

**HEPATITIS A VIRUS (HAV) OUTBREAK  
HAWAII, 2016—CASE QUESTIONNAIRE**

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**Section 1: INTERVIEWER INFORMATION** (Questions 1-5 to be completed by interviewer prior to questionnaire administration)

1. CDC ID #: \_\_\_\_\_ 2. State/Local/Other ID #: \_\_\_\_\_

3. Date of Interview:    /    /    (if unknown, enter 99/99/9999)  
                                   M M / D D / Y Y Y Y

4. Interviewer Information Name: \_\_\_\_\_ Contact phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
                                   Agency or Organization: \_\_\_\_\_

5. Before this interview, how many times has the case been interviewed about their illness by a local, state, or federal public health representative?  None  Once  Twice  Three times  
 Other (specify # times): \_\_\_\_\_  Unknown

6. Respondent was:  Self  Parent  Spouse  Other (Specify): \_\_\_\_\_

**Section 2: DEMOGRAPHIC DATA:** I'd like to begin by asking a few questions about yourself (your child) and your household.

1. What are your state, county, and zip code? State abbr. \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Birth month and year    /    (if unknown, enter 99/9999)  
                                   M M / Y Y Y Y

3. Sex:  Male  Female  Unknown

4. Hispanic or Latino origin?  Yes  No  Unknown

5. How would you describe your race?  White  Black/ African American  American Indian/Alaska Native  Asian  
 Native Hawaiian/Other Pacific Islander  Other (specify): \_\_\_\_\_  Unknown

**Section 3: CLINICAL INFORMATION:** Now I have a few questions about your (your child's) illness.

1. What date did you first feel sick?    /    /    (if unknown, enter 99/99/9999)  
                                   M M / D D / Y Y Y Y

Yes	Maybe	No	Don't Know	Did/Were you (your child)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have any diarrhea (defined as at least 3 loose stools in 24 hours)
<div style="display: flex; align-items: center;"> <div style="border-top: 1px solid black; width: 100px; margin-right: 5px;"></div> <div style="font-size: 2em; margin-right: 5px;">}</div> <div style="border-bottom: 1px solid black; width: 100px; margin-right: 5px;"></div> <div style="font-size: 1.5em; margin-right: 5px;">→</div> </div>				2a. What day did it start <u>  </u> / <u>  </u> / <u>  </u> (if unknown, enter 99/99/9999) M M / D D / Y Y Y Y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Hospitalized overnight?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have any close contact with anyone with diarrhea or vomiting?
				4a. When was this person ill <input type="checkbox"/> less than 24 hours before you <input type="checkbox"/> ≥ 24 hours before you <input type="checkbox"/> Unknown
5. How many days total were you sick? _____ days (enter 999 if unknown) or <input type="checkbox"/> Still ill				

**Section 4: TRAVEL:** Next I have a couple of questions about any travel you (your child) might have done, either as part of your work or for pleasure.

Yes	Maybe	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you spend all, or some, of the 50 days before you were ill outside your home state?
				1a. List all US states where you might have purchased or eaten foods. Enter 2-letter postal abbrv(s): _____ This would include foods eaten at airports, bus or train stations. <input type="checkbox"/> Unknown <input type="checkbox"/> Did not travel to other US states
				List countries & Travel dates: _____
				1b. List all countries outside the US where you might have purchased or eaten foods. <input type="checkbox"/> Unknown <input type="checkbox"/> Did not travel to outside the US

**Section 4 Comments.** Please fill in any comments/notes from this section in the space provided below:

\* If the case spent the entire 50 days before illness onset outside the US, please be sure countries and travel dates are noted and skip to the end of the interview (page 11).  
 \* If the case spent only part of the 50 days before illness onset outside the US, please complete the remainder of the interview collecting only foods purchased or eaten in the US.

**Section 5: FOOD ALLERGIES, SPECIAL DIETS, VITAMINS, & SUPPLEMENTS:** Now I have a few questions about food allergies and any special diets you (your child) may follow. I will also ask a few questions about vitamins and supplement you may have taken in the 50 days before your illness began.

