Measles Case Control Study Questionnaire

CASE CONTROL STUDY Questionnaire (last revised 5/30/14)	UNIQUE STUDY ID # (lab #?)# _ _ _ _ _ _ -_
	[LAB #] [CASE CONTROL #] Case –control # [CASE = CONTROL 1 =1; CONTROL 2 =2; CONTROL 3 = 3]

G DATE (**CASE ONLY)** (DAY/MONTH/YEAR) _____/_____/_____		
NTERVIEW/INVESTIGATION (DAY/MONTH/YEAR) ___/____/_____	NAME OF INTERVIEWER:	☐ Written c obtained
W WITH: ☐ CASE ☐ CONTROL	AGE: _____ years OR _____ months (if less than 12 months old)	DATE OF BIRTH _____/_____/_ (DAY/MONTH/ YEAR)
MALE FEMALE		
RE: *THANK YOU FOR AGREEING TO PARTICIPATE IN THE STUDY.*		
O IS THE RESPONDENT	• 1 – CASE/CONTROL THEMSELF • 99 – OTHER (SPECIFY)_____	

EXPOSURE HISTORY	
E YOU (**CASE**) HAD CONTACT WITH A PERSON WITH RASH AND FEVER HE 1 TO 3 WEEKS BEFORE THE BEGINNING OF YOUR RASH ILLNESS?	• 1 – YES GO TO QUESTION 4 • 2 – NO GO TO QUESTION 5 • 99 – UNKNOWN GO TO QUESTION 5
E YOU (**CONTROL**) HAD CONTACT WITH A PERSON WITH RASH AND ER IN THE PREVIOUS 1- 3 WEEKS?	• 1 – YES GO TO QUESTION 4 • 2 – NO GO TO QUESTION 6 • 99– UNKNOWN GO TO QUESTION 6
ERE DID YOU (**CASE OR CONTROL**) HAVE CONTACT WITH THIS PERSON? oose all that apply	• 1 – AT HOME • 2 – AT WORK • 3 – AT SCHOOL • 4– HEALTH CENTER/HOSPITAL (SPECIFY) _____ • 5 – CHURCH/MOSQUE/TEMPLE • 6 – PLAYING OUTSIDE • 7– ON PUBLIC TRANSPORT • 8 – OTHER _____ • 99 – UNKNOWN
YOU **(CASE)** GO TO A HOSPITAL OR CLINIC 7 TO 21 DAYS BEFORE THE ET OF RASH ILLNESS ?	• 1 – YES GO TO QUESTION 7 • 2 – NO GO TO QUESTION 12 • 99 – UNKNOWN GO TO QUESTION 12
YOU (**CONTROL)** GO TO A HOSPITAL OR CLINIC IN THE LAST 7 TO 21 S? *(7-21 DAYS PRIOR TO THIS INTERVIEW)*	• 1 – YES GO TO QUESTION 7 • 2 – NO GO TO QUESTION 12 • 99 – UNKNOWN GO TO QUESTION 12
W MANY TIMES DID YOU GO TO A HOSPITAL OR CLINIC?	• 1 – ONCE GO TO QUESTION 8 • 2 – MORE THAN ONCE GO TO QUESTION 11
ME OF THE HOSPITAL/CLINIC?	

RE YOU ADMITTED TO THE HOSPITAL?	• 1 – YES • 2 – NO
E OF VISIT	_____/_____/_____ *IF THE EXACT DATE IS NOT KNOWN, WRITE THE* *INFORMATION GIVEN BY THE INTERVIEWEE*

THE DATES AND LOCATIONS OF ALL HOSPITAL/CLINIC VISITS IN THE LAST 7-21 DAYS?

