

**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

<p>Interviewer Information:</p> <p>4. Name _____</p> <p>5. Agency or Organization _____</p> <p>6. Contact phone number _____</p>
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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 [state your name]. I am from [state your 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.

**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) other 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? \_\_\_\_\_

Hospital Name \_\_\_\_\_ Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

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-b.*

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**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

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

\_\_\_\_\_                      Unknown                      Did not travel outside the US

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 number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.)\*.

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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). \_\_\_\_\_

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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 number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.)\*.

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Additional Comments

*\*Note: Please DO NOT enter names or other personally identifiable information in this form; State IDs to reference ill contacts are acceptable.*

**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

**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	Address	City	State	Zip Code	Date shopped	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]

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**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	Address	City	State	Zip Code	Date patronized	Food eaten

Additional Comments: \_\_\_\_\_

**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

26a. Type(s) \_\_\_\_\_ Unknown

**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, maybe, 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

Additional Comments

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**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 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

48a. Brand(s) \_\_\_\_\_      Unknown

48b. Place(s) and date(s) of purchase \_\_\_\_\_      Unknown

Not applicable (did not eat at home)

If eaten outside the home, where?

48c. List name(s) of establishment(s) \_\_\_\_\_      Unknown

48d. 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

49a. Brand(s) \_\_\_\_\_      Unknown

49b. Place(s) and date(s) of purchase \_\_\_\_\_      Unknown

Not applicable (did not eat at home)

If eaten outside the home, where?

49c. List name(s) of establishment(s) \_\_\_\_\_ Unknown

49d. 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

53a. 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

54a. Brand(s) \_\_\_\_\_ Unknown

54b. Place(s) and date(s) of purchase \_\_\_\_\_ Unknown

Not applicable (did not eat at home)

If eaten outside the home, where?

54c. List name(s) of establishment(s) \_\_\_\_\_ Unknown

54d. List location(s) and date(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:

55a. Brand(s) \_\_\_\_\_ Unknown

55b. Place(s) and date(s) of purchase \_\_\_\_\_ Unknown

Not applicable (did not eat at home)

If eaten outside the home, what was the:

55c. List name(s) of establishment(s) \_\_\_\_\_ Unknown

55d. 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 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

65a. Brand(s) \_\_\_\_\_ Unknown

65b. Place(s) and date(s) of purchase \_\_\_\_\_ Unknown

Not applicable (did not eat at home)

If eaten away from home, where?

65c. 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
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
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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

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**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 number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.)\*.

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*\*Note: Please DO NOT enter names or other personally identifiable information in this form; State IDs to reference ill contacts are acceptable.*

**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?

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