

RECREATIONAL WATER OUTBREAK IN [LOCATION]

CASE report number |\_| - |\_|\_|\_|

Matched CONTROL #1 |\_| - |\_|\_|\_| - |\_|

Matched CONTROL #2 |\_| - |\_|\_|\_| - |\_|

NAME OF INTERVIEWER \_\_\_\_\_

CASE: LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

DATE OF INTERVIEW |\_|\_|-|\_|\_|-|\_|\_|

**Telephone Contact History**

Date (mm/dd)	Time (am/pm)	Outcome/Comment	Initials
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

**OUTCOME CODES:**

- 01 = completed interview
- 02 = refused interview
- 03 = no answer
- 04 = busy tone
- 05 = non-working number
- 06 = fax machine
- 07 = business phone
- 08 = no eligible respondent
- 09 = language barrier
- 10 = interview terminated within questionnaire
- 11 = physical/mental impairment
- 12 = answering machine
- 13 = setting up a better time
- 99 = unknown

\* TEXT IN REGULAR TYPE IS TO BE READ TO THE RESPONDENT.

\* **TEXT IN BOLD IS AN INSTRUCTION FOR THE INTERVIEWER AND SHOULD NOT BE READ TO THE RESPONDENT.**

**PEDIATRIC CASE QUESTIONNAIRE  
RECREATIONAL WATER OUTBREAK IN [*LOCATION*]**

**If the case-patient's age is unknown,  
GO TO ADULT CASE QUESTIONNAIRE.**

**If the case-patient is 18 years or older,  
GO TO ADULT CASE QUESTIONNAIRE**

**If the case-patient is younger than 18 years but older than or equal to 12 years of age,  
GO TO ADULT CASE QUESTIONNAIRE**

**If the case-patient is younger than 12 years of age,  
GO TO Q.1**

**YOUNGER THAN 12 YEARS OF AGE**

**[TO THE PERSON ANSWERING THE PHONE IF AN ADULT, OTHERWISE ASK FOR AN ADULT]**

1. Hello, my name is \_\_\_\_\_. I'm calling from the \_\_\_\_\_ Health Department. We are investigating cases of diarrhea occurring among people who live in \_\_\_\_\_ [location]. To determine what factors may have played a role in causing illness among people in (your/our) community, we are conducting a survey. Is this the residence of \_\_\_\_\_ (case-patient's first name)?

\_\_\_ YES (GO TO Q. 2)

\_\_\_ NO (GO TO Q. 1a)

1a. If NO, Do you know at what telephone number I could reach (him/her)?

\_\_\_ YES,  
(LIST ALTERNATE NUMBER \_\_\_\_\_)  
Thank you very much for your time.  
**END INTERVIEW**

\_\_\_ NO or DON'T KNOW  
Is this \_\_\_\_\_ [phone number]?  
Sorry, I must have the wrong telephone number.  
**END INTERVIEW**

2. Are you \_\_\_\_\_ 's (case-patient's first name) parent or guardian who would be best at answering questions about (his/her) health and activities?

\_\_\_ YES (GO TO Q. 5)

\_\_\_ NO (GO TO Q. 2a)

2a. If NO, could I speak with (his/her) parent or guardian that would be best at answering these questions?

\_\_\_ YES (GO TO Q. 3)

\_\_\_ YES, but not home now (GO TO Q. 4)

\_\_\_ NO, not able to speak to him/her (GO TO Q. 2b)

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**2b.** Your family's participation in this study is very important. We are trying to determine why people in the community are getting sick. May I schedule a time to talk that would be more convenient for you?

\_\_\_\_\_ YES

**(LIST DATE AND TIME \_\_\_\_\_).**

Thank you very much for your time. We will call you again at the arranged time. **END INTERVIEW**

\_\_\_\_\_ NO... Sorry to have disturbed you. **END INTERVIEW**

**TO THE CASE-PATIENT'S PARENT OR GUARDIAN**

3. Hello, my name is \_\_\_\_\_. I'm calling from the \_\_\_\_\_ Health Department. We are investigating cases of diarrhea occurring among people who live in \_\_\_\_\_ [location]. We are conducting a survey to determine what factors may have played a role in causing illness among people in (your/our) community. Are you the parent or guardian of \_\_\_\_\_ (case-patient's first name) who would be best at answering questions about (his/her) health and activities?

\_\_\_ YES (GO TO Q. 5)

\_\_\_ NO (GO TO Q. 3a)

3a. If NO, Could I speak with (him/her)?

\_\_\_ YES (GO BACK TO Q. 3)

\_\_\_ YES, but not home now (GO TO Q. 4)

\_\_\_ NO, not able to speak to him/her (GO TO Q. 3b)

3b. Your family's participation in this study is very important. We are trying to determine why people in the community are getting sick. May I schedule a time to talk that would be more convenient for you?

\_\_\_ YES  
(LIST DATE AND TIME \_\_\_\_\_).

Thank you very much for your time. We will call you again at the arranged time. **END INTERVIEW**

\_\_\_ NO... Sorry to have disturbed you.  
**END INTERVIEW**

4. Is there another telephone number at which I could reach (him/her)?

\_\_\_ YES  
(LIST ALTERNATE TELEPHONE NUMBER \_\_\_\_\_)

Thank you very much for your assistance.  
**END INTERVIEW**

\_\_\_ NO (GO TO Q. 4a)

4a. When would be a good time to call back to reach (him/her)?

(LIST DAY AND TIME \_\_\_\_\_)

Thank you very much for your time.  
**END INTERVIEW**

[TO THE CASE-PATIENT'S PARENT OR GUARDIAN]

5. We are investigating cases of diarrhea occurring among people who live in \_\_\_\_\_ (location). We are conducting a survey to help us determine what factors may have played a role in causing illness among people living in (your/our) community.

We realize that you may have already spoken to the Health Department; however, we are interested in finding out more about this illness so that we can develop guidelines for preventing and controlling Cryptosporidiosis, the diarrheal disease that we have seen in (your/our) community.

Your child has been selected to participate in this survey because of (his/her) illness. We would like to ask you questions about \_\_\_\_\_ (case-patient's first name). The answers that you give will remain confidential. Your participation in these efforts will greatly enhance our understanding of this illness in (your/our) community.

This should take approximately \_\_\_\_\_ minutes (adjust time for number of questions to be asked). Your participation is voluntary and all information you give will be kept confidential to the extent legally possible. Some of the questions may be sensitive. You may refuse to answer any question at any time. Neither your name, your child's name, nor any identifying information will appear on any report. We will be happy to answer all your questions at the end of the interview. A final report will be available at the health department.

Do you agree to answer these questions about your child's health and activities and to participate in this survey?

\_\_\_ NO, **END INTERVIEW**...Sorry to have disturbed you. Thank you for your time.

\_\_\_ I DON'T HAVE TIME NOW, **END INTERVIEW (GO TO Q. 7)**

\_\_\_ YES, **CONTINUE INTERVIEW**... It would be helpful if you had a calendar in front of you, as we will be discussing specific dates. Would you like a minute to get one in front of you? (**GO TO Q. 6**)

6. May we begin now?

\_\_\_ YES (**GO TO Q. 8**)

\_\_\_ NO (**GO TO Q. 7**)

7. Your participation in this study is very important. We are trying to determine why people in the community are getting sick. May we schedule a time to talk that would be more convenient for you?

\_\_\_ YES  
(**LIST DATE AND TIME** \_\_\_\_\_ ).  
Thank you very much for your time. We will call you again at the arranged time.  
**END INTERVIEW**

\_\_\_ NO...Sorry to have disturbed you. **END INTERVIEW**

**CASE DEFINITION**

**8.** Before we continue, between \_\_\_\_\_ (MM/DD/YYYY) and \_\_\_\_\_ (MM/DD/YYYY), was \_\_\_\_\_ (case-patient's first name) ill with diarrhea, meaning three or more loose or watery stools or bowel movements in a 24-hour period, if that is unusual for (him/her)?

- YES.....1 (GO TO Q.9)
- NO.....2 (GO TO Q Q.8a)
- UNKNOWN.....77 (GO TO Q. 8a)
- REFUSED..... 99 (THANK RESPONDENT, END INTERVIEW)

**8a.** Between \_\_\_\_\_ (MM/DD/YYYY) and \_\_\_\_\_ (MM/DD/YYYY), did \_\_\_\_\_ (case-patient's first name) have any amount of diarrhea?

- YES.....1 (GO TO Q. 8b)
- NO.....2 (THANK RESPONDENT,  
END INTERVIEW)
- UNKNOWN.....77 (THANK RESPONDENT,  
END INTERVIEW)
- REFUSED..... 99 (THANK RESPONDENT,  
END INTERVIEW)

**8b.** Has \_\_\_\_\_ (case-patient's first name) had a positive *Cryptosporidium* lab test on a stool sample submitted to a healthcare provider?

- YES.....1 (GO TO SECTION A, Q.A-1)
- NO.....2 (THANK RESPONDENT,  
END INTERVIEW)
- UNKNOWN.....77 (THANK RESPONDENT,  
END INTERVIEW)
- REFUSED..... 99 (THANK RESPONDENT,  
END INTERVIEW)

**9.** Has \_\_\_\_\_ (case-patient's first name) had a positive *Cryptosporidium* lab test on a stool sample submitted to a healthcare provider?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED..... 99

**CASE**

Beginning \_\_\_\_\_(MM/DD/YYYY) through \_\_\_\_\_(MM/DD/YYYY): at least 1 day of diarrhea (3 loose stools within a 24 hour period)

*OR*

any diarrhea beginning \_\_\_\_\_(MM/DD/YYYY) through \_\_\_\_\_(MM/DD/YYYY) and a positive cryptosporidium lab test

**NOT A CASE**

NO diarrhea beginning \_\_\_\_\_(MM/DD/YYYY) through \_\_\_\_\_(MM/DD/YYYY)

**SECTION A. CLINICAL INFORMATION**

**BEFORE YOU INTERVIEW THE CASE-PATIENT’S PARENT OR GUARDIAN, HAVE A CALENDAR IN FRONT OF YOU.**

**READ:** I WOULD NOW LIKE TO ASK YOU SOME ADDITIONAL QUESTIONS ABOUT \_\_\_\_\_ ‘S (CASE-PATIENT’S FIRST NAME) ILLNESS.

**A1.** On what date did (*his/her*) diarrhea (loose/watery stools) begin?      |\_\_|\_\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
MM    DD    YY

**IF RESPONDENT CANNOT REMEMBER EXACT DATE DIARRHEA BEGAN, PROMPT FOR WEEK DIARRHEA BEGAN. ENTER DATE OF WEDNESDAY OF THAT WEEK**

**A2. IF NOT EXACT DATE DIARRHEA BEGAN, ENTER APPROXIMATE DATE** |\_\_|\_\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
MM    DD    YY

**THE EXPOSURE PERIOD OF INTEREST WILL BE FROM 2 WEEKS BEFORE THE ONSET DATE (DATE FROM A1 OR A2) UP TO AND INCLUDING THE ONSET DATE (DATE FROM A1 OR A2). RECORD THIS 2-WEEK PERIOD IN THE SPACE BELOW FOR USE IN ASKING THE EXPOSURE QUESTIONS:**

**EXPOSURE PERIOD FROM** |\_\_|\_\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_| **TO** |\_\_|\_\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
MM    DD    YY                    MM    DD    YY  
(onset date minus 2 wks) (onset date from A1 or A2)

**A3.** When (*his/her*) diarrhea was at its worst, what was the maximum number of loose or watery stools (*he/she*) had in a 24-hour period during this illness?

**NUMBER**                    |\_\_|\_\_|

UNKNOWN.....77  
REFUSED.....99

**A4.** Did (*he/she*) have blood in (*his/her*) stool?

YES..... 1  
NO..... 2  
UNKNOWN.....77  
REFUSED.....99

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**A5.** Was there a period when (*his/her*) diarrhea went away for at least a day and then came back?

- YES.....1  
 NO.....2 (GO TO A7)  
 UNKNOWN.....77 (GO TO A7)  
 REFUSED..... 99 (GO TO A7)

**A6. IF YES TO A5,** How many times did this happen?

    |\_|\_| Times

**A7.** Does (*he/she*) currently have diarrhea?

- YES..... 1 (GO TO A9)  
 NO.....2  
 UNKNOWN.....77 (GO TO A9)  
 REFUSED..... 99 (GO TO A9)

**A8. IF NO TO A7,** What date did the diarrhea ***completely*** end (include ***all*** of the diarrhea free days if there were any)?

Date:   |\_|\_| - |\_|\_| - |\_|\_|  
           MM   DD   YY

**A9. *In addition to diarrhea,*** which of the following symptoms did (*he/she*) have, and how long did (*he/she*) experience each from beginning to end, regardless of whether (*he/she*) felt better on some days in between? **[READ THE LIST OF SYMPTOMS. IF YES, ENTER THE CORRESPONDING DURATION FOR EACH.]** (U=UNKNOWN; R=REFUSED)

SYMPTOM	0 days	1 day	2-5 days	6-14 days	>14 days	U	R
<b>a.</b> Nausea	0	1	2	6	14	77	99
<b>b.</b> Vomiting	0	1	2	6	14	77	99
<b>c.</b> Headache	0	1	2	6	14	77	99
<b>d.</b> Loss of appetite	0	1	2	6	14	77	99
<b>e.</b> Abdominal cramps (non-menstrual)	0	1	2	6	14	77	99
<b>f.</b> Gas/Bloating	0	1	2	6	14	77	99
<b>g.</b> Body/Muscle aches	0	1	2	6	14	77	99
<b>h.</b> Tiredness/Fatigue	0	1	2	6	14	77	99
<b>i.</b> Fever or felt feverish <b>IF YES, GO TO A10, IF NO GO TO A11.</b>	0	1	2	6	14	77	99

**A10. IF YES TO FEVER, What was the highest temperature measured?**

**a. NUMBER** |\_|\_|\_|\_| . |\_| **degrees F**

**OR**

**b. NUMBER** |\_|\_|\_|\_| . |\_| **degrees C**

Felt warm/feverish, but temperature not measured ....222.2  
UNKNOWN.....777.7  
REFUSED..... 999.9

