

Shigella Hypothesis Generating Questionnaire

Survey #: 500

Organization: Centers for Disease Control and Prevention

Form Approved
OMB No. 0920-1307
Exp. Date 11/30/2026

The Centers for Disease Control and Prevention, in collaboration with your local health department, are collecting information about people who were recently sick with a *Shigella* infection, also called shigellosis. *Shigella* are a group of bacteria that cause diarrheal illness. We are trying to determine how you (or the ill person) became sick with a *Shigella* infection. The information we are collecting in this questionnaire will also help prevent others from getting sick.

To begin, please click on the **Begin Survey** button.

Public reporting burden of this collection of information is estimated to average 45 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 0920-1307

Begin Survey

Survey Starting Date: Tuesday, September 26, 2023 12:00 AM

Survey Closing Date: Monday, November 30, 2026 11:59 PM

Notice to Respondents:

This Epi Info™ Secure Web Survey system is approved for the collection of Personally Identifiable Information (PII) and Protected Health Information (PHI) as described in 45 CFR 160.103 and summarized at [Summary of the HIPAA Privacy Rule](#), and [HHS Office of Civil Rights: Summary of the HIPAA Privacy Rule PDE](#). The survey that follows "MAY" collect your personally identifiable information. If you have any questions about how your data will be used, protected, and possibly shared, please contact the survey authors listed in the survey.

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SHIGELLA HYPOTHESIS GENERATING QUESTIONNAIRE

You may have already been contacted by the health department. We would like to ask you a few additional questions about your (or the ill person's) recent illness and about any exposures you (or the ill person) may have had before becoming ill. 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 will be kept confidential to the extent permitted by law. No names or other identifying information will be used in any reports.

ALERT



You have selected to participate in this survey.
Move to the next page to begin the survey.

OK

CONSENT

This questionnaire will likely take about 10 minutes to complete. Do you consent to participate?

participate?

YES NO

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SHIGELLA HYPOTHESIS GENERATING QUESTIONNAIRE

You may have already been contacted by the health department. We would like to ask you a few additional questions about your (or the ill person's) recent illness and about any exposures you (or the ill person) may have had before becoming ill. 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 will be kept confidential to the extent permitted by law. No names or other identifying information will be used in any reports.

ALERT

You have selected not to participate in this survey. We appreciate your time. Move to the next page in order to end the survey and submit your response. For more information about shigellosis please go to www.cdc.gov/shigella/.

OK

CONSENT


This questionnaire will likely take

to participate?

YES NO

Shigella Hypothesis Generating Questionnaire

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SECTION 1: INTERVIEW INFORMATION

1. Are you completing this interview on behalf of yourself or another person?

- Self Another Person

2. What best describes your relationship to the other person?

- Spouse Child Other dependent Other

i. (specify):

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For the following questions please fill in the questionnaire with information on the person sick with shigellosis. If you are taking the survey for another person, answer all questions according to information about the person sick with shigellosis. If you are taking the survey on behalf of yourself, please answer all questions according to information about yourself.

SECTION 2: CASE INFORMATION

1. What is your (or the ill person's) state of residence:

Select

2. What is your (or the ill person's) county of residence:

3. What is the age of the person who is sick with shigellosis:



Years



Days



Months

4. What sex were you (or the ill person) assigned at birth?

sex

Female

Male

Prefer not to answer

5. How do you describe your (or the ill person's) ethnicity:

ethnicity

Hispanic or Latino

Not Hispanic or Latino

6. How do you describe your (or the ill person's) race:

(select all that apply)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

Prefer not to answer

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For the following questions please fill in the questionnaire with information on the person sick with shigellosis. If you are taking the survey for another person, answer all questions according to information about the person sick with shigellosis. If you are taking the survey on behalf of yourself, please answer all questions according to information about yourself.

