

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
- 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.**

**ADULT CONTROL QUESTIONNAIRE
RECREATIONAL WATER OUTBREAK IN *[LOCATION]***

If the control needs to be 18 years or older,

GO TO Q 1

If the control needs to be younger than 18 years but older than or equal to 12 years of age,

GO TO 18

If the control needs to be younger than 12 years of age,

GO TO PEDIATRIC CONTROL QUESTIONNAIRE

AGE 18 YEARS OR OLDER

[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 speak to a member of your family who is between the ages of _____ and _____ (*state age range*) about this outbreak and what may have influenced it.

2. Are there any people in this household between _____ and _____ years of age (*state age range*)?

_____ YES

_____ NO ... Sorry to have disturbed you. Thank you for your time.

END INTERVIEW

3. Is there more than one person between _____ and _____ years of age (*state age range*) in this household?

_____ YES (**GO TO Q. 4**).

_____ NO (**GO TO Q. 8**).

4. May I speak with the person between the ages of _____ and _____ years of age (*stage age range*) who had the most recent birthday?

_____ YES, already on phone

(IF THE CONTROL IS THE PERSON TO WHOM YOU HAVE BEEN SPEAKING, GO TO Q. 13)

_____ YES, not on phone

(IF THE CONTROL IS SOMONE OTHER THAN THE PERSON TO WHOM YOU HAVE BEEN SPEAKING, GO TO Q. 12)

_____ YES, but not home now (**GO TO Q. 5**)

_____ NO, not able to speak with him/her (**GO TO Q. 6**)

5. 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. 5a**)

5a. 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

6. Why am I not able to speak with *him/her*?

___ Died (**GO TO Q.7**)

___ Hospitalized (**GO TO Q. 7**)

___ Mentally incapacitated (**GO TO Q. 7**)

___ Doesn't speak English (**GO TO Q. 7**)

___ Other, specify _____ (**GO TO Q. 7**)

7. Sorry to have disturbed you. Thank you for your time.

END INTERVIEW

8. May I speak with the person who is between the ages of _____ and _____ years of age (*state age range*)?

___ YES, already on phone

(**IF THE CONTROL IS THE PERSON WITH WHOM YOU HAVE BEEN SPEAKING, GO TO Q. 13**)

___ YES, not on phone

(**IF THE CONTROL IS A PERSON 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 with *him/her* (**GO TO Q. 10**)

9. 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. 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 *him/her*?

____ 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, list _____ (**GO TO Q. 11**)

11. Sorry to have disturbed you. Thank you for your time.

END INTERVIEW

TO THE CONTROL

12. 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.

13. 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 your health, your contact with ill people, what food you ate, what you drank, and your recent activities.

We know that you may not have been ill. However, to understand why others have been ill we need to ask healthy people like you questions as well. This will allow us to compare your answers to those given by ill people to see what they did differently. Your participation in these efforts will greatly improve 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 the 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. 15**)

____ 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**

15. May I have your first name? _____ (*control's first name*)

16. Before we continue, between _____ (*MM/DD/YY*) and _____ (*MM/DD/YY*) (*match dates to case-patient*), did you have any amount of diarrhea (meaning loose or watery stools or bowel movements)?

_____ YES1 (**GO TO Q. 17**)

_____ NO2 (**GO TO SECTION B, Q.B-1**)...Note, there is **NO Section A.**

_____ UNKNOWN77 (**GO TO Q. 17**)

_____ REFUSED99 (**GO TO Q. 17**)

17. Thank you very much for your information. For this part of the study, we need to talk to people who have had NO diarrhea between _____ (*MM/DD/YY*) and _____ (*MM/DD/YY*) (*match to case-patient*). Since you have had diarrhea, you are not eligible. We appreciate your time.

END INTERVIEW

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

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

18. 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 speak to a member of your family who is between the ages of _____ and _____ (*state age range*) about this outbreak and what may have influenced it.

19. Are there any people in this household between _____ and _____ years of age (*state age range*)?

_____ YES

_____ NO ... Sorry to have disturbed you. Thank you for your time.

END INTERVIEW

20. Is there more than one child between _____ and _____ years of age?

_____ YES (**GO TO Q. 20a**)

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

20a. We would like to ask some questions of 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. 22**)

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

_____ (*control's first name*) (**GO TO Q. 22**)

22. Are you the parent or guardian for (*control's first name*) _____?

_____ YES (**GO TO Q. 24**)

_____ NO (**GO TO Q. 22a**)

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22a. If **NO**, Could I speak with the parent or guardian of (*control's first name*)_____?