**A11. Has (*he/she*) experienced any weight loss as a result of (*his/her*) symptoms?**

YES.....1  
NO.....2 (**GO TO A13**)  
UNKNOWN.....77 (**GO TO A13**)  
REFUSED..... 99 (**GO TO A13**)

**A12. IF YES TO A11, Approximately how many pounds did (*he/she*) lose?**

|\_|\_| **POUNDS**

UNKNOWN.....77  
REFUSED..... 99

**A13. Did you seek health care for any of your child’s symptoms?**

YES.....1  
NO.....2 (**GO TO A16**)  
UNKNOWN.....77 (**GO TO A16**)  
REFUSED..... 99 (**GO TO A16**)

**A14. Once (*his/her*) diarrhea began, how long was (*he/she*) ill before you contacted or visited a doctor, nurse, or other healthcare provider?**

**NUMBER** |\_|\_|\_|\_| **days**

UNKNOWN.....777  
REFUSED.....999

**A15.** The following questions are about treatment for \_\_\_\_\_ ‘s (*case-patient’s first name*) illness.

<b>(CHECK ALL THAT APPLY)</b>	Y	N	U	R
<b>A15a.</b> Was a healthcare provider consulted over the phone?	1	2	77	99
<b>A15b.</b> Did ( <i>he/she</i> ) visit a healthcare provider’s office?	1	2	77	99
<b>A15c.</b> Did ( <i>he/she</i> ) visit an Emergency Room?	1	2	77	99
<b>A15d.</b> Was ( <i>he/she</i> ) hospitalized for more than 24 hours?	1	2	77	99
<b>A15e.</b> <b>IF YES</b> , how long hospitalized?			_ _	<b>DAYS</b>

**A16.** What treatment did you use for (*his/her*) symptoms?

**(CHECK ALL THAT APPLY):**

	Y	N	U	R
A15a. Nothing [ <b>IF YES GO TO A17</b> ]	1	2	77	99
A15b. OTC antidiarrheal medications (i.e. Peptobismol)	1	2	77	99
A15c. Herbal remedies	1	2	77	99
A15d. Antibiotics/Antiparasitics	1	2	77	99
A15e. Any prescription medications	1	2	77	99
A15f. Dehydration medications (Pedialyte)	1	2	77	99
A15g. Drank more fluids	1	2	77	99
A15h. Received intravenous fluids	1	2	77	99
A15i. Fever/Pain reliever	1	2	77	99
A15j. Other (specify)_____	1	2	77	99

**A17.** When \_\_\_\_\_ ‘s (*case-patient’s first name*) illness began, were **you** employed – meaning you had a paid job performed either outside or inside the home?

- YES.....1
- NO.....2    **(GO TO A20)**
- UNKNOWN.....77    **(GO TO A20)**
- REFUSED..... 99    **(GO TO A20)**

**A18. IF YES TO A17,** During (*his/her*) illness, did **you** miss any time from work, for example because you stayed home with your child or took time off to take your child to see a doctor?

- YES.....1
- NO.....2    **(GO TO A20)**
- UNKNOWN.....77    **(GO TO A20)**
- REFUSED..... 99    **(GO TO A20)**

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**A19. IF YES TO A18,** How many days were you unable to work for part of all of the day? |\_\_|\_\_| **days (IF IN HOURS, i.e. <1 DAY, THEN CODE AS ZERO)**

UNKNOWN .....77  
REFUSED.....99

**A20.** Did your child’s illness prevent you from performing your daily activities such as school, recreation, or vacation activities, or working within the home?

YES.....1  
NO.....2 (GO TO A22)  
UNKNOWN.....77 (GO TO A22)  
REFUSED..... 99 (GO TO A22)

**A21. IF YES TO A20,** How many days were you unable to perform your usual daily activities for part of all of the day? |\_\_|\_\_| **days (IF IN HOURS, i.e. <1 DAY, THEN CODE AS ZERO)**

UNKNOWN.....77  
REFUSED.....99

**A21A.** Did your child’s illness prevent (him/her) from performing daily activities such as school, recreation, or vacation activities?

YES.....1  
NO.....2 (GO TO A22)  
UNKNOWN.....77 (GO TO A22)  
REFUSED..... 99 (GO TO A22)

**A21B. IF YES TO A21A,** How many days was (*he/she*) unable to perform (*his/her*) usual daily activities for part or all of the day? |\_\_|\_\_| **days (IF IN HOURS, i.e. <1 DAY, THEN CODE AS ZERO)**

UNKNOWN.....77  
REFUSED.....99

**A22.** Did your child continue to do water activities (swimming, water parks, etc.) while (*he/she*) had diarrhea?

YES.....1  
NO.....2  
UNKNOWN.....77  
REFUSED.....99

**A23. NO CORRESPONDING QUESTION FROM ADULT CASE QUESTIONNAIRE – GO TO A24.**

**A24.** Did your child participate in water activities (pool, water parks, etc.) within the 2-week period after (*his/her*) diarrhea ended?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**A25.** Are you aware of anyone in your immediate household or social group that had diarrhea a week or two **before** \_\_\_\_\_ 's (*case-patient's first name*) symptoms began?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**A26.** Are you aware of anyone in your immediate household or social group that had diarrhea **while** your child had (*his/her*) symptoms?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**A27.** Are you aware of anyone in your immediate household or social group that had diarrhea during the 2 weeks **after** your child's symptoms began?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**A28.** Does your child have a weakened immune system? Conditions such as cancer, HIV, organ transplant and/or receiving steroid treatment can cause a weakened immune system. This does not include inhaled steroids for asthma therapy.

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED..... 99

**A29.** Do you have any long lasting or chronic illness or condition in which diarrhea or vomiting is a major symptom, such as irritable bowel syndrome, ulcerative colitis, partial removal of the stomach or intestines, stomach or esophagus problems, or Crohn's disease?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED..... 99

**SECTION B. PERSON-TO-PERSON CONTACT AND CHILDCARE INFORMATION**

**READ:** NOW I WOULD LIKE TO ASK ABOUT THE ADULTS (18 YEARS OF AGE OR OLDER) IN YOUR HOUSE, **INCLUDING YOURSELF**.

**B1.** What are the adult’s sexes and did they have diarrhea during the 2 weeks before \_\_\_\_\_ (case-patient’s first name) became ill? (QUESTION A2) |\_\_|\_\_|\_|\_|\_|\_|\_|\_|\_| to |\_\_|\_\_|\_|\_|\_|\_|\_|\_|\_|

ADULT	What sex? (1=MALE, 2=FEMALE)		Had diarrhea?			
	YES	NO	UNK	REF		
ADULT 1	1	2	1	2	77	99
ADULT 2	1	2	1	2	77	99
ADULT 3	1	2	1	2	77	99
ADULT 4	1	2	1	2	77	99
ADULT 5	1	2	1	2	77	99
ADULT 6	1	2	1	2	77	99

**READ:** NOW I WOULD NOW LIKE TO ASK YOU A FEW QUESTIONS ABOUT YOUR CHILD’S CONTACT WITH CHILDREN YOUNGER THAN 18 YEARS OF AGE AND WITH PERSONS WITH DIARRHEA DURING THE 2 WEEKS BEFORE (HE/SHE) BECAME ILL (QUESTION A2) |\_\_|\_\_|\_|\_|\_|\_|\_|\_|\_| TO |\_\_|\_\_|\_|\_|\_|\_|\_|\_|\_|

**B2.** Do you have children (younger than 18 years old) living in your home, **not including** \_\_\_\_\_ (case-patient’s first name)?

