

**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="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: center;"> } → </div>				2a. What day did it start <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> / <u> </u> (if unknown, enter 99/99/9999) M M D D Y Y Y Y
				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?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 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
				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 Please check all that apply. <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 shared with meal companions. (Investigator: use an online restaurant menu if available). Please note where (i.e. restaurant, store) 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?

	<input type="checkbox"/> wasabi <input type="checkbox"/> soy sauce <input type="checkbox"/> white/yellow ginger <input type="checkbox"/> pink ginger <input type="checkbox"/> ginger color unknown <input type="checkbox"/> eel sauce <input type="checkbox"/> ponzu sauce <input type="checkbox"/> mayo <input type="checkbox"/> tempura flakes <input type="checkbox"/> spicy mayo <input type="checkbox"/> sriracha <input type="checkbox"/> radish sprouts <input type="checkbox"/> sprouts (other) <input type="checkbox"/> sesame seeds <input type="checkbox"/> shiso leaves <input type="checkbox"/> masago (generally orange-red, about the size of a pencil tip, and a bit crunchy) <input type="checkbox"/> other sauce/side/garnish (specify): _____
	1g. What other food items did you eat during your sushi/sashimi meal? <input type="checkbox"/> Soy Beans (Edamame) <input type="checkbox"/> Seaweed Salad <input type="checkbox"/> Garden/House Salad If yes, what salad dressing?: _____ <input type="checkbox"/> Dumplings/Pot Stickers <input type="checkbox"/> Soup: If yes, What kind: Miso, Wonton, Hot & Sour (CIRCLE) Other (Specify): _____ <input type="checkbox"/> Deep Fried Spring Roll or Egg Roll, If yes, Type: Vegetarian, Shrimp (CIRCLE) Other (Specify): _____ <input type="checkbox"/> Fresh (Non-fried) Spring Roll, Type: Vegetarian, Shrimp (CIRCLE) Other (Specify): _____ <input type="checkbox"/> Ice Cream: Green Tea, Red Bean, Mango (CIRCLE) Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____
	1h. How did you pay for your sushi items? <input type="checkbox"/> Credit card <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other: _____
<input type="checkbox"/>	1i. Do you have a receipt from your sushi meal/purchase?
<input type="checkbox"/>	2. Did you eat any other fresh or fresh-frozen fish?
<input type="checkbox"/>	2a. Was it eaten at home? Was it <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Unknown Type/Brand of fish: _____ Describe the dish: _____ Place purchased: _____ Purchase date(s): _____ Meal date(s): _____
<input type="checkbox"/>	2b. Was it eaten away from home? Was it <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Unknown Type/Brand of fish: _____ Describe the dish: _____ Place eaten: _____ Meal date(s): _____
<input type="checkbox"/>	3. Ceviche? Specify: _____
<input type="checkbox"/>	4. Shrimp or prawns?
<input type="checkbox"/>	5. Crab, lobster, or crayfish? (CIRCLE)
<input type="checkbox"/>	6. Oysters?
<input type="checkbox"/>	7. Clams, mussels, scallops, or other shellfish? (CIRCLE)
<input type="checkbox"/>	8. Squid or octopus? (CIRCLE)
<input type="checkbox"/>	9. Smoked or dried fish?
<input type="checkbox"/>	10. Frozen fish product (fish sticks, nuggets, etc.)? Specify: _____
<input type="checkbox"/>	11. Any other fish or seafood? 11a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown

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