**BASIC Questionnaire template for local event Outbreaks**

**EXECUTIVE SUMMARY**

• This template works for most “local event” outbreaks of gastroenteritis (restaurants, weddings, etc).

• This is a template; modify it to fit your needs. Throw out the stuff you don’t need. Most of this is usually discarded.

• All yes/no questions must have unique numeric keypunch codes. Replace all the xx placeholders with serial integers. (There is a list of numbers you can cut and paste from at the end of this document.)

• Don’t screw up the formatting unless you know what you are doing; it is there for a reason. Questions can be arranged into any combination of data entry “blocks”; the blocks are cosmetic only.

• This template can be used as a stand-alone to just make “camera ready” questionnaires, but it is designed to be used with the “Napoli” FileMaker 12 database for data entry, cleaning, basic analysis, and report generation.

• If this doesn’t answer all your questions, read the (rest of the) instructions.

Use this template to create basic questionnaires for “local event” GI outbreaks—e.g., restaurant meals, wedding receptions, and summer camps. With such outbreaks, the focus is on a defined list of exposures specific to the event (e.g., the menu items). Demographic and clinical information about cases are tabulated and analysis is typically limited to 2x2 table calculations of odds ratios or relative risks.

This template can be used solely to make paper questionnaires, but understand that it is designed to be used with a FileMaker 12 database tool (code-name “Napoli”) that 1) allows fast and accurate data entry and 2) automates the basic tabulation and analysis of questionnaire data (e.g., production of 2x2 tables, epi curves, and creation of a simple report). Summary data will be exportable to other databases (e.g., NORS, “Outbreaks”) shortly.

**Where to start.** You’ll almost always want to collect certain core variables—name, age, sex.... The variable called “match” is needed if you contemplate a matched analysis—if so, enter the patient’s id number that you are matching to for the corresponding controls. Examples of other variables to consider include school or class name, grade, Scout troop number, etc. The text in red is stuff that you will almost always want to customize; stuff in blue is generally deleted. The color is just a temporary marker; when you’re almost done, you will presumably want to turn everything black. The person’s name (or ID number) is not in the body text because it is in the header—which means that it will print automatically at the top of *every* page—a nice insurance policy should pages become separated. If you don’t need the phone number on the questionnaire, delete it. Leaving off unnecessary identifiers enhances security.

**Delete what you don’t need.** The “theory” behind this template is that it is faster to delete stuff that you don’t need than it is to add and format stuff that you do need. The expectation is that you will go through and quickly delete most of what you see, keeping only what you intend to use. For example, you won’t need these instructions in the final questionnaire. You probably won’t need 3-across question blocks *and* 2-across question blocks *and* 1-across blocks *and* 20 calendars. (Indeed, you may not want any.) Everything is there to help you remember it and save you the hassle of typing and formatting. That said, you may need to clone some of the existing blocks or cut-and-paste additional lines to them. Most event questionnaires will fit onto 2 pages, one just for the clinical details of the sick people, but sometimes there are just too many exposures for 1 page.

If everyone ate at roughly the same time, you don’t need to waste time asking each person; just set up a default time when you keypunch the data. If there are multiple meals, and you don’t know which one was the culprit, you’ll need to track multiple (potential) exposure times. There are place-holders for 5 exposure times on the template, but you can add more (or—more likely—delete all but one or two).

**Formatting.** It is helpful if you know how to control formatting in Word. The template has a lot of embedded formatting that keeps the layout neat and compact, and if you are careless or clueless you can end up with an ugly mess. Don’t add yes/no questions without keypunch codes, for example; this will make data entry and analysis *much* more difficult.

Some formatting notes: the typeface (font) is Arial, and (for the monospaced calendars) Courier. The item numbers are plain text. There are examples of 1-, 2-, and 3-column arrays of tables. The choice depends on how many items you have and how much you like to compress things. I like to fit things on as few pages as possible, but otherwise make the columns as wide as possible. If you find yourself just beyond a nice page break location, try tweaking the page margins or the row heights or the type size or *something* to make it fit. The basic table is 3 cells wide, although the absence of internal cell borders makes it look otherwise. In other words, what looks like 1-column is 3, what looks like 2-column is really 6, and 3-column is really 9. The left cell (column) is for the keypunch codes; the middle is for the checkboxes; and the right is for the exposures. Each item is a paragraph (with a hard carriage return). The paragraph spacing is 2 pixels before, 1 after, and spaced exactly 11 points. If it gets messed up, re-apply these settings. If a question is too long for the space, it will wrap around. You will then need to insert a soft return (line feed; shift-return) in the number and box columns to keep the boxes lined up properly. Check the paragraph formatting dialogs if you see anomalies.

The organizational “blocks” used to mean something for data entry, but they no longer do; you can make them as short or long as you like—they’re just cosmetic.

**Save the last page for sick people.** Reserve the last page for use with sick people only. To set that up, the ultimate question on the penultimate page is usually “Have you been sick at all since ....?” For those who answer no, that is the end of the questionnaire; you won’t need to use the last page at all.

**Pilot your questionnaire.** It is very common to learn about additional exposure possibilities after you begin interviewing (e.g., foods that weren’t on the list). It is highly recommended that questionnaires be piloted for completeness and to gauge comprehension. As necessary, translate menu items into generic English descriptions that will be comprehensible to both interviewer and interviewee. If the menu says “aaloo mattar”, for example, say “aaloo mattar (potatoes with peas)”; instead of “Mary’s lasagne”, say “the lasagne in the white dish on the table near the door.”

If you end up having to modify your questionnaire after you’ve started, be careful not to change which items correspond to which ID number. It is OK to insert item numbers that are out of order. If you do end up with different versions of your questionnaire and mismatched itms, it may be simplest to hand transcribe them to a common form before you keypunch. Doing this a few times is a good way to learn the lesson!

**Appearances matter.** Questionnaires should “look nice.” Misspellings, crooked columns and checkbox rows, weird changes in fonts, etc.—these kinds of artifacts make it look like you don’t know what you are doing, or worse, that you don’t care. Word is not the easiest tool to use for making a beautifully formatted document, but it is something that most epidemiologists will have at hand....

**Print your final draft to PDF.** We strongly recommend that finalized questionnaires be distributed only as Acrobat (PDF) files. This reduces the chance that your beautiful final design will get screwed up e-mailing it around to people who may not have the same fonts and software that you do—or worse, that it will be modified without your knowledge. Don’t forget to change all the type to black and delete the non-operational pages. When you are finally done with it, remove the DRAFT watermark (see menu Insert...Watermark). Interviewers should be trained never to use a questionnaire marked DRAFT; always ask for the final version!

**OTHER THINGS TO CONSIDER**

**Yes/no/don’t know format.** To speed data entry and analysis, frame your questions in a yes/don’t know/no format whenever possible. (It is also OK to use a YES checkbox format alone.) Not *every* question literally has to be this way, but other formats take much more time to deal with in analysis.

**Caller spiels.** If you want to have a caller spiel, write it out as a separate document. Each interviewer only needs one copy of this; there is no reason to waste that real estate on every questionnaire.

**Calendars.** I like having little calendars on most questionnaires, but delete them if they serve no purpose. In the good old days we used to cut them off the corner of desk calendar pages and paste them onto the questionnaire master before xeroxing them. Those were happy times.

**The importance of keypunch codes.** For keypunching, each yes/no item must be uniquely numbered. It is usually much faster to copy and paste blocks of numbers from the array at the end of this template than to type them out. You can screw this up if you work at it, but once you get the hang of this it’s not too bad. Should you need to modify your questionnaire after you have started interviewing, be very careful not to change the existing keypunch codes for items. If you insert an item, for example, use a previously unused keypunch code. It may look a little odd, but it is not a problem to have out-of-order numbers.

The physical blocks on the page no longer mean anything for keypunching, so you can use as many or as few as you like. For legibility, lists of exposures can be subdivided into logical groups (e.g., desserts, salad items, Tuesday lunch, Tuesday dinner, sports activities) using separate blocks or often simply by inserting headers or extra lines into your list(s) of items (e.g., **DESSERTS**). As long as you end up with a unique numerical keypunch code for each yes/no question, you should be OK. Study the examples (on the Napoli Home page) for inspiration.

**HELP!** If you have questions about how to use this form, contact the on-call epidemiologist at the Oregon Public Health Division, 971.673.1111, or Hillary Booth, *hillary.booth@state.or.us*

**Home-cannED Foods botulism TeMPLATE** Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

County \_\_\_\_\_\_\_\_ State \_\_\_\_\_ xxxx \_\_\_\_\_\_\_\_ match to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Introduction**

*OK, first let me tell you what I mean when I say “home-canned foods.” By this, I mean any type of food that has been preserved by packing it into glass jars and then heated to create a seal. We will also talk about fermented and pickled foods at the end of the interview.*

**Initial questions**

*OK, first let me ask you a few questions about your household and usage of home-canned goods. In the 10 days prior to the onset of your symptoms…*

|  |  |  |
| --- | --- | --- |
| xxxxxxxxxxxxxx |  **Y ? N** □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | **Did you....?**Consume any home-canned foods made in your household?Consume any home-canned foods that were prepared by friends/family not in your household? Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Consume any home-canned foods from any other sources? *If so from who/where?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Share any home-canned foods with anyone else*? If so, whom?*Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Other Initial Questions**Did any of the home-canned food have an unusual color or appeared spoiled? Did any of the home-canned food appear cloudy?Is there any home-canned food remaining in your home? |

**CANNING PROCESS**

*Let me as you a few questions about how the canned/pickled foods were prepared. If you did not prepare the foods yourself, or are unsure of preparation methods used, we can skip to the next section…*

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| --- | --- | --- |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | **Y ? N**□ □ □□ □ □ □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | **Did you....?**Prepare the home-canned goods that were consumed? (*If no, ask for name and phone number of person who canned the food and then skip to next section*)Re-use any canning jars? Use new canning jar lids or Reuse old canning lids? *If the Home-canner re-used jars*: Approximately how old were the jars? \_\_\_\_\_\_\_\_\_\_\_\_Use any canning jars or lids that had cracks or breaks? Sterilize the canning jars before use?Use canning jars that were dated? *If so, what was (were) the date (dates) on the jar(s)?* \_\_\_\_\_\_\_\_\_\_\_\_\_Store the canned food before it was consumed? xx □ Less than a week xx □ 1-4 weeks xx □ 1-6 months xx □ A year xx □ More than a year **What method of canning was used?**xx □ Pressure canning xx □ Steam xx □ Open kettle xx □ Other\_\_\_\_\_\_\_ How much head space (distance between surface of food and underside of jar lid) was left? \_\_\_\_\_\_\_\_\_\_\_\_\_Did you use a rack in the canner? Did you wipe the rim of the jars before placing the lids? Did you check to see that the jars were properly sealed after they had cooled? Did you open the jar at any point to add additional liquid? Did you add any artificial sweetener to any of the fruit you canned? Did you add any Aspirin to any of the foods you canned? Did you acidify the food by adding lemon juice or citric acid when you canned?Were any of the fruits or vegetables cooked prior to canning? Did you use a recipe for the food you canned?xx □ Personal recipe xx □ Recipe from family/friend xx □ Cookbook xx □ Internet xx □ Other\_\_\_\_\_\_\_\_\_*If yes:* Did you alter any canning recipe that you used (e.g., make a larger batch or add different ingredients)? xx □ Doubled xx □ Tripled xx □ Other\_\_\_\_\_\_\_\_\_ |

**Food Exposures**

**HOME-CANNED TOMATOES AND TOMATO PRODUCTS**

*Let me ask you a few questions about home-canned tomatoes and tomato products. In the 10 days prior to the onset of your symptoms have you consumed…*

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| xxxxxxxx xxxxxxxxxxxx |  **Y ? N** □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | **Did you eat any…?**Home-canned tomatoes or tomato products? (*If no skip to next section*)Plain tomatoes (*If yes…)* xx □ Red xx □ Green xx □ Whole xx □ Halved xx □ Diced xx □ Crushed Tomatoes canned with other vegetablesTomato juice or juice blendTomato pasteTomatillosHot sauceKetchupSalsaPasta sauce (any kind) *(if yes…)*xx □ Contained dairy xx □ Contained meat xx □ Contained fresh herbs **Other questions about Tomatoes or Tomato Products**Do you know how ripe the tomatoes were before they were home-canned? xx □ Ripe xx □ Not ripe xx □ Don’t know  |

**OTHER HOME-CANNED VEGETABLES**

*Let me ask you a few questions about home-canned vegetables* ***NOT INCLUDING*** *tomatoes or pickled or fermented vegetables. In the 10 days prior to the onset of your symptoms have you consumed…*

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| --- | --- | --- |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |  **Y ? N** □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | **Did you eat any…?**Home-canned vegetables? *(If no skip to next section*)AsparagusAny kind of beans *(If yes...)* xx □ Green beans xx □ Baked beans xx □ Dried beans xx □ Fresh beans xx □ Other \_\_\_\_\_\_\_\_\_\_\_Beets CarrotsCorn *(If yes…)*xx □ Creamed xx □ Whole kernel GarlicMushroomsOkraOlivesOnionsPeppers *(If yes…)*xx □ Bell Peppers xx □ Banana Peppers xx □ Jalapeños xx □ Other \_\_\_\_\_\_\_\_\_\_\_PotatoesPumpkinSoups *(If yes what type of broth?)*xx □ Meat broth xx □ Dairy broth xx □ Vegetable broth SpinachSquashSweet PotatoesWere any of the canned vegetables stored in oil? *(If yes…)*xx □ What type of oil? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ xx □ Which vegetables were stored in oil? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HOME-CANNED FRUITS, JAMS, AND OTHER FRUIT PRODUCTS**

*Let me ask you a few questions about home-canned fruits, jams, and other fruit products. In the 10 days prior to the onset of your symptoms have you consumed…*

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| --- | --- | --- | --- | --- | --- |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxx |  **Y ? N** □ □ □□ □ □□ □ □□ □ □   □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | **Did you eat any…?**Home-canned fruits or fruit products *(if no skip to next section)*ApplesApricotsFresh berries *(If yes...)* xx □ Blueberries xx □ Blackberries xx □ Cranberries xx □ Marionberries xx □ Raspberries xx □ Strawberriesxx □ Other \_\_\_\_\_\_\_\_\_\_\_CherriesChutneyCitrus (*If yes…)*xx □ Clementine xx □ Grapefruit xx □ Lemon xx □ Lime xx □ Orange xx □ Other \_\_\_\_\_\_\_\_\_\_\_Dates or figsFruit cocktailFruit juices *(If yes, what type?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Fruit pie filling *(If yes, what type?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Fruit purée *(If yes, what type?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Fruit based salsasGrapes | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |  **Y ? N** □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | **Did you eat any…?**Melons (If yes…)xx □ Cantaloupe xx □ Honeydew xx □ Watermelon xx □ Other \_\_\_\_\_\_\_\_\_\_\_NectarinesOlivesPearsPlums or PrunesRhubarbSyrups *(If yes, what type?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Tropical Fruits *(If yes…)*xx □ Guava xx □ Kiwi xx □ Mango xx □ Pineapple xx □ Papaya xx □ Other \_\_\_\_\_\_\_\_\_\_\_Home-canned jam, jelly, or other spread? *(If no skip to next section)*Fruit jam or jelly?(*If yes, what type?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Other fruit spreads like preserves? (*If yes, what type?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Pepper jellies?*(If yes, what type?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Fruit butter?*(If yes, what type?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Fruit spreads that contained gelatin? |

**HOME-CANNED EGGS, MEAT, POULTRY, AND SEAFOOD PRODUCTS**

*Let me ask you a few questions about home-canned eggs, meat, poultry, and seafood products. In the 10 days prior to the onset of your symptoms have you consumed…*

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| --- | --- | --- |
| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx  |  **Y ? N** □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | **Did you eat any…?**Home-canned eggs, meat, poultry, or seafood products? (*If no skip to next section*)Beef *(If yes…)*xx □ Ground xx □ ChoppedChicken (*If yes…)*xx □ Ground xx □ Chopped xx □ WholeClamsCrab FishOystersPickled EggsPork (*If yes…)*xx □ Ground x □ ChoppedOther poultry \_\_\_\_\_\_\_\_\_\_\_\_\_\_Other seafood \_\_\_\_\_\_\_\_\_\_\_\_\_\_Other wild game \_\_\_\_\_\_\_\_\_\_\_\_\_\_Stock or broth made from meat, poultry, or seafood**Other follow up questions about canned Egg, Meat, Poultry, and Seafood Products**Was the meat, poultry, or seafood product(s) cooked prior to canningWas the meat, poultry, or seafood product(s) smoked prior to canningWas the meat, poultry, or seafood product(s) stored in any gravy or oilWere any herbs or spices added to the meat, poultry, or seafood during the canning process |

**TRADITIONAL ALASKAN NATIVE FOODS**

*Let me ask you a few questions about homemade Alaskan Native food products. In the 10 days prior to the onset of your symptoms have you consumed…*

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| xxxxxxxxxxxxxxxxxx |  **Y ? N** □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | **Did you eat any....?**Traditional foods common to Alaskan Natives? *(If no, skip to next section)*Fermented fish heads (i.e., Stinky heads)Fermented fish eggs (i.e., Stinky eggs)Fermented beaver tail Fermented seal flipperFermented walrus flipperFermented whaleSeal oilDried, unsalted fish  |

**HOME-FERMENTED AND HOME-PICKLED VEGETABLES**

*Let me ask you a few questions about homemade fermented and pickled foods. In the 10 days prior to the onset of your symptoms have you consumed…*

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| xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx |  **Y ? N** □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | **Did you eat any...?**Homemade fermented or pickled foods? (*If no skip to next section*)AsparagusBeans xx □ Green xx □ Other\_\_\_\_\_\_\_\_\_\_\_Cabbage (such as kimchi or sauerkraut)CucumberGarlicGingerMushroomsOkraOnions (*If yes…)*xx □ Pearl xx □ Other\_\_\_\_\_\_\_\_\_\_\_Peppers (*If yes…)*xx □ Bell Peppers xx □ Banana Peppers xx □ Jalapeños xx □ Other \_\_\_\_\_\_\_\_\_\_\_Radish (such as daikon)Relish or other pickled relish or other saucesSeaweedTofu**Other follow up questions about Fermented and Pickled Vegetables**Did the homemade fermented/pickled vegetable(s) contain any herbs or spices?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did the homemade fermented/pickled vegetable(s) contain any other vegetables\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FERMENTED BEVERAGES**

*OK, first let me ask you a few questions about homemade fermented beverages. In the 10 days prior to the onset of your symptoms have you consumed…*

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| xxxxxxxxxxxxxx |  **Y ? N** □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | **Did you drink any....?**Homemade fermented beverages? (*If no, skip to next section*)BeerCider KombuchaMeadWinePruno  |

**OTHER QUESTIONS about Home-Canned Foods**

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| --- | --- | --- |
| xxxx |  **Y ? N** □ □ □□ □ □ | Do you prefer to consume home-canned goods versus commercial (store-bought) canned goods?Are you aware that if home-canning is not done properly, it could result in the formation of botulism toxin in the canned good?  |

*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 have any...**

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

October 2019

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| **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 accept vague answers 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 anyOverall*,* **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 □ lives alone *if yes*, details: |

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

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| *T**M**E**H**S**C**W* |  **Y ? N** □ □ □□ □ □□ □ □□ □ □□ □ □□ □ □□ □ □ | **Did you/Are you...** *D* □ this person diedtake time off work or school? *if yes*, how many days? \_\_\_\_\_see a doctor or other clinician? *if yes*, whom?visit an ER? *if yes*, specifyget admitted to hospital overnight? *hospital* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *admit* m\_\_\_\_/d\_\_\_\_/y\_\_\_\_ *discharge* m\_\_\_\_/d\_\_\_\_/y\_\_\_\_give a stool specimen? *if yes*, when/to whom□ to PHL □ to private lab \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_already lab-confirmed? *if yes*, specifywilling to provide a stool specimen? |

*If this looks like it is reportable disease (e.g., salmonellosis, O157), make sure you get enough info to file a normal case report for those that meet your case definition. This detail is usually not needed for outbreaks of norovirus, C. perfringens, etc.—in which case these elements can be deleted.*

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

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

*Delete everything from here down in the final PDF version*

### SAMPLE Caller spielS

You don’t 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*. If you do write a spiel, print it on a separate page. You only need 1 copy for each caller. Don’t clutter your questionnaires with this kind of ephemera.

**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 <<*lunch at Joe’s Burger Joint*>>?

### 2019 Reference CALENDARs

Use to help sort out onset dates, etc.; we suggest pasting in on symptom page. Keep them in a monospaced font (e.g., Courier) to keep the columns aligned. Collect ‘em all!! Mac users can generate these in the Terminal application; it is an old-fashioned UNIX command, e.g., <user$ cal 9 2019> to get September 2019

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### 2020 Reference CALENDARs

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