- YES..... 1
- NO..... 2 (GO TO B11)
- UNKNOWN..... 77 (GO TO B11)
- REFUSED..... 99 (GO TO B11)

**B3. IF YES TO B2,** How many children live in your house, **not including** \_\_\_\_\_ (case-patient’s first name)?

- NUMBER OF CHILDREN |\_\_|\_\_|
- UNKNOWN..... 77
- REFUSED..... 99

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**B4. IF YES TO B2,** Now I would like to ask about the children other than \_\_\_\_\_ (*case-patient's first name*). What are the children's age(s) in years, their sexes, and did they have diarrhea in the 2 weeks before \_\_\_\_\_ 's (*case-patient's first name*) diarrhea began?

CHILD	AGE? (INDICATE YRS OR MONTHS)	Does the child wear diapers?		What sex?		Had diarrhea in the <b>2 weeks</b> before _____ 's ( <i>case-patient's first name</i> ) diarrhea began?			
		Y	N	(1=MALE, 2=FEMALE)		YES	NO	UNK	REF
CHILD 1		1	2	1	2	1	2	77	99
CHILD 2		1	2	1	2	1	2	77	99
CHILD 3		1	2	1	2	1	2	77	99
CHILD 4		1	2	1	2	1	2	77	99
CHILD 5		1	2	1	2	1	2	77	99
CHILD 6		1	2	1	2	1	2	77	99
CHILD 7		1	2	1	2	1	2	77	99
CHILD 8		1	2	1	2	1	2	77	99
CHILD 9		1	2	1	2	1	2	77	99
CHILD 10		1	2	1	2	1	2	77	99
CHILD 11		1	2	1	2	1	2	77	99
CHILD 12		1	2	1	2	1	2	77	99
CHILD 13		1	2	1	2	1	2	77	99
CHILD 14		1	2	1	2	1	2	77	99
CHILD 15		1	2	1	2	1	2	77	99

**B4A.** Was \_\_\_\_\_ (*case-patient's first name*) in diapers **at the time of** (*his/her illness*)?

- YES..... 1
- NO..... 2
- UNKNOWN..... 77
- REFUSED..... 99

**B5.** Was \_\_\_\_\_ (*case-patient's first name*) in childcare outside of your home at any time during the 2 weeks before (*he/she*) became ill?

- YES..... 1
- NO..... 2    **(GO TO B8)**
- UNKNOWN..... 77    **(GO TO B8)**
- REFUSED..... 99    **(GO TO B8)**

**B6. IF YES TO B5,** Did \_\_\_\_\_ (*case-patient's first name*) participate in any water-related activities, such as swimming, wading, or water table play at (*his/her*) childcare outside of your home?

YES.....	1
NO.....	2
UNKNOWN.....	77
REFUSED.....	99

**B7. IF YES TO B5,** Were any children at \_\_\_\_\_ 's (*case-patient's first name*) childcare location **in diapers?**

YES.....	1
NO.....	2
UNKNOWN.....	77
REFUSED.....	99

**B8.** Was \_\_\_\_\_ (*case-patient's first name*) in a **day camp** during the 2 weeks before (*he/she*) became ill? By a day camp I mean a center with activities where children spend all or part of the day, often during the summer months when school is out. By comparison, a day care center is often for toddlers.

YES.....	1
NO.....	2 (GO TO B11)
UNKNOWN.....	77 (GO TO B11)
REFUSED.....	99 (GO TO B11)

**B9. IF YES TO B8,** Did \_\_\_\_\_ (*case-patient's first name*) participate in any water-related activities, such as swimming, wading, or water tables at (*his/her*) **day camp?**

YES.....	1
NO.....	2
UNKNOWN.....	77
REFUSED.....	99

**B10. NO CORRESPONDING QUESTION FROM ADULT CASE QUESTIONNAIRE – GO TO B11.**

**B11.** During the 2 weeks before illness, did \_\_\_\_\_ (*case-patient's first name*) have any contact with children in diapers?

YES.....	1
NO.....	2 (GO TO B13)
UNKNOWN.....	77 (GO TO B13)
REFUSED.....	99 (GO TO B13)

**B12. IF YES TO B11,** During the 2 weeks before illness, did your child change any diapers?

- YES..... 1
- NO..... 2
- UNKNOWN..... 77
- REFUSED..... 99

**B13.** During the 2 weeks before \_\_\_\_\_ (*case-patient's first name*) became ill, did (*he/she*) come in contact with anyone who had diarrhea?

- YES..... 1
- NO..... 2       **(GO TO B16)**
- UNKNOWN.....77   **(GO TO B16)**
- REFUSED..... 99   **(GO TO B16)**

**B14. IF YES TO B13,** Did they include:  
**[READ THE LIST. CIRCLE ALL THAT APPLY]**

	YES	NO	UNKNOWN	REFUSED
a. Children ≤ 3 years of age	1	2	99	77
b. Children 4 to <13 years of age	1	2	99	77
c. Teenagers ≥13 to <18 years	1	2	99	77
d. Adults 18 years or older	1	2	99	77

**B15. IF YES TO B13,** Did \_\_\_\_\_ (*case-patient's first name*) provide direct care to a person with diarrhea?

- YES..... 1
- NO..... 2
- UNKNOWN..... 77
- REFUSED..... 99

**B16.** Are you aware of anyone in your child's immediate household or social group that had diarrhea while \_\_\_\_\_ (*case-patient's first name*) had (*his/her*) symptoms?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**B17.** Are you aware of anyone in your child's immediate household or social group that had diarrhea during the 2 weeks after \_\_\_\_\_ 's (*case-patient's first name*) symptoms began?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**B18.** Did your child prepare food for others while (*he/she*) had diarrhea?

YES.....1  
NO.....2  
UNKNOWN.....77  
REFUSED.....99

**SECTION C. DIETARY EXPOSURES**

**READ:** I WOULD LIKE TO TALK ABOUT YOUR CHILD’S DIET DURING THE 2 ***WEEKS BEFORE*** (HIS/HER) DIARRHEA BEGAN (QUESTION A2), THAT WOULD BE THE PERIOD FROM |\_|\_|-|\_|\_|-|\_|\_| TO |\_|\_|-|\_|\_|-|\_|\_| .