SECTION 2: CASE INFORMATION

1. What is your (or the ill person's) state of residence:

Select

2. What is your (or the ill person's) county of residence:

3. What is the age of the person who is sick with shigellosis:

14 Years Days Months

4. What sex were you (or the ill person) assigned at birth?

sex

- Female Male Prefer not to answer

5. How do you describe your (or the ill person's) ethnicity:

ethnicity

- Hispanic or Latino Not Hispanic or Latino

6. How do you describe your (or the ill person's) race:

(select all that apply)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White
 Prefer not to answer

7. What is your (or the ill person's) current occupation?

SECTION 3: HOUSEHOLD INFORMATION

1. What would best describe the type of housing you (or the ill person) currently live in? For example, a house, apartment, or mobile home.

- | | |
|---|--|
| <input type="checkbox"/> House/single family home | <input type="checkbox"/> Apartment |
| <input type="checkbox"/> Hotel/motel | <input type="checkbox"/> Long term care facility |
| <input type="checkbox"/> Nursing home/assisted living facility | <input type="checkbox"/> Mobile home |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Half-way house | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Other (specify): <input type="text"/> | |

2. In the past 30 days, did you (or the ill person) double up or stay overnight with friends, relatives, or someone you didn't know well because you didn't have a regular place to stay at night?

Select

3. In the past 30 days, were you (or the ill person) ever homeless? That is, were you living on the street, in a shelter, in a single room occupancy hotel, or in a car?

Select

4. What is the water source at your (or the ill person's) primary place of residence?

Select

5. What is the sewer connection at your (or the ill person's) primary place of residence?

Select

6. How many people, including you (or the ill person), live in your (or the ill person's) primary place of residence?

[click here if unknown number of people live in primary residence](#)

a. Do any of these people (either children or adults) wear diapers?

Select

b. How many people living in your (or the ill person's) household are under the age of 5?

[click here if unknown number of people under the age of 5](#)


7. What was your (or the ill person's) household income last year from all sources before taxes?

That is, the total amount of money earned and shared by all people living in your household.

Select

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SECTION 4: CLINICAL INFORMATION

1. What date did you (or the ill person) first feel sick? Approximate date Unknown

2. What date did you (or the ill person) stop feeling sick? Approximate date Unknown

a. If unsure of specific dates in questions 1 and 2, about Ongoing
how many days were you (or the ill person) sick?

SYMPTOMS

3. Have you (or the ill person) had any of the following symptoms?

a. Diarrhea (at least 3 loose, watery stools in 24 hours) ▼

i. About how many days did you (or the ill person) have diarrhea?

b. Abdominal pain/cramps ▼

c. Fever ▼

d. Nausea ▼

e. Vomiting ▼

f. Bloody stools/bloody diarrhea ▼

g. Seizures ▼

h. Achy joints/muscles ▼

i. Tenesmus (or feeling the need to pass stool [poop] even when bowels are empty) ▼

j. Other symptoms ▼

(specify):

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SECTION 5: MEDICAL CARE AND TREATMENT INFORMATION

1. As a result of your (or the ill person's) illness, did you (or the ill person) seek medical care?

Yes No Don't Know

a. Where did you (or the ill person) seek medical care? (select all that apply)

Doctor's office

Urgent care

Pharmacy clinic

STD clinic

Emergency department

Hospital

Unknown

Other (specify):

b. Were you (or the ill person) admitted to a hospital overnight?

Select | ▼

i. For how many nights were you (or the ill person) hospitalized?

click here if unknown number of nights hospitalized

c. Were you (or the ill person) admitted to the intensive care unit?

Select | ▼

2. In addition to infection with *Shigella*, did your (or the ill person's) doctor tell you that you were sick with any other infection?

Yes | ▼

a. What was the name of the other infection(s)?

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SECTION 5: MEDICAL CARE AND TREATMENT INFORMATION

3. Were you (or the ill person) prescribed any antibiotics for this illness?

Yes | ▼

a. What was the name of the antibiotic(s), dose, and frequency?

Don't Know

b. Which date did you (or the ill person) start taking the antibiotic(s)?

Approximate date

Unknown

c. Which date did you (or the ill person) stop taking the antibiotic(s)?

