

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]	
BIRTH DATE (CASE ONLY) (DAY/MONTH/YEAR) ____/____/____			
INTERVIEW/INVESTIGATION (DAY/MONTH/YEAR) ____/____/____		NAME OF INTERVIEWER:	<input type="checkbox"/> Written consent obtained
INTERVIEW WITH: <input type="checkbox"/> CASE <input type="checkbox"/> CONTROL		AGE: _____ years OR _____ months (if less than 12 months old)	DATE OF BIRTH ____/____/____ (DAY/MONTH/YEAR)
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
PLEASE PRINT NAME: _____ ADDRESS: _____ PHONE: _____ EMAIL: _____ SIGNATURE: _____ DATE: _____ RE: THANK YOU FOR AGREEING TO PARTICIPATE IN THE STUDY.			
WHO IS THE RESPONDENT		<ul style="list-style-type: none"> • 1 - CASE/CONTROL THEMSELF • 99 - OTHER (SPECIFY) _____ 	
EXPOSURE HISTORY			
DID YOU (CASE) HAD CONTACT WITH A PERSON WITH RASH AND FEVER IN THE 1 TO 3 WEEKS BEFORE THE BEGINNING OF YOUR RASH ILLNESS?		<ul style="list-style-type: none"> • 1 - YES GO TO QUESTION 4 • 2 - NO GO TO QUESTION 5 • 99 - UNKNOWN GO TO QUESTION 5 	
DID YOU (CONTROL) HAD CONTACT WITH A PERSON WITH RASH AND FEVER IN THE PREVIOUS 1- 3 WEEKS?		<ul style="list-style-type: none"> • 1 - YES GO TO QUESTION 4 • 2 - NO GO TO QUESTION 6 • 99- UNKNOWN GO TO QUESTION 6 	
WHERE DID YOU (CASE OR CONTROL) HAVE CONTACT WITH THIS PERSON? Choose all that apply		<ul style="list-style-type: none"> • 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 	
DID YOU (CASE) GO TO A HOSPITAL OR CLINIC 7 TO 21 DAYS BEFORE THE ONSET OF RASH ILLNESS ?		<ul style="list-style-type: none"> • 1 - YES GO TO QUESTION 7 • 2 - NO GO TO QUESTION 12 • 99 - UNKNOWN GO TO QUESTION 12 	
DID YOU (CONTROL) GO TO A HOSPITAL OR CLINIC IN THE LAST 7 TO 21 DAYS? (7-21 DAYS PRIOR TO THIS INTERVIEW)		<ul style="list-style-type: none"> • 1 - YES GO TO QUESTION 7 • 2 - NO GO TO QUESTION 12 • 99 - UNKNOWN GO TO QUESTION 12 	
HOW MANY TIMES DID YOU GO TO A HOSPITAL OR CLINIC?		<ul style="list-style-type: none"> • 1 - ONCE GO TO QUESTION 8 • 2 - MORE THAN ONCE GO TO QUESTION 11 	
NAME OF THE HOSPITAL/CLINIC?			

WERE YOU ADMITTED TO THE HOSPITAL? • 1 - YES • 2 - NO		
DATE 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?		
DATE	HOSPITAL/CLINIC NAME	ADMITTED TO HOSPITAL VISIT?
____/____/____		• 1 - YES • 2 - NO
____/____/____		• 1 - YES • 2 - NO
____/____/____		• 1 - YES • 2 - NO
____/____/____		• 1 - YES • 2 - NO
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 13 • 2 - NO GO TO QUESTION 15 • 99 - UNKNOWN GO TO QUESTION 15		
WHERE 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 _____)		
ADDRESS OF CONGREGATED SETTING:		
ADDRESS: _____ COUNTRY/DISTRICT _____ TOWNSHIP/STREET _____ VILLAGE/NEIGHBORHOOD		
VACCINATION STATUS		

AM GOING TO ASK YOU SOME QUESTIONS RELATED TO VACCINATION	
WERE YOU VACCINATED AGAINST MEASLES AS A CHILD?	<ul style="list-style-type: none"> • 1 – YES GO TO QUESTION 16 • 2 – NO GO TO QUESTION 17 • 99 – UNKNOWN GO TO QUESTION 18
HOW MANY DOSES OF MEASLE VACCINE DID YOU RECEIVE AS A CHILD?	<ul style="list-style-type: none"> • 1 – ONE • 2- TWO OR MORE • 99- UNKNOWN

INFORMATION ABOUT PLACE OF RESIDENCE AND TRAVEL HISTORY	
AM GOING TO ASK YOU (CASE OR CONTROL) SOME QUESTIONS ABOUT YOUR TRAVEL HISTORY	
IN THE LAST 2 MONTHS HAVE YOU TRAVELED OUTSIDE OF KOSRAE (FOR WHAT REASON)?	
HOW MANY TIMES IN THE LAST 2 MONTHS HAVE YOU TRAVELED OUTSIDE OF KOSRAE?	
WHERE DID YOU TRAVEL TO?	
IN THE LAST 2 MONTHS HAS A MEMBER OF THE HOUSEHOLD TRAVELED OUTSIDE OF "X"?	
WHICH HOUSEHOLD MEMBER AND WHERE DID THEY GO TO?	
IN THE LAST 2 MONTHS HAVE YOU HAD CONTACT WITH ANYBODY FROM A FOREIGN COUNTRY?	
WHERE WAS THIS PERSON OR PEOPLE FROM? (LIST ALL APPROPRIATE RESPONSES)	
WHERE DID YOU HAVE CONTACT WITH THIS PERSON? (LIST ALL APPROPRIATE RESPONSES)	

DEMOGRAPHIC INFORMATION

Public reporting burden of this collection of information is estimated to average 20 minutes 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

QUESTIONS DEAL WITH YOUR HOUSEHOLD

PLEASE LIST NAMES AND AGES OF ALL HOUSEHOLD MEMBERS

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

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

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

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