**C1.** During the 2 weeks before \_\_\_\_\_ ‘s (*case-patient’s first name*) diarrhea began, did (he/she) eat any of the following food items? **[READ THE LIST. ENTER ALL THAT APPLY]**

<b>FOOD</b>	<b>Y</b>	<b>N</b>	<b>U</b>	<b>R</b>
<b>a.</b> Lettuce or garden salad	1	2	77	99
<b>b.</b> Cold cuts, chicken salad, egg salad, or tuna salad	1	2	77	99
<b>c.</b> Other cold salads (such as coleslaw, potato salad, or pasta salad)	1	2	77	99
<b>d.</b> Raw vegetables (such as carrots, tomatoes, cucumbers, green onions)	1	2	77	99
<b>e.</b> Raw berries (such as strawberries and raspberries)	1	2	77	99
<b>f.</b> Raw fruits <i>with</i> skin/peel (such as melons, apples)	1	2	77	99
<b>g.</b> Cider or juice	1	2	77	99
<b>h.</b> Raw shellfish	1	2	77	99
<b>i.</b> Cooked shellfish	1	2	77	99

**C2.** During the two weeks before (his/her) diarrhea began, did (he/she) consume any of the following ***unpasteurized*** foods or drinks? This may include products supplied from health food stores, local farms, or imported from other countries. **[READ THE LIST. ENTER ALL THAT APPLY]**

<b>FOOD</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>	<b>REFUSED</b>
<b>a.</b> Unpasteurized milk	1	2	77	99
<b>b.</b> Unpasteurized apple juice/cider	1	2	77	99
<b>c.</b> Other unpasteurized juices	1	2	77	99
<b>d.</b> Unpasteurized cheese (e.g. goat cheese, farmer’s cheese, queso fresco)	1	2	77	99
<b>e.</b> Other Specify: _____	1	2	77	99

**SECTION D. DRINKING WATER EXPOSURES**

**READ:** I WOULD LIKE TO TALK ABOUT YOUR CHILD’S EXPOSURE TO DRINKING WATER DURING THE **2 WEEKS BEFORE** (HIS/HER) DIARRHEA BEGAN (QUESTION A2), THAT WOULD BE THE PERIOD FROM |\_\_|\_|-|\_\_|\_|-|\_\_|\_| TO |\_\_|\_|-|\_\_|\_|-|\_\_|\_|

**D1.** During the 2 weeks before \_\_\_\_\_ ‘s (*case-patient’s first name*) diarrhea began, did (*he/she*) drink water from home?

- YES.....1
- NO.....2 (GO TO D3)
- UNKNOWN.....77 (GO TO D3)
- REFUSED.....99 (GO TO D3)

**D2. IF YES TO D1,** What were (*his/her*) sources of drinking water **at home**?  
**[READ THE LIST. ENTER ALL THAT APPLY]**

<b>QUESTION</b>	<b>YES</b>	<b>NO</b>	<b>UNKNOWN</b>	<b>REFUSED</b>
<b>a.</b> Municipal or city water direct from tap	1	2	77	99
<b>b.</b> Municipal or city water with additional filtration or treatment	1	2	77	99
<b>c.</b> Refrigerator dispenser	1	2	77	99
<b>d.</b> Private well water	1	2	77	99
<b>e.</b> Private well water with additional filtration or treatment	1	2	77	99
<b>f.</b> Commercially bottled water	1	2	77	99
<b>g.</b> Other Specify: _____	1	2	77	99

**D3.** During the 2 weeks before (*his/her*) diarrhea began, did (*he/she*) drink water **outside the home**, for example, at school, or work?

- YES.....1
- NO.....2 (GO TO D5)
- UNKNOWN.....77 (GO TO D5)
- REFUSED.....99 (GO TO D5)

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**D4. IF YES TO D3,** What were (*his/her*) sources of drinking water outside the home, for example, at school, or work? **[READ THE LIST. ENTER ALL THAT APPLY.]**

QUESTION	YES	NO	UNKNOWN	REFUSED
<b>a.</b> Municipal or city water direct from tap (including a water fountain)	1	2	77	99
<b>b.</b> Municipal or city water with additional filtration or treatment	1	2	77	99
<b>c.</b> Refrigerator dispenser	1	2	77	99
<b>d.</b> Private well water	1	2	77	99
<b>e.</b> Private well water with additional filtration or treatment	1	2	77	99
<b>f.</b> Commercially bottled water	1	2	77	99
<b>g.</b> Brought water from home	1	2	77	99
<b>h.</b> Other Specify: _____	1	2	77	99

**D5.** What was your child’s usual source of ice during the 2 weeks before (*his/her*) diarrhea began? **[READ THE LIST. ENTER ALL THAT APPLY]**

SOURCE	YES	NO	UNKNOWN	REFUSED
<b>a.</b> Do not use ice ( <b>GO TO D6</b> )	1	2	77	99
<b>b.</b> From home	1	2	77	99
<b>c.</b> From outside the home	1	2	77	99
<b>d.</b> Commercially-bought ice	1	2	77	99
<b>e.</b> Other Specify: _____	1	2	77	99

**D6.** During the 2 weeks before \_\_\_\_\_’s (*case-patient’s first name*) diarrhea began, did (*he/she*) drink any untreated water from a lake, river, or stream?

- YES..... 1
- NO..... 2
- UNKNOWN.....77
- REFUSED.....99

**SECTION E. RECREATIONAL WATER EXPOSURE**

**READ:** I WOULD LIKE TO TALK ABOUT \_\_\_\_\_ ‘S (*case-patient’s first name*) EXPOSURE TO RECREATIONAL WATER. WE WILL FIRST FOCUS ON THE PERIOD **2 WEEKS BEFORE** (*HIS/HER*) DIARRHEA BEGAN (**QUESTION A2**), THAT WOULD BE THE PERIOD FROM \_\_\_\_-\_\_\_\_-\_\_\_\_ TO \_\_\_\_-\_\_\_\_-\_\_\_\_.

**E1.** During the 2 weeks before (*his/her*) diarrhea began, did (*he/she*) swim or enter recreational water (which means water other than in a bathtub or shower)?

- YES.....1
- NO.....2 (**GO TO E28**)
- UNKNOWN.....77 (**GO TO E28**)
- REFUSED.....99 (**GO TO E28**)

**E2.** During the 2 weeks before the diarrhea began, which recreational water settings did (*he/she*) swim in, wade in, or enter? [**READ THE LIST. ENTER ALL THAT APPLY**]

	<b>IF YES, on how many days did (<i>he/she</i>) swim or enter the water in the 2 weeks before (<i>he/she</i>) became ill?</b>				<b>IF YES, did (<i>he/she</i>) put (<i>his/her</i>) face under the water?</b>									
<b>Setting</b>	<b>Y</b>	<b>N</b>	<b>U</b>	<b>R</b>	<b>Number of days?</b>					<b>Y</b>	<b>N</b>	<b>U</b>	<b>R</b>	
					<b>1</b>	<b>2-5</b>	<b>6-10</b>	<b>&gt;11</b>	<b>U</b>					<b>R</b>
<b>a.</b> Lake, Pond, River or Stream	1	2	77	99	1	2	3	4	77	99	1	2	77	99
<b>b.</b> Hot Tub, Spa, Whirlpool, Jacuzzi	1	2	77	99	1	2	3	4	77	99	1	2	77	99
<b>c.</b> Recreational Water Park other than swimming pools ( <i>list area examples, if known</i> )	1	2	77	99	1	2	3	4	77	99	1	2	77	99

**E3.** During the 2 weeks before (*his/her*) diarrhea began, did (*he/she*) swim, wade in, or enter a swimming pool?

- YES.....1
- NO.....2 (**GO TO E28**)
- UNKNOWN.....77 (**GO TO E28**)
- REFUSED.....99 (**GO TO E28**)

**READ: THE FOLLOWING QUESTIONS ASK ABOUT TYPICAL SWIMMING ACTIVITIES DURING VISITS TO POOLS**

**E4.** On a typical visit during the 2 weeks before your child’s diarrhea began, did *(he/she)* usually **wade or play** in the water without swimming?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**E5.** On a typical visit during the 2 weeks before your child’s diarrhea began, did *(he/she)* get water **splashed in (his/her) face**?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**E6.** On a typical visit during the 2 weeks before your child’s diarrhea began, did *(he/she)* put *(his/her)* **face in the water**?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**E7.** On a typical visit during the 2 weeks before your child’s diarrhea began, did *(he/she)* get **any** water in *(his/her)* mouth?

