



**Section 3: Backyard POULTRY EXPOSURE**

Thank you. Next, I'd like to ask you some questions about contact with backyard poultry. Poultry includes birds like chickens, ducks, turkeys, guinea fowl, pheasants, quail etc. When I say contact, I mean things like physically touching the poultry, the environment where they live or the eggs and meat they may produce.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. During the seven days before becoming ill, did [you/the patient] have any type of contact with backyard poultry or an environment where backyard poultry live or roam? (If "No," skip to question 2 of section 3)
		1a. Which of these did [you/the:SDLH] have contact with? (Select all that apply) <input type="checkbox"/> Baby poultry <input type="checkbox"/> Adult poultry <input type="checkbox"/> Hatching eggs <input type="checkbox"/> Environment
		1b. What species of backyard poultry did [you/the patient] have contact with or the environment where they live/roam? (Select all that apply) <input type="checkbox"/> Chicks/Chickens <input type="checkbox"/> Ducklings/Ducks <input type="checkbox"/> Goslings/Geese <input type="checkbox"/> Turkeys <input type="checkbox"/> Guinea fowl <input type="checkbox"/> Pheasants <input type="checkbox"/> Quail <input type="checkbox"/> Other: _____
		1c. What type of contact did [you/the patient] have with the backyard poultry or the environment where they live/roam? (Select all that apply) <input type="checkbox"/> Touched or held poultry <input type="checkbox"/> Snuggled with poultry <input type="checkbox"/> Kissed poultry <input type="checkbox"/> Touched cages/enclosures <input type="checkbox"/> Fed or watered poultry <input type="checkbox"/> Cleaned cages/enclosures <input type="checkbox"/> Gathered/handled eggs <input type="checkbox"/> Other: _____
		1d. Where did [you/the patient] have contact with backyard poultry or their environment? (Select all that apply) <input type="checkbox"/> Property where I/the patient live/reside <input type="checkbox"/> Neighbor's/Friend's/Family member's residence <input type="checkbox"/> School/Daycare <input type="checkbox"/> Farm (other than home) <input type="checkbox"/> Farmer's market <input type="checkbox"/> Retail Store -> If yes, please provide the name of the store and the address in Section 7, comments. <input type="checkbox"/> Work -> If yes, please provide the name of the work location and the address in Section 7, comments. <input type="checkbox"/> Other: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. During the seven days before becoming ill, did [you/the patient] eat eggs produced by backyard poultry?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. During the seven days before becoming ill, did [you/the patient] eat meat from butchered backyard poultry?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. During the seven days before becoming ill, did <b>anyone else</b> in the household have any type of contact with backyard poultry or an environment where backyard poultry live/roam?



