

Attachment 7: NEARS Data Reporting Instrument- Sample Screenshots of the Web-based Data Entry System

Note to OMB: Although the burden memo in the screenshot below is listed as 1 hour (which is the current burden), the updated burden will be 40 minutes (beginning in 2020). However, the program cannot change the burden until the revised information collection instrument goes live in 2020. The program will send a screenshot with the updated burden time in 2020 once the system goes live, as a nonsubstantive change request.

User Group: CDC State Group | User Role: Group Data Collector | User: lauragreen LOG OUT
Automatic Disconnect Time: 6/7/2019 1:46:53 PM

Evaluation Response

 Supply an answer for each question. When finished click 'Submit' to save your data.

Study Definition: NEARS- 2019
Data Collection Form: Part 1—General Characterization of the Outbreak
EHS: lauragreen
Evaluation ID: 14741

Form Approved OMB No. 0920-0980 Exp. Date 08/31/2019

Public reporting burden for this collection of information is estimated to average 1 hour 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 Information Collection Review Office, MS D-74; 1600 Clifton Road NE, Atlanta, Ga. 30333; ATTN: PRA (0920-0980)

PART 1 – GENERAL CHARACTERIZATION OF THE OUTBREAK RESPONSE

Instructions: This form is to be completed once for the outbreak.

*1. Did the exposure(s) take place in a single or multiple locations; for example, a single restaurant or two or more restaurants, a single school or two or more schools, or a combination of establishments, etc.? **(Instruction available)**

- Single Location If a single location, skip to #3
- Multiple Locations

*2. Did the exposure(s) happen in a single county/township/parish or multiple counties/townships/parishes in your state? **(Instruction available)**

- Single County / Township / Parish
- Multiple Counties / Townships / Parishes

*3. Did the exposure(s) occur in a single state or multiple states? **(Instruction available)**

- Single State
- Multiple states

*4. How many food service establishment locations within your jurisdiction were associated with this outbreak? **(Instruction available)**

*5. Were any environmental assessments conducted at food service establishments in your jurisdiction as a part of this outbreak? **(Instruction available)**

- Yes
- No If No, skip to #5c

*5a. Briefly, describe the reason(s) why environmental assessments were conducted in your jurisdiction as a part of this outbreak? **(Instruction available)**

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User Group: CDC State Group | User Role: Group Data Collector | User: lauragreen LOG OUT
Automatic Disconnect Time: 6/7/2019 1:55:31 PM

Evaluation Response

 Supply an answer for each question. When finished click 'Submit' to save your data.

Study Definition: NEARS- 2019
Data Collection Form: Part 3—Manager Interview
EHS: GREEN, LAURA
Evaluation ID: 14741

* Parent Key: 

Form Approved OMB No. 0920-0980 Exp. Date 08/31/2019

Part 3 - MANAGER INTERVIEW

ESTABLISHMENT – GENERAL

Instructions: This form is to be completed once for each establishment associated with the outbreak.

*1. Date the manager interview was conducted: **(Instruction available)**

 (Required format: MM/DD/YYYY)

*2. Is this an independent establishment or a chain establishment? **(Instruction available)**

- Independent
- Chain
- Unsure
- Refused

*3. Approximately how many meals are served here daily? **(Instruction available)**

- Give number
- Refused

*(Give Number)

*4. What is the establishment's busiest day, in terms of number of meals served? **(Instruction available)**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Refused

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*5. Are any foods prepared or partially prepared at a commissary or other location? (Instruction available)

- Yes
- No
- Unsure
- Refused

*6. Other than daily specials, when was the last time food items were added to your menu(s)? (Instruction available)

- No changes to menu items have occurred
- In the last WEEK
- In the last MONTH
- More than a month ago
- Unsure
- Refused

*7. Where does the establishment purchase or acquire its food? (Select all that apply; probe for additional responses.) (Instruction available)

- General Distributor / Wholesaler
- Corporate distributor
- Grocery Store / Supermarket / Warehouse store
- Farmer's Market
- Other restaurant
- Non-regulated entity
- Other (describe)
- Unsure
- Refused

*Other (describe):

KITCHEN MANAGER

*8. In total how long have you worked as a kitchen manager? (Instruction available)

- Less than 6 months
- 6 months-less than a year
- 1 year - less than 2 years
- 2 years - less than 4 years
- 4 years - less than 6 years
- 6 years - less than 8 years
- 8 years - less than 10 years
- 10 or more years
- Refused