- YES.....1
- NO.....2 **(GO TO E9)**
- UNKNOWN.....77 **(GO TO E9)**
- REFUSED..... 99 **(GO TO E9)**

**E8. IF YES TO E7,** On a typical visit during the 2 weeks before your child’s diarrhea began, did *(he/she)* **swallow** any of this water?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**E9.** On a typical visit during the 2 weeks before your child’s diarrhea began, did *(he/she)* **dive or jump** into the water?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

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**E10.** On a typical visit during the 2 weeks before your child’s diarrhea began, did (he/she) use a slide to enter the water?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**E11.** On a typical visit during the 2 weeks before your child’s diarrhea began, did (he/she) eat while visiting the pool?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**E12.** On a typical visit during the 2 weeks before your child’s diarrhea began, did (he/she) consume any drink with ice, for example, ice tea or soda from the soda fountain?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**E13.** On a typical visit during the 2 weeks before your child’s diarrhea began, did (he/she) drink from the water fountain at the swimming pool?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**E14.** On a typical visit during the 2 weeks before your child’s diarrhea began, did (he/she) go to the restrooms at the swimming pool to....

SOURCE	YES	NO	UNKNOWN	REFUSED
<b>a.</b> Change diapers	1	2	77	99
<b>b.</b> Wash hands	1	2	77	99
<b>c.</b> Urinate	1	2	77	99
<b>d.</b> Have bowel movements	1	2	77	99
<b>e.</b> Shower	1	2	77	99
<b>e.</b> Other Specify: _____	1	2	77	99

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**E15.** On a typical visit during the 2 weeks before your child’s diarrhea began, did (*he/she*) touch or play on the playground equipment at a playground near the swimming pool?

- YES.....1  
 NO.....2  
 UNKNOWN.....77  
 REFUSED.....99

**READ: NOW I WOULD LIKE TO ASK YOU ABOUT THE SWIMMING POOLS**  
 \_\_\_\_\_ (*case-patient’s first name*) VISITED.

**E16.** During the 2 weeks before your child’s diarrhea began, please list the swimming pools that (*he/she*) swam in or entered [**ENTER ALL THAT APPLY**]

	<b>IF YES, on how many days in the 2 weeks before (<i>he/she</i>) became ill?</b>	<b>IF YES, please list dates</b>	<b>(IF CANNOT RECALL EXACT DATES, prompt for <i>week</i> of swimming in that location and enter date of <u>Wednesday</u> of that week</b>	<b>IF YES, did (<i>he/she</i>) put (<i>his/her</i>) face under the water?</b>	
<b>Pool</b>	<b>Y   N   U   R</b>	<b>Number of days? 1 2-5 6-10 &gt;11   U   R</b>	<b>List dates (MM/DD/YY)</b>	<b>List dates (MM/DD/YY)</b>	<b>Y   N   U   R</b>
<b>a. (Pool A)</b>	1   2   77   99	1   2   3   4   77   99			1   2   77   99
<b>b. (Pool B)</b>	1   2   77   99	1   2   3   4   77   99			1   2   77   99
<b>c. (Pool C)</b>	1   2   77   99	1   2   3   4   77   99			1   2   77   99
<b>d. (Pool D)</b>	1   2   77   99	1   2   3   4   77   99			1   2   77   99
<b>e. (Pool E)</b>	1   2   77   99	1   2   3   4   77   99			1   2   77   99
<b>f. Other Specify:</b> _____	1   2   77   99	1   2   3   4   77   99			1   2   77   99

**IF THE CHILD DID NOT SWIM AT [POOL OF INTEREST], GO TO E28**

**READ:** NOW I WOULD LIKE TO ASK YOU ABOUT \_\_\_\_\_ ‘S (*case-patient’s first name*) ACTIVITIES AT THE \_\_\_\_\_ (*POOL OF INTEREST*) (**THESE QUESTIONS WILL NEED TO BE TAILORED TO THE SPECIFICS OF THE POOL**)

**E17.** Regarding your child’s activities at the \_\_\_\_\_ (*the pool of interest*) during the 2 weeks before (*his/her*) diarrhea began, did (*he/she*) swim in or enter the wading pool?

YES.....1  
NO.....2  
UNKNOWN.....77  
REFUSED.....99

**E18.** Did your child swim in or enter the main pool (*if applicable*)?

YES.....1  
NO.....2 (**GO TO E23**)  
UNKNOWN.....77 (**GO TO E23**)  
REFUSED.....99 (**GO TO E23**)

**E19. IF YES TO E18,** When your child was in the main pool did (*he/she*) ever use the water slide (*if applicable*)?

YES.....1  
NO.....2  
UNKNOWN.....77  
REFUSED.....99

**E20. IF YES TO E18,** When your child was in the main pool did (*he/she*) ever use the frog slide (*if applicable*)?

YES.....1  
NO.....2  
UNKNOWN.....77  
REFUSED.....99

**E21. IF YES TO E18,** When your child was in the main pool did (*he/she*) ever go under the raindrop tree (*if applicable*)?

YES.....1  
NO.....2  
UNKNOWN.....77  
REFUSED.....99

**E22. IF YES TO E18,** When your child was in the main pool did *(he/she)* ever use the diving boards *(if applicable)*?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**E23.** During the 2 weeks before your child’s diarrhea began, did *(he/she)* swim at a swim meet at the \_\_\_\_\_ *(the pool of interest)*?

- YES.....1
- NO.....2 (GO TO E25)
- UNKNOWN.....77 (GO TO E25)
- REFUSED.....99 (GO TO E25)

**E24. IF YES TO E23,** What date? |\_|\_|-|\_|\_|-|\_|\_|  
MM DD YY

**E25.** When the \_\_\_\_\_ *(the pool of interest)* closed, the period between |\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|, did your child enter the water or swim at any other facility or recreational area?

- YES..... 1
- NO.....2 (GO TO E27)
- UNKNOWN.....77 (GO TO E27)
- REFUSED.....99 (GO TO E27)

**E26. IF YES TO E25,** What pool/recreational area(s) did your child swim in while the \_\_\_\_\_ *(the pool of interest)* was closed (|\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|)? **(WRITE IN NAME OF POOL/RECREATIONAL AREA)**

Name of Pool/Recreational Area

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

E27. During the 2 weeks before your child’s diarrhea began, did your child participate as a member of any of the following groups at the \_\_\_\_\_(the pool of interest)?