Approximate date

Unknown

Still taking antibiotic(s)

d. In the 24 hours after taking the antibiotic(s), did your (or the ill person's) symptoms: *Get better/Improved; Stay the same, Get Worse, Other*

Other | ▼

(specify):

SECTION 6: EXPOSURE INFORMATION

1. In the 7 days before your illness started, did you (or the ill person) spend any time outside of your home state?

- Yes No Don't Know

DOMESTIC TRAVEL

a. List all U.S. states where you (or the ill person) traveled:

Did not travel domestically

i. List dates of domestic travel:

ii. What was the purpose of this travel? (select all that apply)

Tourism

Work

Visiting friends/relatives

Other (specify):

iii. Where did you (or the ill person) stay while traveling domestically? (select all that apply)

Hotel, hostel, guest house, resort

Private home

Hospital

Cruise ship

Other (e.g., school, dormitory, tent) (specify):

iv. What activities did you (or the ill person) engage in while traveling domestically? (select all that apply)

Purchase or eat food

Go swimming

Attend gathering of people


Drink untreated water

Other (specify):

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SECTION 6: EXPOSURE INFORMATION

1. In the 7 days before your illness started, did you (or the ill person) spend any time outside of your home state?

Yes No Don't Know

DOMESTIC TRAVEL

a. List all U.S. states where you (or the ill person) traveled:

Did not travel domestically

i. List dates of domestic travel:

SECTION 6: EXPOSURE INFORMATION

INTERNATIONAL TRAVEL

b. List all countries outside of the United States where you (or the ill person) traveled:

Did not travel internationally

i. List dates of international travel:

ii. What was the purpose of this travel? (select all that apply)

Tourism

Work

Visiting friends/relatives

Other (specify):

iii. Where did you (or the ill person) stay while traveling internationally? (select all that apply)

Hotel, hostel, guest house, resort

Private home

Hospital

Cruise ship

Other (e.g., school, dormitory, tent) (specify):

iv. What activities did you (or the ill person) engage in while traveling internationally? (select all that apply)

Purchase or eat food

Go swimming

Attend gathering of people

Drink untreated water

Other (specify):

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SECTION 6: EXPOSURE INFORMATION INTERNATIONAL TRAVEL

b. List all countries outside of the United States where you (or the ill person) traveled:

Did not travel internationally

i. List dates of international travel:

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SECTION 6: EXPOSURE INFORMATION

2. In the past month, have you (or the ill person) had contact with any individuals who traveled outside the United States?

- Yes No Don't Know

a. Where did they travel?

b. Were they ill with symptoms similar to your (or the ill person's) symptoms?

- Yes No Don't Know


c. Did you (or the ill person) eat any food or drink any beverages they brought back?

- Yes No Don't Know

i. What did you (or the ill person) eat or drink? (specify)

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SECTION 6: EXPOSURE INFORMATION

2. In the past month, have you (or the ill person) had contact with any individuals who traveled outside the United States?

- Yes No Don't Know

SECTION 6: EXPOSURE INFORMATION

3. In the 7 days before your (or the ill person's) illness started, did you (or the ill person) attend, visit, work in, or volunteer at any of the following:

a. A religious gathering (such as church, mosque, or synagogue)?

Yes No Don't Know

(specify):

b. Camp?

Yes No Don't Know

(specify):

c. Conference or other large meeting?

Yes No Don't Know

(specify):

d. Festival, fair, play, or concert?

Yes No Don't Know

(specify):

e. Party, picnic, or barbeque?

Yes No Don't Know

(specify):

f. Sports practice, sports game, or exercise class

Yes No Don't Know

(specify):

g. Other gathering of people not asked about?

Yes No Don't Know

(specify):

SECTION 6: EXPOSURE INFORMATION

4. In the 7 days before your (or the ill person's) illness started, did you (or the ill person):

a. Drink water from an untreated source, such as a lake, pond, or river?

Yes No Don't Know

(specify):

b. Eat any foods prepared by a friend, neighbor, or coworker in their home?

Yes No Don't Know

(specify):

c. Eat any foods prepared by a catering company? (such as food served at a wedding or conference?)

Yes No Don't Know

(specify):

d. Eat at a restaurant?

Yes No Don't Know

(specify):

e. Swim in treated water, such as a swimming pool?

Yes No Don't Know

(specify):

f. Swim in untreated water, such as a lake, river, or ocean?

Yes No Don't Know

(specify):

g. Play in an interactive water fountain, water table, children's pool, kiddie pool, or baby pool?

