**Sample Survey Questionnaire**

**Age** \_\_\_\_\_ **Sex** □ M □ F **Interviewee** □ self□ parent□ spouse□ \_\_\_\_\_\_

Interviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_

**Household Questions**

How many people live in your household (including you)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names or initials of co-householders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you start receiving home delivery from *[X Farm*]? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Y ? N** |  | | | | |
| 1. □ □ □ | In the past month, have you or anyone in your household had raw milk or cream from *[X Farm*]? | | | | |
| 1. □ □ □ | In the past 2 weeks, have you or anyone in your household had *[X Farm]* raw milk or cream? | | | | |
|  | How do you obtain the *[product]*? | | | | |
|  | 1. □ home delivery | 1. □ farm store | 1. □ farm stand | 1. □ grocery store | 1. □ \_\_\_\_\_\_\_\_\_\_ |
| 1. □ □ □ | Do you know the origin of the *[product]*? | | | | |
|  | *If yes,* from: | 1. □ one cow | 1. □ many cows | 1. □ dairy farm | 1. □ \_\_\_\_\_\_\_\_\_ |
| 1. □ □ □ | In the past month, have you or anyone in your household consumed raw milk from any other source? | | | | |
|  | *If yes,* from: | 1. □ own cows | 1. □ friends’ cows | 1. □ other dairy | 1. □ \_\_\_\_\_\_\_\_\_ |
|  | Household makeup: | | | | |
|  | \_\_\_\_\_\_\_ # men | | | | |
|  | \_\_\_\_\_\_\_ # women | | | | |
|  | \_\_\_\_\_\_\_ # children | | | | |
| 1. □ □ □ | Since *[date]*, have you shared any of the *[Farm X]* raw milk with anyone from outside your household? | | | | |
| 1. □ □ □ | *If yes*, collect names and contact info:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  | | | | |

**DELIVERY Questions**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Y ? N** |  | | | | | | | | | | | |
| 1. □ □ □ | Since *[date]*, is there any period of time that you did not receive home delivery from *[Farm X]*? | | | | | | | | | | | |
| 1. □ □ □ | *If yes,* what dates?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| 1. □ □ □ | Do you have a regular delivery day? *If yes:* | | | | | | | | | | | |
|  | 1. □ Sun | 1. □ Mon | | 1. □ Tues | | 1. □ Wed | | 1. □ Thurs | | 1. □ Fri | | 1. □ Sat |
|  | 1. □ no regular delivery | | date of last delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| 1. □ □ □ | Was anyone home to collect the delivery when it arrived? | | | | | | | | | | | |
|  | *If no,* where was the product left? | | | | 1. □ cooler | | 1. □ refrigerator | | 1. □ milk box | | 1. □ \_\_\_\_\_\_\_ | |
|  | How long was it left outside? | | | | 1. □ <1 hr | | 1. □ 1-2 hrs | | 1. □ 3-4 hrs | | 1. □ >4 hrs | |
| 1. □ □ □ | Were there any exceptions to your delivery day or to where the product was left in the two weeks before *[person]* got sick? | | | | | | | | | | | |

**NON-DELIVERY QUESTIONS**

|  |  |
| --- | --- |
| **Y ? N** |  |
| 1. □ □ □ | Did you obtain any *[Farm X]* products from the dairy store located at the farm? |
| 1. □ □ □ | Did you obtain any *[Farm X]* products from a grocery or other retail store NOT located at the farm? |
| 1. □ □ □ | *If yes,* which stores?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. □ □ □ | Did you obtain any *[Farm X]* products from an internet purchase? |

