

June 11, 2014

Form Approved  
OMB No. 0920-1011  
Exp. Date 03/31/2017

**Hypothesis Generating Questionnaire  
Gastroenteritis**

**Outbreak of Diarrheal Illness in American Samoa:  
Hypothesis Generating Questionnaire for Gastroenteritis Complaints**

Hi! My name is\_\_\_\_\_. We are working with the Health department to try and figure out what caused the outbreak of diarrhea. Could we please ask you a few questions? Your answers will help prevent diarrhea in the future.

Your answers will be completely confidential. That means we will not share your personal information with anybody else.

Thank you!!!

**1) INTERVIEWER INFORMATION:**

**Interviewer name:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**2) DEMOGRAPHIC INFORMATION:**

**Patient name:**\_\_\_\_\_

**Name (if not the patient):**\_\_\_\_\_

**Relationship to child (if patient is <18 years of age):**\_\_\_\_\_

**Sex:** M F

**DOB:**\_\_\_\_\_

**Nationality:**

- American Samoan
- Western Samoan
- Other Pacific Islander
- Asian
- White, non-Hispanic
- Black, non-Hispanic
- Unknown

**Name of Village:**\_\_\_\_\_

**Number of people in household:**

Number of adults:\_\_\_\_\_

Number of children:\_\_\_\_\_

**Place of work:** \_\_\_\_\_

**3) CLINICAL SYMPTOMS:**

According to our records, you came to the Emergency room for diarrhea on (DATE). Please think back to the week before you got sick.

When did you first get sick (mm/dd/yyyy)? \_\_\_\_\_

On what day did diarrhea begin (mm /dd /yyyy)? \_\_\_\_\_

For how many days did you experience diarrhea? : \_\_\_\_\_

When at its worst, what was the total number of episodes of diarrhea you experienced in a 24 hour period?

- 1-3 per day
- 4-6 per day
- 5-10 per day
- 10+ per day

What symptoms did you have? : *Circle all that apply.*

- Fever
- Vomiting
- Poor feeding
- Irritable
- Bloody diarrhea
- Non-bloody diarrhea
- Watery diarrhea
- Fatigue/Weakness
- Chills
- Headache
- Abdominal cramps
- Nausea
- Bodyaches

What was the first place you went to seek treatment?

- Emergency room
- Local clinic
- Village healer
- Other: \_\_\_\_\_

Did you take any medications for the diarrhea?

Over the counter: Yes No /Name:\_\_\_\_\_

From the hospital: Yes No /Name:\_\_\_\_\_

Do you use any at-home remedies for diarrhea? Yes No /Name:\_\_\_\_\_

Did you hear about diarrhea from family/friends recently? Yes No

Did you hear about diarrhea from on TV/in the newspaper recently? Yes No

How long after you first got sick did you seek medical treatment?

- Less than 1 day
- 1 – 2 days
- 3 – 4 days
- 5 – 6 days
- 7 days or more

What prompted you to go to the emergency room? *Circle all that apply.*

- Diarrhea
- Dehydration
- Fever
- Stomach / gut pain
- Unable to eat
- To get medicine
- Worried about ameba
- Friend or family member suggested going
- Other:\_\_\_\_\_

**4) TRAVEL / EVENT EXPOSURES:**

Did you attend flag day? Yes No

In the week before illness, did you travel anywhere outside the village? Yes No

If yes, where?

Other village(s): (Village name(s):\_\_\_\_\_

Off-island (Name of location):\_\_\_\_\_

In the week before illness, did you have contact with anyone who traveled:

Outside the village: Yes No

Off-island: Yes No

In the week before illness, were you exposed to a school or child-care facility? Yes

In the week before illness, were you exposed to any flies? Yes No

Is your home screened? Yes No

Do you have a refrigerator? Yes No

In the week before illness, did you attend any special events where food was served or catered (weddings, community meetings, church events, etc.)? Yes No

If yes:

#1 Type of event: \_\_\_\_\_

#1 Was there a sink with soap and water to wash your hands? Yes No

#2 Type of event: \_\_\_\_\_

#2 Was there a sink with soap and water to wash your hands? Yes No

In the week before illness, did you go swimming or have other recreational water exposures (fishing, etc.)? Yes No

If yes, please describe:

\_\_\_\_\_

**5) HOUSEHOLD WATER EXPOSURES:**

What is the water supply source for your home or residence? *Circle all that apply.*

- ASPA water
- Village water
- Rain water
- Vending machines
- Bottled water
- Other: \_\_\_\_\_

If multiple sources, what source is usually used for each?

Drinking: \_\_\_\_\_

Cooking: \_\_\_\_\_

Bathing: \_\_\_\_\_

Washing clothing: \_\_\_\_\_

Cleaning: \_\_\_\_\_ Hand

washing: \_\_\_\_\_

Where do you typically wash your hands at home?

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When do you typically wash your hands at home?

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When you don't wash your hands at home, what are some reasons why?

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Does the household usually boil or filter water before use for cooking?

- Boiling
- Filtering
- No treatment

Does the household usually boil or filter water before use for drinking?

- Boiling
- Filtering
- No treatment

**6) SEWAGE EXPOSURES:**

What type of sewage disposal does your house have?

- ASPA sewage
- Septic Tank
- Cesspool
- Nothing
- Other : \_\_\_\_\_

41. How do you dispose of trash?

- ASPA
- Self-disposal
- Other: \_\_\_\_\_

IF ASPA:

How many days per week is trash collected by ASPA?

\_\_\_\_\_ days per week

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**IF SELF DISPOSAL:**

How many days per week is trash taken outside the house?

\_\_\_\_\_ days per week

How many days per week is trash taken off the property?

\_\_\_\_\_ days per week

Where do you take the trash to: \_\_\_\_\_

**7) FOOD EXPOSURES:**

What do you eat on a typical day?

*Breakfast*

What do you eat?

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Where do you eat? \_\_\_\_\_

*Lunch*

What do you eat?

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Where do you eat? \_\_\_\_\_

*Dinner*

What do you eat?

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Where do you eat? \_\_\_\_\_

*Snacks*

What do you eat?

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Where do you eat? \_\_\_\_\_

*Drinks*

What do you drink?

\_\_\_\_\_  
\_\_\_\_\_

Where do you usually shop for groceries?

\_\_\_\_\_

What restaurants do you usually go to?

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**8) ILL CONTACTS:**

Do you know anyone else who is ill? Yes No

#1 Relation to you:\_\_\_\_\_

#1 Does this person live with you?:\_\_\_\_\_

#1 Village:\_\_\_\_\_

#2 Relation to you:\_\_\_\_\_

#2 Does this person live with you?:\_\_\_\_\_

#2 Village:\_\_\_\_\_

#3 Relation to you:\_\_\_\_\_

#3 Does this person live with you?:\_\_\_\_\_

#3 Village:\_\_\_\_\_

#4 Relation to you:\_\_\_\_\_

#4 Does this person live with you?:\_\_\_\_\_

#4 Village:\_\_\_\_\_

#5 Relation to you:\_\_\_\_\_

#5 Does this person live with you?:\_\_\_\_\_

#5 Village:\_\_\_\_\_

**9) PERSONAL OPINION**

How do you think you got sick?

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Is there anything else you would like to share with us, relating to the diarrhea outbreak?

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**THANK YOU SO MUCH FOR YOUR TIME!!!  
We truly appreciate your talking to us today.**