

RECREATIONAL WATER OUTBREAK IN [LOCATION]

Matched CONTROL number |\_| - |\_|\_|\_| - |\_|

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

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

CONTROL: 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 | 08 = no eligible respondent                    |
| 02 = refused interview   | 09 = language barrier                          |
| 03 = no answer           | 10 = interview terminated within questionnaire |
| 04 = busy tone           | 11 = physical/mental impairment                |
| 05 = non-working number  | 12 = answering machine                         |
| 06 = fax machine         | 13 = setting up a better time                  |
| 07 = business phone      | 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 CONTROL QUESTIONNAIRE  
RECREATIONAL WATER OUTBREAK IN *[LOCATION]***

**If the case-patient needs to be 18 years or older,**

**GO TO ADULT CONTROL QUESTIONNAIRE**

**If the case-patient needs to be is younger than 18 years but older than or equal to 12 years of age,**

**GO TO ADULT CONTROL QUESTIONNAIRE**

**If the case-patient's age needs to be 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 an outbreak of diarrhea occurring among people who live in \_\_\_\_\_ (*location*). To determine what factors may have played a role in causing illness among people living in (*your/our*) community, we are conducting a survey of BOTH healthy and sick individuals. We would like to ask questions about a member of your family who is between the ages of \_\_\_\_\_ and \_\_\_\_\_ (*state age range*) regarding this outbreak and what may have influenced it.

2. Are there any children in this household between \_\_\_\_\_ and \_\_\_\_\_ (*state age range*)?

\_\_\_ YES

\_\_\_ NO... Sorry to have disturbed you. Thank you for your time.

**END INTERVIEW**

3. Is there more than one child between \_\_\_\_\_ and \_\_\_\_\_ years of age?

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

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

**3a.** We would like to ask some questions about the child between \_\_\_\_\_ and \_\_\_\_\_ years of age (*state age range*) who had the most recent birthday. What is (*his/her*) first name?

\_\_\_\_\_ (*control's first name*) (GO TO Q. 5)

4. We would like to ask some questions about this child. What is (*his/her*) first name?

\_\_\_\_\_ (*control's first name*) (GO TO Q. 5)

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

\_\_\_ YES (GO TO Q. 11)

\_\_\_ NO (GO TO Q. 5a)

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**5a. If NO,** could I speak with \_\_\_\_\_'s (*control's first name*) parent or guardian?

\_\_\_ YES (**GO TO Q. 6**)

\_\_\_ YES, but not home now (**GO TO Q. 7**)

\_\_\_ NO, not able to speak to (*him/her*) or NOT AVAILABLE  
(**GO TO Q. 5b**)

**5b.** 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 (*him/her*)?

\_\_\_ 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**

6. 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 living in (*your/our*) community, we are conducting a survey of BOTH healthy and sick individuals. We would like to ask questions about a member of your family who is between the ages of \_\_\_\_\_ and \_\_\_\_\_ (*state age range*) regarding this outbreak and what may have influenced it. Are you the parent or guardian who would be best at answering questions about \_\_\_\_\_ (*control's first name*) health and activities?

\_\_\_ YES (**GO TO Q. 10**)

\_\_\_ NO (**GO TO Q. 6a**)

**6a.** If NO, could I speak with (*him/her*)?

\_\_\_ YES (**GO BACK TO Q.6**)

\_\_\_ YES, but not home now (**GO TO Q. 7**)

\_\_\_ NO, not able to speak to (*him/her*) (**GO TO Q. 6B**)

**6b.** 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 (*him/her*)?

\_\_\_ 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**

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

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

Thank you very much for your assistance.

**END INTERVIEW**

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

**7a.** 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**

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**8.** Why am I not able to speak with \_\_\_\_\_ (*control's first name*) parent or guardian?

