

Notes to Interviewer

Questionnaire to be used for individuals who have had an isolate with the multidrug-resistant pattern associated with the outbreak.

Epi Info ID**DOG EXPOSURE QUESTIONNAIRE**

one form for every patient and complete as much information as possible. Thank you!

Form Approved

OMB Control No.:0920-XXXX

Expiration date: XX/XX/XXXX

Read aloud before interview: My name is [name] and I'm with [organization]. We are investigating an outbreak of diarrhea caused by the *Campylobacter* germ. Your participation is completely voluntary, and you can quit at any time. Any data we collect will be kept confidential, and your participation may help in the response and control of the outbreak. Do you agree to participate?

Section 1: Interview information (Complete before administering questionnaire)

1. PulseNet ID #: _____

2. State/Local/Other ID #: _____

3. Date of Interview: ___ / ___ / ___ (If unknown, enter 99/99/9999)
M M D D Y Y Y Y

Interviewer information

4. Name: _____

6. Contact phone number: (____) ____ - ____

5. Agency: _____

7. Did the patient die? Yes No Don't know



7a: Date of death: ___ / ___ / ___ (If unknown, enter 99/99/9999)
M M D D Y Y Y Y

7b: If the patient died, was it attributable to *Campylobacter*? Yes No Don't know

8. Respondent was: Patient Parent Other, name and explain relation _____

Section 2: DEMOGRAPHIC DATA: I'd like to begin by asking a few questions about the patient and the patient's household.

1. What are your state, county, and zip code? _____

State abbr. _____ County _____ Zip Code _____

2. Patient's age _____ Years Months Days

3. Sex: Male Female
 Unknown

4. How do you describe your/your child's race (may select more than one)?

White

Asian

Black/ African American

Declined to answer

American Indian or Alaska Native

Native Hawaiian/Pacific Islander

5. How do you describe your/your child's ethnicity? Hispanic Non-Hispanic Unknown Declined to answer

6. What is your/your child's occupation or job? _____

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

Section 3: CLINICAL INFORMATION: Now I have a few questions about your/your child's illness.

1. What date did you/your child first feel sick? I can wait while you get a calendar if you need to.

___ / ___ / _____
M M D D Y Y Y Y

Yes	Maybe	No	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you/your child or Were you/your child:

2. Have any diarrhea?

3. Hospitalized for this illness?

3a: If hospitalized, how many nights? _____

4. How many days did your/your child's illness last? _____ days . Don't know . Still Ill

Section 4A: DOG EXPOSURE DETAILS (AT HOME): Now, I have a few questions about any interaction you/your child may have had with dogs/puppies at home in the 7 days before illness began, which is from ___ / ___ / ___ (subtract 7 days from onset date) to ___ / ___ / ___ (onset date).

Yes	Maybe	No	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. In the 7 days before you/your child became ill, did you/your child have a dog/puppy in the household? *(If "no" or "don't know" skip to Section 4B)*

2. What was the age of the dog/puppy at the time of your/your child's illness?

<6 months 6 months - <1 year >1 year Don't know

3. What is the breed or your/your child's dog/puppy? Unknown

Breed 1: _____ Breed 2: _____ Breed 3: _____

Yes	Maybe	No	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In the 30 days before your/your child's illness, was your/your child's dog/puppy purchased from a pet store? *(If "no" or "don't know" skip to Section 4B)*

5. At what store did you purchase your dog? Don't know

Store Name: _____

Location: _____

6. When did you purchase your dog? ___ / ___ / ___ Don't know

M M / D D / Y Y Y Y

Section 4B: DOG EXPOSURE DETAILS (OUTSIDE THE HOME): Just a few more questions about any interaction you/your child may have had with dogs/puppies outside of your home in the 7 days before illness began, which is from ___ / ___ / ___ (subtract 7 days from onset date) to ___ / ___ / ___ (onset date).

Yes	Maybe	No	Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. In the 7 days before your/your child's illness began, did you/your child touch any dog/puppy in a pet store, at a friend's house, or other location?

2. In the 7 days before your/your child's illness began, did you/your child touch any dog/puppy cages or other areas where dogs/puppies were present? *(If "no" or "don't know" to Questions 1 and 2, skip to Section 5)*

3. Where did you/your child have contact with a dog/puppy or its cages/areas in the 7 days before you/your child became ill? *(check all that apply)*

Another person's home Pet Store Other: _____ Don't know

3a. If at a pet store, please provide more information.

Name of store: _____

Address of store: _____

4. What was the age of the youngest dog/puppy you/your child were in contact with?

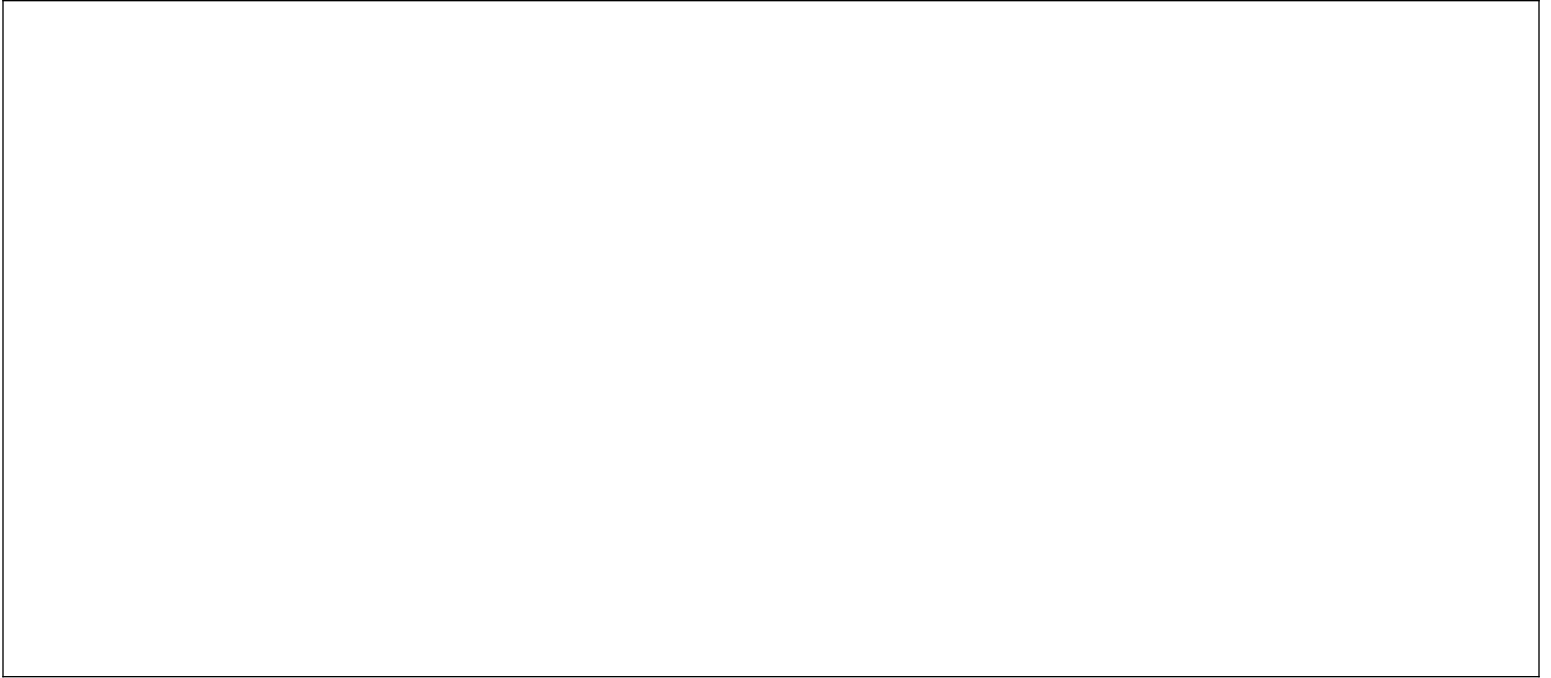
<6 months 6 months - <1 year >1 year Don't know

5. What is the breed or your/your child's dog/puppy? Unknown

Breed 1: _____ Breed 2: _____ Breed 3: _____

6. Do you/your child work or volunteer in a location where dogs are present such as a pet store or dog shelter? Yes No

Section 5: COMMENTS: Is there any other information you would like to share about this illness or about contact with dogs/puppies?



That was my last interview question. Thank you very much for your time and assistance.