____ **YES (GO TO Q. 23)**

____ **YES, but not home now (GO TO Q. 29)**

____ **NO, not able to speak to him/her or NOT AVAILABLE (GO TO Q. 26)**

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

23. 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.

24. 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 _____ (*control's first name*) some questions about (*his/her*) 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 child's participation in these efforts will greatly improve 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 _____ (*control's first name*) to participate in this survey?

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

____ NO, WE DON'T HAVE TIME NOW, **END INTERVIEW (GO TO Q. 26)**

____ YES (**GO TO Q. 25**)

25. May I have permission to speak with _____ (*control's first name*)?

____ YES (**GO TO Q. 27**)

____ NO (**GO TO Q. 26**)

26. 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

27. Before we continue, between _____ (MM/DD/YY) and _____ (MM/DD/YY) (*match dates to case-patient*), did _____ (*control's first name*) have any amount of diarrhea (meaning loose or watery stools or bowel movements)?

___ YES1 (GO TO Q. 27a)

___ NO2 (GO TO Q. 28)

___ UNKNOWN77 (GO TO Q. 28)

___ REFUSED99 (GO TO Q. 28)

27a. Thank you very much for your information. For this part of the study, we need to talk to people who have had NO diarrhea between _____ (MM/DD/YY) and _____ (MM/DD/YY) (*match to case-patient*). Since your child had diarrhea, (*he/she*) is not eligible. We appreciate your time. **END INTERVIEW**

28. May I now speak with _____ (*control's first name*)?

___ YES (GO TO Q. 32)

___ YES, but not home (GO TO Q. 29)

___ YES, but not able (GO TO 30)

29. Is there another telephone number at which I could reach _____ (*Parent/Guardian or child's name*)?

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

___ NO (GO TO Q. 29a)

29a. When would be a good time to call back to reach
_____ (*parent/guardian or child's name*)?

(LIST DAY AND TIME _____).

Thank you very much for your time.

END INTERVIEW

30. Why am I not able to speak with _____ (*Parent/Guardian or child's name*)?

____ Died (**GO TO Q. 31**)

____ Hospitalized (**GO TO Q.31**)

____ Mentally incapacitated (**GO TO Q. 31**)

____ Doesn't speak English (**GO TO Q.31**)

____ Other, specify _____ (**GO TO Q. 31**)

31. Sorry to have disturbed you. Thank you for your time.

END INTERVIEW

[TO CONTROL --- 12-17 YEAR OLD ASSENT]

32. 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 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 your health, your contact with ill people, what food you ate, what you drank, and your recent activities.

We know that you may not have been ill. However, to understand why others have been ill we need to ask healthy people like you questions as well. This will allow us to compare your answers to those given by ill people to see what they did differently. Your participation in these efforts will greatly improve 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 the 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. 33)**

____ 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. 32a.**)

32a. May we begin now?

____ YES (**GO TO Q. 34**) Please have your parent or guardian present to help you with the questions

____ NO (**GO TO Q. 33**)

33. Your participation in this study is very important. We are trying to determine why people in (*your/our*) 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**

34. Before we continue, between _____ (*MM/DD/YY*) and _____ (*MM/DD/YY*) (*match dates to case-patient*), did you have any amount of diarrhea (meaning loose or watery stools or bowel movements)?

_____ YES1 (**GO TO Q. 34a**)

_____ NO2 (**GO TO SECTION B, Q.B-1**)...Note, there is **NO Section A.**

_____ UNKNOWN77 (**GO TO Q. 34a**)

_____ REFUSED99 (**GO TO Q. 34a**)

34a. Thank you very much for your information. For this part of the study, we need to talk to people who have had **NO** diarrhea between _____ (*MM/DD/YY*) and _____ (*MM/DD/YY*) (*match to case-patient*). Since you had diarrhea, you are not eligible. We appreciate your time.

END INTERVIEW (GO TO Q. 34b)

34b. May I please speak with your (*parent/guardian*) again?

PROVIDE EXPLANATION TO PARENT:

Thank you very much for your information. For this part of the study, we need to talk to people who have had **NO** diarrhea between _____ (*MM/DD/YY*) and _____ (*MM/DD/YY*) (*match to case-patient*). Since _____ (*control's first name*) reported having diarrhea during that time, (*he/she*) is not eligible. We appreciate your time.

END INTERVIEW

ADULT CONTROL QUESTIONNAIRE

SECTION A. CLINICAL INFORMATION

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

ADULT CONTROL QUESTIONNAIRE

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 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 CONTACT WITH CHILDREN YOUNGER THAN 18 YEARS OF AGE AND WITH PERSONS WITH DIARRHEA DURING THE 2 WEEKS FROM (**match to case-patient’s 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

ADULT CONTROL QUESTIONNAIRE

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 from **(match to case-patient’s A2)** |__|__-|__|__-|__|__ to |__|__-|__|__-|__|__?

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 from **(match to case-patient’s A2)** |__|__-|__|__-|__|__ to |__|__-|__|__-|__|__?

CHILD	AGE? (INDICATE YRS OR MONTHS)	Does the child wear diapers? Y N		What sex? (1=MALE, 2=FEMALE)		Had diarrhea in the 2 weeks from __ __- __ __- __ __ to __ __- __ __- __ __			
		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 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)**

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

ADULT CONTROL QUESTIONNAIRE

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 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 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 from **(match to case-patient’s A2)** |__|__|_|-|__|__|_|-|__|__|_| to |__|__|_|-|__|__|_|-|__|__|_|, 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:				

ADULT CONTROL QUESTIONNAIRE

B11. During the 2 weeks from (match to case-patient's A2) |__|__-|__|__-|__|__ to |__|__-|__|__-|__|__, 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 from (match to case-patient's A2) |__|__-|__|__-|__|__ to |__|__-|__|__-|__|__, did you 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 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 \leq 3 years of age	1	2	99	77
b. Children 4 to <13 years of age	1	2	99	77
c. Teenagers \geq 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

ADULT CONTROL QUESTIONNAIRE

B16. Are you aware of anyone in your 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 immediate household or social group that had diarrhea during the 2 weeks from (match to case-patient's 2 weeks after illness) |__|__|_|_|_|_|_|_|_|_|_|_| to |__|__|_|_|_|_|_|_|_|_|_|_|?

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

B18. Did you prepare food for others 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/A2) UNTIL EITHER (1) CASE-PATIENT'S A8, OR (2) DATE OF CASE-PATIENT'S INTERVIEW

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

ADULT CONTROL QUESTIONNAIRE

SECTION C. DIETARY EXPOSURES

READ: I WOULD LIKE TO TALK ABOUT YOUR DIET DURING THE **2 WEEKS** (match to case-patient's A2) FROM |__|_|-|__|_|-|__|_| TO |__|_|-|__|_|-|__|_|.

C1. During the 2 weeks from (match to case-patient's A2) |__|_|-|__|_|-|__|_| TO |__|_|-|__|_|-|__|_|, 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 2 weeks from (match to case-patient's A2) |__|_|-|__|_|-|__|_| TO |__|_|-|__|_|-|__|_|, 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

ADULT CONTROL QUESTIONNAIRE

SECTION D. DRINKING WATER EXPOSURES

READ: I WOULD LIKE TO TALK ABOUT YOUR 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 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 from (match to case-patient's A2) ____-____-____ to ____-____-____, 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)

ADULT CONTROL QUESTIONNAIRE

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 from (match to case-patient's A2)

____-____-____ to ____-____-____?

[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 from (match to case-patient's A2) ____-____-____ to ____-____-____, did you drink any untreated water from a lake, river, or stream?

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

ADULT CONTROL QUESTIONNAIRE

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 FROM (match to case-patient's A2) |__|__-|__|__-|__|__ TO |__|__-|__|__-|__|__.

E1. During the 2 weeks from (match to case-patient's A2) |__|__-|__|__-|__|__ to |__|__-|__|__-|__|__, 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 from (match to case-patient's A2) |__|__-|__|__-|__|__ to |__|__-|__|__-|__|__, which recreational water settings did you 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 from __ __- __ __- __ __ to __ __- __ __- __ __?				IF YES, did you put your face under the water?									
	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 (list area examples, if known)	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 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)

ADULT CONTROL QUESTIONNAIRE

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 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 from (match to case-patient's A2)

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

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

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

|_|_|-|_|_|-|_|_| to |_|_|-|_|_|-|_|_|, did you swallow any of this water?

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

ADULT CONTROL QUESTIONNAIRE

E9. On a typical visit during the 2 weeks from (match to case-patient's A2)

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

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

|_|_|-|_|_|-|_|_| to |_|_|-|_|_|-|_|_|, did you 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 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 from (match to case-patient's A2)

|_|_|-|_|_|-|_|_| to |_|_|-|_|_|-|_|_|, did you drink from the water fountain at the swimming pool?

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

ADULT CONTROL QUESTIONNAIRE

E14. On a typical visit during the 2 weeks from **(match to case-patient's A2)**

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

|_|_|-|_|_|-|_|_| to |_|_|-|_|_|-|_|_|, did you touch or play on the playground equipment at a playground near the swimming pool?

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

ADULT CONTROL QUESTIONNAIRE

READ: NOW I WOULD LIKE TO ASK YOU ABOUT THE SWIMMING POOLS YOU VISITED.

E16. During the 2 weeks from (**match to case-patient's A2**) -- to --, please list the swimming pools that you swam in or entered.
[ENTER ALL THAT APPLY]

	IF YES, on how many days in those 2 weeks?	IF YES, please list dates	(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	IF YES, did you put your face under the water?	
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)

ADULT CONTROL QUESTIONNAIRE

E17. Regarding your activities at the _____ (*the pool of interest*) during the 2 weeks from (match to case-patient's A2) |__|__|_|_|_|_|_|_|_|_|_|_| to |__|__|_|_|_|_|_|_|_|_|_|_| 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

ADULT CONTROL QUESTIONNAIRE

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 from (match to case-patient's A2) |__|__|_|-|__|__|_|-|__|__|_| to |__|__|_|-|__|__|_|-|__|__|_|, 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. _____

ADULT CONTROL QUESTIONNAIRE

E27. During the 2 weeks from (**match to case-patient's A2**) |__|__|_|-|__|__|_|-|__|__| to |__|__|_|-|__|__|_|-|__|__|, 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 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 A2) UNTIL ONE MONTH LATER.

E29. During the **one month from** |__|__|_|-|__|__|_|-|__|__| to |__|__|_|-|__|__|_|-|__|__|, 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)**

ADULT CONTROL QUESTIONNAIRE

E30. During the one month from |__|_|-|__|_|-|__|_| to |__|_|-|__|_|-|__|_|, which recreational water settings did you swim in, wade in, or enter? **[READ THE LIST. ENTER ALL THAT APPLY]**

Setting	Y N U R				Number of days?					
	1	2	3	4	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

IF YES, on how many days did you swim or enter the water in the one month from |__|_|-|__|_|-|__|_| to |__|_|-|__|_|-|__|_|?

E31. During the one month from |__|_|-|__|_|-|__|_| to |__|_|-|__|_|-|__|_|, 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)

ADULT CONTROL QUESTIONNAIRE

E32. During the one month from |__|_|-|__|_|-|__|_| to |__|_|-|__|_|-|__|_|, 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?	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 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 from |__|_|-|__|_|-|__|_| to |__|_|-|__|_|-|__|_|, 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

ADULT CONTROL QUESTIONNAIRE

E34. During the ***one month from*** |__|_|-|__|_|-|__|_| to |__|_|-|__|_|-|__|_|, did you 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 you swim in or enter the ***main pool?***

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

ADULT CONTROL QUESTIONNAIRE

SECTION F. EVENTS

READ: NOW I WOULD LIKE TO TALK TO YOU ABOUT THE EVENTS THAT YOU ATTENDED FROM (match to case-patient's Section F) |__|__-|__|__-|__|__ TO |__|__-|__|__-|__|__.

F1. From (match to case-patient's Section F) |__|__-|__|__-|__|__ to |__|__-|__|__-|__|__, 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>
_____	__ __- __ __- __ __
_____	__ __- __ __- __ __
_____	__ __- __ __- __ __

ADULT CONTROL QUESTIONNAIRE

F5. Did you 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 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>
_____	__ _ - __ _ - __ _
_____	__ _ - __ _ - __ _
_____	__ _ - __ _ - __ _

ADULT CONTROL QUESTIONNAIRE

F9. While attending 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>
_____	_ _ - _ _ - _ _
_____	_ _ - _ _ - _ _
_____	_ _ - _ _ - _ _

ADULT CONTROL QUESTIONNAIRE

SECTION G. TRAVEL HISTORY

READ: NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR 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 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)

Table with 2 columns: LOCATION and CODE. Rows A, B, C with blank lines for location and |__|__ for code.

G3. During the 2 weeks from (match to case-patient's A2) |__|__-|__|__-|__|__ to |__|__-|__|__-|__|__, 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)

Table with 2 columns: CITY/STATE and CODE. Rows A, B, C with blank lines for city/state and |__|__ for code.

ADULT CONTROL QUESTIONNAIRE

G5. During the 2 weeks from (**match to case-patient's A2**) |_|_|-|_|_|-|_|_| to |_|_|-|_|_|-|_|_|, 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 from (**match to case-patient's A2**) |_|_|-|_|_|-|_|_| to |_|_|-|_|_|-|_|_|, 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

ADULT CONTROL QUESTIONNAIRE

SECTION H. ANIMAL CONTACT

READ: NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR 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 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

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

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

ADULT CONTROL QUESTIONNAIRE

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

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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*).