**Section 5: POULTRY PURCHASE AND PURCHASE LOCATION 1**Now I will ask about backyard poultry purchased or obtained after January 1<sup>st</sup> of this calendar year.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Did [you/the patient] or anyone else in the household purchase any backyard poultry after January 1 <sup>st</sup> of this calendar year? (If "No", skip to Section 6)
<b>Poultry Purchasing</b>		2. Did [you/the patient] buy backyard poultry from single or multiple locations since January 1 <sup>st</sup> of this calendar year? (If "Multiple", please fill out Section 5 contd. after completing Section 5) <input type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Don't know
<b>Purchasing Location 1: Purchase Details</b>		1. What is the name of the first location where [you/the patient] purchased or obtained backyard poultry? Name of store/hatchery/farm: _____  If other, please specify the name: _____
		1a. What type of place was this location? <input type="checkbox"/> Retail Store <input type="checkbox"/> Hatchery <input type="checkbox"/> Local farm <input type="checkbox"/> Individual or Relative <input type="checkbox"/> Other: _____
		1b. What is the street address or online store website for this purchase? Street Address: _____ City: _____ State: _____
		1c. Do [you/the patient] remember when you purchased the backyard poultry? <input type="checkbox"/> Yes, Date of Purchase: _____ (MM/DD/YYYY) <input type="checkbox"/> Approximate Date of Purchase _____ (month) <input type="checkbox"/> No
		2. Do [you/the patient] have a receipt from this purchase [you/the patient] could provide? <input type="checkbox"/> Yes <input type="checkbox"/> No
		3. How many from this first purchase location are new to [your/the patient's] backyard flock this year? <input type="checkbox"/> <5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-49 <input type="checkbox"/> ≥50
		4. How did [you/the patient] receive the backyard poultry purchased? <input type="checkbox"/> Pickup from purchase location <input type="checkbox"/> Delivery from local store/farm <input type="checkbox"/> Delivery from online store <input type="checkbox"/> Other: _____
<b>Purchasing Location 1: Poultry Details</b>		5. What species of poultry did [you/the patient] purchase? (Select all that apply) <input type="checkbox"/> Chicks <input type="checkbox"/> Chickens <input type="checkbox"/> Hatching Eggs <input type="checkbox"/> Ducklings <input type="checkbox"/> Ducks <input type="checkbox"/> Goslings <input type="checkbox"/> Geese <input type="checkbox"/> Turkeys <input type="checkbox"/> Guinea fowl <input type="checkbox"/> Other: _____
		<i>If respondent specifically purchased chicks/chickens, please complete the following:</i> 6. What breeds of chicks/chickens did [you/the patient] purchase at this first location? (Read off list of common chicken breeds if respondent needs help remembering.) (Select all that apply) <input type="checkbox"/> Araucanas/Ameraucanas <input type="checkbox"/> Cornish Cross <input type="checkbox"/> Rocks (Cornish/White/Plymouth/Barred) <input type="checkbox"/> Bantams <input type="checkbox"/> Feather Footed Fancies <input type="checkbox"/> Sex-Links (Black/White/Red) <input type="checkbox"/> Black Australorps <input type="checkbox"/> Isa Brown <input type="checkbox"/> Silkies <input type="checkbox"/> Black or Red Star <input type="checkbox"/> Leghorn <input type="checkbox"/> Wyandottes <input type="checkbox"/> Brown Egg Layers <input type="checkbox"/> Polish <input type="checkbox"/> Unknown <input type="checkbox"/> Buff Orpingtons <input type="checkbox"/> Reds (New Hampshire/ Rhode Island) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Cornish Game Hens
		<i>If respondent specifically purchased ducklings/ducks, please complete the following:</i> 7. What breeds of ducklings/ducks did [you/the patient] purchase at this first location? (Read off list of common duck breeds if respondent needs help remembering.) (Select all that apply) <input type="checkbox"/> Ancona <input type="checkbox"/> Khaki Campbell <input type="checkbox"/> Runner <input type="checkbox"/> Blue Swedish <input type="checkbox"/> Muscovy <input type="checkbox"/> Welsh Harlequin <input type="checkbox"/> Buff <input type="checkbox"/> Pekin <input type="checkbox"/> Unknown <input type="checkbox"/> Cayuga <input type="checkbox"/> Rouens <input type="checkbox"/> Other: _____

**Section 5 contd.: POULTRY PURCHASE AND PURCHASE LOCATION 2**

Now I will ask about the second location where [you/the patient] or anyone else in the household obtained backyard poultry after January 1<sup>st</sup> of this calendar year. (If poultry were not purchased from a second location, skip to Section 6)

