

Cyclosporinasis National Hypothesis Generating Questionnaire (CNHGG)

Form Approved
OMB No. 0920-1198
Exp. Date 09/30/2020

Dear Interviewer,

Thank you for using the Cyclosporinasis National Hypothesis Generating Questionnaire (CNHGG). Before the survey questions begin you will be asked to classify the case based on the CDC case definition, provide laboratory information, and provide information about yourself (the interviewer) and whether the case-patient has been previously interviewed about his/her illness. 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. To obtain an Excel line list for all case data entered year-to-date, please email cyclosporin@cdc.gov.

For technical assistance with this survey please contact the Cyclosporinasis Surveillance Coordinator at cyclosporin@cdc.gov or (404) 718-1422.

Thank you for your participation in this cyclosporinasis investigation.

Public reporting of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions 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 current 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 (0920-1198).

General Information

(Questions to be answered by interviewer before the questionnaire is administered)

State/NNDDSS ID (Required)

1. Classify case based on CDC case definition (Required):

Laboratory Information

2. Date(s) stool collected for Cyclospora testing:

3. Test results:

4. Specify type of testing laboratories and testing method (s) (check all that apply including confirmatory testing):

	O and P (e.g., microscopy, stained smears)	GI PCR Panel (e.g., BioFire FilmArray)	PCR (not part of a panel)	Lab-developed test	Other
Clinical lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDC lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Specify name(s) of lab-confirmed coinfection:

6. State Lab accession number:

Interviewer Information

7. Name:

8. Agency or Organization:

9. Contact phone number:

(Numbers only, no dashes)

10. Date of Interview:

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

12. Respondent for current interview was:

If other, specify:

For CDC Use Only

Entered at CDC

UserID

Begin Interview

Hello, my name is [state interviewer name]. I am from [Interviewer Health Department]. We are contacting you because of your (your child's) recent infection with Cyclospora, which is a parasite that causes intestinal illness. We are trying to determine how people become 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 (your child's) illness, and about any travel you may have had or foods you may have eaten before becoming ill. The interview will take about 21 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: The questions relate to the 14-day period before you (your child) became ill. Therefore, it may help to have a calendar, recent restaurant and grocery store receipts, or credit card statements nearby. Do you need a few moments to get this information? [Then proceed to start of interview]

If no: Thank you for your time.

Section 1: Demographic data

I'd like to begin by asking a few demographic questions.

1. State: 2. County: 3. Zip Code:

4. Date of birth: 5. Age 6. Sex

MM / YYYY

7. Do you consider yourself of Hispanic or Latino origin?

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

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? Approximate date Unknown

10. Have you (your child) had any of the following symptoms?

a. Diarrhea (defined as loose or watery stools that you do not normally have)?

a. Date diarrhea started:

b. Date diarrhea stopped: Ongoing

b. Weight Loss?

c. Fever?

d. Fatigue?

e. Anorexia?

f. Nausea?

g. Vomiting?

h. Abdominal Cramps?

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

a. If yes, date symptoms stopped: Unknown

12. Were you (your child) hospitalized overnight?

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

b. Admission Date:

c. Hospital name: (Optional)

Section 3: Travel, events, and ill contacts

Now I have a couple of questions about any travel you (your child) might have had 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. I also have some questions about other persons you know who have been sick with a similar illness.

13. *(Optional - for local analysis) List countries in home state (outside county of residence) where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness.

- Did not travel to other countries within home state Unknown

	Countries within home state	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"/>

14. List all states and U.S. cities outside of home state where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness. This includes airports, bus or train stations.

- Did not travel to other U.S. states Unknown

	U.S. States	U.S. cities	Departed	Returned	Foods Eaten
1.	<input type="text"/>	<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"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

15. List all countries outside the U.S. where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness.

- Did not travel Outside US Unknown

	Country 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"/>

Section 3: Travel, events, and ill contacts (Continued from previous page.)

16. During the 14 days before onset of illness, did you (your child) attend any events where fresh food was served (e.g., parties, fairs, concerts, tournaments, conventions)?

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

17. Do you know of any other persons(s) (e.g., a family member, friend, travel companion, co-worker, neighbor, church/temple/mosque member, health club or other club member) who has been sick recently with a similar illness?

17a. If yes/maybe, specify if you (your child) and the ill person(s):

Live in same household Attended same event Traveled together

Other, specify:

17b. 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 include the STATE ID of the ill contact(s), if available/applicable. (DO NOT enter names or other personally identifiable information.)**

***Note to Interviewer**

To help determine if the interviewee meets the case definition, did the interviewee report international travel outside the U.S. or Canada during the 14 days before onset of illness?

If yes, thank the interviewee for his/her time and end the interview. Skip to page 17 to complete the questionnaire.

If no, continue with interview on the next page.

Section 4: Sources of produce at home

Now I have some questions about where the fresh produce came from that you ate at home during the 14 days before your illness began. This isn't necessarily where you shopped during that 14-day period, but where the produce you ate came from. 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 from during the 14 days before you became sick. Please refer to your grocery store receipts or credit card statements to provide a more detailed description.

