

Case Name: Age:
Parent / Guardian:
Phone Number:

NORTH CAROLINA DHHS
DIVISION OF PUBLIC HEALTH
NC STATE FAIR STEC OUTBREAK: CASE QUESTIONNAIRE

Phone attempts: Document on CALL LOG

Interviewer:
Date of interview: mm dd yy

"Hi, my name is \_\_\_\_\_, I'm calling from the North Carolina Division of Public Health.

(If case is less than 18 years of age) "May I speak with \_\_\_\_\_'s (CASE NAME) parent or guardian?"

(If YES and CASE < 18 ) ► "Could you tell me your name?"
Parent / guardian name: \_\_\_\_\_ Mother [ ] Father [ ] Guardian [ ]

(If case is 18 years of age or older) "May I speak with \_\_\_\_\_ (CASE NAME)?"

(If NO) ► "When would be a convenient time to call to speak with \_\_\_\_\_ or another adult?"
► Schedule date / time on CALL LOG

"As you may know from the recent media coverage, we are investigating E. coli infections among persons who attended the North Carolina State Fair. We appreciate the information that has been provided regarding (your / your child's) illness and realize that you may have already spoken with someone from the county or state. We are now conducting more detailed interviews to help us understand what caused these E. coli infections. All of your answers will be kept confidential and you should not feel obligated in any way to answer these additional questions. The questionnaire will take about 20 minutes to complete. Are you willing to answer these additional questions about (you / your child's) illness?" Y(1) N(0) DK(9) (circle)

(If NO) ► "Your participation would be very helpful in understanding this outbreak. Is there a better time when (you / you and your child) could participate?"
(If YES) ► Schedule date / time on CALL LOG when appropriate person(s) are available
(If NO) ► "Thank you."

(If YES) ► "Is now a good time?"
(If NO) ► Schedule date / time on CALL LOG when appropriate person(s) are available

(If case is 18 years of age or older) ► Proceed to Section A

(If case less than 18 years of age) ► "I would like to interview the parent, guardian, or other adult most familiar with \_\_\_\_\_'s (CASE NAME) activities at the State Fair. Would it be possible to speak with that person? If \_\_\_\_\_ (CASE NAME) would like to be present on the phone during the interview to add comments and help answer questions, they are welcome to do so."

(If OK) ► Proceed to Section A
(If not available) ► Schedule date / time on CALL LOG

Section A

**"Before I go any further I want to confirm that (you / your child) attended the North Carolina State Fair in Raleigh between October 13 and 23, 2011. Is this correct?"** Y(1) N(0) DK(9) (circle)

(If NO) ► "Thank you. At this time we are only interviewing persons that attended the State Fair."

(If YES) ► "Thank you for agreeing to participate. Some of these questions may have been asked already. It is important that we ask everyone the same questions in the same way during this part of the investigation. We will be talking about dates before, during, and after the fair. Having a calendar available will help us with these dates. Would you like to get a calendar before we begin?" (Allow time for interviewee to get calendar)

**"I need to verify some information about (your / your child's) age, sex, and county of residence."**

1. What is (your / your child's) date of birth? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy)

2. Sex? Male Female UNK/Refused (circle)

(If FEMALE) ► Are you currently pregnant? Y(1) N(0) DK(9) (circle)

3. What is (your/ your child's) race?  
 White  
 Black/African American  
 American Indian/Alaskan Native  
 Native Hawaiian or Pacific Islander  
 Asian  
 Other, specify: \_\_\_\_\_  
 Unknown

4. Do you consider yourself to be of Hispanic origin? Y(1) N(0) DK(9) (circle)

5. What is (your / your child's) county of residence? \_\_\_\_\_

5A. What is your US postal address?

\_\_\_\_\_ (street 1, Apt number)  
 \_\_\_\_\_ (street 2)  
 \_\_\_\_\_ (city, state, zip code + 4)

5B. Does your family keep cattle, sheep or goats on your home property? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Circle animal(s): cattle sheep goats

- 6. Does your child attend daycare? Y(1) N(0) DK(9) (circle)
- 7. Do you/Does your child attend school? Y(1) N(0) DK(9) (circle)
- 8. Do you/Does your child attend college or university? Y(1) N(0) DK(9) (circle)
- 9. Are you/your child a food service worker? Y(1) N(0) DK(9) (circle)
- 10. Are you/your child a healthcare worker? Y(1) N(0) DK(9) (circle)
- 11. Do you/your child live or work in a correctional facility? Y(1) N(0) DK(9) (circle)
- 12. Do you/your child live or work in a residential home? Y(1) N(0) DK(9) (circle)
- 13. Are you/your child active military, military dependent or a retiree? Y(1) N(0) DK(9) (circle)
- 14. Have you/your child traveled outside of the US in the past 30 days? Y(1) N(0) DK(9) (circle)

