

Attachment 7: Sample Screenshots of the Web-based NVEAIS Data Reporting Instrument and Manager Interview

Sample Screenshots of the Web-based NVEAIS Data Reporting Instrument (Attachment 4)

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Study Definition: NVEAIS (2013)
Data Collection Form: Part I - Outbreak Response
EHS: lrgreen@cdc.gov

Attachment 5- NVEAIS Data Reporting Instrument
Form Approved OMB No. 0920-xxx Exp. Date xx/xx/20xx

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: CDC/ATSDR Information Collection Review Office, MS D-74; 1600 Clifton Road NE, Atlanta, Ga. 30333; ATTN: PRA (xxxxxx)

PART I – GENERAL CHARACTERIZATION OF OUTBREAK RESPONSE

*1. Did the exposure(s) take place in a single or multiple locations, for example a single restaurant or two or more restaurants, a single school or two or more schools or a combination of establishments, etc? *(Instruction available)*

- Single Location If a single location, skip to #5
- Multiple Locations

*2. Did the exposure(s) happen in a single County/Township / Parish or multiple Counties / Townships / Parishes in your state? *(Instruction available)*

- Single County / Township / Parish
- Multiple Counties / Township / Parish

*3. Did the exposure(s) occur in a single state or multiple states? *(Instruction available)*

- Single State
- Multiple states

4. How many food service establishment locations within your jurisdiction were associated with this outbreak? *(Instruction available)*

5. Were any environmental assessments conducted at foodservice establishments in your jurisdiction as part of this outbreak?

- Yes

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5. Were any environmental assessments conducted at foodservice establishments in your jurisdiction as part of this outbreak?

Yes
 No If No, skip to #5c

*5a. Briefly, describe the reason(s) why environmental assessments were conducted in your jurisdiction as a part of this outbreak?

*5b. How many environmental assessments were conducted in foodservice establishments in your jurisdiction as a part of this outbreak?

*5c. Why were no environmental assessments conducted at foodservice establishments in your jurisdiction as a part of this outbreak?

6. Were any non-food service establishment locations within your jurisdiction associated with this outbreak investigation? (Instruction available)

Yes
 No If No, skip to #7

*6a. How many non- food service establishments in your jurisdiction were associated with this outbreak?

*6b. How many environmental assessments were conducted at non-food service establishments in your jurisdiction as part of this outbreak?

7. Was a primary agent identified in this outbreak?

Yes
 No, skip to #8

*7a. What was the identified agent?

- Hepatitis A
- Bacillus Cereus
- Campylobacter
- Clostridium Perfringens
- Cryptosporidium
- Cyclospora
- E. Coli 0157:H7
- E. coli STEC/VTECListeria
- Norovirus
- Salmonella
- Shigella
- Staphylococcus Aureus
- Vibrio Parahaemolyticus
- Yersinia
- Toxic Agent (Please describe)
- Chemical hazard (Please describe)
- Physical hazard (Please describe)

*7b. Was a serotype identified for this outbreak?

Yes
 If No, skip to #8

*7c. What was the identified serotype?

Physical hazard (Please describe)

*7b. Was a serotype identified for this outbreak?

Yes
 If No, skip to #8

*7c. What was the identified serotype?

*8. Was this outbreak reported to a state or local Communicable Disease Surveillance Program?

Yes
 No If No, skip to #9

*8a. Select the state or local surveillance system(s) where this outbreak was reported (check all that apply)

- State – outbreak reporting number assigned by the state?
- Local – outbreak reporting number assigned by the jurisdiction?
- Other (Please describe):

*Other (Please describe):

*9. Was this outbreak reported to a national surveillance system?

Yes
 No If No, skip to Part II

*9a. Select the national surveillance system(s) where this outbreak was reported. (check all that apply)

- NORs – reporting number assigned by the CDC?
- PulseNet – outbreak code assigned by CDC?
- FoodNet – reporting number assigned by the CDC?
- CalcNet – reporting number assigned by the CDC?
- NNDS – reporting number assigned by the CDC?
- Other (Please describe):

*NORs – reporting number assigned by the CDC?