Yes	Maybe	No	Don't Know	Did you (your child) have:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Any allergies that prevent you from eating a certain food(s)? 1a. What foods? <input type="checkbox"/> milk <input type="checkbox"/> eggs <input type="checkbox"/> peanuts <input type="checkbox"/> tree nuts <input type="checkbox"/> fish <i>Please check all that apply.</i> <input type="checkbox"/> soy <input type="checkbox"/> wheat <input type="checkbox"/> shellfish <input type="checkbox"/> other: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Vegetarian or vegan diet?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Special or restricted diet (medical, weight-loss, religious, cultural, etc.)? 3a. Please describe : _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any vitamins, nutritional or herbal supplements, such as teas, tablets, and pills, etc.? 4a. Please describe Type, variety, brand: _____ <input type="checkbox"/> Unknown

**Section 5 Comments.** Please fill in any comments/notes from this section in the space provided below:

**For Sections 6 and 50:** Read each type of store, point of purchase, or food outlet in the top section and ask respondent to list names for each category. The lists of store/restaurant types are meant to prompt the respondent. Please list the names of all points of purchase/restaurants mentioned, regardless of category, in the space provided below. **You do not need to record a yes or no response for each category, only record the specific names and approximate locations reported in the space below.**

**Section 6: SOURCES OF FOOD AT HOME:** Now I have a few questions about where the food came from that you ate **at home** in the 50 days before your illness began. This isn't necessarily where you shopped during that week, but where what you actually ate came from. I'm going to list several types of stores, for each type please tell me the names of each store you would have eaten food from during the 50 days before you were sick.

1. Did you (your child) eat foods from?

Grocery stores or Supermarkets	Health food stores or Co-ops
Warehouse stores such as Costco or Sam's Club	Fish or meat specialty shops (butcher's shop, etc.)
Small markets or Mini markets (convenience stores, gas stations, etc.)	Farmer's markets, Roadside stands, Open-air markets, or food purchased directly from a farm
Ethnic specialty markets ( Mexican, Asian, or Indian groceries)	Any other sources of food at home that you ate during the 50 days before your illness began?

**List Store/Retail Names and Locations:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 50: SOURCES OF FOOD OUTSIDE THE HOME:** Now I have a few questions about where the food came from that you ate **outside your home** such as restaurants or fast food chains. I'm going to list several types of restaurant, for each type please tell me the names of each place you would have eaten food from during the 50 days before you were sick.

1. Did you (your child) eat at any?

National fast food chains	Vegetarian or Vegan	All-you-can-eat Buffet
Mexican-style	Barbeque or Home-style	Sandwich shops or Delis
Italian	Steakhouse or Grill	Any take away/ take-out food
Seafood/Sushi	Diner or Neighborhood Café	Breakfast or Brunch-style
Jamaican, Cuban, or Caribbean	Middle Eastern, Arabic, Lebanese, or African	A school or other institutional setting
Chinese, Indian, Japanese or other Asian-style	An event where food was served, such as a catered event, food festival, church or community meal, etc.	Any other restaurants or places you might have eaten at in the 50 days before your illness began?

**List Restaurant Names and Locations:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fish and Seafood:** Now I have some questions about fish and seafood you (your child) might have eaten in the 50 days before your (your child's) illness began. You (your child) may have eaten this at home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish, sauce, or dip. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 50 days before you (your child) got sick.