\_\_\_ Died (**GO TO Q. 9**)

\_\_\_ Hospitalized (**GO TO Q. 9**)

\_\_\_ Mentally incapacitated(**GO TO Q. 9**)

\_\_\_ Doesn't speak English (**GO TO Q. 9**)

\_\_\_ Other, specify \_\_\_\_\_ (**GO TO Q. 9**)

**9.** Sorry to have disturbed you. Thank you for your time. **END INTERVIEW**

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

**10.** We are working to find out why people in *(your/our)* community are getting ill with the diarrheal illness called Cryptosporidiosis. Therefore, we'd like to ask some questions about \_\_\_\_\_ *(control's first name)* health, *(his/her)* contact with ill people, what food *(he/she)* ate, what *(he/she)* drank, and *(his/her)* recent activities.

We know that \_\_\_\_\_ *(control's first name)* may not have been ill. However, to understand why others have been ill we need to ask healthy people like *(him/her)* questions as well. This will allow us to compare *(his/her)* answers to those given by ill people to see what they did differently. 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. 11)**

\_\_\_ 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? (**GO TO Q. 10a**)

**10a.** May we begin now?

\_\_\_ YES (**GO TO Q. 12**)

\_\_\_ NO (**GO TO Q. 11**)

**11.** Your 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**

12. Before we continue, between \_\_\_\_\_ (MM/DD/YYYY) and \_\_\_\_\_ (MM/DD/YYYY) (match dates to case-patient's), did \_\_\_\_\_ (control's first name) have any amount of diarrhea?

YES.....1 (GO TO Q.12a)

NO.....2 (GO TO Section B, QB.1)

Note, there is NO Section A.

UNKNOWN.....77 (GO TO Q. 12a)

REFUSED..... 99 (GO TO Q. 12a)

**12a.** Thank you very much for your information. For this part of the study, we need to gather information from people who have had NO diarrhea between \_\_\_\_\_ (MM/DD/YYYY) and \_\_\_\_\_ (MM/DD/YYYY) (match dates to case-patient's). Since your child had diarrhea, (he/she) is not eligible. We appreciate your time.



**SECTION A. CLINICAL INFORMATION**

**\*This section is not applicable to the control interview. Please skip to SECTION B.\***

**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-week period from (match to case-patient’s 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-WEEK PERIOD FROM (match to case-patient’s A2) |\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|.

**B2.** Do you have children (younger than 18 years old) living in your home, *not including* \_\_\_\_\_ (control’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* \_\_\_\_\_ (control’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 \_\_\_\_\_ (*control's first name*). What are the children's age(s) in years, their sexes, and did they have diarrhea during the 2-week period from (**match to case-patient's A2**) \_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_?

CHILD	Age? (INDICATE YRS OR MONTHS)	Does the child wear diapers?		What sex?		Had diarrhea in the <u>2 weeks</u> from ____-____-____ to ____-____-____			
		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 \_\_\_\_\_ (*control's first name*) in diapers from (**match to case-patient's ILLNESS DATES**) \_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_? **NOTE: THIS INTERVAL IS NOT THE SAME AS PREVIOUS INTERVALS.**

**THIS INTERVAL IS FROM THE DATE OF ONSET OF DIARRHEA IN THE CASE-PATIENT (MATCH TO CASE-PATIENT'S A1 OR A2) UNTIL EITHER (1) CASE-PATIENT'S A8, OR (2) DATE OF CASE-PATIENT'S INTERVIEW**

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

**B5.** Was \_\_\_\_\_ (*control's first name*) in childcare outside of your home at any time from (**match to case-patient's A2**) \_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_?

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

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

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

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

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

**B8.** Was \_\_\_\_\_ (*control's first name*) in a *day camp* during the 2 weeks from (**match to case-patient's A2**) |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ to |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_? 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 \_\_\_\_\_ (*control'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 CONTROL QUESTIONNAIRE – GO TO B11.**

**B11.** During the 2 weeks from (**match to case-patient's A2**) |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ to |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_, did \_\_\_\_\_ (*control'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 from **(match to case-patient’s A2)** \_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, did ***your child*** change any diapers?