<b>Purchasing Location 2: Purchase Details</b>	1. What is the name of the second location [you/the patient] or anyone else in the household purchased or obtained backyard poultry? Name of store/hatchery/farm: _____  If other, please specify the name: _____																					
	1a. What type of place was this location? <input type="checkbox"/> Retail Store <input type="checkbox"/> Hatchery <input type="checkbox"/> Local farm <input type="checkbox"/> Individual or Relative <input type="checkbox"/> Other: _____																					
	1b. What is the street address or online store website for this purchase? Street Address: _____ City: _____ State: _____																					
	1c. Do [you/the patient] remember when [you/the patient] purchased the backyard poultry? <input type="checkbox"/> Yes, Date of Purchase: _____ (MM/DD/YYYY) <input type="checkbox"/> Approximate Date of Purchase _____ (month) <input type="checkbox"/> No																					
	2. Do [you/the patient] have a receipt from this purchase [you/the patient] could provide? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
	3. How many from this second purchase location are new to [you/the patient's] backyard flock this year? <input type="checkbox"/> <5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-49 <input type="checkbox"/> ≥50																					
<b>Purchasing Location 2: Poultry Details</b>	4. How did [you/the patient] receive the backyard poultry purchased? <input type="checkbox"/> Pickup from purchase location <input type="checkbox"/> Delivery from local store/farm <input type="checkbox"/> Delivery from online store <input type="checkbox"/> Other: _____																					
	5. What species of poultry did [you/the patient] purchase? (Select all that apply) <input type="checkbox"/> Chicks <input type="checkbox"/> Chickens <input type="checkbox"/> Hatching Eggs <input type="checkbox"/> Ducklings <input type="checkbox"/> Ducks <input type="checkbox"/> Goslings <input type="checkbox"/> Geese <input type="checkbox"/> Turkeys <input type="checkbox"/> Guinea fowl <input type="checkbox"/> Other: _____																					
	If respondent specifically purchased chicks/chickens, please complete the following: 6. What breeds of chicks/chickens did [you/the patient] purchase at this second location? (Read off list of common chicken breeds if respondent needs help remembering.) (Select all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Araucanas/Ameraucanas</td> <td><input type="checkbox"/> Cornish Cross</td> <td><input type="checkbox"/> Rocks (Cornish/White/Plymouth/Barred)</td> </tr> <tr> <td><input type="checkbox"/> Bantams</td> <td><input type="checkbox"/> Feather Footed Fancies</td> <td><input type="checkbox"/> Sex-Links (Black/White/Red)</td> </tr> <tr> <td><input type="checkbox"/> Black Australorps</td> <td><input type="checkbox"/> Isa Brown</td> <td><input type="checkbox"/> Silkies</td> </tr> <tr> <td><input type="checkbox"/> Black/Red Star</td> <td><input type="checkbox"/> Leghorn</td> <td><input type="checkbox"/> Wyandottes</td> </tr> <tr> <td><input type="checkbox"/> Brown Egg Layers</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Buff Orpingtons</td> <td><input type="checkbox"/> Reds (New Hampshire/ Rhode Island)</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Cornish Game Hens</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Araucanas/Ameraucanas	<input type="checkbox"/> Cornish Cross	<input type="checkbox"/> Rocks (Cornish/White/Plymouth/Barred)	<input type="checkbox"/> Bantams	<input type="checkbox"/> Feather Footed Fancies	<input type="checkbox"/> Sex-Links (Black/White/Red)	<input type="checkbox"/> Black Australorps	<input type="checkbox"/> Isa Brown	<input type="checkbox"/> Silkies	<input type="checkbox"/> Black/Red Star	<input type="checkbox"/> Leghorn	<input type="checkbox"/> Wyandottes	<input type="checkbox"/> Brown Egg Layers	<input type="checkbox"/> Polish	<input type="checkbox"/> Unknown	<input type="checkbox"/> Buff Orpingtons	<input type="checkbox"/> Reds (New Hampshire/ Rhode Island)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Cornish Game Hens		
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<input type="checkbox"/> Brown Egg Layers	<input type="checkbox"/> Polish	<input type="checkbox"/> Unknown																				
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<input type="checkbox"/> Cornish Game Hens																						
If respondent specifically purchased ducklings/ducks, please complete the following: 7. What breeds of ducklings/ducks did [you/the patient] purchase at this second location? (Read off list of common duck breeds if respondent needs help remembering.) (Select all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Ancona</td> <td><input type="checkbox"/> Khaki Campbell</td> <td><input type="checkbox"/> Runner</td> </tr> <tr> <td><input type="checkbox"/> Blue Swedish</td> <td><input type="checkbox"/> Muscovy</td> <td><input type="checkbox"/> Welsh Harlequin</td> </tr> <tr> <td><input type="checkbox"/> Buff</td> <td><input type="checkbox"/> Pekin</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Cayuga</td> <td><input type="checkbox"/> Rouens</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Ancona	<input type="checkbox"/> Khaki Campbell	<input type="checkbox"/> Runner	<input type="checkbox"/> Blue Swedish	<input type="checkbox"/> Muscovy	<input type="checkbox"/> Welsh Harlequin	<input type="checkbox"/> Buff	<input type="checkbox"/> Pekin	<input type="checkbox"/> Unknown	<input type="checkbox"/> Cayuga	<input type="checkbox"/> Rouens	<input type="checkbox"/> Other: _____										
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<input type="checkbox"/> Blue Swedish	<input type="checkbox"/> Muscovy	<input type="checkbox"/> Welsh Harlequin																				
<input type="checkbox"/> Buff	<input type="checkbox"/> Pekin	<input type="checkbox"/> Unknown																				
<input type="checkbox"/> Cayuga	<input type="checkbox"/> Rouens	<input type="checkbox"/> Other: _____																				

