

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 | 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.**

ADULT CASE QUESTIONNAIRE

RECREATIONAL WATER OUTBREAK IN *[LOCATION]*

If the case-patient's age is unknown,

GO TO Q. 1.

If the case-patient is 18 years or older,

GO TO Q. 7

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

GO TO Q. 15

If the case-patient is younger than 12 years of age,

GO TO PEDIATRIC CASE QUESTIONNAIRE

AGE UNKNOWN**[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 living in (your/our) community, we are conducting a survey. Is this the residence of _____ (case-patient's 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. Depending on _____'s (case-patient's name), we would like to speak with (him/her) or (his/her) parent or guardian. Is _____ (case-patient's name) 18 years of age or older?

___ YES (GO TO Q. 3)

___ NO (GO TO Q. 2a)

2a. If NO, Is (he/she) 12 years of age or older?

___ YES (GO TO Q. 16)

___ NO (GO TO PEDIATRIC CASE QUESTIONNAIRE)

3. May I speak with *(him/her)*?

___ YES, already on phone
(IF THE CASE-PATIENT IS THE PERSON TO WHOM YOU HAVE JUST BEEN SPEAKING, GO TO Q. 13)

___ YES, not on phone
(IF THE CASE-PATIENT IS SOMEONE OTHER THAN WITH WHOM YOU HAVE BEEN SPEAKING, GO TO Q. 12)

___ YES, but not home now **(GO TO Q. 4)**

___ NO, not able to speak to *(him/her)* **(GO TO Q. 5)**

4. 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. 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

5. Why am I not able to speak with _____ *(case-patient's name)*?

___ Died **(GO TO Q. 6)**

___ Hospitalized **(GO TO Q. 6)**

___ Mentally incapacitated **(GO TO Q. 6)**

___ Doesn't speak English **(GO TO Q. 6)**

___ Other, specify _____ **(GO TO Q. 6)**

6. Sorry to have disturbed you. Thank you for your time.
STOP INTERVIEW

AGE 18 YEARS OR OLDER

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

7. 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. Is this the residence of _____ (case-patient's name)?

___ YES (GO TO Q.8)

___ NO (GO TO Q. 7a)

7a. 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

8. May I speak with (him/her)?

___ YES, already on phone

(IF THE CASE-PATIENT IS THE PERSON TO WHOM YOU HAVE JUST BEEN SPEAKING, GO TO Q. 13)

___ YES, not on phone

(IF THE CASE-PATIENT IS SOMEONE OTHER THAN WITH WHOM YOU HAVE BEEN SPEAKING, GO TO Q. 12)

___ YES, but not home now (GO TO Q. 9)

___ NO, not able to speak to him/her (GO TO Q. 10)

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

___ YES
(LIST ALTERANATE NUMBER _____).
Thank you very much for your assistance.
END INTERVIEW

___ NO (**GO TO Q. 9a**)

9a. 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

10. Why am I not able to speak with _____ (*case-patient's name*)?

- ___ Died (**GO TO Q. 11**)
- ___ Hospitalized (**GO TO Q. 11**)
- ___ Mentally incapacitated (**GO TO Q. 11**)
- ___ Doesn't speak English (**GO TO Q. 11**)
- ___ Other, specify _____ (**GO TO Q. 11**)

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

TO THE CASE-PATIENT**[TO THE CASE-PATIENT]**

12. Hello, my name is _____. I'm calling from the _____ Health Department.

13. 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.

You have been selected to participate in this survey because of your illness. 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 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 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. 14)**

___ **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? **(GO TO Q. 13a)**

13a. May we begin now?

___ **YES (GO TO Q. 29)**

___ **NO (GO TO Q. 14)**

14. 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**

YOUNGER THAN 18 YEARS BUT OLDER THAN OR EQUAL TO 12 YEARS OF AGE

[TO THE PERSON WHO ANSWERS THE PHONE IF AN ADULT, OTHERWISE ASK FOR AN ADULT]

15. 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. Is this the residence of _____ (case-patient's name)?

___ YES (GO TO Q. 16)

___ NO (GO TO Q. 15a)

15a. If NO, Do you know at what telephone number I could reach (him/her)?

___ YES
 (LIST ALTERANATE 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

16. Are you (his/her) parent or guardian?

___ YES (GO TO Q. 19)

___ NO (GO TO Q. 17)

17. Could I speak with (his/her) parent or guardian?

___ YES (GO TO Q. 18)

___ YES, but not at home now (GO TO Q.23)

___ NO, not able to speak to him/her (GO TO Q. 17a)

17a. 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 with (*him/her*) that would be more convenient?

___ **YES (LIST DATE AND TIME _____)**.

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

END INTERVIEW

___ **NO or DON’T KNOW...Sorry to have disturbed you.**

END INTERVIEW

[TO THE PARENT OR GUARDIAN---ADULT PERMISSION]

18. Hello, my name is _____. I'm calling from the _____ Health Department.

19. 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.

(*Child's name* _____) has been selected to participate in this survey because of (*his/her*) illness. The answers that (*he/she*) gives will remain confidential. Your child's 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 child's participation is voluntary and all information (*he/she*) gives will be kept confidential to the extent legally possible. Some of the questions may be sensitive. Your child may refuse to answer any question at any time. Neither 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 allow your child to participate in this survey?

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

___ WE DON'T HAVE TIME NOW, **END INTERVIEW (GO TO Q. 21)**

___ YES (**GO TO Q. 20**)

20. May I have your permission to speak with _____ (*child's name*)?

___ YES (**GO TO Q. 22**)

___ NO (**GO TO Q. 21**)

21. Your child'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 with (*him/her*) that would be more convenient?

___ YES

(LIST DATE AND TIME _____).

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

END INTERVIEW

___ NO or DON'T KNOW...Sorry to have disturbed you.

END INTERVIEW

22. May I speak with _____ (*child's name*)?

___ YES (GO TO Q. 27)

___ YES but not home (GO TO Q. 23)

___ YES but not able (GO TO Q. 25)

23. 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. 24)

24. When would be a good time to call back at this number to reach (*him/her*)?

(LIST DAY AND TIME _____). Thank you very much for your time.

END INTERVIEW

25. Why am I not able to speak with _____ (*child's name*)?

___ Died (GO TO Q. 26)

___ Hospitalized (GO TO Q. 26)

___ Mentally incapacitated (GO TO Q. 26)

___ Doesn't speak English (GO TO Q. 26)

___ Other, specify _____ (GO TO Q. 26)

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

[TO THE CASE-PATIENT---12-17 YEAR OLD ASSENT]

27. 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 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.

You have been selected to participate in this survey because of your illness. 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 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 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. 28)**

___ 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. 27a**)

27a. May we begin now?

___ YES (**GO TO Q. 29**). Please have your parent or guardian present to help you with the questions.

___ NO (**GO TO Q. 28**)

28. 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**

CASE DEFINITION

29. Before we continue, between _____ (MM/DD/YYYY) and _____ (MM/DD/YYYY), were you ill with diarrhea, meaning three or more loose or watery stools or bowel movements in a 24-hour period, if that is unusual for you?

- YES.....1 (GO TO Q. 30)
- NO.....2 (GO TO Q. 29a)
- UNKNOWN.....77 (GO TO Q. 29a)
- REFUSED..... 99 (THANK RESPONDENT, END INTERVIEW)

29a. Between _____ (MM/DD/YYYY) and _____ (MM/DD/YYYY), did you have any amount of diarrhea?

- YES.....1 (GO TO Q. 29b)
- NO.....2 (THANK RESPONDENT,
END INTERVIEW)
- UNKNOWN.....77 (THANK RESPONDENT,
END INTERVIEW)
- REFUSED..... 99 (THANK RESPONDENT,
END INTERVIEW)

29b. Have you had a positive *Cryptosporidium* lab test on a stool sample you 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)

30. Have you had a positive *Cryptosporidium* lab test on a stool sample you 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, HAVE A CALENDAR IN FRONT OF YOU.

READ: I WOULD NOW LIKE TO ASK YOU SOME ADDITIONAL QUESTIONS ABOUT YOUR ILLNESS.

A1. On what date did your diarrhea (loose or watery stools) begin? --
MM DD YY

IF RESPONDENT CANNOT REMEMBER THE EXACT DATE THE DIARRHEA BEGAN, PROMPT FOR THE WEEK THE DIARRHEA BEGAN. ENTER THE 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 your diarrhea was at its worst, what was the maximum number of loose or watery stools you had in a 24-hour period during this illness?

NUMBER

UNKNOWN.....77

REFUSED.....99

A4. Did you have blood in your stool?

YES..... 1

NO..... 2

UNKNOWN.....77

REFUSED.....99

A5. Was there a period when your 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. Do you 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 you have, and how long did you experience each from beginning to end, regardless of whether you 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
a. Nausea	0	1	2	6	14	77	99
b. Vomiting	0	1	2	6	14	77	99
c. Headache	0	1	2	6	14	77	99
d. Loss of appetite	0	1	2	6	14	77	99
e. Abdominal cramps (non-menstrual)	0	1	2	6	14	77	99
f. Gas/Bloating	0	1	2	6	14	77	99
g. Body/Muscle aches	0	1	2	6	14	77	99
h. Tiredness/Fatigue	0	1	2	6	14	77	99
i. Fever or felt feverish IF YES, GO TO A10, IF NO GO TO A11.	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 measured222.2

UNKNOWN.....777.7

REFUSED..... 999.9

A11. Have you experienced any weight loss as a result of your 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 you lose?

|__|__| POUNDS

UNKNOWN.....77

REFUSED..... 99

A13. Did you seek health care for any symptoms?

YES.....1

NO.....2 (GO TO A16)

UNKNOWN.....77 (GO TO A16)

REFUSED..... 99 (GO TO A16)

A14. Once your diarrhea began, how long were you 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 your illness.

(CHECK ALL THAT APPLY)

	Y	N	U	R
A15a. Was a healthcare provider consulted over the phone?	1	2	77	99
A15b. Did you visit a healthcare provider’s office?	1	2	77	99
A15c. Did you visit an Emergency Room?	1	2	77	99
A15d. Were you hospitalized for more than 24 hours?	1	2	77	99

A15e. IF YES, How long were you hospitalized? |__|__| **DAYS**

UNKNOWN.....77

REFUSED.....99

A16. What treatment did you use for your symptoms?

(CHECK ALL THAT APPLY):

	Y	N	U	R
A16a. Nothing [IF YES GO TO A17]	1	2	77	99
A16b. OTC antidiarrheal medications (i.e. Peptobismol)	1	2	77	99
A16c. Herbal remedies	1	2	77	99
A16d. Antibiotics/Antiparasitics	1	2	77	99
A16e. Any prescription medications	1	2	77	99
A16f. Dehydration medications (Pedialyte)	1	2	77	99
A16g. Drank more fluids	1	2	77	99
A16h. Received intravenous fluids	1	2	77	99
A16i. Fever/Pain reliever	1	2	77	99
A16j. Other (specify) _____	1	2	77	99

A17. When your 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 your illness, did you miss any time from work, for example because you called in sick or took time off to see a doctor?

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

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

UNKNOWN77
REFUSED.....99

A20. Did this illness prevent you from performing 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 or all of the day? |__|__| **days** (IF IN HOURS, i.e. <1 DAY, THEN CODE AS ZERO)

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

A22. Did you continue to do water activities (swimming, water parks, etc.) while you had diarrhea?

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

A23. Did you prepare food for others while you had diarrhea?

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

A24. Did you participate in water activities (pool, water parks, etc.) within the 2 week period after your 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 your 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 you had your 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 symptoms began?

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

A28. Do you 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.

B1. What are the adult’s sexes and did they have diarrhea during the 2 weeks before you 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 CONTACT WITH CHILDREN YOUNGER THAN 18 YEARS OF AGE AND WITH PERSONS WITH DIARRHEA DURING THE 2 WEEKS BEFORE YOU BECAME ILL (QUESTION A2) -- **TO** --

B2. Do you have children (younger than 18 years old) living in your home?
IF INTERVIEWING AN ADOLESCENT: Do you have children (younger than 18 years old) – other than yourself - living in your home?

- YES..... 1
- NO..... 2 **(GO TO B10)**
- UNKNOWN..... 77 **(GO TO B10)**
- REFUSED..... 99 **(GO TO B10)**

B3. IF YES TO B2, How many children live in your house?
IF INTERVIEWING AN ADOLESCENT: How many children - other than yourself – live in your house?

NUMBER OF CHILDREN

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

B4. IF YES TO B2, What are the children’s age(s) in years, their sexes, and did they have diarrhea in the 2 weeks before your diarrhea began?

IF INTERVIEWING AN ADOLESCENT: *Other than yourself*, what are the children’s age(s) in years, their sexes and did they have diarrhea in the 2 weeks before your diarrhea began?

CHILD	AGE? (INDICATE YRS OR MONTHS)	Does the child wear diapers?		What sex? (1=MALE, 2=FEMALE)		Had diarrhea in the 2 weeks before your diarrhea began?			
		Y	N			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

B5. IF YES TO B2, Were any children in your household in childcare outside of your home at any time during the 2 weeks before you 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 (*he/she/they*) 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 your child’s childcare location in diapers?

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

B8. IF YES TO B2, Were any children in your household in a day camp during the 2 weeks before you 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 B10)
 UNKNOWN.....77 (GO TO B10)
 REFUSED.....99 (GO TO B10)

B9. IF YES TO B8, Did (*he/she/they*) participate in any water-related activities, such as swimming, wading, or water tables at his or her day camp?

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

B10. During the 2 weeks before illness, did you provide childcare in any of the following childcare settings? [READ THE LIST. CIRCLE ALL THAT APPLY]

SETTING	YES	NO	UNKNOWN	REFUSED
a. Out-of-home childcare center	1	2	77	99
b. In-home childcare center	1	2	77	99
c. Out-of-home babysitter	1	2	77	99
d. In-home babysitter	1	2	77	99
e. Other	1	2	77	99
f. Specify:				

B11. During the 2 weeks before illness, did you have contact with any 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 you change any diapers?

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

B13. During the 2 weeks before you became ill, did you 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 you provide direct care to a person with diarrhea?

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

B16. Are you aware of anyone in your immediate household or social group that had diarrhea while you had your symptoms?

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

B17. Are you aware of anyone in your immediate household or social group that had diarrhea during the 2 weeks after your symptoms began?

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

B18. Did you prepare food for others while you had diarrhea?

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

SECTION C. DIETARY EXPOSURES

READ: I WOULD LIKE TO TALK ABOUT YOUR DIET DURING THE **2 WEEKS BEFORE** YOUR DIARRHEA BEGAN (QUESTION A2), THAT WOULD BE THE PERIOD FROM |__|_|-|__|_|-|__|_| TO |__|_|-|__|_|-|__|_|.

C1. During the 2 weeks before your diarrhea began, did you 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 before your diarrhea began, did you 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 EXPOSURE TO DRINKING WATER DURING THE **2 WEEKS BEFORE** YOUR DIARRHEA BEGAN (**QUESTION A2**), THAT WOULD BE THE PERIOD FROM |_|_|-|_|_|-|_|_| TO |_|_|-|_|_|-|_|_|

D1. During the 2 weeks before your diarrhea began, did you 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 your 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 before your diarrhea began, did you 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**)

D4. IF YES TO D3, What were your 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
a. Municipal or city water direct from tap (including a water fountain)	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. Brought water from home	1	2	77	99
h. Other Specify: _____	1	2	77	99

D5. What was your usual source of *ice* during the 2 weeks before your diarrhea began? [READ THE LIST. ENTER ALL THAT APPLY]

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

D6. During the 2 weeks before your diarrhea began, did you 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 YOUR EXPOSURE TO RECREATIONAL WATER. WE WILL FIRST FOCUS ON THE PERIOD 2 WEEKS BEFORE YOUR DIARRHEA BEGAN (**QUESTION A2**), THAT WOULD BE THE PERIOD FROM ____-____-____ TO ____-____-____.

E1. During the 2 weeks before your diarrhea began, did you 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 you swim in, wade in, or enter? [**READ THE LIST. ENTER ALL THAT APPLY**]

					IF YES, on how many days did you swim or enter the water in the 2 weeks before you became ill?						IF YES, did you put your face under the water?			
Setting	Y	N	U	R	Number of days?						Y	N	U	R
					1	2-5	6-10	>11	U	R				
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 before your diarrhea began, did you 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 diarrhea began, did you 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 diarrhea began, did you get water splashed in your face?

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

E6. On a typical visit during the 2 weeks before your diarrhea began, did you put your face in the water?

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

E7. On a typical visit during the 2 weeks before your diarrhea began, did you get any water in your 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 diarrhea began, did you swallow any of this water?

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

E9. On a typical visit during the 2 weeks before your diarrhea began, did you dive or jump into the water?

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

E10. On a typical visit during the 2 weeks before your diarrhea began, did you 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 diarrhea began, did you eat while visiting the pool?

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

E12. On a typical visit during the 2 weeks before your diarrhea began, did you 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 diarrhea began, did you 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 diarrhea began, did you 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 before your diarrhea began, did you 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 YOU VISITED.

E16. During the 2 weeks before your diarrhea began, please list the swimming pools that you swam in or entered [ENTER ALL THAT APPLY]

Pool	Y N U R	Number of days? 1 2-5 6-10 >11 U R	List dates (MM/DD/YY)	List dates (MM/DD/YY)	Y N U R
a. (Pool A)	1 2 77 99	1 2 3 4 77 99			1 2 77 99
b. (Pool B)	1 2 77 99	1 2 3 4 77 99			1 2 77 99
c. (Pool C)	1 2 77 99	1 2 3 4 77 99			1 2 77 99
d. (Pool D)	1 2 77 99	1 2 3 4 77 99			1 2 77 99
e. (Pool E)	1 2 77 99	1 2 3 4 77 99			1 2 77 99
f. Other Specify: _____	1 2 77 99	1 2 3 4 77 99			1 2 77 99

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

READ: NOW I WOULD LIKE TO ASK YOU ABOUT YOUR ACTIVITIES AT THE _____ (POOL OF INTEREST) (THESE QUESTIONS WILL NEED TO BE TAILORED TO THE SPECIFICS OF THE POOL)

E17. Regarding your activities at the _____(*the pool of interest*) during the 2 weeks before your diarrhea began did you swim in or enter the wading pool?

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

E18. Did you 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 you were in the main pool did you ever use the water slide (*if applicable*)?

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

E20. IF YES TO E18, When you were in the main pool did you ever use the frog slide (*if applicable*)?

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

E21. IF YES TO E18, When you were in the main pool did you ever go under the raindrop tree (*if applicable*)?

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

E22. IF YES TO E18, When you were in the main pool did you ever use the diving boards (*if applicable*)?

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

E23. During the 2 weeks before your diarrhea began did you 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 you 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 you 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 diarrhea began, did you 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. Are you a member of the _____ (*the pool of interest*)?

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

READ: NOW WE WILL FOCUS ON YOUR RECREATIONAL WATER EXPOSURE DURING THE ONE MONTH SINCE YOUR DIARRHEA BEGAN.

E29. During the one month since your diarrhea began, did you swim 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 diarrhea began, which recreational water settings did you 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 you swim or enter the water in the <u>one month since</u> your diarrhea began?					
					Number of days?					
	1	2	77	99	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 since your diarrhea began, did you 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)

E32. During the *one month since* your diarrhea began, please list the swimming pools that you swam in or entered. [ENTER ALL THAT APPLY]

Pool	Y N U R	IF YES, on how many days did you swim or enter the water during the month after the diarrhea began? Number of days? 1 2-5 6-10 >11 U R	IF YES, please list dates List dates (MM/DD/YY)	IF CANNOT RECALL EXACT DATES, prompt for <i>week</i> of swimming in that location and enter date of <i>Wednesday</i> of that week 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 PERSON DID NOT SWIM AT THE _____ (POOL OF INTEREST), GO TO SECTION F.

READ: NOW I WOULD LIKE TO ASK YOU ABOUT YOUR ACITIVITIES AT THE _____ (POOL OF INTEREST)

E33. During the *one month since* your diarrhea began, did you 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
- OTHER88
- If Other, specify _____
- REFUSED.....99

E34. During the one month since your diarrhea began, did you swim in or enter the wading pool (if applicable)?

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

E35. During the one month since your diarrhea began, did you 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 YOU ATTENDED DURING THE _____ (*specify time period*) BEFORE YOUR DIARRHEA BEGAN.

F1. During the _____ (*specify time period*) before your diarrhea began, did you 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 you 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 you 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 you attend any events/parties/potlucks in _____ (indicate 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 you 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 attending at any of these events, did you 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 YOUR TRAVEL HISTORY DURING THE **2 WEEKS BEFORE** YOUR DIARRHEA BEGAN (QUESTION A2), THAT WOULD BE THE PERIOD FROM |_|_|-|_|_|-|_|_| TO |_|_|-|_|_|-|_|_|.

G1. During the 2 weeks before illness, did you 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 you went within the state: (WRITE IN LOCATION)

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

G3. During the 2 weeks before illness, did you 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 you traveled to: (WRITE IN LOCATION)

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

G5. During the two weeks before illness, did you 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 you traveled to:
(**WRITE IN LOCATION**)

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

G7. During the 2 weeks before your diarrhea began, did you 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 YOUR CONTACT WITH ANIMALS DURING THE **2 WEEKS BEFORE** YOUR DIARRHEA BEGAN (QUESTION A2), THAT WOULD BE THE PERIOD FROM |_|_|-|_|_|-|_|_| TO |_|_|-|_|_|-|_|_|.

H1. During the 2 weeks before your diarrhea began, did you 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 you 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

H3. During the 2 weeks before your diarrhea began, did you 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 you visit, work on, or live on a farm during the 2 weeks before your diarrhea began?

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

SECTION I: DEMOGRAPHIC INFORMATION

READ: FINALLY, I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOURSELF.

I1. What is your ZIP code? |_|_|_|_|_|_|_|
UNKNOWN.....77777
REFUSED..... 99999

I2. What is your age?
|_|_|_|
Age (years)

I3. What is your gender?
MALE 1
FEMALE 2
UNKNOWN.....77
REFUSED.....99

I4. What county do you live in? _____

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

I5. What city do you live in? _____

I6. What racial or ethnic group do you consider yourself 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

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*).