Yes No Don't Know

(specify):

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SECTION 6: EXPOSURE INFORMATION

5. In the 7 days before your (or the ill person's) illness started, did you (or the ill person) visit, work in, or volunteer at:

a. A place that serves food, such as a restaurant or cafeteria?

Yes No Don't Know

(specify):

b. A homeless shelter?

Yes No Don't Know

(specify):

c. A health care facility?

Yes No Don't Know

(specify):

d. A nursing home, long term care, or assisted living facility?

Yes No Don't Know

(specify):

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SECTION 6: EXPOSURE INFORMATION

6. In the 7 days before your (or the ill person's) illness started, did you (or the ill person) have contact with someone with diarrhea (at least 3 loose, watery stools in 24 hours) or symptoms similar to your (or the ill person's) symptoms?

a. Was this person diagnosed with a *Shigella* infection?

b. Was this person a member of your (or the ill person's) household?

(specify):

c. Does this person wear diapers?

i. Did you (or the ill person) change this person's diapers?

SECTION 6: EXPOSURE INFORMATION

7. While you (or the ill person) were sick with *Shigella*, did you (or the ill person) do any of the following?

a. Prepare or handle food for other people?

Yes No Don't Know

(specify):

b. Go swimming or play in a swimming pool, baby pool, interactive fountain, or water table?

Yes No Don't Know

(specify):

c. Visit, work in, or volunteer at a healthcare facility?

Yes No Don't Know

(specify):

d. Visit, work in, or volunteer at a nursing home, long term care, or assisted living facility?

Yes No Don't Know

(specify):

e. Visit, work in, volunteer, or attend a school or childcare facility?

Yes No Don't Know

(specify):

f. Visit, work in, volunteer, or attend any gathering of people? For example, a picnic, party, concert, conference, or religious gathering.

Yes No Don't Know

(specify):

SECTION 7: CHILD CARE AND SCHOOL

1. In the 7 days before your (or the ill person's) illness started, did you (or the ill person) visit, work in, volunteer, or attend a child care center, daycare or preschool?

Yes No Don't Know

a. What is the name of the facility?

b. At this facility, were there any other children or adults ill with diarrhea (at least 3 loose, watery stools in 24 hours) or symptoms similar to yours (or the ill person's) before you (or the ill person) became ill?

Yes No Don't Know

c. Did you (or the ill person) use a school bus or other school transport to get to and from the child care center, daycare, or preschool?

Yes No Don't Know

d. Were you (or the ill person) excluded from the facility while ill?

Yes No Don't Know

i. How many days were you (or the ill person) excluded?

ii. If case is under 18 years old, while excluded from daycare, what alternative care did your child receive? (select all that apply)

Babysitter

Care at home

Other child care center

Unknown

Other (specify):

SECTION 7: CHILD CARE AND SCHOOL

2. In the 7 days before your (or the ill person's) illness started, did you (or the ill person) attend, visit, work in, or volunteer in a school (such as an elementary, middle, after school center, or other type of school)?

Yes No Don't Know

a. What is the name of the school?

b. At this school were there any other children or adults ill with diarrhea (at least 3 loose, watery stools in 24 hours) or symptoms similar to your (or the ill person's) before you (or the ill person) became ill?

Yes No Don't Know

c. Did you (or the ill person) use a school bus or other school transport to get to and from the school?

Yes No Don't Know

d. Were you (or the ill person) excluded from school while ill?

Yes No Do not know

i. How many days were you (or the ill person) excluded?

ii. If case is under 18 years old, while excluded from daycare, what alternative care did your child receive? (select all that apply)

Babysitter

Care at home

Self-care

Unknown

Other (specify):

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SEXUAL ACTIVITY SECTION

Finally, we would like to ask about your recent sexual activity because *Shigella* can be spread through sexual contact. *Shigella* germs are very contagious; it takes just a small number of *Shigella* germs to make someone sick. People can get shigellosis when they put something in their mouths or swallow something that has come into contact with the stool of someone else who is sick with shigellosis. This can happen during sex.