**Section 5 contd.: POULTRY PURCHASE AND PURCHASE LOCATION 3**

Now I will ask about the third location where [you/the patient] or anyone else in the household obtained backyard poultry after January 1<sup>st</sup> of this calendar year. (If poultry were not purchased from a third location, skip to Section 6)

<b>Purchasing Location 3: Purchase Details</b>	<p>1. What is the name of the third location [you/the patient] or anyone else in the household purchased or obtained backyard poultry? Name of store/hatchery/farm: _____</p> <p>If other, please specify the name: _____</p>																					
	<p>1a. What type of place was this location?</p> <p><input type="checkbox"/> Retail Store  <input type="checkbox"/> Hatchery  <input type="checkbox"/> Local farm  <input type="checkbox"/> Individual or Relative  <input type="checkbox"/> Other: _____</p>																					
	<p>1b. What is the street address or online store website for this purchase? Street Address: _____ City: _____ State: _____</p>																					
	<p>1c. Do [you/the patient] remember when [you/the patient] purchased the backyard poultry?  <input type="checkbox"/> Yes, Date of Purchase: _____ (MM/DD/YYYY)  <input type="checkbox"/> Approximate Date of Purchase _____ (month)  <input type="checkbox"/> No</p>																					
	<p>2. Do [you/the patient] have a receipt from this purchase [you/the patient] could provide?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																					
	<p>3. How many from this third purchase location are new to [your/the patient's] backyard flock this year?  <input type="checkbox"/> &lt;5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-49 <input type="checkbox"/> ≥50</p>																					
	<p>4. How did [you/the patient] receive the backyard poultry purchased?  <input type="checkbox"/> Pickup from purchase location  <input type="checkbox"/> Delivery from local store/farm  <input type="checkbox"/> Delivery from online store  <input type="checkbox"/> Other: _____</p>																					
<b>Purchasing Location 3: Poultry Details</b>	<p>5. What species of poultry did [you/the patient] purchase? (Select all that apply)  <input type="checkbox"/> Chicks <input type="checkbox"/> Chickens <input type="checkbox"/> Hatching Eggs <input type="checkbox"/> Ducklings <input type="checkbox"/> Ducks  <input type="checkbox"/> Goslings <input type="checkbox"/> Geese <input type="checkbox"/> Turkeys <input type="checkbox"/> Guinea fowl <input type="checkbox"/> Other: _____</p>																					
	<p><i>If respondent specifically purchased chicks/chickens, please complete the following:</i>          6. What breeds of chicks/chickens did [you/the patient] purchase at this third location? (Read off list of common chicken breeds if respondent needs help remembering.)          (Select all that apply)</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Araucanas/Ameraucanas</td> <td><input type="checkbox"/> Cornish Cross</td> <td><input type="checkbox"/> Rocks</td> </tr> <tr> <td><input type="checkbox"/> Bantams</td> <td><input type="checkbox"/> Feather Footed Fancies</td> <td>(Cornish/White/Plymouth/Barred)</td> </tr> <tr> <td><input type="checkbox"/> Black Australorps</td> <td><input type="checkbox"/> Isa Brown</td> <td><input type="checkbox"/> Sex-Links (Black/White/Red)</td> </tr> <tr> <td><input type="checkbox"/> Black/Red Star</td> <td><input type="checkbox"/> Leghorn</td> <td><input type="checkbox"/> Silkies</td> </tr> <tr> <td><input type="checkbox"/> Brown Egg Layers</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Wyandottes</td> </tr> <tr> <td><input type="checkbox"/> Buff Orpingtons</td> <td><input type="checkbox"/> Reds (New Hampshire/ Rhode Island)</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Cornish Game Hens</td> <td></td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Araucanas/Ameraucanas	<input type="checkbox"/> Cornish Cross	<input type="checkbox"/> Rocks	<input type="checkbox"/> Bantams	<input type="checkbox"/> Feather Footed Fancies	(Cornish/White/Plymouth/Barred)	<input type="checkbox"/> Black Australorps	<input type="checkbox"/> Isa Brown	<input type="checkbox"/> Sex-Links (Black/White/Red)	<input type="checkbox"/> Black/Red Star	<input type="checkbox"/> Leghorn	<input type="checkbox"/> Silkies	<input type="checkbox"/> Brown Egg Layers	<input type="checkbox"/> Polish	<input type="checkbox"/> Wyandottes	<input type="checkbox"/> Buff Orpingtons	<input type="checkbox"/> Reds (New Hampshire/ Rhode Island)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Cornish Game Hens		<input type="checkbox"/> Other: _____
<input type="checkbox"/> Araucanas/Ameraucanas	<input type="checkbox"/> Cornish Cross	<input type="checkbox"/> Rocks																				
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<input type="checkbox"/> Cornish Game Hens		<input type="checkbox"/> Other: _____																				
	<p><i>If respondent specifically purchased ducklings/ducks, please complete the following:</i>          7. What breeds of ducklings/ducks did [you/the patient] purchase at this third location? (Read off list of common duck breeds if respondent needs help remembering.)          (Select all that apply)</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Ancona</td> <td><input type="checkbox"/> Khaki Campbell</td> <td><input type="checkbox"/> Runner</td> </tr> <tr> <td><input type="checkbox"/> Blue Swedish</td> <td><input type="checkbox"/> Muscovy</td> <td><input type="checkbox"/> Welsh Harlequin</td> </tr> <tr> <td><input type="checkbox"/> Buff</td> <td><input type="checkbox"/> Pekin</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Cayuga</td> <td><input type="checkbox"/> Rouens</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Ancona	<input type="checkbox"/> Khaki Campbell	<input type="checkbox"/> Runner	<input type="checkbox"/> Blue Swedish	<input type="checkbox"/> Muscovy	<input type="checkbox"/> Welsh Harlequin	<input type="checkbox"/> Buff	<input type="checkbox"/> Pekin	<input type="checkbox"/> Unknown	<input type="checkbox"/> Cayuga	<input type="checkbox"/> Rouens	<input type="checkbox"/> Other: _____									
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<input type="checkbox"/> Buff	<input type="checkbox"/> Pekin	<input type="checkbox"/> Unknown																				
<input type="checkbox"/> Cayuga	<input type="checkbox"/> Rouens	<input type="checkbox"/> Other: _____																				

**Section 6: DEMOGRAPHIC DATA**

I'd like to ask a few questions about [your/the patient's] demographics.

