**Measles Case Control Study Questionnaire**

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| **MEASLES CASE CONTROL STUDY Questionnaire (last revised 5/30/14)** | **UNIQUE STUDY ID # (lab #?)# \_ \_ \_ \_ \_ \_ -\_**[LAB #] [CASE CONTROL #] Case –control # [ CASE = 0 ; CONTROL 1 =1; CONTROL 2 =2; CONTROL 3 = 3] |
| REPORTING DATE (**CASE ONLY )**  (DAY/MONTH/YEAR) \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ |
| DATE OF INTERVIEW/INVESTIGATION (DAY/MONTH/YEAR ) \_\_\_/\_\_\_\_/\_\_\_\_\_ | NAME OF INTERVIEWER: |  Written consent  obtained |
| INTERVIEW WITH: CASE CONTROL | AGE: \_\_\_\_\_\_ years OR \_\_\_\_\_\_\_ months (if less than 12 months old) | DATE OF BIRTH\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_(DAY/MONTH/YEAR) |
| SEX : MALE FEMALE  |  |
| *START HERE: THANK YOU FOR AGREEING TO PARTICIPATE IN THE STUDY.* |
| 1. WHO IS THE RESPONDENT
 |  1 – CASE/CONTROL THEMSELF  99 – OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_  |
| 1. **EXPOSURE HISTORY**
 |  |
| 1. HAVE YOU (**CASE)** HAD CONTACT WITH A PERSON WITH RASH AND FEVER IN THE 1 TO 3 WEEKS BEFORE THE BEGINNING OF YOUR RASH ILLNESS?
 | 1 – YES GO TO QUESTION 42 – NO GO TO QUESTION 599 – UNKNOWN GO TO QUESTION 5 |
| 1. HAVE YOU (**CONTROL)** HAD CONTACT WITH A PERSON WITH RASH AND FEVER IN THE PREVIOUS 1- 3 WEEKS?
 | 1 – YES GO TO QUESTION 42 – NO GO TO QUESTION 699– UNKNOWN GO TO QUESTION 6 |
| 1. WHERE DID YOU (**CASE OR CONTROL**) HAVE CONTACT WITH THIS PERSON?

Choose all that apply | 1 – AT HOME 2 – AT WORK 3 – AT SCHOOL 4– HEALTH CENTER/HOSPITAL (SPECIFY) \_\_\_\_\_\_\_\_\_\_ 5 – CHURCH/MOSQUE/TEMPLE6 – PLAYING OUTSIDE7– ON PUBLIC TRANSPORT8 – OTHER \_\_\_\_\_\_\_\_\_\_ 99 – UNKNOWN |
|  |  |
| 1. DID YOU **(CASE)** GO TO A HOSPITAL OR CLINIC 7 TO 21 DAYS BEFORE THE ONSET OF RASH ILLNESS ?
 | 1 – YES GO TO QUESTION 72 – NO GO TO QUESTION 1299 – UNKNOWN GO TO QUESTION 12 |
| 1. DID YOU (**CONTROL)** GO TO A HOSPITAL OR CLINIC IN THE LAST 7 TO 21 DAYS?

