Reset Form

Interview Information (Questions to be completed by interviewer prior to questionnaire administration)

1. State/Local/Other ID _____ 2. Date of Interview _____

3. Does the interviewee have a lab-confirmed case of cyclosporiasis?

☐ Yes ☐ No ☐ Unknown ☐ Pending

Interviewer Information:

4. Name _____

5. Agency or Organization _____

6. Contact phone number _____

7. Before this interview how many times has the case-patient been interviewed about his/her illness?

☐ None ☐ Once ☐ Twice ☐ Three Times ☐ Other ☐ Unknown

7a. If other, please specify: _____

8. Respondent of previous interview was

☐ Self ☐ Parent ☐ Spouse ☐ Other

8a. If other, specify: _____

Begin Interview

Hello, my name is Interviewer Name . I am from Interviewer Health Department . We are contacting you because of your recent infection with Cyclospora, which is a parasite that causes intestinal illness. We are trying to determine how people become infected with Cyclospora so we can prevent others from getting sick.

You may have already been contacted by someone at the health department, but I would like to ask you questions in a standard way about your illness, and about any travel you may have had or foods you may have eaten before becoming ill. The interview will take about 20 minutes. Your help in the investigation is very important. Your participation is voluntary, and you may refuse to answer any question at any time. All information you give will be kept confidential to the extent permitted by law. No individual names or other identifying information will be used in any official reports about the results of the investigation.

Are you willing to participate in this investigation?

If yes: Most of the questions relate to the 2-week period before you became ill. Therefore, it may help to have a calendar nearby. Do you need a few moments to get one? [Then proceed to start of interview]

If no: Thank you for your time.

Save Form Next Page

Section 1: Demographic Data

I'd like to begin by asking a few questions about you (your child) and your household.

1. State_____ 2. County_____ 3. Zip Code_____

4. Date of birth (MM/YYYY) _____ 5. Age_____ 6. Sex ☐ Male ☐ Female

7. How would you describe your race? ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Unknown ☐ Other

7a. If other, specify:_____

8. Hispanic or Latino origin? ☐ Yes ☐ No ☐ Unknown

Section 2: Clinical Information

Now I have a few questions about your (your child's) illness.

9. What date did you (your child) first feel sick? _____ ☐ Unknown

10. Did you (your child) have any diarrhea (defined as loose or watery stools that you do not normally have)?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

10a. What date did it start?_____ ☐ Unknown

11. Has your (your child's) diarrhea stopped? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

11a. What date did it stop?_____ ☐ Unknown

12. Have your (your child's) symptoms stopped? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

12a. What date did they stop?_____ ☐ Unknown

13. Were you (your child) hospitalized overnight? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

13a. How many nights were you (your child) hospitalized? _____

14. Have you (has your child) submitted a stool specimen for *Cyclospora* testing?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

14a. If yes, what was the date of stool collection?_____

14b. If known, what was the result of the test for *Cyclospora*?

☐ Positive ☐ Negative ☐ Indeterminate ☐ Pending

14c. Additional information on stool specimen (e.g., patient has appointment to submit stool)

If multiple stools were submitted, include information on those specimens below. If multiple stools were submitted and only one was positive for Cyclospora, include the information on the positive result above in questions 14a-c.

_____

_____

Section 3: Travel and Events

Next I have a couple of questions about any travel you (your child) might have done or events you (your child) might have attended during the 14 days before onset of illness. The travel or events could have been part of your work or for pleasure.

15. Did you (your child) spend all, or some, of the 14 days before becoming ill outside your home state?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

15a. List all US states where you (your child) might have purchased or eaten foods. This includes airports, bus or train stations. _____

☐ Unknown ☐ Did not travel to other US states

City, State	Departed - Returned Dates	Foods Eaten

15b. List all countries outside the US where you (your child) might have purchased or eaten foods.

_____ ☐ Unknown ☐ Did not travel outside the US

City, Country	Departed - Returned Dates	Foods Eaten

Previous Page

15c. If you (your child) traveled with others, did any of the travel partners also become ill?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

15d. If yes, please provide information on other ill person(s), including contact information, if available.

_____

16. Did you (your child) attend any events where food was served (e.g., parties, fairs, concerts, tournaments, conventions)?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

16a. Please list the name of the event(s), date(s), and locations (s). _____

_____

16b. Do you know of any other ill person(s) who attended the event(s)?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

16c. If yes, please provide information on other ill person(s), including contact information, if available.

_____

Additional Comments

_____

_____

Save Form Next Page

Previous Page

Note to Interviewer: Does the interviewee meet the case definition for this outbreak? Consider whether the person has a laboratory-confirmed cyclosporiasis case, the date of onset of illness, and travel history during the 14 days before onset of illness.