[READ ALL AND ENTER ALL THAT APPLY]

(THIS QUESTION WILL NEED TO BE TAILORED TO THE SPECIFICS OF THE POOL)

- Swimming/diving team.....1
- Swimming lessons.....2
- Water aerobics.....3
- UNKNOWN.....77
- OTHER.....88
- If Other, specify: \_\_\_\_\_
- REFUSED.....99

E28. Is your child a member of the \_\_\_\_\_(the pool of interest)?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**READ: NOW WE WILL FOCUS ON YOUR CHILD’S RECREATIONAL WATER EXPOSURE DURING THE ONE MONTH SINCE (HIS/HER) DIARRHEA BEGAN.**

E29. During the one month since your child’s diarrhea began, did (he/she) swim in or enter recreational water (other than in a bathtub or shower)?

- YES.....1
- NO.....2 (GO TO SECTION F)
- UNKNOWN.....77 (GO TO SECTION F)
- REFUSED.....99 (GO TO SECTION F)

**E30.** During the *one month since* your child’s diarrhea began, which recreational water settings did (*he/she*) swim in, wade in, or enter? **[READ THE LIST. ENTER ALL THAT APPLY]**

Setting	Y   N   U   R				IF YES, on how many days did your child swim or enter the water in the <u><i>one month since</i></u> ( <i>his/her</i> ) diarrhea began?					
					Number of days?					
	1	2-5	6-10	>11	U	R				
a. Lake, Pond, River or Stream	1	2	77	99	1	2	3	4	77	99
b. Hot Tub, Spa, Whirlpool, Jacuzzi	1	2	77	99	1	2	3	4	77	99
c. Recreational Water Park other than swimming pools ( <i>list area examples, if known</i> )	1	2	77	99	1	2	3	4	77	99

**E31.** During the *one month since* your child’s diarrhea began, did (*he/she*) swim, wade in, or enter a swimming pool?

- YES..... 1
- NO.....2 (GO TO SECTION F)
- UNKNOWN.....77 (GO TO SECTION F)
- REFUSED.....99 (GO TO SECTION F)

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**E32.** During the one month since your child’s diarrhea began, please list the swimming pools that (he/she) swam in or entered. **[ENTER ALL THAT APPLY]**

Pool	Y   N   U   R	IF YES, on how many days did your child swim or enter the water during the month after the diarrhea began?	IF YES, please list dates	IF CANNOT RECALL EXACT DATES, prompt for <u>week</u> of swimming in that location and enter date of <u>Wednesday</u> of that week
		Number of days? 1 2-5 6-10 >11 U R	List dates (MM/DD/YY)	List dates (MM/DD/YY)
a. (Pool A)	1   2   77   99	1 2 3 4 77 99		
b. (Pool B)	1   2   77   99	1 2 3 4 77 99		
c. (Pool C)	1   2   77   99	1 2 3 4 77 99		
d. (Pool D)	1   2   77   99	1 2 3 4 77 99		
e. (Pool E)	1   2   77   99	1 2 3 4 77 99		
f. Other Specify: _____	1   2   77   99	1 2 3 4 77 99		

**IF THE CHILD DID NOT SWIM AT THE \_\_\_\_\_ (POOL OF INTEREST), GO TO SECTION F.**

**READ:** NOW I WOULD LIKE TO ASK YOU ABOUT \_\_\_\_\_ ‘S (case-patient’s first name) ACTIVITIES AT THE \_\_\_\_\_ (POOL OF INTEREST)

**E33.** During the one month since your child’s diarrhea began, did (he/she) participate as a member of any of the following groups at the \_\_\_\_\_ (the pool of interest)?

**[READ ALL AND ENTER ALL THAT APPLY]**

- Swimming/ diving team.....1
- Swimming lessons.....2
- UNKNOWN.....77
- OTHER .....88
- If Other, specify \_\_\_\_\_
- REFUSED.....99

**E34.** During the one month since your child’s diarrhea began, did (he/she) swim in or enter the wading pool (if applicable)?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

E35. During the one month since your child's diarrhea began, did (he/she) swim in or enter the main pool?

YES.....1  
NO.....2  
UNKNOWN.....77  
REFUSED.....99

**SECTION F. EVENTS**

**READ:** NOW I WOULD LIKE TO TALK TO YOU ABOUT THE EVENTS THAT \_\_\_\_\_ (case-patient's first name) ATTENDED DURING THE \_\_\_\_\_ (specify time period) BEFORE YOUR CHILD'S DIARRHEA BEGAN

**F1.** During the \_\_\_\_\_ (specify time period) before your child's diarrhea began, did (he/she) attend any large social gatherings with 50 or more persons present, such as picnics, county fairs, or other events?

- YES..... 1
- NO.....2 (GO TO F3)
- UNKNOWN.....77 (GO TO F3)
- REFUSED.....99 (GO TO F3)

**F2. IF YES TO F1,** Please list the event(s) that (he/she) attended: **[CIRCLE THOSE MENTIONED]**  
**[IF SPECIFIC EVENTS ARE IN QUESTION, LIST HERE. IF NOT, USE GENERAL QUESTIONS]**

- Event A ( |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ date).....01
- Event B ( |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ date).....02
- Event C ( |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ date).....03
- Event D ( |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ date).....04
- Event E ( |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ date)..... 05
- Other - please specify: \_\_\_\_\_ 06

**F3.** Did your child attend any events/parties/potlucks held at the \_\_\_\_\_ (the pool of interest)?

- YES.....1
- NO.....2 (GO TO F5)
- UNKNOWN.....77 (GO TO F5)
- REFUSED.....99 (GO TO F5)

**F4. IF YES TO F3,** Please name the events/parties/potlucks?

<u>Name</u>	<u>Date (MM/DD/YY)</u>
_____	__ __- __ __- __ __
_____	__ __- __ __- __ __
_____	__ __- __ __- __ __

**F5.** Did your child attend any events/parties/potlucks in \_\_\_\_\_ (specify time period) at any other pool other than the \_\_\_\_\_ (the pool of interest)?

- YES.....1
- NO.....2 (GO TO F7)
- UNKNOWN.....77 (GO TO F7)
- REFUSED.....99 (GO TO F7)

**F6. IF YES TO F5,** Please name the events/parties/potlucks?

<u>Name</u>	<u>Date (MM/DD/YY)</u>
_____	_ _ - _ _ - _ _
_____	_ _ - _ _ - _ _
_____	_ _ - _ _ - _ _

**F7.** While attending any of these events, did your child drink any beverage made with water, such as ice tea, lemonade, or other powdered or concentrated drink mix?

- YES.....1
- NO.....2 (GO TO F9)
- UNKNOWN.....77 (GO TO F9)
- REFUSED.....99 (GO TO F9)

**F8. IF YES TO F7,** Please name the events/parties/potlucks?

<u>Name</u>	<u>Date (MM/DD/YY)</u>
_____	_ _ - _ _ - _ _
_____	_ _ - _ _ - _ _
_____	_ _ - _ _ - _ _

**F9.** While at any of these events, did your child eat any food that was not commercially packaged?

- YES.....1
- NO.....2 (GO TO SECTION G)
- UNKNOWN.....77 (GO TO SECTION G)
- REFUSED.....99 (GO TO SECTION G)

**F10. IF YES TO F9,** Please name the events/parties/potlucks?

<u>Name</u>	<u>Date (MM/DD/YY)</u>
_____	_ _ - _ _ - _ _
_____	_ _ - _ _ - _ _
_____	_ _ - _ _ - _ _

**SECTION G. TRAVEL HISTORY**

**READ:** NOW I WOULD LIKE TO TALK TO YOU ABOUT \_\_\_\_\_ 'S (*case-patient's first name*) TRAVEL HISTORY DURING THE **2 WEEKS BEFORE** (*HIS/HER*) DIARRHEA BEGAN (**QUESTION A2**), THAT WOULD BE THE PERIOD FROM |\_\_|\_|-|\_\_|\_|-|\_\_|\_| TO |\_\_|\_|-|\_\_|\_|-|\_\_|\_|.

**G1.** During the 2 weeks before your child's diarrhea began, did (*he/she*) travel within the state?

- YES..... 1
- NO..... 2 (**GO TO G3**)
- REFUSED..... 8 (**GO TO G3**)
- UNKNOWN..... 9 (**GO TO G3**)

**G2. IF YES TO G1,** Please tell me where your child went within the state: (**WRITE IN LOCATION**)

LOCATION	CODE
A _____	__ _
B _____	__ _
C _____	__ _

**G3.** During the 2 weeks before your child's diarrhea began, did (*he/she*) travel to another state within the United States?

- YES..... 1
- NO..... 2 (**GO TO G5**)
- REFUSED..... 8 (**GO TO G5**)
- UNKNOWN..... 9 (**GO TO G5**)

**G4. IF YES TO G3,** Please tell me the name of the cities and states that your child traveled to:  
(**WRITE IN LOCATION**)

CITY/STATE	CODE
A _____	__ _
B _____	__ _
C _____	__ _

**G5.** During the 2 weeks before your child’s diarrhea began, did (*he/she*) travel to another country?

- YES..... 1
- NO..... 2 (**GO TO G7**)
- REFUSED..... 8 (**GO TO G7**)
- UNKNOWN..... 9 (**GO TO G7**)

**G6. IF YES TO G5,** Please tell me which country or countries your child traveled to:  
(**WRITE IN LOCATION**)

COUNTRY	CODE
A _____	_ _
B _____	_ _
C _____	_ _

**G7.** During the 2 weeks before your child’s diarrhea began, did (*he/she*) travel to \_\_\_\_\_ (*name of specific location*)?

- YES.....1
- NO.....2 (**GO TO SECTION H**)
- UNKNOWN.....77 (**GO TO SECTION H**)
- REFUSED.....99 (**GO TO SECTION H**)

**FOLLOW THIS QUESTION WITH QUESTIONS ABOUT SPECIFIC ACTIVITIES, IF APPLICABLE**

**SECTION H. ANIMAL CONTACT**

**READ:** NOW I WOULD LIKE TO TALK TO YOU ABOUT \_\_\_\_\_ ‘S (*case-patient’s first name*) CONTACT WITH ANIMALS DURING THE **2 WEEKS BEFORE** (*HIS/HER*) DIARRHEA BEGAN (**QUESTION A2**), THAT WOULD BE THE PERIOD FROM |\_|\_|-|\_|\_|-|\_|\_| TO |\_|\_|-|\_|\_|-|\_|\_|.

**H1.** During the 2 weeks before your child’s diarrhea began, did (*he/she*) have contact with any animals (at home, on a farm, at a zoo, at a fair, festival or other event)?

- YES..... 1
- NO.....2 (**GO TO H3**)
- UNKNOWN.....77 (**GO TO H3**)
- REFUSED.....99 (**GO TO H3**)

**H2. IF YES TO H1,** To which of the following animals?

**READ THE LIST. ENTER AND ASK THE CORRESPONDING QUESTIONS.**

ANIMAL	Did your child have contact with this animal (feeding, petting, playing)?				Did this animal have diarrhea?			
	Y	N	U	R	Y	N	U	R
<b>a.</b> Kitten (< 6 months)	1	2	77	99	1	2	77	99
<b>b.</b> Cat	1	2	77	99	1	2	77	99
<b>c.</b> Puppy (< 6 months)	1	2	77	99	1	2	77	99
<b>d.</b> Dog	1	2	77	99	1	2	77	99
<b>e.</b> Calf	1	2	77	99	1	2	77	99
<b>f.</b> Cow/Bull/Steer	1	2	77	99	1	2	77	99
<b>g.</b> Deer	1	2	77	99	1	2	77	99
<b>h.</b> Goat/Sheep/Lamb	1	2	77	99	1	2	77	99
<b>i.</b> Horse	1	2	77	99	1	2	77	99
<b>j.</b> Pigs	1	2	77	99	1	2	77	99
<b>k.</b> Poultry (chicken, turkey, etc.)	1	2	77	99	1	2	77	99
<b>l.</b> Rabbit	1	2	77	99	1	2	77	99
<b>m.</b> Amphibian/reptile (frog, turtle, lizard, snake, etc.)	1	2	77	99	1	2	77	99
<b>n.</b> Other Specify: _____	1	2	77	99	1	2	77	99

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**H3.** During the 2 weeks before your child’s diarrhea began, did (*he/she*) touch or shovel animal waste/ manure or walk through any area where animal waste/ manure was on the ground?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**H4.** Did your child visit, work on, or live on a farm during the 2 weeks before (*his/her*) diarrhea began?

- YES.....1
- NO.....2
- UNKNOWN.....77
- REFUSED.....99

**SECTION I : DEMOGRAPHIC INFORMATION**

**READ:** FINALLY, I WOULD LIKE TO ASK YOU SOME BASIC QUESTIONS ABOUT \_\_\_\_\_ (case-patient’s first name)

**I1.** What is your child’s ZIP code? |\_|\_|\_|\_|\_|\_|\_|\_|  
UNKNOWN.....77777  
REFUSED..... 99999

**I2.** What is your child’s age?  
|\_|\_|\_|  
Age (years)

**I3.** What is your child’s gender?  
MALE ..... 1  
FEMALE ..... 2  
UNKNOWN.....77  
REFUSED.....99

**I4.** What county does your child live in? \_\_\_\_\_

**IF RESPONDENT ANSWERS “DON’T KNOW”, ASK:**

**I5.** What city does your child live in? \_\_\_\_\_

**I6.** What racial or ethnic group do you consider \_\_\_\_\_ (case-patient’s first name) to be part of ?

**PROMPT IF NECESSARY:**

WHITE, NON-HISPANIC..... 1  
BLACK, NON-HISPANIC..... 2  
WHITE, HISPANIC..... 3  
BLACK, HISPANIC..... 4  
AMERICAN INDIAN/ALASKAN NATIVE..... 5  
ASIAN/PACIFIC ISLANDER..... 6  
OTHER.....7

Specify \_\_\_\_\_

UNKNOWN..... 77  
REFUSED..... 99

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**END OF QUESTIONNAIRE:** This concludes our questionnaire. I would like to thank you very much for your time, patience, and cooperation in answering our questions. I would be happy to answer any questions you may have at this point.

If you have any questions in the future please contact the \_\_\_\_\_ (*city/county health department*) at \_\_\_\_\_ (*phone number*).