1. What is [your/the patient's] state, county, and zip code?

State abbr. \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

2. What is [your/the patient's] date of birth? \_\_\_\_\_

3. What is [your/the patient's] sex assigned at birth?

 Male  Female  Declined to answer

4. How do you describe [your/the patient's] ethnicity?

 Hispanic, Latino/a, Spanish origin  Non-Hispanic  Unknown  Declined to answer4a. If Hispanic, Latino/a, Spanish origin: What origin? (*Select all that apply*) Mexican, Mexican American, Chicano/a  Puerto Rican  Cuban  Other: \_\_\_\_\_What is [your/the patient's] race? (*Select all that apply*) White (*select which origin*) Middle Eastern/North African Not Middle Eastern/North African Black/African American Native American Indian or Alaska Native Asian (*select which origin*) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian Native Hawaiian or Other Pacific Islander (*select which origin*) Native Hawaiian Guamanian/Chamorro Samoan Other Pacific Islander Other race: \_\_\_\_\_ Unknown Race Declined to Answer**Section 7: Comments**Are there any additional comments or information that [you/the patient] would like to share about this illness or about contact with backyard poultry? (*Please keep comments to 200 words or less*)

**Section 8: Optional Questions**

Now I have a few additional questions for [you/the patient] to answer if you have 5-10 more minutes. These additional questions are not critical for the investigation but do provide additional information that may be used to help prevent future illnesses among backyard poultry owners. Do you have time to answer these additional questions? (If "no", then end interview.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Are there children younger than 5 years old within the household? (If "Yes", ask questions 2-3, If "No" skip to question 4)
		2. In the last month how frequently did the children (younger than 5 years old) interact with poultry in your household? <input type="checkbox"/> Never (0 days/month) <input type="checkbox"/> Rarely (1-7 days/month) <input type="checkbox"/> Sometimes (8-14 days/month) <input type="checkbox"/> Usually (15-21 days/month) <input type="checkbox"/> Always (22-30+ days/month)
		3. In the last month how often did the children (younger than 5 years old) wash their hands with <u>adult supervision</u> after interacting with backyard poultry? <input type="checkbox"/> Never (0% ) <input type="checkbox"/> Rarely (1 - 25%) <input type="checkbox"/> Sometimes (25 - 49%) <input type="checkbox"/> Usually (50 - 99%) <input type="checkbox"/> Always (100%)
		4. In the past month how often did [you/the patient] wash your hands after interacting with poultry? <input type="checkbox"/> Never (0% ) <input type="checkbox"/> Rarely (1 - 25%) <input type="checkbox"/> Sometimes (25 - 49%) <input type="checkbox"/> Usually (50 - 99%) <input type="checkbox"/> Always (100%)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Do [you/the patient] own specific supplies to care for backyard poultry that are always kept outside of [your/the patient's] home? (If "yes", ask question 6. If "no", skip to question 7)
		6. Which supplies used while caring for the backyard poultry are always kept outside of [your/the patient's] home? (Select all that apply) <input type="checkbox"/> Shoes worn inside of the coop (Coop Shoes) <input type="checkbox"/> Chicken Feed/Water Containers <input type="checkbox"/> Coveralls/Jackets <input type="checkbox"/> Rakes/Brooms <input type="checkbox"/> Other: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. If you purchased poultry from a feedstore, did [you/the patient] see sign(s) about handwashing posted near the backyard poultry or their environment?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. If you purchased poultry from a feedstore, did [you/the patient] see handwashing stations or hand sanitizer neat the backyard poultry?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. If [you/the patient] own poultry, do [you/the patient] ever eat or drink near the backyard poultry or their environment?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. If [you/the patient] contacted poultry at a feedstore, was there food or drink served near the poultry or their environment?

This completes the interview. Thank you for your time and for the information provided.



