CANINE EXPOSURE QUESTIONNAIRE

Notes to Interviewer:

Questionnaire to be used for individuals who have had exposure to a dog/puppies or a pet store/environment.

- *Instructions in italics are for interviewer only. Do not read italicized words to person being interviewed.*
- *Administer questionnaire to the patient (or patient's caregiver).*
- *Complete one form for every patient and complete as much information as possible. Thank you!*

Epi Info ID _____

Section 1: Interview information (*Complete before administering questionnaire)*

1. *PulseNet ID #:* _____ ***2.*** *State/Local/Other ID #:* _____

3. *PulseNet cluster code:* _____ ***3a.*** *PFGE Pattern:* _____

3b. *Campylobacter Strain* _____

4. *Date of Interview:* __ __ / __ __ / __ __ __ __ *(If unknown, enter 99/99/9999)*
M M D D Y Y Y Y

Interviewer information

5. *Name:* ***7.*** *Contact phone number:* ***(***____***)*** _____-_____

6. *Agency:*

8. *Did the patient die?* ☐Yes ☐No ☐Don't know

8a: Date of death: __ __ / __ __ / __ __ __ __ *(If unknown, enter 99/99/9999)*
M M D D Y Y Y Y

8b: If the patient died, was it attributable to Campylobacter? ☐Yes ☐No ☐Don't know

9. *Respondent was:* ☐Patient ☐Parent ☐Other, name and explain relation_____

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. We believe you may have become sick with this germ, so I'd like to ask you a few questions. Your participation is completely voluntary, and you can discontinue the interview 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 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?

☐ White
☐ Asian
☐ Black/ African American
☐ Native American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander (specify)
☐ Other race: _____
☐ Unknown
☐ Declined to answer

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? _____

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.) __ __ / __ __ / __ __ __ __ ☐ Don't know
M M D D Y Y Y Y

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

Yes	Maybe	No	Don't Know	Did you/your child or Were you/your child:
☐	☐	☐	☐	**3.** Have any diarrhea (3 or more loose stools in 24 hours)?
				3a: What day did the diarrhea start? __ __ / __ __ / __ __ __ __ ☐ Don't know *M M D D Y Y Y Y*
				3c. What was the highest number of loose stools you had in any 24 hours? ☐ 1 ☐2 ☐3 ☐4 ☐5 ☐>5

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☐ ☐ ☐ ☐ **4.** Have any bloody diarrhea?

4a: What day did the bloody diarrhea start? __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) ☐ Don't know

4b: What day did the bloody diarrhea end? __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) ☐ Still have blood ☐ Don't know

☐ ☐ ☐ ☐ **5.** Have any fever (temperature measured at 100.4 F or higher)?

5a: What day did the fever start? __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) ☐ Don't know

5b: What day did the fever end? __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) ☐ Still have fever ☐ Don't know

☐ ☐ ☐ ☐ **6.** Did you/your child seek medical care for this illness?

6a. Where did you seek medical care? Check all that apply.
☐ Doctor's office ☐ Urgent care ☐ Pharmacy clinic ☐ Emergency department
☐ Other: _____

☐ ☐ ☐ ☐ **7.** Hospitalized for this illness?

7a: If hospitalized, how many nights? _____

☐ ☐ ☐ ☐ **8.** Admitted to the intensive care unit (ICU) for this illness?

8a. If admitted to the ICU, how many nights? _____

☐ ☐ ☐ ☐ **9.** Develop serious complications from this illness?

☐ ☐ ☐ ☐ **10.** Prescribed an antibiotic (or multiple antibiotics) for this illness? Provide information about each course of antibiotics separately.

10a. Antibiotic #1 information
Name: _____ ☐ Don't know
Start date: __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) Length of treatment (# of days): _____

10b. Antibiotic #2 information
Name: _____ ☐ Don't know
Start date: __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) Length of treatment (# of days): _____

10c. Antibiotic #3 information
Name: _____ ☐ Don't know
Start date: __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) Length of treatment (# of days): _____

10d. Antibiotic #4 information
Name: _____ ☐ Don't know
Start date: __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) Length of treatment (# of days): _____

10e. Antibiotic #5 information
Name: _____ ☐ Don't know
Start date: __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) Length of treatment (# of days): _____

10f. Did your symptoms go away or get better after taking the antibiotics?
☐ Yes ☐ No ☐ Don't know

10g. Did your symptoms stay the same or get worse despite taking antibiotics?
☐ Stay same ☐ Get worse ☐ Don't know

10h. Did you/your child return to the doctor because of persistent symptoms?
☐ Yes ☐ No ☐ Don't know

10i. Did you/your child have a stool test return positive for *Campylobacter* after completing a course of antibiotics? ☐ Yes ☐ No ☐ Don't know

☐ ☐ ☐ ☐ **11.** Have any close contact with anyone with diarrhea or vomiting?

11a: When was the close contact ill?
☐ during the 7 days before you got sick ☐ more than 1 week before you got sick ☐ Unknown

☐ ☐ ☐ ☐ **12.** Have chronic diarrhea caused by a health condition or a medication <u>before</u> you got sick?

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☐	☐	☐	☐	**13.** Immune-compromised at the time of illness due to a health condtion or medication (e.g. cancer, HIV, diabetes, chemotherapy)?
				13a. Name of condition or medication: _____
☐	☐	☐	☐	**14.** Did you take an antibiotic in the 30 days before you got sick?
				14a. Antibiotic information Name: _____ ☐ Don't know Start date: __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) Length of treatment (# of days): _____ Reason for antibiotic: _____

Section 4A: 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	
☐	☐	☐	☐	**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 of your/your child's dog/puppy? ☐ Unknown Breed 1: _____ Breed 2: _____ Breed3: _____
☐	☐	☐	☐	**4.** Did you/your child touch the dog/puppy?
☐	☐	☐	☐	**5.** Did you/your child hold or snuggle the dog/puppy? ***(If "no" or "don't know" skip to Question 6)***
				5a. How often do you wash your hands/does your child wash his or her hands such as with soap and water or hand sanitizer after touching the dog/puppy? ☐ Always or almost always ☐ Sometimes ☐ Rarely ☐ Never
				5b. What do you/does your child use to wash your/his or her hands after touching the dog/puppy? ☐ Soap and water ☐ Alcohol-based hand sanitizer ☐ Both ☐ Other ☐ Nothing/Do not wash hands
☐	☐	☐	☐	**6.** Did you/your child kiss the dog/puppy?
☐	☐	☐	☐	**7.** Did you/your child ever feed or give water to the dog/puppy?
☐	☐	☐	☐	**8.** Did you/your child ever touch the dog's/puppy's cage/enclosure? ☐ Do not have cage/enclosure ***(If checked, skip to question 10)***
☐	☐	☐	☐	**9.** Did you/your child clean the dog's/puppy's cage/enclosure? ***(If "no" or "don't know" skip to Question 10)***
				9a. How often do you wash your hands/does your child wash his or her hands such as with soap and water or hand sanitizer after touching the cage/enclosure? ☐ Always or almost always ☐ Sometimes ☐ Rarely ☐ Never
				9b. What do you/does your child use to wash your/his or her hands after touching the cage/enclosure? ☐ Soap and water ☐ Alcohol-based hand sanitizer ☐ Both ☐ Other ☐ Nothing/Do not wash hands
☐	☐	☐	☐	**10.** Did you/your child pick up the dog's/puppy's poop? ***(If "no" or "don't know" skip to Question 11)***
				10a. How often do you wash your hands/does your child wash his or her hands such as with soap and water or hand sanitizer after picking up the poop? ☐ Always or almost always ☐ Sometimes ☐ Rarely ☐ Never
				10b. What do you/does your child use to wash your/his or her hands after picking up the poop? ☐ Soap and water ☐ Alcohol-based hand sanitizer ☐ Both ☐ Other ☐ Nothing/Do not wash hands

☐	☐	☐	☐	**11.** In the 7 days before your/your child's illness began, did the dog/puppy have diarrhea? ***(If "no" or "don't know" skip to Question 12)***
☐	☐	☐	☐	11a. In the 7 days before your/your child's illness began, did your/your child's dog/puppy die?
☐	☐	☐	☐	**12.** 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)***
				13. At what store did you purchase your dog? ☐ Don't know Store Name:_____ Location:_____
				14. When did you purchase your dog? __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) ☐ Don't know
☐	☐	☐	☐	**15.** Do you have a loyalty/shopper card for a pet store where a dog/puppy was purchased, and would you be willing to provide us the number? We will use this number to help gather information about dogs/puppies purchased. Store name: _____ Number: _____ Store name: _____ Number: _____
☐	☐	☐	☐	**16.** Do you have the microchip number for your dog/puppy, and would you be willing to provide us the number? We may use this number to help determine where the dog came from, such as breeder. Microchip number: _____

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	
☐	☐	☐	☐	**1.** In the 7 days before your/your child's illness began, did you/your child touch any dogs/puppies in a pet store, at a friend's house, or other location?
☐	☐	☐	☐	**2.** In the 7 days before you/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. When did you/your child have contact with a dog/puppy outside your home? ☐ Don't know __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y) __ __ / __ __ / __ __ __ __ (M M D D Y Y Y Y)
				5. 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
				6. What was (were) the breed(s) of dog/puppy you/your child had contact with? ☐ Unknown Breed 1: _____ Breed 2:_____ Breed3:_____
☐	☐	☐	☐	**7.** Did you/your child hold or snuggle the dog/puppy? ***(If "no" or "don't know" skip to Question 8)***
				7a. How often do you wash your hands/does your child wash his or her hands such as with soap and water or hand sanitizer after touching the dog/puppy? ☐ Always or almost always ☐ Sometimes ☐ Rarely ☐ Never
				7b. What do you/does your child use to wash your/his or her hands after touching the dog/puppy? ☐ Soap and water ☐ Alcohol-based hand sanitizer ☐ Both ☐ Other ☐ Nothing/Do not wash hands

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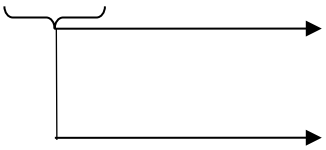
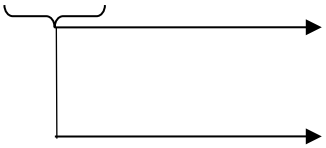
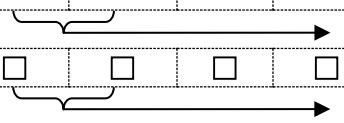
☐	☐	☐	☐	**8.** Did you/your child kiss the dog/puppy?
☐	☐	☐	☐	**9.** Did you/your child ever feed or give water to the dog/puppy?
☐	☐	☐	☐	**10.** Did you/your child ever touch the dog's/puppy's cage/enclosure?
☐	☐	☐	☐	**11.** Did you/your child clean the cage/enclosure? ***(If "no" or "don't know" skip to Question 12)***
				11a. How often do you wash your hands/does your child wash his or her hands such as with soap and water or hand sanitizer after touching the cage/enclosure? ☐ Always or almost always ☐ Sometimes ☐ Rarely ☐ Never
				11b. What do you/does your child use to wash your/his or her hands after touching the cage/enclosure? ☐ Soap and water ☐ Alcohol-based hand sanitizer ☐ Both ☐Other ☐ Nothing/Do not wash hands
☐	☐	☐	☐	**12.** Did you/your child pick up the dog's/puppy's poop? ***(If "no" or "don't know" skip to Question 13)***
				12a. How often do you wash your hands/does your child wash his or her hands such as with soap and water or hand sanitizer after picking up the poop? ☐ Always or almost always ☐ Sometimes ☐ Rarely ☐ Never
				12b. What do you/does your child use to wash your/his or her hands after picking up the poop? ☐ Soap and water ☐ Alcohol-based hand sanitizer ☐ Both ☐Other ☐ Nothing/Do not wash hands
☐	☐	☐	☐	**13.** In the 7 days before your/your child's illness began, did any of the dogs/puppies you/your child had contact with have diarrhea? ***(If "no" or "don't know" skip to Section 5)***
				13a. How many of the dogs/puppies had diarrhea? _____
☐	☐	☐	☐	13b. Did any of the dogs/puppies die? ***(If "no" or "don't know" skip to Section 5)***
				13c. *(If yes)* How many of the dogs/puppies died? _____

Section 5: Other Animal Exposure Details

Now, I have a few questions about any interaction you/your child may have had with other animals in the 7 days before illness began.

Yes	Maybe	No	Don't Know	
☐	☐	☐	☐	**1.** In the 7 days before your/your child's illness began, did you/your child have any contact with any other animal? ***(If "no" or "don't know" skip to Question 2)***
☐	☐	☐	☐	1a. Cat or kitten?
☐	☐	☐	☐	1b. Live poultry, such as chickens or ducks?
☐	☐	☐	☐	1c. Other birds, such as pet birds or wild birds, such as parrots or pigeons?
☐	☐	☐	☐	1d. Other animal: _____
☐	☐	☐	☐	1e. In the 7 days before your/your child's illness began, did you/your child have any contact with any animal that had diarrhea?
☐	☐	☐	☐	**2.** In the 7 days before your/your child's illness began, did you/your child work at any pet store?
☐	☐	☐	☐	**3.** In the 7 days before your/your child's illness began, did you/your child visit any pet store?
☐	☐	☐	☐	**4.** In the 7 days before your/your child's illness began, did you/your child work or visit a petting zoo, fair, exhibit or trade show?
☐	☐	☐	☐	**5.** In the 7 days before your/your child's illness began, did you/your child work or visit a farm or ranch with animals present?

Section 6: AWARENESS AND EDUCATION

The final questions have to do with your awareness of the connection between dogs and *Campylobacter*.

Yes	Maybe	No	Don't Know	
☐	☐	☐	☐	**1.** Before this illness, were you aware of the connection between dogs/puppies and *Campylobacter* infection?

1a: How did you find this information? *(Check all that apply)*

- ☐ Magazine/newspaper
- ☐ Website/blog
- ☐ Employee at retail store
- ☐ Sign at retail store
- ☐ Friend/family
- ☐ Television
- ☐ Veterinarian
- ☐ Healthcare Provider
- ☐ Other:_____

Section 7: 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.

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