If yes, continue with interview on next page.

If no, thank the interviewee for his/her time and end the interview

Save Form Next Page

Previous Page

Section 4: Sources of food at home

Now I have a few questions about where the food came from that you ate at home during the 14 days before your illness began. This isn't necessarily where you shopped during that week, but where what you actually ate came from. I'm going to list several types of stores; for each type please tell me the names of each store from which you would have eaten food during the 14 days before you became sick.

17. Did you (your child) eat foods from: grocery stores or supermarkets, warehouse stores, small markets (such as gas stations), ethnic specialty markets, health food stores, co-ops, fish or meat specialty shops, farmer's markets or food directly from a farm, or any other sources?

Store Name	Street Address, City, State and Zip Code	Dates	Items Purchased

17a. Do you have a shopper card or membership card for any of the grocery stores or wholesale clubs mentioned above?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

17b. If "Yes", may we have your shopper card number(s)? [Enter information below]

_____

_____

Save Form Next Page

Previous Page

State ID#:_____

Section 5: Sources of food outside the home

Now I have a few questions about where the food came from that you ate outside your home, such as restaurants or fast food chains. I'm going to list several types of restaurants and commercial food establishments; for each type please tell me the names of each place from which you would have eaten food during the 14 days before you became sick.

18. Did you (your child) eat foods from: national fast food chains, Mexican-style, Italian, seafood, Jamaican/Cuban/Carribean, Chinese/Indian/Japanese/Asian, vegetarian or vegan, barbeque or home-style, steakhouse or grill, diner, Middle Eastern/Arabic/Lebanese/African, all-you-can-eat buffet, sandwich shop or deli, salad bar, take-out, breakfast or brunch, school or institution, food truck, or other restaurants or commercial food establishments?

Restaurant Name	Street Address, City, State and Zip Code	Date	Foods

Save Form

Next Page

Previous Page

Section 6: Fresh berries

Now I have some questions about fresh berries, not canned, cooked, or frozen, you (your child) might have eaten during the 14 days before your illness began. You could have eaten these either in your home or away from home. I am only interested in fresh berries that were not grown at home. As I mention each food item, please answer as yes, no, may have eaten, or can't remember eating the food during the 14 days before you got sick. Please remember that berries are often served as garnishes on top of or on the sides of salads and desserts.

19. Did you (your child) eat any fresh red raspberries? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

If eaten at home, what was the:

19a. Brand(s) _____ ☐ Unknown

19b. Place(s) and date(s) of purchase _____ ☐ Unknown

☐ Not applicable (did not eat at home)

If eaten outside the home, what was the:

19c. List name(s) of establishment(s) _____ ☐ Unknown

19d. List location(s) and date(s)_____ ☐ Unknown

☐ Not applicable (did not eat outside the home)

20. Did you (your child) eat any fresh blackberries? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

If eaten at home, what was the:

20a. Brand(s) _____ ☐ Unknown

20b. Place(s) and date(s) of purchase _____ ☐ Unknown

☐ Not applicable (did not eat at home)

If eaten outside the home, what was the:

20c. List name(s) of establishment(s) _____ ☐ Unknown

20d. List location(s) and date(s)_____ ☐ Unknown

☐ Not applicable (did not eat outside the home)

Did you (your child) eat any:

21. Black raspberries? ☐ Yes ☐ Maybe ☐ No ☐ Don't know
22. Golden raspberries? ☐ Yes ☐ Maybe ☐ No ☐ Don't know
23. Strawberries? ☐ Yes ☐ Maybe ☐ No ☐ Don't know
24. Blueberries? ☐ Yes ☐ Maybe ☐ No ☐ Don't know
25. Boysenberries? ☐ Yes ☐ Maybe ☐ No ☐ Don't know
26. Other fresh berries? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

Save Form Next Page

Previous Page

CNHGQ State ID#:_____

Section 7: Fresh fruits

Now I have some questions about fresh fruits, not canned, cooked, or frozen, you (your child) might have eaten during the 14 days before your illness began. You could have eaten these either in your home or away from home. I am only interested in fresh fruits that were not grown at home. As I list each food item, please answer as yes, no, may have eaten, or can't remember eating the food during the 14 days before you got sick.

Did you (your child) eat any:

27. Apples? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

28. Grapes? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

29. Pears? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

30. Peaches? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

31. Nectarines? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

32. Plums? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

33. Oranges? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

34. Grapefruit? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

35. Tangerines? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

36. Fresh lemon or lime? This could include a garnish on a drink. ☐ Yes ☐ Maybe ☐ No ☐ Don't know

37. Cherries? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

38. Cantaloupe? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

39. Honeydew melon? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

40. Watermelon? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

41. Precut melon or melon salad? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

42. Other melon? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

43. Pineapple? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

44. Mango? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

45. Coconut (whole or shredded)? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

46. Other tropical fruit (kiwi, papaya, guava, pomegranate, etc.)? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

46a. Type(s)_____ ☐ Unknown

Save Form Next Page

Additional Comments

Section 8: Iceberg Romaine

Now I have some questions about lettuce you (your child) might have eaten raw or uncooked during the 14 days before your illness began. You could have eaten this either in your home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am only interested in lettuce that was not grown at home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food during the 14 days before you got sick. Please include lettuce you may have eaten on on sandwiches or burgers or as a garnish.

47. Did you (your child) eat any prepackaged salad mix? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

If eaten at home, what was the:

47a. Brand(s), store(s), and date(s) purchased_____ ☐ Unknown

47b. What were the ingredients (lettuce, cabbage, carrots, etc)?_____ ☐ Unknown

48. Did you (your child) eat any iceberg lettuce? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

If eaten at home, what was the type:

☐ Prepackaged ☐ Head/Loose ☐ Topping/garnish ☐ Unknown

48b. Brand(s)_____ ☐ Unknown

48c. Place(s) and date(s) of purchase_____ ☐ Unknown

☐ Not applicable (did not eat at home)

If eaten outside the home, where?

48d. List name(s) of establishment(s)_____ ☐ Unknown

48e. List location(s) and date(s)_____ ☐ Unknown

☐ Not applicable (did not eat outside the home)

49. Did you (your child) eat any romaine lettuce? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

If eaten at home, what were the type:

☐ Prepackaged ☐ Loose ☐ Topping/garnish ☐ Unknown

49b. Brand(s)_____ ☐ Unknown

49c. Place(s) and date(s) of purchase_____ ☐ Unknown

☐ Not applicable (did not eat at home)

If eaten outside the home, where?

49d. List name(s) of establishment(s)_____ ☐ Unknown

49e. List location(s) and date(s)_____ ☐ Unknown

☐ Not applicable (did not eat outside the home)

Section 9: Mesclun, Cabbage, Spinach and Other Leafy Greens
Now I have some questions about fresh mesclun, cabbage, spinach, and other lettuce or leafy greens you (your child) might have eaten raw or uncooked during the 14 days before your illness began. You could have eaten these either in your home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am only interested in greens that were not grown at home. As I list each food item, please answer as yes, no, may have eaten, or can't remember eating the food during the 14 days before you got sick.

50. Did you (your child) eat any mesclun lettuce (aka, spring mix, field greens, baby greens, gourmet salad)?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

If eaten at home, what was the:

50a. Brand(s) _____ ☐ Unknown

50b. Place(s) and date(s) of purchase _____ ☐ Unknown

☐ Not applicable (did not eat at home)

If eaten outside the home, what was the:

50c. List name(s) of establishment(s) _____ ☐ Unknown

50d. List location(s) and date(s)_____ ☐ Unknown

☐ Not applicable (did not eat outside the home)

51. Did you (your child) eat any fresh cabbage? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

If eaten at home what was the type?

☐ Red ☐ Green ☐ Savoy (aka, curly) ☐ Napa ☐ Bok choy ☐ Brussels sprouts ☐ Other/Unknown

51a. Brand(s)_____ ☐ Unknown

51b. Place(s) and date(s) of purchase_____ ☐ Unknown

☐ Not applicable (did not eat at home)

If eaten outside the home, where?

51c. List name(s) of establishment(s)_____ ☐ Unknown

51d. List location(s) and date(s)_____ ☐ Unknown

☐ Not applicable (did not eat outside the home)

52. Did you (your child) eat any fresh spinach? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

53. Did you (your child) eat any other lettuce or leafy greens (e.g., arugula, endive, mustard greens, radicchio)? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

54a. Type(s), variety(-ies), brand(s)_____ ☐ Unknown

Additional Comments

_____

Section 10: Fresh Herbs

Now I have questions about herbs that you (your child) may have eaten during the 14 days before illness began. Remember, these could have been part of a dish such as pesto, salsa, sauces, etc. I am interested in fresh herbs, not dried or bottled herbs. I am also only interested in fresh herbs that were not grown at home. Please remember that fresh herbs are often served as garnishes on top of or on the sides of entrees and desserts.

54. Did you (your child) eat any fresh basil? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

If eaten at home what was the type: ☐ Sweet basil ☐ Purple basil (i.e., purple leaves and stems)

☐ Thai basil (i.e., green leaves and purple stems) ☐ Other/Unknown

54b. Brand(s)_____ ☐ Unknown

54c. Place(s) and date(s) of purchase_____ ☐ Unknown

☐ Not applicable (did not eat at home)

If eaten outside the home, where?

54d. List name(s) of establishment(s)_____ ☐ Unknown

☐ Not applicable (did not eat outside the home)

55. Did you (your child) eat any fresh cilantro? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

If eaten at home, what was the:

50a. Brand(s) _____ ☐ Unknown

50b. Place(s) and date(s) of purchase _____ ☐ Unknown

☐ Not applicable (did not eat at home)

If eaten outside the home, what was the:

50c. List name(s) of establishment(s) _____ ☐ Unknown

50d. List location(s) and date(s)_____ ☐ Unknown

☐ Not applicable (did not eat outside the home)

56. Did you (your child) eat any fresh parsley? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

57. Did you (your child) eat any other fresh herbs (sage, thyme, dill, rosemary, etc.)?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

57a. Type(s), variety(-ies), brand(s)?_____ ☐ Unknown

Additional Comments

_____

Section 11: Other Fresh Vegetables
Now I have some questions about other fresh vegetables, not grown at home, that you (your child) may have eaten in the 14 days before your illness began. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am only interested in vegetables that were not grown at home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 14 days before you got sick.

Did you (your child) eat any:

58. Cucumbers, zucchini, squash? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

59. Bell peppers (green, red, orange, or yellow)? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

60. Hot chili/chile peppers (e.g., jalapenos or serranos)? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

61. Celery? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

62. "Mini" carrots? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

63. Other fresh carrots? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

64. Other raw root vegetables (radishes, beets, turnips, etc)? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

64a. Type(s), variety(-ies)?_____ ☐ Unknown

65. Did you (your child) eat any fresh, raw peas? May be shelled or in the pod.

☐ Yes ☐ Maybe ☐ No ☐ Don't know

If eaten at home what type? ☐ Garden peas ☐ Snow peas (i.e., flat, shiny pods containing tiny peas)

☐ Sugar snap peas (i.e, plump, crisp, edible pods) ☐ Other/Unknown

65b. Brand(s)_____ ☐ Unknown

65c. Place(s) and date(s) of purchase_____ ☐ Unknown

☐ Not applicable (did not eat at home)

If eaten away from home, where?

65d. List name(s) of establishments_____ ☐ Unknown

65d. List location(s) and date(s)_____ ☐ Unknown

☐ Not applicable (did not eat outside of home)

Did you (your child) eat any:

66. Broccoli? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

Previous Page

67. Cauliflower? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

68. Sprouts (alfalfa, bean, clover, broccoli, daikon radish, etc.)?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

69. Raw onions (white, yellow, or red/purple)? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

70. Raw green onions/scallions? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

71. Fresh tomatoes? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

72. Fresh salsa or pico de gallo (not from a jar)? ☐ Yes ☐ Maybe ☐ No ☐ Don't know

If eaten at home, what was the:

72a. Brand(s) _____ ☐ Unknown

72b. Place(s) and date(s) of purchase _____ ☐ Unknown

☐ Not applicable (did not eat at home)

If eaten outside the home, what was the:

72c. List name(s) of establishment(s) _____ ☐ Unknown

72d. List location(s) and date(s)_____ ☐ Unknown

☐ Not applicable (did not eat outside the home)

73. Did you (your child) eat any fresh guacamole (not from a jar)?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

If eaten at home, what was the:

73a. Brand(s) _____ ☐ Unknown

73b. Place(s) and date(s) of purchase _____ ☐ Unknown

☐ Not applicable (did not eat at home)

If eaten outside the home, what was the:

73c. List name(s) of establishment(s) _____ ☐ Unknown

73d. List location(s) and date(s)_____ ☐ Unknown

☐ Not applicable (did not eat outside the home)

Additional Comments

_____

Save Form Next Page

Previous Page

Section 12: Other Ill Persons

74. We are trying to identify other cases of illness similar to yours. Do you know anyone else (for example, a family member, friend, co-worker, neighbor, church/temple/mosque member, health club or other club member) whom you have NOT already told me about who has been ill recently with a similar illness?

☐ Yes ☐ Maybe ☐ No ☐ Don't know

74a. If yes, please provide information on other ill person(s), including contact information, if available.

_____

_____

_____

This is the end of the questionnaire. Thank you very much for your time. These interviews are extremely valuable in helping us understand how and why people are getting sick. Depending on what we find out when we put these interviews together, we may need to talk to you again about a few details.

Would you like to provide any additional thoughts or perspective about anything we've discussed or about this outbreak investigation?

_____

Save Form Print Email Form