As described previously, your responses are voluntary, and you may refuse to answer any question at any time. We ask all adults who were diagnosed with a *Shigella* infection these questions. Your answers to these questions will be kept private and may help us to identify how you became sick with a *Shigella* infection. This will also help u

ALERT

Thank you for your time. Go to the next page to end survey and submit your responses. For more information about shigellosis please go to www.cdc.gov/shigella/ .

OK

CONSENT

Do you wish to proceed with the

YES NO

Shigella Hypothesis Generating Questionnaire

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SEXUAL ACTIVITY SECTION

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As described previously, your responses are voluntary, and you may refuse to answer any question at any time. We ask all adults who were diagnosed with a *Shigella* infection these questions. Your answers to these questions will be kept private and may help us to identify how you became sick with a *Shigella* infection. This will also help us to prevent others from getting sick.

CONSENT

Do you wish to proceed with the next section?

YES NO

SECTION 8: RECENT SEXUAL ACTIVITY

1. Which of the following best represents how you think of yourself?

2. Do you currently describe yourself as male, female, or transgender?

3. Are you currently sexually active?

a. Since your illness started, have you had sexual contact with another person? Sexual contact would include genital sex, anal sex, oral sex, or any other sexual contact.

Yes

No

Prefer not to answer

b. IN THE 7 DAYS BEFORE your illness started, did you have sexual contact with another person? Sexual contact would include genital sex, anal sex, oral sex, or any other sexual contact.

Yes

No

Prefer not to answer

i. Were your sex partners (select all that apply):

Female

Male

Transgender Female

Transgender Male

Another

Unknown

Prefer not to answer

ii. In the 7 days before your illness started did any of your sex partners have diarrhea or symptoms similar to your own?

Yes

No

Don't Know

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SECTION 8: RECENT SEXUAL ACTIVITY

The next questions will be more explicit about the kind of sex you had in the week before your illness started. This will help us to better understand how you could have become sick.

iii. In the 7 days before your illness started, what kind of sexual contact did you have?

1. Genital sex (for example, penis in the vagina)

Yes

No

Prefer not to answer

2. Anal sex (for example, penis in the anus)?

Yes

No

Prefer not to answer

3. Oral sex (for example, mouth on penis or vagina)

Yes

No

Prefer not to answer

4. Anilingus or rimming (meaning mouth on anus)?

Yes

No

Prefer not to answer

5. Other sexual contact (for example, touching your partner's anus with your hands, your partner touching your anus with their hands, or sharing of sex toys)?

Yes

No

Prefer not to answer

iv. In the 7 days before your illness started, did you use drugs or alcohol during or immediately before sex? Some examples include alcohol, Viagra, meth, GHB, cocaine, or poppers

Yes | ▼

(specify):

SECTION 8: RECENT SEXUAL ACTIVITY

v. In the 7 days before your illness, how many sex partners did you have?

1. Were any of these partners new?

Yes

No

Prefer not to answer

a. In the 7 days before your illness started, did you meet your new sex partner(s) at any of the following places?

i. Bar, restaurant, or club?

Yes

No

Prefer not to answer

ii. Bathhouse?

Yes

No

Prefer not to answer

iii. Bookstore?

Yes

No

Prefer not to answer

iv. Gym?

Yes

No

Prefer not to answer

v. Park?

Yes

No

Prefer not to answer

vi. Social media sites?

Yes

No

Prefer not to answer

SECTION 8: RECENT SEXUAL ACTIVITY

a. In the 7 days before your illness started, did you meet your new sex partner(s) at any of the following places? (CONTINUATION)

vii. Dating or hookup sites?

Yes

No

Prefer not to answer

viii. Party, conference, or other type of event?

Yes

No

Prefer not to answer

ix. Sex club or sex party?

Yes

No

Prefer not to answer

x. Other location not asked about?

Yes

No

Prefer not to answer

4. In the past 12 months, have you been told by a doctor that you have a sexually transmitted infection?

Yes

No

Prefer not to answer

a. Which infection? (select all that apply)

Chlamydia

Syphilis

Herpes

Gonorrhea

Genital warts

Other

SURVEY COMPLETED

Thank you for completing this survey.

Click the *Submit Survey* button to submit your responses!

CDC Team