Yes	Maybe	No	Don't Know	Did you (your child) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Sushi or Sashimi?
				1a. From where? <input type="checkbox"/> Restaurant(s) Meal Date(s): _____ Restaurant Name: _____ Address: _____ <input type="checkbox"/> Grocery Store(s) Purchase Date(s): _____ Meal Date(s): _____ Store Name: _____ Address: _____ <input type="checkbox"/> Other: _____ Meal Date(s): _____ Name: _____ Address: _____
				1b. What are the name(s) of the sushi item(s) (for instance Spicy Tuna, Dragon Roll, California Roll, Maguro Nigiri)? This may include items you <b>shared</b> with meal companions. (Investigator: use an <b>online restaurant menu</b> if available). Please note <b>where (i.e. restaurant, store)</b> each roll was purchased/consumed, if case has multiple sushi exposures.
				1c. What were the types of sushi you ate? For example did your meal include:
				<input type="checkbox"/> Special Roll (examples California or Dragon Roll): _____ <input type="checkbox"/> Spicy Tuna Roll <input type="checkbox"/> Nigiri (small clump of rice with piece of seafood on top) <input type="checkbox"/> Maki (smaller roll usually with seaweed) <input type="checkbox"/> Inari (pouch of fried tofu filled with rice) <input type="checkbox"/> Sashimi (Raw fish without rice) <input type="checkbox"/> Poke (Hawaiian-style Sashimi of Raw fish chunks) <input type="checkbox"/> Other (specify): _____
				1d. What were the seafood ingredients in the Sushi?
				<input type="checkbox"/> Spicy Tuna <input type="checkbox"/> Raw Tuna (Maguro) <input type="checkbox"/> Smoked Tuna <input type="checkbox"/> Yellowtail (Hamachi) <input type="checkbox"/> Raw Salmon <input type="checkbox"/> Smoked Salmon <input type="checkbox"/> Shrimp (ebi) <input type="checkbox"/> Eel (Unagi) <input type="checkbox"/> Squid (Ika) <input type="checkbox"/> Other White Fish (Specify): _____ <input type="checkbox"/> Crab stick (imitation crab) <input type="checkbox"/> Alaskan/Real Crab <input type="checkbox"/> Roe/caviar (fish eggs) <input type="checkbox"/> Scallop <input type="checkbox"/> Other Seafood (Specify): _____
				1e. What were the other ingredients in the sushi?
				<u>Other Ingredients:</u> <input type="checkbox"/> Rice <input type="checkbox"/> Seaweed (Nori) <input type="checkbox"/> Cucumber <input type="checkbox"/> Avocado <input type="checkbox"/> Egg <input type="checkbox"/> Mushroom <input type="checkbox"/> Sprouts <input type="checkbox"/> Ume (Pickled Plum) <input type="checkbox"/> Asparagus <input type="checkbox"/> Carrots <input type="checkbox"/> Cream Cheese <input type="checkbox"/> Tofu <input type="checkbox"/> Black sesame seeds <input type="checkbox"/> White sesame seeds <input type="checkbox"/> Other Vegetables (Specify) <input type="checkbox"/> Other (Specify): _____
				1f. What were the sides/garnishes eaten with your sushi?

- wasabi  soy sauce  white/yellow ginger  pink ginger
- ginger color unknown  eel sauce  ponzu sauce  mayo  tempura flakes
- spicy mayo  sriracha  radish sprouts  sprouts (other)  sesame seeds  shiso leaves  masago (generally orange-red, about the size of a pencil tip, and a bit crunchy)  other sauce/side/garnish (specify): \_\_\_\_\_

1g. What other food items did you eat during your sushi/sashimi meal?

- Soy Beans (Edamame)
- Seaweed Salad
- Garden/House Salad If yes, what salad dressing?: \_\_\_\_\_
- Dumplings/Pot Stickers
- Soup: If yes, What kind: Miso, Wonton, Hot & Sour (**CIRCLE**) Other (Specify): \_\_\_\_\_
- Deep Fried Spring Roll or Egg Roll, If yes, Type: Vegetarian, Shrimp (**CIRCLE**) Other (Specify): \_\_\_\_\_
- Fresh (Non-fried) Spring Roll, Type: Vegetarian, Shrimp (**CIRCLE**) Other (Specify): \_\_\_\_\_
- Ice Cream: Green Tea, Red Bean, Mango (**CIRCLE**) Other (Specify): \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

1h. How did you pay for your sushi items?

- Credit card  Cash  Check  Other: \_\_\_\_\_

1i. Do you have a receipt from your sushi meal/purchase?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you eat any other fresh or fresh-frozen fish?

2a. Was it eaten at home?

- Was it  Fresh  Frozen  Unknown
- Type/Brand of fish: \_\_\_\_\_
- Describe the dish: \_\_\_\_\_
- Place purchased: \_\_\_\_\_
- Purchase date(s): \_\_\_\_\_
- Meal date(s): \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2b. Was it eaten away from home?

- Was it  Fresh  Frozen  Unknown
- Type/Brand of fish: \_\_\_\_\_
- Describe the dish: \_\_\_\_\_
- Place eaten: \_\_\_\_\_
- Meal date(s): \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Ceviche? Specify: \_\_\_\_\_

4. Shrimp or prawns?

5. Crab, lobster, or crayfish? (**CIRCLE**)

6. Oysters?

7. Clams, mussels, scallops, or other shellfish? (**CIRCLE**)

8. Squid or octopus? (**CIRCLE**)

9. Smoked or dried fish?

10. Frozen fish product (fish sticks, nuggets, etc.)? Specify: \_\_\_\_\_

11. Any other fish or seafood?

11a. What was the: Type, variety, brand: \_\_\_\_\_  Unknown

**Section 9 Comments.** Please fill in any comments/notes from this section in the space provided below: