

Dear Interviewer,

Thank you for using the Cyclosporiasis National Hypothesis Generating Questionnaire (CNHGQ). Before the survey questions begin you will be asked to confirm that the interviewee has a laboratory-confirmed case of cyclosporiasis, and provide information about yourself (the interviewer) and whether the case-patient has been previously interviewed about his/her illness. You will begin reading the survey question prompts to the case-patient on the page entitled "Section 1: Demographic Information."

PLEASE NOTE: if you elect to save and "Finish later" and then "Exit Survey", you must use the URL and passcode provided to re-enter the survey. Do not click "Begin Survey" on the survey homepage as this will begin an entirely new survey and you will not see any previously recorded responses.

To obtain a PDF of your survey responses press "Print" before "Submit Survey" on the last page.

For technical assistance with this survey please contact the Cyclosporiasis Surveillance Coordinator at [parasites@cdc.gov](mailto:parasites@cdc.gov) or (404) 718-1057.

Thank you for your participation in this cyclosporiasis investigation.

**Interviewer Information**  
**Questions to be completed by interviewer prior to questionnaire administration**

1. State/Local/Other ID

2. Date of Interview

3. Does the interviewee have a lab-confirmed case of cyclosporiasis?

Interviewer Information

4. Name

5. Agency or Organization

6. Contact Phone Number

7. Before this interview how many times has the case-patient been interviewed about his/her illness?

7a. If other, specify:

8. Respondent for previous interview was:

8a. If other, specify:

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UserID

**Section 1: Demographic Data**

Hello, my name is [state your name]. I am from [state your health department]. We are contacting you because of your recent infection with Cyclospora, which is a parasite that causes intestinal illness. We are trying to determine how you and others became infected with Cyclospora so we can prevent others from getting sick.

You may have already been contacted by someone at the health department, but I would like to ask you questions in a standard way about your illness, and about any travel you may have had or foods you may have eaten before becoming ill. The interview will take about 20 minutes. Your help in the investigation is very important. Your participation is voluntary, and you may refuse to answer any question at any time. All information you give will be kept confidential to the extent permitted by law. No individual names or other identifying information will be used in any official reports about the results of the investigation.

**Are you willing to participate in this investigation?**

**If yes: Most of the questions relate to the 2-week period before you became ill. Therefore, it may help to have a calendar nearby. Do you need a few moments to get one? [Then proceed to start of interview]**

**If no: Thank you for your time.**

**I'd like to begin by asking a few questions about you (your child) and your household.**

What are your state, county, and zip code? \_\_\_\_\_

1. State       2. County       3. Zip Code

4. Birth month       Birth year       5. Age       6. Sex

7. How would you describe your race?       7a. If other, specify:

8. Hispanic or Latino origin

**Section 2: Clinical Information**

**Now I have a few questions about your (your child's) illness.**

9. What date did you (your child) first feel sick?   Unknown

10. Did you (your child) have any diarrhea (defined as loose or watery stools that you do not normally have)?

10a. What date did it start?   Unknown

11. Has your (your child's) diarrhea stopped?

11a. What date did it stop?

12. Have your (your child's) other symptoms stopped?

12a. What date did they stop?

13. Were you (your child) hospitalized overnight?

13a. How many nights were you (your child) hospitalized?

13b. Hospital name:  13c. Date hospitalized:

14. Have you (has your child) submitted a stool specimen for Cyclospora testing?

14a. If yes, what was the date of stool collection?

14b. If known, what was the result of the test for Cyclospora?

14c. Additional information on stool specimen (e.g., patient has appointment to submit stool).

*If multiple stools were submitted, include information on those specimens below. If multiple stools were submitted and only one was positive for Cyclospora, include the information on the positive result above in questions 14a-b*

**Section 3: Travel and Events**

**Next I have a couple of questions, if applicable, about any travel you (your child) might have done or events you (your child) might have attended during the 14 days before onset of illness. The travel or events could have been part of your work or for pleasure.**

15. Did you (your child) spend all, or some, of the 14 days before becoming ill outside your home state?

If yes,

15a. List all US cities and states where you (your child) might have purchased or eaten foods. This includes airports, bus or train stations.

	US Cities and States Traveled	Departed	Returned	Foods Eaten
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15b. List all countries outside the US and dates of travel where you (your child) might have purchased or eaten foods.

Unknown     Did not travel Outside US

	Countries Traveled	Departed	Returned	Foods Eaten
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15c. If you (your child) traveled with others, do you know of any travel partners who may have become ill?

15d. If yes, please provide information for other ill person(s) including number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.)\*.

**\*Note: Please DO NOT enter names or other personally identifiable information in this form; State IDs to reference ill contacts are acceptable.**

**Section 3: Travel and Events (Continued from previous page.)**

16. Did you (your child) attend any events where food was served (e.g., parties, fairs, concerts, tournaments, conventions)?

If yes,

16a. Please list the name of the event(s), date(s), and locations (s).

16b. Do you know of any other ill person(s) who attended the event(s)?

16c. If yes, please provide information for other ill person(s) including number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.)\*.

***\*Note: Please DO NOT enter names or other personally identifiable information in this form; State IDs to reference ill contacts are acceptable.***

Additional Comments

**Note to Interviewer: Does the interviewee meet the case definition for this outbreak, (if applicable)? Consider whether the person has a laboratory-confirmed cyclosporiasis case, the date of onset of illness, and travel history during the 14 days before onset of illness.**

**If yes, continue with interview.**

**If no, thank the interviewee for his/her time and end the interview.**

**Section 4: Sources of food at home**

**Now I have a few questions about where the food came from that you ate at home during the 14 days before your illness began. This isn't necessarily where you shopped during that week, but where what you actually ate came from. This does not include take-out foods, which I will ask about next.**

**I'm going to list several types of stores; for each type please tell me the names of each store from which you would have eaten food during the 14 days before you became sick. This does NOT include take-out food.**

17. Did you (your child) eat foods from: grocery stores or supermarkets, warehouse stores, small markets (such as gas stations), ethnic specialty markets, health food stores, co-ops, fish or meat specialty shops, farmer's markets or food directly from a farm, or any other sources?

Store Name	Address	City	State	Zip Code	Date shopped	Items purchased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use space below to record information on additional stores at which case patient shopped during 14 days before illness began.

Store Name	Address	City	State	Zip Code	Date(s) shopped	Items purchased
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17a. Do you have a shopper card or membership card for any of the grocery stores or wholesale clubs mentioned above?

17b. If "Yes", may we have your shopper card number(s)? [Enter information here]

Additional Comments

**Section 5: 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 restaurants and commercial food establishments; for each type please tell me the names of each place from which you would have eaten food during the 14 days before you became sick.**

18. Did you (your child) eat foods from: national fast food chains, Mexican-style, Italian, seafood, Jamaican/Cuban/Caribbean, Chinese/Indian/Japanese/Asian, vegetarian or vegan, barbeque or home-style, steakhouse or grill, diner, Middle Eastern/Arabic/Lebanese/African, all-you-can-eat buffet, sandwich shop or deli, salad bar, take-out, breakfast or brunch, school or institution, food truck, or other restaurants or commercial food establishments?

Restaurant Name	Address	City	State	Zip Code	Date patronized	Foods eaten
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please use space below to record information on additional restaurants at which the case patient ate during 14 days before illness began.

Restaurant Name	Address	City	State	Zip Code	Date(s) patronized	Foods eaten
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments

**Section 6: Fresh berries**

**Now I have some questions about fresh berries, NOT canned, cooked, or frozen, you (your child) might have eaten during the 14 days before your illness began. You could have eaten these either in your home or away from home. I am only interested in fresh berries that were NOT grown at home. As I mention each food item, please answer as yes, no, may have eaten, or can't remember eating the food during the 14 days before you got sick. Please remember that berries are often served as garnishes on top of or on the sides of salads and desserts.**

19. Did you (your child) eat any fresh red raspberries?

19a. Where did you (your child) eat red raspberries?

19b. Brand(s):   Unknown

19c. Place(s) of purchase:   Unknown      19d. Date(s):     Unknown

19e. List name(s) of establishment(s):   Unknown

19f. List location(s):   Unknown      19g. Date(s):     Unknown

20. Did you (your child) eat any fresh blackberries?

20a. Where did you (your child) eat fresh blackberries?

20b. Brand(s):   Unknown

20c. Place(s) of purchase:   Unknown      20d. Date(s):     Unknown

20e. List name(s) of establishment(s):   Unknown

20f. List location(s):   Unknown      20g. Date(s):     Unknown

21. Did you (your child) eat any black raspberries?

22. Did you (your child) eat any golden raspberries?

23. Did you (your child) eat any strawberries?

24. Did you (your child) eat any blueberries?

25. Did you (your child) eat any boysenberries?

26. Did you (your child) eat any other fresh berries?

If yes, please specify:

Additional Comments

**Section 7: Fresh fruits**

**Now I have some questions about fresh fruits, NOT canned, cooked, or frozen, you (your child) might have eaten during the 14 days before your illness began. You could have eaten these either in your home or away from home. I am only interested in fresh fruits that were NOT grown at home. As I list each food item, please answer as yes, no, may have eaten, or can't remember eating the food during the 14 days before you got sick.**

- 27. Did you (your child) eat any apples?
- 28. Did you (your child) eat any grapes?
- 29. Did you (your child) eat any pears?
- 30. Did you (your child) eat any peaches?
- 31. Did you (your child) eat any nectarines?
- 32. Did you (your child) eat any plums?
- 33. Did you (your child) eat any oranges?
- 34. Did you (your child) eat any grapefruit?
- 35. Did you (your child) eat any tangerines?
- 36. Did you (your child) eat any fresh lemon or lime? This could include a garnish on a drink.
- 37. Did you (your child) eat any cherries?
- 38. Did you (your child) eat any cantaloupe?
- 39. Did you (your child) eat any honeydew melon?
- 40. Did you (your child) eat any watermelon?
- 41. Did you (your child) eat any precut melon or melon salad?
- 42. Did you (your child) eat any other melon?
- 43. Did you (your child) eat any pineapple?
- 44. Did you (your child) eat any mango?
- 45. Did you (your child) eat any coconut (whole or shredded)?
- 46. Did you (your child) eat any other tropical fruit (e.g., kiwi, papaya, guava, pomegranate)?

46a. Type(s), variety(-ies)   Unknown

Additional Comments

**Section 8: Iceberg and Romaine**

**Now I have some questions about lettuce you (your child) might have eaten raw or uncooked during the 14 days before your illness began. You could have eaten this either in your 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. I am only interested in lettuce that was NOT grown at home. As I read each food item, please answer as yes, no, may have eaten, or can't remember eating the food during the 14 days before you got sick. Please include lettuce you may have eaten on sandwiches or burgers or as a garnish.**

47. Did you (your child) eat any prepackaged salad mix?

47a. Where did you (your child) eat prepackaged salad mix?

47b. Brand(s) purchased:   Unknown

47c. Store(s):   Unknown 47d. Date(s):     Unknown

47e. What were the ingredients (lettuce, cabbage, carrots, etc)?   Unknown

47f. List name(s) of establishment(s):   Unknown

47g. List Location(s):   Unknown 47h. Date(s):     Unknown

48. Did you (your child) eat any iceberg lettuce?

48a. Where did you (your child) eat iceberg lettuce?

48b. What was the type?  Prepackaged  Head/Loose  Topping/garnish  Unknown

48c. Brand(s) purchased:   Unknown

48d. Place(s):   Unknown 48e. Date(s):     Unknown

48f. List name(s) of establishment(s):   Unknown

48g. List location(s)   Unknown 48h. Date(s):     Unknown

49. Did you (your child) eat any romaine lettuce?

49a. Where did you (your child) eat romaine lettuce?

49b. What was the type?  Prepackaged  Head/Loose  Topping/garnish  Unknown

49c. Brand(s) purchased:   Unknown

49d. Place(s):   Unknown 49e. Date(s):     Unknown

49f. List name(s) of establishment(s):   Unknown

49g. List location(s):   Unknown 49h. Date(s):     Unknown

**Section 9: Mesclun, Cabbage, Spinach and Other Leafy Greens**

**Now I have some questions about fresh mesclun, cabbage, spinach, and other lettuce or leafy greens you (your child) might have eaten raw or uncooked during the 14 days before your illness began. You could have eaten these either in your 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. I am only interested in greens that were NOT grown at home. As I list each food item, please answer as yes, no, may have eaten, or can't remember eating the food during the 14 days before you got sick.**

50. Did you (your child) eat any mesclun lettuce (aka, spring mix, field greens, baby greens, gourmet salad, etc.)?

50a. Where did you (your child) eat Mesclun lettuce?

50b. Brand(s) purchased:   Unknown

50c. Place(s):   Unknown    50d. Date(s):     Unknown

50e. List name(s) of establishment(s):   Unknown

50f. List location(s):   Unknown    48h. Date(s):     Unknown

51. Did you (your child) eat any fresh cabbage?

51a. Where did you (your child) eat fresh cabbage?

51b. What was the type?  Red  Green  Savoy (aka, curly)  Napa  Bok choy  Brussels sprouts  Other/Unknown

51c. Brand(s) purchased:   Unknown

51d. Place(s):   Unknown    48h. Date(s):     Unknown

51f. List name(s) of establishment(s):   Unknown

51g. List location(s):   Unknown    48h. Date(s):     Unknown

52. Did you (your child) eat any fresh spinach?

53. Did you (your child) eat any other lettuce or leafy greens?

53a. What was the type?  Arugula  Kale  Endive  Mustard greens  Radicchio  Unknown

Other    Please specify:

Additional Comments

**Section 10: Fresh Herbs**

**Now I have some questions about herbs that you (your child) may have eaten during the 14 days before illness began. Remember, these could have been part of a dish such as pesto, salsa, sauces, etc. I am interested in fresh herbs, NOT dried or bottled herbs. I am also only interested in fresh herbs that were NOT grown at home. Please remember that fresh herbs are often served as garnishes on top of or on the sides of entrees and desserts.**

54. Did you (your child) eat any fresh basil?

54a. What type(s)?	<input type="checkbox"/> Sweet	<input type="checkbox"/> Purple (i.e., purple leaves and stems)	<input type="checkbox"/> Thai (i.e., green leaves and purple stems)	<input type="checkbox"/> Other/Unknown			
54b. Where did you (your child) eat fresh basil?	<input type="text"/>						
54c. Brand(s) purchased:	<input type="text"/>			<input type="checkbox"/> Unknown			
54d. Place(s):	<input type="text"/>	<input type="checkbox"/> Unknown	54e. Date(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown
54f. List name(s) of establishment(s):	<input type="text"/>			<input type="checkbox"/> Unknown			
54g. List location(s):	<input type="text"/>	<input type="checkbox"/> Unknown	54h. Date(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown

55. Did you (your child) eat any fresh cilantro?

55a. Where did you(your child) eat fresh cilantro?	<input type="text"/>						
55b. Brand(s) purchased:	<input type="text"/>			<input type="checkbox"/> Unknown			
55c. Place(s):	<input type="text"/>	<input type="checkbox"/> Unknown	55d. Date(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown
55e. List name(s) of establishments:	<input type="text"/>			<input type="checkbox"/> Unknown			
55f. List location(s):	<input type="text"/>	<input type="checkbox"/> Unknown	55g. Date(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Unknown

56. Did you (your child) eat any fresh parsley?

57. Did you (your child) eat any other fresh herbs (sage, thyme, dill, rosemary, etc.)?

57a. Type(s), variety(-ies), brand(s)?   Unknown

Additional Comments

**Section 11: Other Fresh Vegetables**

**Now I have some questions about other fresh vegetables, NOT grown at home, that you (your child) may have eaten during the 14 days before your illness began. This does NOT include canned items, but these foods could have been eaten alone or as part of a dish. I am only interested in vegetables that were NOT grown at home. As I read each food item, please answer as yes, no, may have eaten, or can't remember eating the food in the 14 days before you got sick.**

58. Did you (your child) eat any cucumbers, zucchini, squash?

59. Did you (your child) eat any bell peppers?

60. Did you (your child) eat any hot chili/chile peppers?

61. Did you (your child) eat any celery?

62. Did you (your child) eat any "mini" carrots? These are often peeled and sold in a sealed bag.

63. Did you (your child) eat any other fresh carrots?

64. Did you (your child) eat any other raw root vegetables?

64a. Type(s), variety(-ies)?   Unknown

65. Did you (your child) eat any fresh, raw peas? May be shelled or in the pod.

65a. Where did you(your child) eat raw peas and what was the type?

Garden peas  Snow peas (i.e., flat, shiny pods containing tiny peas)  Sugar snap peas (i.e, plump, crisp, edible pods)  Other/Unknown

65b. Brand(s) purchased:   Unknown

65c. Place(s):   Unknown

65d. Date(s):        Unknown

65e. List name(s) of establishments:   Unknown

65f. List location(s):   Unknown

65d. List Date(s):        Unknown

66. Did you (your child) eat any broccoli?

67. Did you (your child) eat any cauliflower?

68. Did you (your child) eat any sprouts?

**Section 11: Other Fresh Vegetables (Continued from previous page)**

- 69. Did you (your child) eat any raw onions?
- 70. Did you (your child) eat any raw green onions/scallions?
- 71. Did you (your child) eat any fresh tomatoes?
- 72. Did you (your child) eat any fresh salsa or pico de gallo (not from a jar)?

72a. Where did you(your child) eat fresh salsa or pico de gallo?

72b. Brand(s) purchased:   Unknown

72c. Place(s):   Unknown

72d. Date(s):        Unknown

72e. List name(s) of establishment(s):   Unknown

72f. List location(s):   Unknown

72g. Date(s):        Unknown

73. Did you (your child) eat any fresh guacamole (not from a jar)?

73a. Where did you(your child) eat fresh guacamole?

73b. Brand(s) purchased:   Unknown

73c. Place(s):   Unknown

73d. Date(s):        Unknown

73e. List name(s) of establishment(s):   Unknown

73f. List location(s):   Unknown

73g. Date(s):        Unknown

Additional Comments

## Section 12: Other Ill Persons

74. We are trying to identify other cases of illness similar to yours. Do you know anyone else (for example, a family member, friend, co-worker, neighbor, church/temple/mosque member, health club or other club member) whom you have NOT already told me about who has been ill recently with a similar illness?

74a. If yes, please provide information for other ill person(s) including number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.).

***Note: Please DO NOT enter names or other personally identifiable information in this form; State IDs to reference ill contacts are acceptable.***

**This is the end of the questionnaire. Thank you very much for your time. These interviews are extremely valuable in helping us understand how and why people are getting sick. Depending on what we find out when we put these interviews together, we may need to talk to you again about a few details.**

Would you like to provide any additional thoughts or perspective about anything we've discussed or about this outbreak investigation?