18. 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, home delivery grocery services (e.g., CSA, Amazon Fresh), meal delivery services (e.g., Blue Apron, Meals on Wheels), or any other sources?

Store Name	Address	City	State	Zip Code	Date shopped	Food purchased	*Shopper card #

*By giving your shopper card number, you are permitting retrieval of information regarding your purchases. This information may be shared with other public health officials to help with outbreak investigations.

(refused to give shopper card #)

Section 5: Sources of produce outside the home

Now I have a few questions about where you ate produce outside your home, such as at restaurants or fast food chains, during the 14 days before your illness began. I'm going to list several types of restaurants and commercial food establishments; for each type, please tell me the names of each place. Please refer to your restaurant receipts or credit card statements to provide a more detailed description.

19. Did you (your child) eat foods from: national fast-food chains, Mexican-style, Italian, seafood, Jamaican/Cuban/Caribbean, Chinese/Indian/Japanese/Asian, Middle Eastern/Arabic/Lebanese/African, vegetarian or vegan, barbeque or home-style, steakhouse or grill, all-you-can-eat buffet, sandwich shop or deli, diner, 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	Meal Date	Foods eaten

Additional Comments

Questions to be completed by interviewer:

Is the case associated with a cluster?

If yes, what is the cluster name?

Section 6: Fresh Herbs

Now I have some questions about fresh herbs (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before illness began. You could have eaten these herbs either in your home or away from home. I am only interested in fresh herbs that were not grown at home. Please remember that fresh herbs are often served as garnishes on drinks, entrees, desserts, or as part of a dish such as pesto, salsa, or a sauce. As I mention each food item, please answer yes, maybe, no, or don't know as to whether you remember having eaten the food during the 14 days before you became ill.

Did you (your child) eat:

20. Fresh basil?

a. Type(s): Sweet Purple (i.e., purple leaves and stems) Thai (i.e., green leaves and purple stems) Other, specify: _____

b. If eaten at home, what was the:

Brand(s): _____

Place(s) purchased (names, locations): _____

Not applicable (did not eat at home)

c. If eaten outside the home:

List name(s) of establishment(s) and location(s): _____

Not applicable (did not eat outside the home)

21. Fresh cilantro?

a. If eaten at home, what was the:

Brand(s): _____

Place(s) purchased (names, locations): _____

Not applicable (did not eat at home)

b. If eaten outside the home:

List name(s) of establishment(s) and location(s): _____

Not applicable (did not eat outside the home)

22. Fresh parsley?

26. Fresh dill?

23. Fresh oregano?

27. Fresh sage?

24. Fresh thyme?

28. Fresh rosemary?

25. Fresh mint?

29. Other fresh herbs?

a. Type(s): _____

Unknown

Additional Comments about fresh herbs: _____

Section 7: Fresh berries and fruit

Now I have some questions about fresh berries and other fruit (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten this fruit either in your home or away from home. I am only interested in fresh fruits that were not grown at home. Please remember that fruit and berries are often used in smoothies or as garnishes on top of or on the sides of salads and desserts.

Did you (your child) eat:

30. Fresh red raspberries?

a. If eaten at home, what was the:

Brand(s):

Place(s) purchased (names, locations):

Not applicable (did not eat at home)

b. If eaten outside the home:

List name(s) of establishment(s) and location(s):

Not applicable (did not eat outside the home)

31. Fresh blackberries?

a. If eaten at home, what was the:

Brand(s):

Place(s) purchased (names, locations):

Not applicable (did not eat at home)

b. If eaten outside the home:

List name(s) of establishment(s) and location(s):

Not applicable (did not eat outside the home)

32. Fresh black raspberries?

33. Fresh golden raspberries?

34. Fresh strawberries?

35. Fresh blueberries?

36. Fresh boysenberries?

37. Other fresh berries?

a. Type(s):

Unknown

Section 7 Fresh berries and fruits (Continued from previous page)

Did you (your child) eat:

- 38. Apples?
- 39. Grapes?
- 40. Pears?
- 41. Peaches?
- 42. Nectarines?
- 43. Plums?
- 44. Oranges?
- 45. Grapefruit?
- 46. Tangerines?
- 47. Fresh lemon or lime? This could include a garnish on a drink.
- 48. Cherries?
- 49. Cantaloupe?
- 50. Honeydew melon?
- 51. Watermelon?
- 52. Pre-cut Melon or melon salad?
- 53. Other melon?
- 54. Pineapple?
- 55. Mango?
- 56. Coconut (whole or shredded)?
- 57. Other fruit?

a. Types:

Kiwi

Papaya

Guava

Pomegranate

Other, specify:

Additional comments about fresh fruit:

Section 8: Leafy Greens (e.g., iceberg, romaine, mesclun, cabbage, spinach)

Now I have some questions about leafy greens (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before illness began. You could have eaten these leafy greens either in your home or away from home. I am only interested in leafy greens that were not grown at home. Please remember to include greens you might have eaten on sandwiches or burgers or as a garnish.

