

**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 #: _____ 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): _____
 _____ / _____ / _____ — _____ / _____ / _____ — (if unknown, enter 99/99/9999)

7. Time Period in question: _____
M M D D Y Y Y Y M M D D Y Y Y Y

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: 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 selected time period 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 3 Comments. Please fill in any comments/notes from this section in the space provided below:

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	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you (your child) have:
				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 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: _____

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:
<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:

- 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?

- | | |
|---|--|
| <input type="checkbox"/> Spicy Tuna | <input type="checkbox"/> Crab stick (imitation crab) |
| <input type="checkbox"/> Raw Tuna (Maguro) | <input type="checkbox"/> Alaskan/Real Crab |
| <input type="checkbox"/> Smoked Tuna | <input type="checkbox"/> Roe/caviar (fish eggs) |
| <input type="checkbox"/> Yellowtail (Hamachi) | <input type="checkbox"/> Scallop |
| <input type="checkbox"/> Raw Salmon | <input type="checkbox"/> Other Seafood (<i>Specify</i>): |
| <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 (<i>Specify</i>): | |

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?

	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1i. Do you have a receipt from your sushi meal/purchase?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2. Did you eat any other fresh or fresh-frozen fish?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3. Ceviche? Specify: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. Shrimp or prawns?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5. Crab, lobster, or crayfish? (CIRCLE)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. Oysters?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7. Clams, mussels, scallops, or other shellfish? (CIRCLE)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8. Squid or octopus? (CIRCLE)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9. Smoked or dried fish?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10. Frozen fish product (fish sticks, nuggets, etc.)? Specify: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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: