

BACKYARD POULTRY EXPOSURE QUESTIONNAIRE FOR *SALMONELLA*

LAST UPDATED: JANUARY 2025

Notes to Interviewer:

- Instructions in *italics* are for interviewer only. Please do not read italicized words to person being interviewed.
- Please administer this questionnaire to the patient (or patient's caregiver or parent).
 - **When interviewing the patient, use "you" where indicated in your script and if you're interviewing a proxy (e.g., the patient's caregiver or parent), use "the patient" where indicated in your script to ensure questions are answered from the patient's perspective. Questions in section 4 and 5 should be answered on behalf of the patient's household.**
- Please complete this questionnaire via the fillable PDF to have access to drop down menus as applicable.
- Please consider including the optional questions in Section 8 in your interview.
- Please fill out one form for every patient and complete as much of the information as possible.
- After completion of this questionnaire, please share with CDC as instructed. Contact the Enteric Zoonoses Activity (eza@cdc.gov) with questions. Thank you!

Section 1: INTERVIEW INFORMATION

(To be completed by interviewer prior to questionnaire administration)

1. PulseNet ID # (e.g., XX_12345678): _____		2. State/Local/Other ID #: _____	
3. PulseNet cluster code (e.g., 2107MLJJP-1): _____		4. WGS ID (e.g., PNUSAS12345): _____	
5. Serotype (e.g., Enteritidis) _____			
6. Date of Interview: _____ (MM/DD/YYYY)			
Interviewer information	7. Name: _____		8. Contact phone number: (____) ____-_____
	9. Agency: _____		
10. Did the patient die? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10a: If the patient died, was it attributed to <i>Salmonella</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hello. My name is _____ and I'm calling from the _____ Department of Health. We are investigating an outbreak of <i>Salmonella</i> infections. We are calling everyone who became sick to ask more detailed questions about contact with backyard poultry. This should take around 20-30 minutes.			
You do not have to respond to any question that you do not want to, but your answers will be useful for understanding the cause of people's illness and preventing other people from getting sick. Any information you provide will remain confidential, to the extent allowed by law.			
Are you willing to participate?			
If Yes: Is now a good time? (If no, is there a better time to call back? _____ Are you the patient or are you responding on behalf of the patient? (If responding on behalf of the patient, confirm age, and relationship to patient)			
If No: Thank you for your time. (End Interview)			
11. Respondent was: <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Other (specify) _____			

Section 2: CLINICAL INFORMATION

I have a few questions about your (*the patient's*) illness.

		1. What date did you (<i>the patient</i>) first feel sick? _____ (MM/DD/YYYY) <input type="checkbox"/> Don't Know
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Were you (<i>the patient</i>) hospitalized overnight? (If "Yes", ask question 2a)
		2a: For how many nights? _____ (whole number 1 - >30) <input type="checkbox"/> Don't know
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Before becoming ill, did you (<i>the patient</i>) have any close contact with anyone with diarrhea or vomiting? (If "Yes", ask question 3a)
		3a. When was this person ill? <input type="checkbox"/> less than 24 hours before you (<i>the patient</i>) <input type="checkbox"/> ≥ 24 hours before you (<i>the patient</i>) <input type="checkbox"/> Don't know
		4. How many days total did your (<i>the patient's</i>) illness last? _____ days (whole number 1 - >30) <input type="checkbox"/> Still ill <input type="checkbox"/> Don't know

Section 3: Backyard POULTRY EXPOSURE

Thank you. Next, I'd like to ask you some questions about your (*the patient's*) contact with backyard poultry. Poultry includes birds like chickens, ducks, turkeys, guineas, pheasants, quail etc. When I say contact, I mean things like physically touching the poultry, the environment where they live and roam like their coop or bedding, 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 (<i>the patient</i>) have any type of contact with backyard poultry or an environment where backyard poultry live or roam? (<i>If "No," ask question 1a</i>)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1a. During the seven days before becoming ill, did anyone else in the household have any type of contact with backyard poultry or an environment where backyard poultry live or roam? 1b. If yes, what is their relationship to the patient?
		2. Which of these did you (<i>the patient or a household member</i>) have contact with? (<i>Select all that apply</i>) <input type="checkbox"/> Baby poultry <input type="checkbox"/> Adult poultry <input type="checkbox"/> Hatching eggs <input type="checkbox"/> Environment
		3. What type of backyard poultry did you (<i>the patient/household member</i>) have contact with? (<i>Select all that apply</i>) <input type="checkbox"/> Chicks/Chickens <input type="checkbox"/> Ducklings/Ducks <input type="checkbox"/> Goslings/Geese <input type="checkbox"/> Turkeys <input type="checkbox"/> Guineas <input type="checkbox"/> Pheasants <input type="checkbox"/> Quail <input type="checkbox"/> Other: _____
		4. In which of the following ways did you (<i>the patient/household member</i>) contact the BYP? (<i>Select all that apply</i>) <input type="checkbox"/> Touched or held poultry <input type="checkbox"/> Snuggled/hug 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 types of contact: _____
		5. Where did the contact occur? (<i>Select all that apply</i>) <input type="checkbox"/> At patient's home <input type="checkbox"/> At someone else's home (e.g., neighbor, friend, family member's home) <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 8, comments. <input type="checkbox"/> Work -> If yes, please provide the name of the work location and the address in Section 8, comments. <input type="checkbox"/> Other: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. During the seven days before becoming ill, did you (<i>the patient</i>) eat eggs produced by backyard poultry?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. During the seven days before becoming ill, did you (<i>the patient</i>) eat meat from butchered backyard poultry?

Section 4: FLOCK MANAGEMENT PRACTICES

Now I will ask questions about keeping backyard poultry since January 1 of this calendar year. This section should be answered on behalf of the household in which the patient resides.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Since January 1 st of this calendar year did anyone in the household (<i>the patient, patient's caregivers, or other household member</i>) keep any backyard poultry? (<i>If "No", go to Section 7</i>)
		2. How long have you (<i>the patient, the patient's caregiver or other household member</i>) kept and cared for backyard poultry? <input type="checkbox"/> <6 months <input type="checkbox"/> ≥6 months –1 year <input type="checkbox"/> ≥1 year –5 years <input type="checkbox"/> ≥5 years
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Since January 1 st of this calendar year, have the backyard poultry been allowed to live or roam inside the household (this includes living spaces such as living room, kitchen, bedrooms, bathrooms)?
		3a. If yes, what was the reason for bringing the backyard poultry inside (select all that apply)? <input type="checkbox"/> I was caring for young chicks <input type="checkbox"/> I had concerns that my poultry could become sick outdoors <input type="checkbox"/> I had concerns that my poultry could be attacked by a predator outdoors <input type="checkbox"/> I did not have an outdoor housing option (such as, a coop) <input type="checkbox"/> I preferred to keep or allow them indoors <input type="checkbox"/> Other, please describe: _____ 4. What commercial feed do the backyard poultry eat? Include brand name and place of purchase if available. Name of Food: _____ If other, specify: _____ Purchase location: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Have the backyard poultry ever been treated with antibiotics? (<i>If "Yes", answer question 5a</i>)
		5a. What antibiotics have the backyard poultry been given? _____ If other, specify: _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Would you (<i>the patient, patient's caregivers, or other household member</i>) be willing to have the backyard poultry tested for <i>Salmonella</i> ? This involves a swab of their body, poop, or the area where they live and roam. It is quick, doesn't hurt the animal, and they can go right back to their routine afterwards.

Section 5: POULTRY PURCHASE AND PURCHASE LOCATION 1

Now I will ask about where backyard poultry were purchased or obtained after January 1st of this calendar year. This section should be answered on behalf of the household in which the patient resides.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Did anyone in the household (<i>the patient, patient's caregivers, or other household member</i>) purchase or rent any backyard poultry after January 1 st of this calendar year? (<i>If "No", skip to Section 6</i>)
Poultry Purchasing		2. Were backyard poultry purchased or rented from single or multiple locations since January 1 st of this calendar year? (<i>If "Multiple", please fill out Section 5 contd. after completing Section 5</i>) <input type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Don't know
Purchasing Location 1: Purchase Details		3. Where were the backyard poultry acquired from? <input type="checkbox"/> Retail Store <input type="checkbox"/> Hatchery <input type="checkbox"/> Local farm <input type="checkbox"/> Individual or Relative <input type="checkbox"/> Backyard poultry rental company <input type="checkbox"/> Other Name of store/hatchery/farm: _____ If other, please specify the name: _____ 3a. Were they purchased at a physical location or online? <input type="checkbox"/> Physical location Street Address: _____ City: _____ State: _____ <input type="checkbox"/> Online Website: _____ 3b. When were the backyard poultry acquired? <input type="checkbox"/> Date of Purchase: _____ (MM/DD/YYYY) <input type="checkbox"/> Approximate Date of Purchase _____ (month) <input type="checkbox"/> Does not know
Purchasing Location 1: Poultry Details		4. What type of poultry were purchased from this location? (<i>Select all that apply</i>) <input type="checkbox"/> Chicks <input type="checkbox"/> ADULT Chickens <input type="checkbox"/> Hatching Eggs <input type="checkbox"/> Ducklings <input type="checkbox"/> ADULT Ducks <input type="checkbox"/> Goslings <input type="checkbox"/> ADULT 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> 5. What breeds of chicks/chickens were purchased at this first location? (<i>Read off list of common chicken breeds if respondent needs help remembering.</i>) (<i>Select all that apply</i>) <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> 6. What breeds of ducklings/ducks were purchased at this first location? (<i>Read off list of common duck breeds if respondent needs help remembering.</i>) (<i>Select all that apply</i>) <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 backyard poultry were purchased after January 1st of this calendar year. This section should be answered on behalf of the household in which the patient resides. *(If poultry were not purchased from a second location, skip to Section 6)*

Purchasing Location 2: Purchase Details	<p>1. Where were the backyard poultry acquired from? <input type="checkbox"/> Retail Store <input type="checkbox"/> Hatchery <input type="checkbox"/> Local farm <input type="checkbox"/> Individual or Relative <input type="checkbox"/> Backyard poultry rental company <input type="checkbox"/> Other</p> <p>Name of store/hatchery/farm: _____</p> <p>If other, please specify the name: _____</p>																					
	<p>1a. Were they purchased at a physical location or online? <input type="checkbox"/> Physical location Street Address: _____ City: _____ State: _____</p> <p><input type="checkbox"/> Online Website: _____</p>																					
	<p>1b. Do you remember when the backyard poultry were acquired? <input type="checkbox"/> Date of Purchase: _____ (MM/DD/YYYY) <input type="checkbox"/> Approximate Date of Purchase _____ (month) <input type="checkbox"/> Does not know</p>																					
Purchasing Location 2: Poultry Details	<p>5. What type of poultry were purchased from this location? <i>(Select all that apply)</i> <input type="checkbox"/> Chicks <input type="checkbox"/> ADULT Chickens <input type="checkbox"/> Hatching Eggs <input type="checkbox"/> Ducklings <input type="checkbox"/> ADULT Ducks <input type="checkbox"/> Goslings <input type="checkbox"/> ADULT 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 were purchased at this second location? <i>(Read off list of common chicken breeds if respondent needs help remembering.)</i> <i>(Select all that apply)</i></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 (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"/> Cornish Game Hens																						
<p><i>If respondent specifically purchased ducklings/ducks, please complete the following:</i> 7. What breeds of ducklings/ducks were purchased at this second location? <i>(Read off list of common duck breeds if respondent needs help remembering.)</i> <i>(Select all that apply)</i></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"/> 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 backyard poultry were purchased after January 1st of this calendar year. This section should be answered on behalf of the household in which the patient resides. *(If poultry were not purchased from a third location, skip to Section 6)*

Purchasing Location 3: Purchase Details	1. Where were the backyard poultry acquired from? <input type="checkbox"/> Retail Store <input type="checkbox"/> Hatchery <input type="checkbox"/> Local farm <input type="checkbox"/> Individual or Relative <input type="checkbox"/> Backyard poultry rental company <input type="checkbox"/> Other Name of store/hatchery/farm: _____ If other, please specify the name: _____																					
	1a. Were they purchased at a physical location or online? <input type="checkbox"/> Physical location Street Address: _____ City: _____ State: _____ <input type="checkbox"/> Online Website: _____																					
	1b. When were the backyard poultry acquired? <input type="checkbox"/> Date of Purchase: _____ (MM/DD/YYYY) <input type="checkbox"/> Approximate Date of Purchase _____ (month) <input type="checkbox"/> Does not know																					
Purchasing Location 3: Poultry Details	5. What type of poultry were purchased from this location? <i>(Select all that apply)</i> <input type="checkbox"/> Chicks <input type="checkbox"/> ADULT Chickens <input type="checkbox"/> Hatching Eggs <input type="checkbox"/> Ducklings <input type="checkbox"/> ADULT Ducks <input type="checkbox"/> Goslings <input type="checkbox"/> ADULT 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 were purchased at this location? <i>(Read off list of common chicken breeds if respondent needs help remembering.)</i> <i>(Select all that apply)</i> <table border="0"><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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<i>If respondent specifically purchased ducklings/ducks, please complete the following:</i> 7. What breeds of ducklings/ducks were purchased at this location? <i>(Read off list of common duck breeds if respondent needs help remembering.)</i> <i>(Select all that apply)</i> <table border="0"><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: Hand Hygiene and BYP Husbandry Questions

Now I have a few questions to ask about caretaking of your *(the patient's, patient caregiver, or other household members)* backyard poultry. These questions provide information that may be used to help prevent future illnesses among backyard poultry owners.

1. In the last month how often did you <i>(the patient)</i> wash your hands after interacting with backyard poultry? <input type="checkbox"/> Never (0%) <input type="checkbox"/> Rarely (1 - 24%) <input type="checkbox"/> Sometimes (25 - 49%) <input type="checkbox"/> Usually (50 - 99%) <input type="checkbox"/> Always (100%)
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Are there children younger than 5 years old within the household? (If "Yes", ask questions 3-4, If "No" skip to question 5)
		3. In the last month how frequently did the children younger than 5 years old interact with backyard poultry? <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 (15-20 days/month) <input type="checkbox"/> Always (21-30+ days/month)
		4. 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 - 24%) <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 (<i>the patient, patient's caregivers, or other household members</i>) have a dedicated pair of shoes or boots to use when caring for backyard poultry? 5a. If yes, are these shoes/boots ever worn inside the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Do you (<i>the patient, patient's caregivers, or other household members</i>) have dedicated clothing or coveralls to use when caring for backyard poultry? 6a. If yes, is this clothing ever worn inside your home? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Is hand sanitizer kept in or near the coop?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Do you (<i>the patient, patient's caregivers, or other household members</i>) ever eat or drink near the backyard poultry or in their environment?

Section 7: DEMOGRAPHIC DATA		
I'd like to ask a few questions about your (<i>the patient's</i>) demographics.		
1. What is your state, county, and zip code?	State abbr. _____	County _____ Zip Code _____
2. Age _____	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days	3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
4. How do you describe your ethnicity?	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Declined to answer	
4a. If Hispanic: What origin?	<input type="checkbox"/> Mexican, Mexican American <input type="checkbox"/> Puerto Rico <input type="checkbox"/> Cuban <input type="checkbox"/> Other: _____	
5. How do you describe your race?	<input type="checkbox"/> Asian (specify) <input type="checkbox"/> White (specify)	
<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Middle Eastern/North African
<input type="checkbox"/> Native American Indian/Alaska Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Not Middle Eastern/North African
<input type="checkbox"/> Native Hawaiian/Pacific Islander (specify)	<input type="checkbox"/> Filipino	
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Japanese	
<input type="checkbox"/> Guamanian/Chamorro	<input type="checkbox"/> Korean	<input type="checkbox"/> Unknown race
<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other race: _____
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Declined to answer

Section 8: Comments

Are there any additional comments or information that you would like to share about this illness or about contact with backyard poultry?
(Please keep comments to 200 words or less)

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

Store Information Questionnaire (Updated January 2025)

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. Contact the Enteric Zoonoses Activity (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 Guineas Pheasants Quail
 Hatching Eggs 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
 - c. Are the poultry obtained from a hatchery (or hatcheries) that participate in the National Poultry Improvement Plan program?
 Yes No Don't know

1. What is the name of the first hatchery from which your store purchased poultry since January 1 of this year?

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 Guineas Pheasants
 Quail Hatching Eggs 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? _____

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 Guineas Pheasants
 Quail Hatching Eggs 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 second hatchery from which your store purchased poultry since January 1 of this year? _____

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 Guineas Pheasants
 Quail Hatching Eggs 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"/>	2a. 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 EZA@cdc.gov).
<input type="checkbox"/>	<input type="checkbox"/>	2b. 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 EZA@cdc.gov).
<input type="checkbox"/>	<input type="checkbox"/>	3. Does your store keep poultry that were obtained from different hatcheries separated upon arrival to the store for any length of time to monitor for signs of illness? 3a. If yes, for how long are they kept separated? _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Does your store mix poultry obtained from different hatcheries together in the same cages/bins?
<input type="checkbox"/>	<input type="checkbox"/>	5. 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 (21-30+ times/month)
<input type="checkbox"/>	<input type="checkbox"/>	6. Do you clean or sanitize the cages/bins used to hold poultry between shipments of new poultry?
<input type="checkbox"/>	<input type="checkbox"/>	7. 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 languages other than English? If yes, which languages? _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you provide employees education regarding <i>Salmonella</i> prevention for handling backyard poultry?
<input type="checkbox"/>	<input type="checkbox"/>	9. Are employees trained to discuss or share information about <i>Salmonella</i> prevention with customers at the time of backyard poultry purchase?
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you have policies enforced that require employees to wash their hands after handling poultry?
<input type="checkbox"/>	<input type="checkbox"/>	11. 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"/>	12. Do you have signs about handwashing posted near the backyard poultry displays in your store?
<input type="checkbox"/>	<input type="checkbox"/>	13. Do you have handwashing stations or hand sanitizer near the backyard poultry displays in your store?
<input type="checkbox"/>	<input type="checkbox"/>	14. 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?
Would you like more information on the National Poultry Improvement Plan program for hatcheries?
Free materials can be downloaded and printed from the CDC website:
https://www.cdc.gov/healthy-pets/about/backyard-poultry.html#cdc_generic_section_6-resources

Those were the last of my questions.

Thank you for your time and assistance.