 (*THE 7-21 DAYS PRIOR TO THIS INTERVIEW)* | 1 – YES GO TO QUESTION 72 – NO GO TO QUESTION 1299 – UNKNOWN GO TO QUESTION 12 |
| 1. HOW MANY TIMES DID YOU GO TO A HOSPITAL OR CLINIC?
 | 1 – ONCE GO TO QUESTION 82 – MORE THAN ONCE GO TO QUESTION 11 |
| 1. NAME OF THE HOSPITAL/CLINIC?
 |  |
| 1. WERE YOU ADMITTED TO THE HOSPITAL?
 | 1 – YES  2 – NO  |
| 1. DATE OF VISIT
 | \_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_*IF THE EXACT DATE IS NOT KNOWN, WRITE THE INFORMATION GIVEN BY THE INTERVIEWEE* |
| 1. LIST THE DATES AND LOCATIONS OF ALL HOSPITAL/CLINIC VISITS IN THE LAST 7-21 DAYS?
 |
| DATE |  HOSPITAL/CLINIC NAME | ADMITTED TO HOSPITAL ON THIS VISIT? |
| \_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |  | 1 – YES  2 – NO  |
| \_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |  | 1 – YES  2 – NO |
| \_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |  | 1 – YES  2 – NO |
| \_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |  | 1 – YES  2 – NO |
| 1. HAVE YOU BEEN IN ANY DENSELY POPULATED INDOOR (CONGREGATED) SETTINGS IN THE LAST THREE WEEKS (SUCH AS KINDERGARTEN, SCHOOL, FACTORY OR DORMITORY)
 | 1 – YES GO TO QUESTION 132 – NO GO TO QUESTION 1599 – UNKNOWN GO TO QUESTION 15 |
|  |  |
| 1. WHAT WAS THE CONGREGATED SETTING? Choose all that apply
 | 1 -KINDERGARTEN2 – SCHOOL3- FACTORY4 – RELIGIOUS SERVICE5 -PUBLIC TRANSPORTATION (SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)6 –JAIL/PRISON7- HOSPITAL 8 – GOVERNMENT BUILDING9– DORMITORY10 – WEDDING 11 – WORK PLACE 12– OTHER (SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_) |
| ADDRESS OF CONGREGATED SETTING: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ADDRESS: \_\_\_\_\_\_\_COUNTRY/DISTRICT  \_\_\_\_\_\_\_ TOWNSHIP/STREET \_\_\_\_\_\_\_\_ VILLAGE/NEIGHBORHOOD |
| 1. **VACCINATION STATUS**
 |
| NOW I AM GOING TO ASK YOU SOME QUESTIONS RELATED TO VACCINATION |
| 1. WERE YOU VACCINATED AGAINST MEASLES AS A CHILD?
 | 1 – YES GO TO QUESTION 162 – NO GO TO QUESTION 1799 – UNKNOWN GO TO QUESTION 17 |
| 1. HOW MANY DOSES OF MEASLE VACCINE DID YOU RECEIVE AS A CHILD?
 |  1 – ONE 2-TWO OR MORE  99– UNKNOWN  |
|  |  |
| 1. **INFORMATION ABOUT PLACE OF RESIDENCE AND TRAVEL HISTORY**
 |
| **I AM GOING TO ASK YOU (CASE OR CONTROL) SOME QUESTIONS ABOUT YOUR TRAVEL HISTORY** |
| 1. IN THE LAST 2 MONTHS HAVE YOU TRAVELED OUTSIDE OF KOSRAE (FOR ANY REASON)?
 |  |
| 1. HOW MANY TIMES IN THE LAST 2 MONTHS HAVE YOU TRAVELED OUSIDE OF KOSRAE?
 |  |
| 1. WHERE DID YOU TRAVEL TO?
 |  |
| 1. IN THE LAST 2 MONTHS HAS A MEMBER OF THE HOUSEHOLD TRAVELED OUTSIDE OF “X”?
 |  |
| 1. WHICH HOUSEHOLD MEMBER AND WHERE DID THEY GO TO?
 |  |
| 1. IN THE LAST 2 MONTHS HAVE YOUHAD CONTACT WITH ANYBODY FROM A FOREIGN COUNTRY?
 |  |
| 1. WHERE WAS THIS PERSON OR PEOPLE FROM?
2. **(LIST ALL APPOPRIATE RESPONSES)**
 |  |
| 1. WHERE DID YOU HAVE CONTACT WITH THIS PERSON?
2. **(LIST ALL APPOPRIATE RESPONSES)**
 |  |
|  |  |
| **SOCIODEMOGRAPHIC INFORMATION**  |
| *MY LAST QUESTIONS DEAL WITH YOUR HOUSEHOLD*  |
| 1. PLEASE LIST NAMES AND AGES OF ALL HOUSEHOLD MEMBERS
 |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HH MEMBER | NAME | AGE | FEVER AND RASH IN LAST 3 MONTHS? (yes/no) | DATE OF ILLNESS |
| 1 |  |  |  |  |
|  2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
|  5 |  |  |  |  |
|  6 |  |  |  |  |
|  7 |  |  |  |  |
|  8 |  |  |  |  |
|  9 |  |  |  |  |
|  10 |  |  |  |  |

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| 1. HOW MANY PEOPLE SLEEP IN THE SAME ROOM AS YOU?
 |  |
| 1. DO YOU HAVE ANY CHILDREN?
 |  |
| 1. HOW MANY CHILDREN DO YOU HAVE?
 |   |
| HOW OLD IS THIS CHILD/CHILDREN? |  |
| DOES THIS CHILD/ CHILDREN LIVE WITH YOU? |  |
| WHICH ETHNIC GROUP DO YOU BELONG TO? |  |
| WHAT RELIGION DO YOU PRACTICE? |  |
| 1. WHAT IS YOUR LEVEL OF SCHOOLING
 |  |
| 1. WHAT IS THE LEVEL OF SCHOOLING OF YOUR MOTHER?
 |
| WHAT IS THE LEVEL OF SCHOOLING OF YOUR FATHER? |  |
| 1. WHAT IS YOUR OCCUPATION?

 |  |

SIGNATURE OF SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF VERIFICATION BY SUPERVISOR\_\_\_/\_\_\_/\_\_\_