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

**B13.** During the 2 weeks from **(match to case-patient’s A2)** \_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, 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 \_\_\_\_\_ (*control’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 from **(match to case-patient’s ILLNESS DATES)** \_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_? **NOTE: THIS INTERVAL IS NOT THE SAME AS PREVIOUS INTERVALS.**

**THIS INTERVAL IS FROM THE DATE OF ONSET OF DIARRHEA IN THE CASE-PATIENT (MATCH TO CASE-PATIENT’S A1 OR A2) UNTIL EITHER (1) CASE-PATIENT’S A8, OR (2) DATE OF CASE-PATIENT’S INTERVIEW**

- 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 from (**match to case-patient’s A1/A2 to 2 weeks after symptoms began**) |\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|?

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

**B18.** Did your child prepare food for others from (**match to case-patient’s ILLNESS DATES**) |\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|? **NOTE: THIS INTERVAL IS NOT THE SAME AS PREVIOUS INTERVALS.**

**THIS INTERVAL IS FROM THE DATE OF ONSET OF DIARRHEA IN THE CASE-PATIENT (MATCH TO CASE-PATIENT’S A1 OR A2) UNTIL EITHER (1) CASE-PATIENT’S A8, OR (2) DATE OF CASE-PATIENT’S INTERVIEW**

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

**SECTION C. DIETARY EXPOSURES**

**READ:** I WOULD LIKE TO TALK ABOUT YOUR CHILD’S DIET IN THE 2 WEEKS FROM (match to case-patient’s A2) |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_| TO |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|.

**C1.** During the 2 weeks from (match to case-patient’s A2) |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_| to |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|, did (he/she) eat any of the following food items? **[READ THE LIST. ENTER ALL THAT APPLY]**

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

**C2.** During the two weeks from (match to case-patient’s A2) |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_| to |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|, 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]**

FOOD	YES	NO	UNKNOWN	REFUSED
a. Unpasteurized milk	1	2	77	99
b. Unpasteurized apple juice/cider	1	2	77	99
c. Other unpasteurized juices	1	2	77	99
d. Unpasteurized cheese (e.g. goat cheese, farmer’s cheese, queso fresco)	1	2	77	99
e. 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** FROM (match to case-patient’s A2) |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ TO |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_.

**D1.** During the 2 weeks from (match to case-patient’s A2) |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ to |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_, 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]**

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

**D3.** During the 2 weeks from (match to case-patient’s A2) |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ to |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_, 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 from (**match to case-patient’s A2**) |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|\_| to |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|\_|?  
**[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 from (**match to case-patient’s A2**) |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|\_| to |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|\_|, 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 (*control’s first name*) EXPOSURE TO RECREATIONAL WATER. WE WILL FIRST FOCUS ON THE **2 WEEKS** FROM (**match to case-patient’s A2**) |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_| TO |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|.

**E1.** During the 2 weeks from (**match to case-patient’s A2**) |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_| to |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|, did (*he/she*) swim or enter recreational water (which means other than water 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 from (**match to case-patient’s A2**) |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_| to |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|, which recreational water settings did (*he/she*) swim in, wade in, or enter? [**READ THE LIST. ENTER ALL THAT APPLY**]

Setting	IF YES, on how many days did you swim or enter the water in the 2 weeks before ( <i>he/she</i> ) became ill?				IF YES, did ( <i>he/she</i> ) put ( <i>his/her</i> ) face under the water?									
	Y	N	U	R	Number of days?				Y	N	U	R		
	1	2-5	6-10	>11	U	R	1	2	77	99				
a. Lake, Pond, River or Stream	1	2	77	99	1	2	3	4	77	99	1	2	77	99
b. Hot Tub, Spa, Whirlpool, Jacuzzi	1	2	77	99	1	2	3	4	77	99	1	2	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	1	2	77	99

**E3.** During the 2 weeks from (**match to case-patient’s A2**) |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_| to |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|, 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 from **(match to case-patient's A2)**

\_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, 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 from **(match to case-patient's A2)**

\_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, 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 from **(match to case-patient's A2)**

\_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, 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 from **(match to case-patient's A2)**

\_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, 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 from **(match to case-patient's A2)** \_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, 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 from **(match to case-patient's A2)**

\_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, did *(he/she)* **dive or jump** into the water?

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

**E10.** On a typical visit during the 2 weeks from **(match to case-patient's A2)**

\_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, 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 from **(match to case-patient's A2)**

\_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, 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 from **(match to case-patient's A2)**

\_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, 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 from **(match to case-patient's A2)**

\_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, did *(he/she)* drink from the **water fountain** at the swimming pool?

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

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**E14.** On a typical visit during the 2 weeks from **(match to case-patient’s A2)** |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ to |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_, did *(he/she)* go to the restrooms at the swimming pool to....

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

**E15.** On a typical visit during the 2 weeks from **(match to case-patient’s A2)** |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ to |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_, 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  
 \_\_\_\_\_ *(control’s first name)* VISITED.

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**E16.** During the 2 weeks from (**match to case-patient’s A2**) |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|\_| to |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|\_|, please list the swimming pools that (*he/she*) swam in or entered **[ENTER ALL THAT APPLY]**

<p><b>IF YES</b>, on how many days in the 2 weeks from (<b>match to case-patient’s A2</b>)  __ __ _ - __ __ _ - __ __ _  to  __ __ _ - __ __ _ - __ __ _ </p>	<p><b>IF YES</b>, please list dates</p>	<p><b>(IF CANNOT RECALL EXACT DATES</b>, prompt for <u>week</u> of swimming in that location and enter date of <u>Wednesday</u> of that week</p>	<p><b>IF YES</b>, did (<i>he/she</i>) put (<i>his/her</i>) face under the water?</p>
---	---	--	--

Pool	Y N U R	Number of days?					List dates (MM/DD/YY)	List dates (MM/DD/YY)	Y N U R	
		1	2-5	6-10	>11	U R				
<b>a.</b> (Pool A)	1 2 77 99	1	2	3	4	77	99			1 2 77 99
<b>b.</b> (Pool B)	1 2 77 99	1	2	3	4	77	99			1 2 77 99
<b>c.</b> (Pool C)	1 2 77 99	1	2	3	4	77	99			1 2 77 99
<b>d.</b> (Pool D)	1 2 77 99	1	2	3	4	77	99			1 2 77 99
<b>e.</b> (Pool E)	1 2 77 99	1	2	3	4	77	99			1 2 77 99
<b>f.</b> Other Specify: _____	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 \_\_\_\_\_ (*control'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 from (**match to case-patient's A2**) |\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|, 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

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**E22. IF YES TO E18,** When your child was were 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 from (**match to case-patient's A2**)|\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|, 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 from (**match to case-patient's A2**)|\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|, 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 FROM** |\_|\_|-|\_|\_|-|\_|\_| TO |\_|\_|-|\_|\_|-|\_|\_|. **NOTE: THIS INTERVAL IS NOT THE SAME AS PREVIOUS INTERVALS.**

**THIS INTERVAL IS FROM THE DATE OF ONSET OF DIARRHEA IN THE CASE-PATIENT (MATCH TO CASE-PATIENT'S A1 OR A2) UNTIL ONE MONTH LATER.**

**E29.** During the **one month from** |\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|, 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 from** |\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|, which recreational water settings did (*he/she*) swim in, wade in, or enter? **[READ THE LIST. ENTER ALL THAT APPLY]**

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						<b>IF YES</b> , on how many days did your child swim or enter the water in the <b><i>one month</i></b> <b><i>from</i></b>  _ _ - _ _ - _ _  to  _ _ - _ _ - _ _ ?					
Setting	Y	N	U	R	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 (list area examples, if known)	1	2	77	99	1	2	3	4	77	99	

**E31.** During the ***one month from*** |\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|, 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 from*** /\_\_/\_\_/ - /\_\_/\_\_/ - /\_\_/\_\_/ to /\_\_/\_\_/ - /\_\_/\_\_/ - /\_\_/\_\_, 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 <b><i>one month from</i></b> /__/__/ - /__/__/ - /__/__/ to /__/__/ - /__/__/ - /__/__/?	IF YES, please list dates	IF CANNOT RECALL EXACT DATES, prompt for <b><i>week</i></b> of swimming in that location and enter date of <b><i>Wednesday</i></b> 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 (*control's first name*) ACITIVITIES AT THE \_\_\_\_\_ (POOL OF INTEREST)

**E33.** During the ***one month from*** /\_\_/\_\_/ - /\_\_/\_\_/ - /\_\_/\_\_/ TO /\_\_/\_\_/ - /\_\_/\_\_/ - /\_\_/\_\_, 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

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**E34.** During the one month from |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ to |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_, 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 from |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_ to |\_\_|\_\_-|\_\_|\_\_-|\_\_|\_\_, 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 \_\_\_\_\_ (*control's first name*) ATTENDED FROM (**match to case-patient's Section F**) \_\_\_\_\_ TO \_\_\_\_\_.

**F1.** From (**match to case-patient's Section F**) \_\_\_\_\_ to \_\_\_\_\_, 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 from **(match to case-patient’s Section F)** \_\_\_\_\_ to \_\_\_\_\_, 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>
_____	____-____-____
_____	____-____-____
_____	____-____-____

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**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 (*control’s first name*) TRAVEL HISTORY DURING THE **2 WEEKS** FROM (**match to case-patient’s A2**) |\_\_|\_\_|\_|\_|\_|\_|\_|\_| TO |\_\_|\_\_|\_|\_|\_|\_|\_|\_|.

**G1.** During the 2 weeks from (**match to case-patient’s A2**) |\_\_|\_\_|\_|\_|\_|\_|\_|\_| to |\_\_|\_\_|\_|\_|\_|\_|\_|\_|, did your child 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 (*he/she*) went within the state: (**WRITE IN LOCATION**)

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

**G3.** During the 2 weeks (**match to case-patient’s A2**) |\_\_|\_\_|\_|\_|\_|\_|\_|\_| to |\_\_|\_\_|\_|\_|\_|\_|\_|\_|, did your child 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 from **(match to case-patient’s A2)** |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|\_| to |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|\_|, did your child 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 from **(match to case-patient’s A2)** |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|\_| to |\_\_|\_\_|\_|-|\_\_|\_\_|\_|-|\_\_|\_\_|\_|, did your child 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  
(*contact’s first name*) CONTACT WITH ANIMALS DURING THE **2 WEEKS** FROM |(match to case-patient’s A2) \_\_\_\_-\_\_\_\_-\_\_\_\_ TO \_\_\_\_-\_\_\_\_-\_\_\_\_.

**H1.** During the 2 weeks from (match to case-patient’s A2) \_\_\_\_-\_\_\_\_-\_\_\_\_ to \_\_\_\_-\_\_\_\_-\_\_\_\_, did your child 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
a. Kitten (< 6 months)	1	2	77	99	1	2	77	99
b. Cat	1	2	77	99	1	2	77	99
c. Puppy (< 6 months)	1	2	77	99	1	2	77	99
d. Dog	1	2	77	99	1	2	77	99
e. Calf	1	2	77	99	1	2	77	99
f. Cow/Bull/Steer	1	2	77	99	1	2	77	99
g. Deer	1	2	77	99	1	2	77	99
h. Goat/Sheep/Lamb	1	2	77	99	1	2	77	99
i. Horse	1	2	77	99	1	2	77	99
j. Pigs	1	2	77	99	1	2	77	99
k. Poultry (chicken, turkey, etc.)	1	2	77	99	1	2	77	99
l. Rabbit	1	2	77	99	1	2	77	99
m. Amphibian/reptile (frog, turtle, lizard, snake, etc.)	1	2	77	99	1	2	77	99
n. Other Specify: _____	1	2	77	99	1	2	77	99

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**H3.** During the 2 weeks from (**match to case-patient's A2**) |\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|, 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 from (**match to case-patient's A2**) |\_|\_|-|\_|\_|-|\_|\_| to |\_|\_|-|\_|\_|-|\_|\_|?

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

**SECTION I: DEMOGRAPHIC INFORMATION**

**READ:** FINALLY, I WOULD LIKE TO ASK YOU SOME BASIC QUESTIONS ABOUT \_\_\_\_\_ (*control’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 \_\_\_\_\_ (*control’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

**PEDIATRIC CONTROL QUESTIONNAIRE Version 3 – Apr. 23/05**

**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*).