**USAGE QUESTIONS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Y ? N** |  | | | | | |
| 1. □ □ □ | How long did it take your household to finish *[quantity]* of *[raw milk]*? | | | | | |
|  | 1. □ 0-1 days | 1. □ 2-4 days | 1. □ 5-7 days | 1. □ 8-10 days | 1. □ >10 days | 1. □ \_\_\_\_\_\_\_\_ |
| 1. □ □ □ | Was the raw milk used to make homemade items? *If yes:* | | | | | |
|  | 1. □ butter | 1. □ ice cream | 1. □ kefir | 1. □ yogurt | 1. □ cheese | 1. □ \_\_\_\_\_\_\_\_ |
|  | *If yes,* was any of the milk that you baked or cooked with heated or boiled before use? | | | | | |
| 1. □ □ □ | Do you have any *[Farm X]* products remaining in your home? | | | | | |
| 1. □ □ □ | *If yes,* would you be willing to hold any *[Farm X]* products until we can arrange for testing of the product? | | | | | |
| 1. □ □ □ | Are the *[product]* containers reusable? | | | | | |
| 1. □ □ □ | *If yes,* do you use the same containers each time? | | | | | |
| 1. □ □ □ | *If yes,* do you clean the containers before sending them back? | | | | | |
| 1. □ □ □ | Do you typically get *[product]* in the same containers? | | | | | |
| 1. □ □ □ | Are there any dates or lot codes printed on the container? *(Or any other writing?)* | | | | | |
|  | *If yes,* collect information*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | |
| 1. □ □ □ | *[Specific questions about bottle cap, if relevant]* | | | | | |

**RAW MILK KNOWLEDGE Questions**

|  |  |
| --- | --- |
| **Y ? N** |  |
| 1. □ □ □ | Do you typically use raw milk in preference to pasteurized? |
| 1. □ □ □ | Were you aware that the milk was not pasteurized? |
| 1. □ □ □ | Had you previously heard that raw milk causes infections like *Salmonella*, *E. coli*, and *Campylobacter*? |

**ITEMS fROm *[Farm X]* FOR HOUSEHOLD—REgULAR ORDERS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Y ? N** | **Which of the following items do you receive regularly (i.e. weekly) from the farm?** | | | | | |
| 1. □ □ □ | milk | | | | | |
|  | *If yes,* type: | 1. □ skim | 1. □ 1% | 1. □ 2% | 1. □ whole | 1. □ \_\_\_\_\_\_\_ |
|  | quantity: | 1. □ pint | 1. □ quart | 1. □ half-gallon | 1. □ gallon | 1. □ \_\_\_\_\_\_\_ |
|  | container type: | 1. □ glass | 1. □ plastic | 1. □ other | 1. □ own container |  |
|  | number of containers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | last date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. □ □ □ | cream | | | | | |
|  | *If yes,* quantity: | 1. □ pint | 1. □ quart | 1. □ half-gallon | 1. □ gallon | 1. □ \_\_\_\_\_\_\_\_\_ |
|  | container: | 1. □ glass | 1. □ plastic | 1. □ other | 1. □ own container | |
|  | number of containers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | last date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. □ □ □ | yogurt | | | | | |
|  | *If yes,* quantity: | 1. □ pint | 1. □ quart | 1. □ half-gallon | 1. □ gallon | 1. □ \_\_\_\_\_\_\_\_ |
|  | container: | 1. □ glass | 1. □ plastic | 1. □ \_\_\_\_\_\_\_\_ | 1. □ own container | |
|  | number of containers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | last date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. □ □ □ | ice cream | | | | | |
| 1. □ □ □ | other dairy products- specify item and quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. □ □ □ | eggs | | | | | |
|  | *If yes,* quantity: | 1. □ dozen | 1. □ \_\_\_\_\_\_\_\_ |  |  |  |
| 1. □ □ □ | lamb | | | | | |
| 1. □ □ □ | pork | | | | | |
| 1. □ □ □ | any other meat: specify item, date, and quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. □ □ □ | any other product from *[Farm X]*: specify item, date, and quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**ITEMS fROm *[Farm X]* FOR HOUSEHOLD—special ORDERS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Y ? N** | **In addition to your regular pickup, have you received any of these items from *[Farm X]* since *[date]*?** | | | | | |
| 1. □ □ □ | milk | | | | | |
|  | *If yes,* type: | 1. □ skim | 1. □ 1% | 1. □ 2% | 1. □ whole | 1. □ \_\_\_\_\_\_\_ |
|  | quantity: | 1. □ pint | 1. □ quart | 1. □ half-gallon | 1. □ gallon | 1. □ \_\_\_\_\_\_\_ |
|  | container type: | 1. □ glass | 1. □ plastic | 1. □ other | 1. □ own container | |
|  | number of containers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | last date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. □ □ □ | cream | | | | | |
|  | *If yes,* quantity: | 1. □ pint | 1. □ quart | 1. □ half-gallon | 1. □ gallon | 1. □ \_\_\_\_\_\_\_\_ |
|  | container: | 1. □ glass | 1. □ plastic | 1. □ other | 1. □ own container | |
|  | number of containers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | last date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. □ □ □ | yogurt | | | | | |
|  | *If yes,* quantity: | 1. □ pint | 1. □ quart | 1. □ half-gallon | 1. □ gallon | 1. □ \_\_\_\_\_\_\_\_ |
|  | container: | 1. □ glass | 1. □ plastic | 1. □ \_\_\_\_\_\_\_\_ | 1. □ own container | |
|  | number of containers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | last date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. □ □ □ | ice cream | | | | | |
| 1. □ □ □ | other dairy products- specify item and quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. □ □ □ | eggs | | | | | |
|  | *If yes,* quantity: | 1. □ dozen | 1. □ \_\_\_\_\_\_\_\_ |  |  |  |
| 1. □ □ □ | lamb | | | | | |
| 1. □ □ □ | pork | | | | | |
| 1. □ □ □ | any other meat: specify item, date, and quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. □ □ □ | any other product from *[Farm X]*: specify item, date, and quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**Individual Questions**