## Store Information Questionnaire (Updated March 2023)

### Notes to Interviewer:

- *Instructions in italics are for interviewer only. Please do not read italicized words to person being interviewed.*
- *This questionnaire is intended to be administered to stores where patients purchased backyard poultry since January 1 of this calendar year. Information collected by this questionnaire will be used to traceback poultry supply chains linked to patient illnesses.*
- *CDC's EZA backyard poultry investigation team has regular communications, including requesting traceback information, with stores that operate in more than one state (e.g., Bomgaars, L&M Fleet Supply, Murdoch's Ranch and Home Supply, Rural King, Runnings, Tractor Supply Company). If the patient purchased from any of these stores, please let EZA know before you contact these stores in order to coordinate communications (EZA@cdc.gov).*
- *Please contact each feed store and fill out one form for each, with as much information as possible.*
- *Please complete this questionnaire via the fillable PDF to have access to drop down menus as applicable.*
- *After completion of this questionnaire, please complete the Epi Info online survey via the link that was provided with this questionnaire. Contact the Enteric Zoonoses Activity ([EZA@cdc.gov](mailto:EZA@cdc.gov)) to get the current link. Thank you for your time and support in this investigation!*

### Section 1: STORE INFORMATION (To be completed by interviewer prior to questionnaire administration)

Store Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # of store point-of-contact: \_\_\_\_\_ Email address of store point-of-contact: \_\_\_\_\_

PulseNet ID #(s) (e.g., XX\_\_12345678) of patient(s) that reported purchasing at this location: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ (MM/DD/YYYY)

Interviewer Information	Name: _____	Interviewer Phone: _____
	Agency: _____	

### Section 2: BACKYARD POULTRY SALES

Hello. My name is \_\_\_\_\_ from the \_\_\_\_\_ Department of Public Health. I am calling about an outbreak of *Salmonella* in people who reported buying poultry from your store. Thank you for your assistance in helping us gather more information. I am going to start by asking some questions about backyard poultry sold in the store since January 1 of this year.

1. Did/does your store sell backyard poultry including chicks/chickens, ducks/ducklings, or other types of birds since January 1 of this calendar year?  
 Yes  
 No → (End Interview)
2. What species of poultry are sold at this store? (Check all that apply)  
 Chicks/Chickens  Ducklings/Ducks  Goslings/Geese  Turkeys  Guinea fowl  Pheasants  Quail  
 Other: \_\_\_\_\_
  - a. What months are poultry available for sale? (Check all that apply):  
 All year  Spring (February–May)  Summer (June–July)  
 Fall (August–October)  Winter (November–January)
  - b. Are the poultry obtained from a single source or multiple hatchery sources?  Single  Multiple  Don't know

1. What is the name(s) of the first hatchery from which your store purchased poultry since January 1 of this year? \_\_\_\_\_ Other: \_\_\_\_\_

a. What is the street address of this hatchery? \_\_\_\_\_

b. City: \_\_\_\_\_ State: \_\_\_\_\_

**Hatchery Supplier 1:**

c. Phone number: \_\_\_\_\_

d. National Poultry Improvement Plan (NPIP) Number: \_\_\_\_\_

2. What species of poultry are supplied to your store by this hatchery (*Check all that apply*)

Chicks/Chickens  Ducklings/Ducks  Goslings/Geese  Turkeys  Guinea fowl  Pheasants

Quail  Other: \_\_\_\_\_

*Complete the following section if the store reports more than one supplying hatchery since January 1. If the store has no other supplying hatchery, proceed to Section 3.*

1. What is the name(s) of the second hatchery from which your store purchased poultry since January 1 of this year? \_\_\_\_\_ Other: \_\_\_\_\_

a. What is the street address of this hatchery? \_\_\_\_\_

b. City: \_\_\_\_\_ State: \_\_\_\_\_

**Hatchery Supplier 2:**

c. Phone number: \_\_\_\_\_

d. National Poultry Improvement Plan (NPIP) Number: \_\_\_\_\_

2. What are the species of poultry supplied by this hatchery since January 1 of this year? (*Check all that apply*)

Chicks/Chickens  Ducklings/Ducks  Goslings/Geese  Turkeys  Guinea fowl  Pheasants

Quail  Other: \_\_\_\_\_

*Complete the following section if the store reports more than two supplying hatcheries since January 1. If the store has no other supplying hatchery, proceed to Section 3.*

1. What is the name(s) of the third hatchery from which your store purchased poultry since January 1 of this year? \_\_\_\_\_ Other: \_\_\_\_\_

e. What is the street address of this hatchery? \_\_\_\_\_

f. City: \_\_\_\_\_ State: \_\_\_\_\_

**Hatchery Supplier 3:**

g. Phone number: \_\_\_\_\_

h. National Poultry Improvement Plan (NPIP) Number: \_\_\_\_\_

2. What are the species of poultry supplied by this hatchery since January 1 of this year? (*Check all that apply*)

Chicks/Chickens  Ducklings/Ducks  Goslings/Geese  Turkeys  Guinea fowl  Pheasants

Quail  Other: \_\_\_\_\_

*For stores supplied by more than 3 hatcheries since January 1 of this year, please provide additional details in Section 4 Comments.*

**SECTION 3: STORE INFORMATION**

Finally, I am going to ask a few more general questions about your store and the sale of poultry.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Does your store have a customer loyalty program that would record previous backyard poultry purchases?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you keep records of each shipment of backyard poultry your store received since January 1 of this year?
<input type="checkbox"/>	<input type="checkbox"/>	a. If your store uses 9-3 forms, would you be willing to share the 9-3 forms documenting poultry shipments received by your store since January 1 of this year? (If "Yes" please send copies of 9-3 forms to <a href="mailto:EZA@cdc.gov">EZA@cdc.gov</a> ).
<input type="checkbox"/>	<input type="checkbox"/>	b. If your store has other records documenting poultry shipments received by your store since January 1 of this year, would you be willing to share these with the health department? (If "Yes" please send copies of records to <a href="mailto:EZA@cdc.gov">EZA@cdc.gov</a> ).
<input type="checkbox"/>	<input type="checkbox"/>	3. Does your store mix poultry obtained from different hatcheries together in the same cages/bins?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you clean or sanitize the cages/bins used to hold poultry on a regular basis? a. What sanitizer is used? _____ b. How often? <input type="checkbox"/> Never (0 times/month) <input type="checkbox"/> Rarely (1-7 times/month) <input type="checkbox"/> Sometimes (8-14 times/month) <input type="checkbox"/> Usually (15-21 times/month) <input type="checkbox"/> Daily (22-30+ times/month)
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you clean or sanitize the cages/bins used to hold poultry between shipments of new poultry?
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you provide any educational material (written or verbal) to customers at time of purchase? a. If yes, does this information educate the customer about <i>Salmonella</i> , specifically? b. If yes, is this information available in multiple languages?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you provide your employees with education regarding <i>Salmonella</i> prevention for handling backyard poultry?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have policies enforced that require employees to wash their hands after handling poultry?
<input type="checkbox"/>	<input type="checkbox"/>	9. Are customers able to touch poultry or their cages/bins in the store? a. Do you have store policies to prevent children under the age of 5 years from touching poultry or their cages/bins in the store?
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you have signs about handwashing posted near the backyard poultry displays in your store?
<input type="checkbox"/>	<input type="checkbox"/>	11. Do you have handwashing stations or hand sanitizer near the backyard poultry displays in your store?
<input type="checkbox"/>	<input type="checkbox"/>	12. Do you allow people to eat or drink near the backyard poultry displays in your store?

**Section 4: Comments**

Are there any additional comments or information that you would like to share about your store's backyard poultry management practices?

If not currently available, would you like to receive information or educational materials for customers?

Free materials can be downloaded and printed from the CDC website:

<https://www.cdc.gov/healthypets/publications/print-materials.html#poultry>

Those were the last of my questions.

Thank you for your time and assistance.