....9 [Go to Q.12A]

12A. If you did not have a wound when you left the hospital, did you develop one between ___/___/___ [date of discharge from the hospitalization of interest] and ___/___/___ [date of initial HACO MRSA culture]?

- Yes.....1 [Go to Q.12B]
- No.....2 [Go to Q.13]
- Don't know/Not sure.....7 [Go to Q.13]
- Refused.....9 [Go to Q.13]

12B. What type(s) of wound(s) was it? [READ LIST and CHECK ALL THAT APPLY]

- Pressure ulcer or bed sore**
- Diabetic ulcer**
- Surgical wound** [If an interviewee doesn't know what this is, Prompt: **“a wound that _____ occurred from or after you had surgery”**]
- Traumatic wound** [If an interviewee doesn't know what this is, Prompt: **“a wound that occurs as a result of accidental injury or an accident”**]
- Abscess/boil**
- Don't know/Not sure
- Refused
- Other (specify): _____

12C. Where on your body was this wound? [DO NOT READ LIST; CHECK ALL THAT APPLY]

- Head/Neck
- Chest
- Shoulder
- Arm/hand
- Belly
- Sacral/buttock
- Leg
- Forefoot
- Heel
- Refused
- Other (specify): _____

12D. Were you told by your doctor/nurse that you had MRSA or “MERSA” at any time between ___/___/___ [date of discharge from the hospitalization of interest] and ___/___/___ [date of initial HACO MRSA culture]?

Yes 1 -“when were you told you had it?” DATE: ___/___/___
No.....2
Don't know/Not sure.....7
Refused.....9

12E. Was your wound(s) cared for by a healthcare worker such as a doctor, nurse or physical therapist?

Yes.....1 [Go to Q.12F]
No.....2 [Go to Q.12I]
Don't know/Not sure.....7 [Go to Q.12I]
Refused.....9 [Go to Q.12I]

12F. What type of healthcare worker was primarily responsible for caring for your wound? [Read List]

Podiatrist [If an interviewee doesn't know what this is, Prompt: “a doctor specialized in foot, ankle and lower leg care”]
 Surgeon [this can be a vascular or orthopedic surgeon]
 Infectious disease doctor
 General Medicine doctor [If an interviewee doesn't know what this is, Prompt: “your usual medical provider was responsible to examine the wound and provide treatment”]
 Nurse specialized in wound care
 Physical Therapist
 Don't know/Not sure
 Refused
 Other, specify: _____

12G. When the healthcare worker was caring for your wound, did they remove the infected tissue away from your wound? This procedure is called “debridement”.

Yes.....1
No.....2
Don't know/Not sure.....7
Refused.....9

12H. Did you receive whirlpool therapy for your wound?

Yes.....1
No.....2
Don't know/Not sure.....7
Refused.....9

12I. Between ___/___/___ [date of discharge from hospitalization of interest] and ___/___/___ [date of initial HACO MRSA culture], did your wound(s) close?

Yes.....1
No.....2
Don't know/Not sure.....7
Refused.....9

SECTION 3: HEALTHCARE EXPOSURES

“Now I will ask question about visits to medical buildings or facilities between ___/___/___ [date of discharge from hospitalization of interest] and ___/___/___ [date of initial HACO MRSA culture].

13. Between ___/___/___ [date of discharge from hospitalization of interest] and ___/___/___ [date of initial HACO MRSA culture], did you receive care in a doctor’s office, nursing home, or any other healthcare facility?

- Yes.....1 (Go to Q.13A)
- No.....2 (Go to Q.14)
- Don’t know/Not sure.....7 (Go to Q.14)
- Refused.....9 (Go to Q.14)

13A. In what type of facility did you receive care? [READ LIST]

Facility	Yes	[If Yes ask:]	No	DK/NS	Refused
Hospital	1	How many times did you visit the hospital between ___/___/___ [date of discharge from hospitalization of interest] and ___/___/___ [date of matched-case invasive HACO MRSA culture]?	2	7	9
Emergency Department	1	How many times did you visit the ED between ___/___/___ [date of discharge from hospitalization of interest] and ___/___/___ [date of matched-case invasive HACO MRSA culture]?	2	7	9
Doctor’s Office	1		2	7	9
Nursing Home	1	For how long did you stay in a nursing home? ___ days or ___ weeks	2	7	9
Dialysis Facility	1	What type of dialysis did you receive? ___peritoneal ___hemodialysis ___don’t know/not sure	2	7	9
Assisted Living Facility	1		2	7	9
Outpatient Surgery Center	1		2	7	9
Other facility, specify: _____					

13B. During any of the visits to a healthcare facility, did you have any surgical procedure that had to be performed in an operating room?

- Yes.....1 [Go to Q.13C]
- No.....2 [Go to Q.14]
- Don’t know/Not sure. 7 [Go to Q.14]
- Refused.....9 [Go to Q.14]

13C. [If yes], what was the name of the surgical procedure?

Type: _____

13D. On what date did this occur? Date: ____/____/____

SECTION 4: FUNCTIONAL STATUS

“Now I will ask you questions about your daily activities such as eating, dressing and bathing.”

14. On a scale of 1 to 5 - from 1 being completely independent (no help needed at all) to 5 being total dependence, how would you describe your level of performance in doing any of the following daily activities just prior to ____/____/____ [date of case’s initial HACO MRSA culture]?

[READ LIST]

ADL	Independent	Supervision	Limited Assistance	Extensive Assistance	Total Dependence	Refused
Eating	1	2	3	4	5	9
Getting dressed	1	2	3	4	5	9
Taking a bath or shower	1	2	3	4	5	9
Getting in or out of bed	1	2	3	4	5	9
Walking inside your home	1	2	3	4	5	9

CODING

1. INDEPENDENT- NO HELP OR STAFF OVERSIGHT AT ANY TIME.
2. SUPERVISION- OVERSIGHT, ENCOURAGEMENT OR CUEING.
3. LIMITED ASSISTANCE- RESIDENT HIGHLY INVOLVED IN ACTIVITY; STAFF PROVIDE GUIDED MANEUVERING OF LIMBS OR OTHER NON-WEIGHT-BEARING ASSISTANCE.
4. EXTENSIVE ASSISTANCE- RESIDENT INVOLVED IN ACTIVITY, STAFF PROVIDE WEIGHT-BEARING SUPPORT.
5. TOTAL DEPENDENCE- FULL STAFF PERFORMANCE EVERY TIME DURING ENTIRE 7-DAY PERIOD.

SECTION 5: HISTORY OF MRSA INFECTION/COLONIZATION

15. At any time in the 12 months PRIOR to ____/____ [use month/year of iniale MRSA culture], did your doctor or a nurse tell you that you had MRSA or “MERSA”?

- Yes.....1 [Go to Q.15A]
- No.....2 [Go to Q.16]
- Don’t know/Not sure.....7 [Go to Q.16]
- Refused.....9 [Go to Q.16]

15A. Where in your body did you have MRSA? [DO NOT READ LIST; CHECK ALL THAT APPLY]

- Skin - [If yes], **when did you have it?** Date: ___/___/___
- Ulcer or Bed Sore - [If yes], **when did you have it?** Date: ___/___/___
- Blood - [If yes], **when did you have it?** Date: ___/___/___
- Lungs (Pneumonia) - [If yes], **when did you have it?** Date: ___/___/___
- Joint - [If yes], **when did you have it?** Date: ___/___/___
- Bone - [If yes], **when did you have it?** Date: ___/___/___
- Surgical Wound - [If yes], **when did you have it?** Date: ___/___/___
- Other (specify): _____
[If yes], **when did you have it?** Date: ___/___/___
- Other (specify): _____
[If yes], **when did you have it?** Date: ___/___/___

SECTION 6: LEVEL OF EDUCATION AND INCOME

“I would like to ask you a couple of questions about your level of education and income. Remember you may refuse to answer any of these questions.”

16. What is the highest grade or year of school you completed? [DO NOT READ LIST]

- Never attended school or kindergarten only _____ 1
- Elementary or middle school; 1st-8th grade _____ 2
- Some high school; 9th-11th grade _____ 3
- High school graduate; 12th grade or GED _____ 4
- Technical School _____ 5
- Some College _____ 6
- College graduate _____ 7
- Postgraduate/professional _____ 8
- Refused _____ 9

17. In your home, what is the annual household income from all sources, including social security and pensions? Please stop me when I get to your level of income.

[READ EACH RESPONSE IN ORDER UNTIL RESPONDENT AGREES]

- Dependent college student _____ 1
- Less than \$15,000** _____ 2
- Less than \$25,000** _____ 3
- Less than \$35,000** _____ 4
- Less than \$50,000** _____ 5
- Less than \$70,000** _____ 6
- \$ 70,000 or more** _____ 7
- Don't know/Not sure _____ 8
- Refused _____ 9

SECTION 7: DEMOGRAPHICS

“Now I would like to ask a few final questions about you.”

18. Are you of Hispanic or Latino origin?

- Yes
- No

19. How would you describe your race? [Read list]

[Respondent should be told that they can select one or more race]

- American Indian or Alaskan native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

20. What is your height?

Height: _____ feet _____ inches OR _____ meters Not known
 Refused

21. What was your weight when you left the hospital on ____/____/____ *[date of discharge from hospitalization of interest]?*

Weight: _____ pounds OR _____ Kg Not known Refused

“That was my last interview question. Do you have any questions for me? Thank you very much for your time and participation!”

STOP TIME: _____	<u>QUESTIONS</u> <input type="checkbox"/> No
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23. Was a proxy used?

- Yes.....1 [Go to Q.23]
- No.....2
- Don't know/Not sure.....7

23A. What was the reason for using proxy?

- Deceased1 Date of Death: ____/____/____
- Incapacitated or incompetent2
- Enrollee preference.....3
- Don't know/Not sure.....7

24.COMMENTS: _____