Questions for individual household members (ask these for each member of household, whether ill or not)

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age** \_\_\_\_\_\_\_ **Sex** □ M □ F **Interviewee** □ self□ parent□ spouse□ \_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Y ? N** |  |
| 1. □ □ □ | Are you a vegetarian? |
| 1. □ □ □ | Before you got sick, were you on any kind of special or restricted diet for medical, weight loss, religious, or any other reasons? |
| 1. □ □ □ | Do you have any underlying health conditions that affect your immune system? |
| 1. □ □ □ | Have you taken antibiotics in the last 30 days? |
| 1. □ □ □ | Have you taken any steroid medications in the last 30 days? |
| 1. □ □ □ | Have you been sick at all with diarrhea or vomiting since *[date]*? (*If yes*, continue to last page) |

**questions about *[Farm x]* products** (1 glass= 8 oz.; quart= 4 glasses; gallon=16 glasses)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. □ □ □ | Did you eat or drink anything from *[Farm X] since [date]*? *If yes:* | | | | | |
| 1. □ □ □ | milk | | | | | |
|  | *If yes,* how so: | 1. □ “as is” | 1. □ in cereal | 1. □ in tea/coffee/other hot beverages | | |
|  | # glasses (8oz): | 1. □ <1 /month | 1. □ 1 /month | 1. □ 2-4 /week | 1. □ 1-2 /day | 1. □ \_\_\_\_\_\_\_\_ |
|  | type: | 1. □ skim | 1. □ 1% | 1. □ 2% | 1. □ whole | 1. □ \_\_\_\_\_\_\_\_ |
|  | quantity: | 1. □ pint | 1. □ quart | 1. □ half-gallon | 1. □ gallon | 1. □ \_\_\_\_\_\_\_\_ |
|  | container type: | 1. □ glass | 1. □ plastic | 1. □ \_\_\_\_\_\_\_\_ | □ own container | |
|  | number of containers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | dates consumed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. □ □ □ | cream | | | | | |
|  | *If yes,* # glasses | 1. □ <1 /month | 1. □ 1 /month | 1. □ 2-4 /week | 1. □ 1-2 /day | 1. □ \_\_\_\_\_\_\_\_ |
|  | container size: | 1. □ pint | 1. □ quart | 1. □ half-gallon | 1. □ gallon | 1. □ \_\_\_\_\_\_\_\_ |
|  | container type: | 1. □ glass | 1. □ plastic | 1. □ \_\_\_\_\_\_\_\_ | 1. □ own container | |
|  | number of containers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | dates consumed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. □ □ □ | yogurt | | | | | |
|  | *If yes,* # glasses | 1. □ <1 /month | 1. □ 1 /month | 1. □ 2-4 /week | 1. □ 1-2 /day | 1. □ \_\_\_\_\_\_\_\_ |
|  | container size: | 1. □ pint | 1. □ quart | 1. □ half-gallon | 1. □ gallon | 1. □ \_\_\_\_\_\_\_\_ |
|  | container type: | 1. □ glass | 1. □ plastic | 1. □ \_\_\_\_\_\_\_\_ | 1. □ own container | |
|  | number of containers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | dates consumed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. □ □ □ | other dairy products: specify item and quantity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. □ □ □ | eggs | | | | | |
|  | *If yes, quantity:* | 1. □ dozen | 1. □ \_\_\_\_\_\_\_\_ |  |  |  |
| 1. □ □ □ | any other meat: specify item, date, and quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. □ □ □ | any other product from *[Farm X]*: specify item, date, and quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. □ □ □ | Did you have any prepared foods cooked or baked with raw milk? (e.g., sauces, puddings, homemade yogurt, baked goods) | | | | | |
| 1. □ □ □ | *If yes,* was any of the milk that you baked or cooked with heated or boiled before use? | | | | | |

**ANIMALS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. □ □ □ | Have you visited *[Farm X]* since *[date]*? *If yes,* dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. □ □ □ | Did you touch any animals? | | | | |
| 1. □ □ □ | Did you walk through any animal areas (e.g., pens, fields)? | | | | |
| 1. □ □ □ | Did you eat or even taste any food (including food that you brought, food from the farm, or food from anywhere else)? | | | | |
|  | Have you touched or been near any of the following animals since *[date]*? | | | | |
|  | 1. □ cows | 1. □ dogs | 1. □ horses | 1. □ pigs | 1. □ \_\_\_\_\_\_\_\_ |

**illness**

|  |  |
| --- | --- |
| 1. □ □ □ | Have you been sick at all with vomiting or diarrhea since *[date]*?  *If yes,* continue to the next page. |

*This page is only for people who got sick. Discard or ignore for those who did not become ill.*

**Let me read you a list of symptoms. For each one, give me a “yes” or “no.” Did you/your child have any...**

|  |  |  |  |
| --- | --- | --- | --- |
| **Y ? N**  *H* □ □ □  *N* □ □ □  *V* □ □ □  *M* □ □ □  *C* □ □ □  *T* □ □ □  *F* □ □ □ | **SIGNS AND SYMPTOMS**  headache  nausea  vomiting  myalgia (muscle aches)  abdominal (stomach, belly) cramps  unusual fatigue (feeling tired)  fever (*if yes*, □ subjective or \_\_\_\_\_\_\_˚ (max.) | **Y ? N**  *L* □ □ □  *D* □ □ □  *3* □ □ □  *B* □ □ □  *Z* □ □ □ | **MORE SIGNS AND SYMPTOMS**  shaking chills  any diarrhea or loose stools  *if yes to diarrhea*, did you have 3 or more loose stools within any 24-hour period?  any blood in stools  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **ONSET AND DURATION**  *Get precise answers for onset times. Without a date* ***and time****, it's hard to make a decent epi curve. Estimates are OK. Prompt as needed: “What is your best guess of the time?” Don’t let them get away with vague stuff like “morning” or “after midnight.” Be careful with times such as “midnight” or early morning hours—which day do they mean? By “2 am Friday night,” for example, do they really mean Saturday morning? Keep probing until it is unambiguous. Write down what they mean—not what they say. Noon is graphed as 11:59 am; midnight as 11:59 pm.* |  |
| **On what date did you first feel sick?**  □ m\_\_\_\_/d\_\_\_\_/y\_\_\_\_  **At what time did you first feel sick? [*PRESS FOR A SPECIFIC TIME*]**  \_\_\_\_\_\_\_ am □ noon \_\_\_\_\_\_\_ pm □ midnight (very *end* of day)  *[If applicable]* **On what day did you start having the vomiting or diarrhea (whichever came first)?** *Note: the point is to capture the onset of their first “hard” symptom, in case they had a “soft” prodrome.*   m\_\_\_\_/d\_\_\_\_/y\_\_\_\_  *[If applicable]* **At what time did the vomiting/diarrhea begin? [*PRESS FOR A SPECIFIC TIME*]**  \_\_\_\_\_\_\_ am □ noon \_\_\_\_\_\_\_ pm □ midnight (end of day)  *[If applicable]* **Are you still having any vomiting/diarrhea now?** □ yes □ no  *If no,* **how long did the vomiting/diarrhea last?** \_\_\_ minutes \_\_\_ hours \_\_\_ days □ never had any  Overall*,* **how long did you feel sick?\*** \_\_\_ minutes \_\_\_ hours \_\_\_ days □ still sick  *\*If symptoms were intermittent, count from beginning to end (e.g., if sick on Monday, Wed, and Friday, but OK on Tuesday and Thursday, mark “5 days”, not 3.*  **Was anyone in your household sick with a similar illness in the week before you got sick?** □ yes □ no | |