ATE	HOSPITAL/CLINIC NAME	ADMITTED TO HOSPITAL (VISIT?
__/_____/_____		• 1 – YES • 2 – NO
__/_____/_____		• 1 – YES • 2 – NO
__/_____/_____		• 1 – YES • 2 – NO
__/_____/_____		• 1 – YES • 2 – NO

E YOU BEEN IN ANY DENSELY POPULATED INDOOR (CONGREGATED) TINGS IN THE LAST THREE WEEKS (SUCH AS KINDERGARTEN, SCHOOL, TORY OR DORMITORY)	• 1 – YES GO TO QUESTION 13 • 2 – NO GO TO QUESTION 15 • 99 – UNKNOWN GO TO QUESTION 15
AT WAS THE CONGREGATED SETTING? Choose all that apply	• 1 - KINDERGARTEN • 2 – SCHOOL • 3- FACTORY • 4 – RELIGIOUS SERVICE • 5 -PUBLIC TRANSPORTATION (SPECIFY _____) • 6 – JAIL/PRISON • 7- HOSPITAL • 8 – GOVERNMENT BUILDING • 9– DORMITORY • 10 – WEDDING • 11 – WORK PLACE • 12– OTHER (SPECIFY _____)
ESS OF CONGREGATED SETTING:	_____ ADDRESS: _____COUNTRY/DISTRICT _____ TOWNSHIP/STREET _____ VILLAGE/NEIGHBORHOOD

VACCINATION STATUS

M GOING TO ASK YOU SOME QUESTIONS RELATED TO VACCINATION	
RE YOU VACCINATED AGAINST MEASLES AS A CHILD?	• 1 – YES GO TO QUESTION 16 • 2 – NO GO TO QUESTION 17 • 99 – UNKNOWN GO TO QUEST
W MANY DOSES OF MEASLE VACCINE DID YOU RECEIVE AS A CHILD?	• 1 – ONE • 2- TWO OR MORE • 99– UNKNOWN

INFORMATION ABOUT PLACE OF RESIDENCE AND TRAVEL HISTORY

NG TO ASK YOU (CASE OR CONTROL) SOME QUESTIONS ABOUT YOUR TRAVEL HISTORY

HE LAST 2 MONTHS HAVE YOU TRAVELED OUTSIDE OF KOSRAE (FOR REASON)?	
W MANY TIMES IN THE LAST 2 MONTHS HAVE YOU TRAVELED OUSIDE OSRAE?	
ERE DID YOU TRAVEL TO?	
HE LAST 2 MONTHS HAS A MEMBER OF THE HOUSEHOLD TRAVELED SIDE OF "X"?	
CH HOUSEHOLD MEMBER AND WHERE DID THEY GO TO?	
HE LAST 2 MONTHS HAVE YOU HAD CONTACT WITH ANYBODY FROM A EIGN COUNTRY?	
ERE WAS THIS PERSON OR PEOPLE FROM? **T ALL APPOPRIATE RESPONSES)**	
ERE DID YOU HAVE CONTACT WITH THIS PERSON? **(LIST ALL APPOPRIATE RESPONSES)**	

MOGRAPHIC INFORMATION

QUESTIONS DEAL WITH YOUR HOUSEHOLD

ASE LIST NAMES AND AGES OF ALL HOUSEHOLD MEMBERS

HH EMBER	NAME	AGE	FEVER AND RASH IN LAST 3 MONTHS? (yes/no)	DATE OF ILLNESS	
)					

V MANY PEOPLE SLEEP IN THE SAME ROOM AS YOU?	
YOU HAVE ANY CHILDREN?	
V MANY CHILDREN DO YOU HAVE?	
IS THIS CHILD/CHILDREN?	
CHILD/ CHILDREN LIVE WITH YOU?	
HNIC GROUP DO YOU BELONG TO?	
LIGION DO YOU PRACTICE?	
AT IS YOUR LEVEL OF SCHOOLING	
AT IS THE LEVEL OF SCHOOLING OF YOUR MOTHER?	
THE LEVEL OF SCHOOLING OF YOUR FATHER?	
AT IS YOUR OCCUPATION?	

SIGNATURE OF SUPERVISOR _____ DATE OF VERIFICATION BY SUPERVISOR___/___/___