Did you (your child) eat:

58. Pre-made, single serving salad (e.g., ready to eat salads with toppings, meats, dressing)?

a. What were the:
Ingredients (lettuce, cabbage, carrots, etc.):

Brand(s):

Place(s) purchased (names, locations):

59. Iceberg lettuce?

a. If eaten at home, what was the:
Type(s): Prepackaged Head/Loose Topping/Garnish Unknown

Brand(s):

Place(s) purchased (names, locations):

Not applicable (did not eat at home)

b. If eaten outside the home:
List name(s) of establishment(s) and location(s):

Not applicable (did not eat outside the home)

60. Romaine Lettuce?

a. If eaten at home, what was the:
Type(s): Prepackaged Head/Loose Topping/Garnish Unknown

Brand(s):

Place(s) purchased (names, locations):

Not applicable (did not eat at home)

b. If eaten outside the home:
List name(s) of establishment(s) and location(s):

Not applicable (did not eat outside the home)

Section 8: Leafy Greens (e.g., iceberg, romaine, mesclun, cabbage, spinach) (Continued from previous page)

Did you (your child) eat:

61. Mesclun lettuce (e.g., spring mix, field greens, baby greens)?

a. If eaten at home, what was the:

Type(s): Prepackaged Loose Topping/Garnish Unknown

Brand(s):

Place(s) purchased (names, locations):

Not applicable (did not eat at home)

b. If eaten outside the home:

List name(s) of establishment(s) and location(s):

Not applicable (did not eat outside the home)

62. Fresh Cabbage?

a. Type(s): Red Green Savoy (aka curly) Napa Bok Choy Brussel Sprouts Other, specify:

b. If eaten at home, what was the:

Brand(s):

Place(s) purchased (names, locations):

Not applicable (did not eat at home)

c. If eaten outside the home:

List name(s) of establishment(s) and location(s):

Not applicable (did not eat outside the home)

63. Fresh Spinach?

a. If eaten at home, what was the:

Type(s): Prepackaged Head/Loose Topping/Garnish Unknown

Brand(s):

Place(s) purchased (names, locations):

Not applicable (did not eat at home)

b. If eaten outside the home:

List name(s) of establishment(s) and location(s):

Not applicable (did not eat outside the home)

Section 8: Leafy Greens (e.g., iceberg, romaine, mesclun, cabbage, spinach) (Continued from previous page)

Did you (your child) eat:

64. Other lettuce or leafy greens?

Type(s):

 Arugula Endive Mustard Greens Radicchio Kale Other, specify:

65. Other prepackaged salad mix (not previously identified above)?

a. What were the:

Ingredients (lettuce, cabbage, carrots, etc.):

Brand(s):

Place(s) purchased (names, locations):

Additional comments about leafy greens:

Section 9: Other fresh vegetables

Now I have some questions about fresh vegetables (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these vegetables either in your home or away from home. I am only interested in vegetables that were not grown at home. Please include vegetables that were eaten alone or as part of a dish.

Did you (your child) eat:

- 66. Cucumbers?
- 67. Zucchini?
- 68. Squash?
- 69. Bell peppers?

a. Type(s): Red Green Orange Yellow Unknown

70. Hot chili/chili peppers (e.g., jalapenos or serranos)?

71. Celery?

72. "Mini" carrots?

73. Other fresh carrots?

74. Other raw root vegetables?

a. Type(s): Radishes Beets Turnips Unknown Other, specify:

75. Fresh, raw peas? (May be shelled or in the pod)

a. Type(s): Garden peas Snow peas (i.e., flat, shiny pods containing tiny peas) Sugar snap peas (i.e, plump, crisp, edible pods)

Unknown Other, specify:

b. If eaten at home, what was the:

Brand(s):

Place(s) purchased (names, locations):

Not applicable (did not eat at home)

c. If eaten outside the home:

List name(s) of establishment(s) and location(s):

Not applicable (did not eat outside the home)

76. Broccoli?

77. Cauliflower?

78. Sprouts?

Section 9: Other Fresh Vegetables (Continued from previous page)

Did you (your child) eat:

79. Raw Onions? (Of note: green onions/scallions are addressed in the next question)

a. Type(s): White Yellow Red/Purple Unknown Other, specify:

80. Raw green onions/scallions?

81. Fresh tomatoes?

a. Type(s): Red Round Roma (oval-shaped) Grape/Cherry (bite-sized) Unknown Other, Specify:

82. Salsa or pico de gallo (not from jar)?

a. If eaten at home, what was the:

Brand(s):

Place(s) purchased (names, locations):

Not applicable (did not eat home)

b. If eaten outside the home:

List name(s) of establishment(s) and location(s):

Not applicable (did eat outside the home)

83. Fresh guacamole (not from a jar)?

a. If eaten at home, what was the:

Brand(s)

Place(s) purchased (names, locations):

Not applicable (did not eat home)

b. If eaten outside the home:

List name(s) of establishment(s) and location(s):

Not applicable (did eat outside the home)

Additional Comments, including other types of fresh vegetables:

This completes the interview. Thank you very much for your time. 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?

Date Submitted