*PulseNet – outbreak code assigned by CDC?

*FoodNet – reporting number assigned by the CDC?

*CalcNet – reporting number assigned by the CDC?

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NORS – reporting number assigned by the CDC?
 PusteNet – outbreak code assigned by CDC?
 FoodNet – reporting number assigned by the CDC?
 CalciNet – reporting number assigned by the CDC?
 NNDS – reporting number assigned by the CDC?
 Other (Please describe): _____

***NORS – reporting number assigned by the CDC?** _____

***PusteNet – outbreak code assigned by CDC?** _____

***FoodNet – reporting number assigned by the CDC?** _____

***CalciNet – reporting number assigned by the CDC?** _____

***NNDS – reporting number assigned by the CDC?** _____

***Other (Please describe):** _____

*** Required**

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Sample Screenshots of the Web-based NVEAIS Manager Interview (Attachment 5)



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Study Definition Tester

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Study Definition: NVEAIS (2013)
Data Collection Form: Part III - Manager Interview
EHS: Ecoleman

Attachment 5- NVEAIS Manager Interview (Part III)

Form Approved OMB No. xxx Exp. Date xxx

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ESTABLISHMENT – GENERAL

*1. Date the manager interview was conducted: (Instruction available)
 (Required format: MM/DD/YYYY)

*2. Is this an independent establishment or a chain establishment? (Instruction available)
 Independent
 Chain
 Unsure
 Refused

*3. Approximately how many meals are served here daily? (Instruction available)
 Answer supplied
 Refused

*Answer supplied:

*4. What is the establishment's busiest day, in terms of number of meals served? (Instruction available)
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday

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- Friday
- Saturday
- Sunday
- Refused

*5. Are any foods prepared or partially prepared at a commissary or other location? (Instruction available)

- Yes
- No
- Unsure
- Refused

*6. Other than daily specials, when was the last time food items were added to your menu(s)? (Instruction available)

- No changes to menu items have occurred
- In the last WEEK
- In the last MONTH
- More than a month ago
- Unsure
- Refused

*7. Where does the establishment purchase or acquire its food? (Select all that apply, probe for additional responses.) (Instruction available)

- General Distributor / Wholesaler
- Corporate distributor
- Grocery Store / Supermarket / Warehouse store
- Farmer's Market
- Other restaurant
- Non-regulated entity
- Other (describe)
- Unsure
- Refused

*Other (describe):

KITCHEN MANAGER

*8. In total how long have you worked as a kitchen manager? (Instruction available)

- Less than 6 months
- 6 months-less than a year
- 1 year - less than 2 years
- 2 years - less than 4 years
- 4 years - less than 6 years
- 6 years - less than 8 years
- 8 years - less than 10 years
- 10 or more years
- Refused

*9. Approximately how long have you been employed as a kitchen manager in this establishment? (Instruction available)

- Less than 6 months
- 6 months-less than a year
- 1 year - less than 2 years

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< 4 years - less than 4 years
 4 years - less than 6 years
 6 years - less than 8 years
 8 years - less than 10 years
 10 or more years
 Refused

*10. How many kitchen managers, including you, are currently employed in this establishment? If you aren't sure, use your best guess.
(Instruction available)

Number of Managers:
 Unsure
 Refused

*10a. Number of managers:

11. What language(s) do you and other managers in this establishment speak fluently? (Check all that apply)

English
 Spanish
 French
 Chinese (any dialect)
 Japanese
 Other (describe)

Other (describe)

12. What languages do you and other managers speak at work? (Check all that apply)

English
 Spanish
 French
 Chinese (any dialect)
 Japanese
 Other (describe)

Other (describe)

13. In your opinion, how well do you communicate verbally with your food workers, very well, somewhat well or not well at all?

Not well at all
 Somewhat well
 Very well
 Unsure/Don't know

*14. Do any kitchen managers receive food safety training? This training can be a course or a class, or it can be training that occurs on the job.

Yes
 No
 Unsure
 Refused

*14a. How many kitchen managers have had food safety training? If you aren't sure, use your best guess.

Number of Managers: