

Michigan Hepatitis A Outbreak Questionnaire May 2018

Interviewer Name: _____ **Interview Date:** _____

Health Department: _____ **Phone number:** _____

Interviewers: This form should be used as a supplement to the standard hepatitis A case investigation worksheet. Demographic information, high-risk situations, and international travel details should be collected on the standard form. This questionnaire replaces Version 8: SE Michigan Hepatitis A Outbreak Questionnaire December 2017.

PATIENT Name: _____ **MDSS Number** _____

County of Residence: _____ **Illness Onset Date:** _____

Occupation/Grade: _____ **Worksite/School:** _____

Epidemiologic Information:

1. Did (you/case) donate blood or plasma in the month prior to onset of symptoms?

Yes No Don't Know

If yes, specify location and date below:

Donation Center Location(s)	Date(s)	Check all that apply
		<input type="checkbox"/> Plasma <input type="checkbox"/> Blood
		<input type="checkbox"/> Plasma <input type="checkbox"/> Blood

During the 2-6 weeks prior to onset of symptoms:

2. What type of location(s) did (you/case) reside? Complete all that apply

		Circle or specify details
Private Home/Apartment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Single or Multiple addresses (circle one)
Hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Name:
Rehab Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Name:
Shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Name:
Hotel or Motel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Name:
Other Locations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Specify:

3. Did (you/case) use any of the following:

		Additional Details (type, last use, etc)
Marijuana (medical or other)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	Details:
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Injection <input type="checkbox"/> Non-injection <input type="checkbox"/> Both Any other details:
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Injection <input type="checkbox"/> Non-injection <input type="checkbox"/> Both Any other details:
Methamphetamine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Injection <input type="checkbox"/> Non-injection <input type="checkbox"/> Both Any other details:
Non-prescription Opioids/Pain killers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Injection <input type="checkbox"/> Non-injection <input type="checkbox"/> Both Any other details:
Other drugs not prescribed by doctor: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<input type="checkbox"/> Injection <input type="checkbox"/> Non-injection <input type="checkbox"/> Both Any other details:

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FOOD HISTORY

During the 2–6 weeks prior to onset of symptoms:

4. Where did (you/case) shop for groceries?

Interviewers: Please ask specifically about purchases from warehouse stores, grocery stores, farmers' markets, specialty stores, ethnic markets, etc.

Please list name(s) of all food stores and location(s) [Address, City]:

Name of Food Store	Store Location

5. Did (you/case) consume food or beverages from any of the following restaurants?

		Item(s) Consumed	Date(s)
Andy's Pizza (13280 Northline Road, Southgate, MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
Paul's Pizza (7635 West Vernor, Detroit, MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
Papa Romano's (23926 W. Nine Mile Road, Southfield, MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
Tim Horton's (404 S. Monroe Street, Monroe, MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
Token Lounge (28949 Joy Rd, Westland, MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
Coney Island (Address: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
McDonald's (2889 West Grand Blvd, Detroit, MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
Jet's Pizza (15235 E. Seven Mile Rd, Detroit, MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
Red Lobster (27760 Novi Rd, Novi, MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
Olga's Kitchen (2072 N Telegraph Rd, Monroe, MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
Marco's Pizza (4320 S. Cedar St, Lansing, MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
Buffalo Wild Wings (29287 Mound Rd, Warren, MI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		

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During the 2–6 weeks prior to onset of symptoms:

6. Did (you/case) eat any raw fish or fish products, such as sushi, sashimi, or ceviche?

- Yes
 No
 Don't Know
 Yes and this information is documented in MDSS form

If yes, please specify below:

Item(s) Consumed	Location of purchase	Date(s)

7. Did (you/case) eat food from any Michigan casinos?

- Yes
 No
 Don't Know
 Yes and this information is documented in MDSS form

If yes, please specify below:

Item(s) Consumed	Location of purchase	Date(s)

8. Did (you/case) consume any food obtained from your work establishment(s)?

Examples: work cafeteria, vending machines, food served at work

- Yes
 No
 Don't Know
 NA-not employed
 Yes and this information is documented in MDSS form

If yes, please specify below:

Item(s) Consumed	Location of purchase	Date(s)

9. Did (you/case) consume any other food outside the home, such as Carry out, Convenience Stores, Fast Food, Deli/Sandwich Shops, Restaurants, Travel or Work-Related Meals in Michigan?

- Yes
 No
 Don't Know
 Yes and this information is documented in MDSS form

If yes, specify location [Address, City, State], food(s) consumed and date(s) of consumption:

Name	Location	Item(s) Consumed	Date of Meal Purchase

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During the 2–6 weeks prior to onset of symptoms:

10. Did (you/case) consume any food from a social gathering or event?

Examples: potluck, party, attending a group meal at church/religious center

Yes No Don't Know Yes and this information is documented in MDSS form

If yes, please specify below:

Name	Location/address	Meal items	Date(s)

11. Did (you/case) consume any food from an institutional cafeteria?

Examples: living centers, healthcare facilities, rehab/detox facilities, schools, workplace cafeteria, etc.

Yes No Don't Know Yes and this information is documented in MDSS form

If yes, please specify below:

Name	Location/address	Meal items	Date(s)

12. Did (you/case) consume any prepared meals at a soup kitchen, shelter, or other similar center?

Yes No Don't Know Yes and this information is documented in MDSS form

If yes, please specify below:

Name	Location/address	Meal items	Date(s)

13. Did (you/case) obtain any fresh or frozen food to take home from a food bank, food pantry, soup kitchen, shelter, or similar food donation center?

Yes No Don't Know Yes and this information is documented in MDSS form

If yes, please specify below:

Name	Location/address	Food items	Date(s)

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TRAVEL HISTORY

During the 2–6 weeks prior to onset of symptoms:

14. Did (you/case) commute and/or travel outside of (your/their) county of residence?

- Yes No Don't Know Yes and this information is documented in MDSS form

If yes, please specify below:

Reason	Location/address	Date(s)

15. Did (you/case) attend any fair(s) and/or festival(s)?

Examples: music festivals, gay pride, 4-H fairs

- Yes No Don't Know

If yes, please specify below:

Event	Location/address	Date(s)

16. Do you know of anyone else with similar symptoms?

- Yes No Don't Know

If yes, please list name, date of onset, relationship and contact information below:

Name of Ill Person	Date of Onset	Relationship	Contact Information

As the investigation progresses, we may need to contact you again. Is this the best telephone number to reach you?

If not, tel no. _____.

Thank you very much for your time and participation in this interview. Your responses are very helpful.

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