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| **Section 1: Interviewer information** *(Questions 1-5 to be completed by interviewer prior to questionnaire administration)* | | | | |
| 1. Subject ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 1. Inmate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Date of Interview: | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ *(if unknown, enter 99/99/9999)*  *M M D D Y Y Y Y* | | | |
| 1. Interviewer Information Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Agency or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. Location of interview:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
| 1. Respondent was: | | Self Family Clinician Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. Respondent is: | | Confirmed case Suspected case Not a case Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**QUESTIONNAIRE FOR PRISON OUTBREAK OF *CLOSTRIDIUM BOTULINUM*, JUNE 2016**

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| **Section 2: Demographic Data:** | | |
| 1. Birth month and year | \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ *(if unknown, enter 99/9999)*  *M M Y Y Y Y* | |
| 1. Sex:  Male  Female  Unknown | | |
| 1. Hispanic or Latino origin?  Yes  No  Unknown | | |
| 1. How would you describe your race? | | White  Black/ African American  American Indian/Alaska Native  Asian  Native Hawaiian/Other Pacific Islander  Other (specify): \_\_\_\_\_\_\_\_\_\_\_  Unknown |
| 1. What is your cell/ward location in the prison:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. What are your prison duties or job (kitchen staff, lawn crew, janitorial):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Section 3: Food allergies, special diets:** | | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | Did you have: | |
|  |  |  |  | 1. Any allergies that prevent you from eating a certain food(s)? | |
|  | | | | 1a. What foods?  *Please check all that apply*. | Milk  Eggs  Peanuts  Tree nuts  Fish  Soy  Wheat  Shellfish  other: \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  | 1. Do you follow any of the following special or restricted diets? | |
|  | | | | Dairy‐free  Vegetarian/Vegan  Kosher  Gluten‐free  Other religious diet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Section 4 Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | | |

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| **Section 4: Sources of food:** |
| 1. In the past two week, did you eat foods from?  |  |  | | --- | --- | | Prison cafeteria | Food brought to you in the prison by friend or relatives | | Food prepared in cell | Food shared from other prisoners | | Prison shop | Food bought or traded from other prisoners | | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |

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| 1. **In the past two weeks have you stored food in your cell?**   Yes  No   1. **In the past two weeks have you consumed food prepared in your cell?**   Yes  No |

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| **Section 5: Food items:** | | | | |
| 1. Did you eat any of the follow food items served in the prison cafeteria?:   \*\*\* To be completed with prison food menu. | | | | |
| Food item | Yes | No | Don’t know | Unknown |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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| Have you eaten any additional food items in the past two weeks?: | | | | |
| **Section 4 Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

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| **Section 6: Hooch:** Now I have a few questions about Hooch or Pruno. | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** |  |
|  |  |  |  | 1. Have you ever drank hooch since you entered the prison? |
|  |  |  |  | 1a. How often do you drink hooch?  daily  weekly  monthly  less than monthly  when it is available  don’t know |
|  |  |  |  | 1. Have you drank hooch since June 1st? |
|  | | | | 2a. How many times did you drink hooch since June 1st? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2b. When did you first drink the hooch? \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  2c. On average, how much hooch did you drink each time?  a sip  a cup  a pint  more than a pint  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2d. Did you share with other people?  Yes  No  Don’t know  How many people did you share with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are any of these people currently sick?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2e. Do you still have hooch in your cell?  Yes  No  Don’t know  2f. Where did you get the hooch?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2g. Do you know when the batch of hooch that you made was dug up or first drank?  Yes  No  Don’t know  If yes, when? \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |
| **Section 4 Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

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| **Section 7: Clinical Information:**. | | | | |
| 1. What date did you first feel sick? | | | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ *(if unknown, enter 99/99/9999)*  Not sick  *M M D D Y Y Y Y* |
| 1. How many days total were you sick? | | | | \_\_\_\_\_\_\_ days *(enter 999 if unknown)* or  Still Ill |
| **Yes** | **No** | **Don’t Know** | Was the patient: | |
|  |  |  | 1. Hospitalized overnight? | |
|  |  |  | Date of hospitalization \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | |
|  |  |  | Date of discharged \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ or  Still hospitalized | |
|  |  |  | Admitted to ICU?  Yes  No  Don’t know | |
|  |  |  | 1. Intubated? | |
|  |  |  | Date of intubation \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | |
|  |  |  | Date stopped intubation \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ or  Still Intubation | |
|  |  |  | 1. Did patient receive HBAT | |
|  |  |  | Date of HBAT administration \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | |
| **Did the patient have any of the following symptoms:** | | | | |
| **Yes** | **No** | **Don’t Know** | Symptom | |
|  |  |  | Change in sound of voice | |
|  |  |  | Abdominal Pain | |
|  |  |  | Hoarseness | |
|  |  |  | Diarrhea | |
|  |  |  | Dry mouth | |
|  |  |  | Constipation | |
|  |  |  | Dysphagia (difficulty swallowing) | |
|  |  |  | Blurred Vision | |
|  |  |  | Shortness of breath | |
|  |  |  | Diplopia (double vision) | |
|  |  |  | Subjective weakness | |
|  |  |  | Dizziness | |
|  |  |  | Fatigue | |
|  |  |  | Slurred Speech | |
|  |  |  | Paresthesia (abnormal sensation, e.g. numbness) | |
|  |  |  | Thick tongue | |
|  |  |  | Nausea | |
|  |  |  | Extraocular Palsy (paralysis of eye muscles) | |
|  | | | If yes, is it bilateral? | |
| If bilateral, is it symmetric? | |
|  |  |  | Ptosis (drooping eyelids) | |
|  |  |  | Facial Paralysis | |
|  | | | If yes, is it bilateral? | |
| If bilateral, is it symmetric? | |
|  |  |  | Palatal weakness | |
|  | | | If yes, is it bilateral? | |
|  |  |  | Impaired gag reflex | |
|  |  |  | Other sensory deficit(s) | |
|  | | | Which ones?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  | Other symptoms? | |
|  |  |  | Which ones?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Clinical history:** | | | | |
| **Yes** | **No** | **Don’t Know** | Comorbidity | |
|  |  |  | HIV | |
|  |  |  | TB | |
|  |  |  | Hepatitis C | |
|  |  |  | Hypertension | |
|  |  |  | Diabetes | |
|  |  |  | Other Comorbidity(ies)? | |
|  | | | Which other(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |