**HEPATITIS A VIRUS (HAV) OUTBREAK**

**HAWAII, 2016—CONTROL QUESTIONNAIRE**

**Hepatitis A Virus (HAV) Outbreak**

**Hawaii, 2016—Control questionnaire**

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| **Section 1: Interviewer information** *(Questions 1-5 to be completed by interviewer prior to questionnaire administration)* |
| 1. CDC ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 1. State/Local/Other ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Date of Interview:
 |  \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ *(if unknown, enter 99/99/9999)* *M M D D Y Y Y Y* |
| 1. Interviewer Information Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact phone number: **(\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_**

 Agency or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. 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 |
|  |  |
| 1. Respondent was:
 | [ ] Self [ ] Parent [ ] Spouse [ ] Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Time Period in question:
 | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ — \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ — *(if unknown, enter 99/99/9999)* *M M D D Y Y Y Y M M D D Y Y Y Y* |

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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 |

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| **Section 3: 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** |  |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. Did you spend all, or some, of the selected time period outside your home state?
 |
|  |  1a. List all US states where you might have purchased or eaten foods.  This would include foods eaten at airports, bus or train stations.  | Enter 2-letter postal abbrv(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Unknown[ ]  Did not travel to other US states |
|  1b. List all countries outside the US where you might have purchased or eaten foods.  | List countries & Travel dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Unknown[ ]  Did not travel to outside the US  |
| **Section 3 Comments.** *Please fill in any comments/notes from this section in the space provided below:* |

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| **Section 4: 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 selected time period before your illness began. |
| **Yes** | **Maybe** | **No** | **Don’t Know** | Did you (your child) 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. Vegetarian or vegan diet?
 |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. Special or restricted diet (medical, weight-loss, religious, cultural, etc.)?
 |
|  |  3a. Please describe | : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Unknown |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. Any vitamins, nutritional or herbal supplements, such as teas, tablets, and pills, etc.?
 |
|  |  4a. Please describe | Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  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.***

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| **Section 5: Sources of food at home:** Now I have a few questions about where the food came from that you ate **at home** in the selected time period 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 selected time period 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 selected time period before your illness began? |

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

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| **Section 5.1: 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 selected time period. |
| 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 selected time period 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 selected time period. 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 selected time period before you (your child) got sick.** |
| **Yes** | **Maybe** | **No** | **Don’t Know** | Did you (your child) eat any: |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. Sushi or Sashimi?
 |
|  |  1a. From where?  [ ]  Restaurant(s) Meal Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Restaurant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Grocery Store(s) Purchase Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meal Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Store Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  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: |
|  | [ ]  Special Roll (examples California or Dragon Roll): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Spicy Tuna Roll[ ]  Nigiri (small clump of rice with piece of seafood on top)[ ]  Maki (smaller roll usually with seaweed) [ ]  Inari (pouch of fried tofu filled with rice)[ ]  Sashimi (Raw fish without rice)[ ]  Poke (Hawaiian-style Sashimi of Raw fish chunks) [ ]  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  1d. What were the seafood ingredients in the Sushi?  |
|  |

|  |  |
| --- | --- |
| [ ]  Spicy Tuna[ ]  Raw Tuna (Maguro)[ ]  Smoked Tuna[ ]  Yellowtail (Hamachi)[ ]  Raw Salmon [ ]  Smoked Salmon[ ]  Shrimp (ebi)[ ]  Eel (Unagi) [ ]  Squid (Ika)[ ]  Other White Fish (Specify): | [ ]  Crab stick (imitation crab)[ ]  Alaskan/Real Crab[ ]  Roe/caviar (fish eggs)[ ]  Scallop[ ]  Other Seafood (*Specify*): |

 |
|  |  1e. What were the other ingredients in the sushi? |
|  |

|  |  |
| --- | --- |
| *Other Ingredients:*[ ]  Rice[ ]  Seaweed (Nori)[ ]  Cucumber [ ]  Avocado[ ]  Egg [ ]  Mushroom[ ]  Sprouts[ ]  Ume (Pickled Plum)[ ]  Asparagus[ ]  Carrots[ ]  Cream Cheese | [ ]  Tofu[ ]  Black sesame seeds[ ]  White sesame seeds[ ]  Other Vegetables (*Specify*)[ ]  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? |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  | 2b. Was it eaten away from home? |
|  |  Was it [ ]  Fresh [ ]  Frozen [ ]  Unknown Type/Brand of fish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe the dish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meal date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. Ceviche? Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. Shrimp or prawns?
 |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. Crab, lobster, or crayfish? **(CIRCLE)**
 |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. Oysters?
 |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. Clams, mussels, scallops, or other shellfish? **(CIRCLE)**
 |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. Squid or octopus? **(CIRCLE)**
 |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. Smoked or dried fish?
 |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. Frozen fish product (fish sticks, nuggets, etc.)? Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| [ ]  | [ ]  | [ ]  | [ ]  | 1. 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:* |