**Miscellany** (*check all that apply; provide details [names, dates, phone numbers, etc.] at right.)*

|  |  |
| --- | --- |
| **Y ? N**  *T* □ □ □  *M* □ □ □  *E* □ □ □  *H* □ □ □  *S* □ □ □  *C* □ □ □  *W* □ □ □ | **Did you/Are you...** □ this person died  take time off work or school? *if yes*, how many days? \_\_\_\_\_  see a doctor or other clinician? *if yes*, whom?  visit an ER? *if yes*, specify  get admitted to hospital overnight? *hospital* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *admitted* \_\_\_/\_\_\_/\_\_\_ *discharged* \_\_\_/\_\_\_/\_\_\_  give a stool specimen? *if yes*, when/to whom□ to PHL □ to private lab \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  already lab-confirmed? *if yes*, specify  [*if not*] willing to provide specimen? |

**If this looks like it is reportable disease (e.g., salmonellosis, O157), make sure you get all the info needed to file a normal case report. [This detail is usually not needed for norovirus outbreaks, *C. perfringens*, etc., in which case this section can be deleted.] Having the usual form at hand is one way to do this, but at the very least, collect the following:**

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

DOB m\_\_\_\_/d\_\_\_\_/y\_\_\_\_ Occupation/Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worksite/School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/Ethnicity\_\_\_\_

**SAMPLE CALLER SPIELS**

(You do not have to use a spiel, much less read one word-for-word. Some people like having them; others don’t. These are suggestions for those who like to have a written text. Feel free to modify them so that it sounds natural for *you*.)

### For cohort controls from groups

#### Hello, this is \_\_\_\_\_\_\_\_\_\_\_ from the \_\_\_\_\_\_\_\_\_. You may have heard that a number of people became sick after the \_\_\_\_\_\_\_\_\_\_\_\_\_. We are working with the \_\_\_\_\_\_ County Health Department to try and find out what caused the outbreak. One of the ways we do that is by comparing the kinds of foods eaten by the people who got sick with those eaten by people who did not get sick. Could I ask you a few questions about your <<*delivery from Sunshine Farm*>>?

# Administer the Questionnaires

Callers should be familiar with the questionnaire before they begin calling. This sounds obvious, but experience suggests it is a worthwhile reminder. If callers have questions or don’t understand how to ask a particular question (or what it means), get it straight before they start. All interviewers should have a common understanding of how to interpret answers.

Use dark ink, and preferably nothing fine tipped. You want it to fax well. No pencil.

If asked, it’s OK to answer reasonable questions about the outbreak, but avoid details (particularly about possible vehicles) until after you’ve gone through the questionnaire. “I don’t want to influence your responses, so could we go through list of questions first, and then I’ll answer that, ok?”

Be sure to emphasize that you want to hear about foods that they just tasted, even if they didn’t eat but a bite or two. (For some people, that doesn’t constitute “eating.”) It’s fine to write notes in the margin if you want to; chances are they'll be ignored.

Pay attention to onset dates and times. Estimates (if absolutely necessary) are OK, but try *hard* to worm a specific date and a specific time out of your subject. If you ask “what time did you first start vomiting?” and they say “morning”—don’t let it go!! We can’t graph “morning” too well. Ask follow up questions as necessary: “About what time was that?” If they say “between 2 and 3 am” write “~2:30” in the AM slot. If they say “midnight,” make sure it is unambiguous which day you are talking about. The stroke of midnight after Friday evening is still Friday--but right after the stroke of midnight it is Saturday. Don’t write down what they say (necessarily)—write down what they mean—so keep asking until it is unambiguous. Remember that “12 am” or “12 pm” are ambiguous (look it up if you don’t believe me), so don’t use them.

For bugs with longer incubation periods, you might not care about the exact time of onset. If knowing the date is specific enough, you can delete the questions about time of onset to speed things up.