15. On what day did (your / your child's) illness begin? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yy, prompt with calendar if necessary, this is [ONSET DATE])

16. (Are you / Is your child) still ill? Y(1) N(0) DK(9) (circle)  
 (If NO) ► How many days did the illness last? \_\_\_\_\_ days

17. Now I would like to ask you about (your / your child's) diarrhea. Did (you / your child) have:

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(Use calendar to assist with onset date and duration of diarrhea)

Diarrhea? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What was the maximum number of stools in a 24-hour period?  
 On what day did (your / your child's) diarrhea begin? (mm/dd/yy)  
 Still having diarrhea? Y(1) N(0) DK(9) (circle)  
 (If NO) ► How many days did the diarrhea last? DK(99)

Any bloody diarrhea? Y(1) N(0) DK(9) (circle)  
 (If YES) ► On what day did (your / your child's) bloody diarrhea begin? (mm/dd/yy)  
 Still having bloody diarrhea? Y(1) N(0) DK(9) (circle)  
 (If NO) ► How many days did the bloody diarrhea last? DK(99)

18. Now I would like to ask you about other symptoms you / your child may have had.

Nausea? Y(1) N(0) DK(9) (circle)  
 Vomiting? Y(1) N(0) DK(9) (circle)  
 Abdominal cramps? Y(1) N(0) DK(9) (circle)  
 Fever (subjective)? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Maximum (F): \_\_\_

Chills? Y(1) N(0) DK(9) (circle)  
 Headache? Y(1) N(0) DK(9) (circle)  
 Body aches? Y(1) N(0) DK(9) (circle)  
 Fatigue? Y(1) N(0) DK(9) (circle)  
 Constipation? Y(1) N(0) DK(9) (circle)  
 Other?: Y(1) N(0) DK(9) (circle)  
 (If YES) ► Specify

19. Of the symptoms we just talked about, what was the first symptom that (you / your child) had? I can read them back to you if needed. ► Specify

**“Let’s talk about the dates that (you / your child) attended the State Fair. We can use the calendar to help us remember specific dates. The fair ran from Thursday, October 13 through Sunday, October 23.”**

20. On what days did you/ your child attend the State Fair? (Circle the date(s) attended)

THURSDAY	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY
<u>10/13</u>	<u>10/14</u>	<u>10/15</u>	<u>10/16</u>	<u>10/17</u>	<u>10/18</u>	<u>10/19</u>
<u>10/20</u>	<u>10/21</u>	<u>10/22</u>	<u>10/23</u>			

21. (Were you / Was your child) or another household member at the fair to exhibit animals?  
 Y(1) N(0) DK(9) (circle)

(If YES) ► Which of the following animals did (you / your child) exhibit or show at the State Fair?  
 (Read choices)

Horses Y(1) N(0) DK(9) (circle)  
 Dairy cattle Y(1) N(0) DK(9) (circle)  
 Beef cattle Y(1) N(0) DK(9) (circle)  
 Swine Y(1) N(0) DK(9) (circle)  
 Sheep Y(1) N(0) DK(9) (circle)  
 Goats Y(1) N(0) DK(9) (circle)  
 Poultry Y(1) N(0) DK(9) (circle)  
 Rabbits Y(1) N(0) DK(9) (circle)  
 Other Y(1) N(0) DK(9) (circle). (If YES) ► Specify:

## Section B

*"Now I am going to ask about various activities that (you / your child) did at the State Fair."*

1. Did (you / your child) visit the horse show arena and stables across from Youth Center Road? Y(1) N(0) DK(9) (circle)

(If YES) ► Did (you / your child) visit or do any of the following at the horse complex?

(Read choices)

Eat at the restaurant? Y(1) N(0) DK(9) (circle)

Enter the main show arena? Y(1) N(0) DK(9) (circle)

(If YES) ► Watch horse show? Y(1) N(0) DK(9) (circle)

Visit the permanent or temporary stall areas? Y(1) N(0) DK(9) (circle)

*"There was a cider press at the fair, it was near the Village of Yesteryear and the lake. "*

2. Did (you / your child) visit the cider press? Y(1) N(0) DK(9) (circle)

(If YES) ► Did (you / your child) drink any fresh pressed apple cider? Y(1) N(0) DK(9) (circle)

*"There were several other attractions near the cider press."*

3. Did (you / your child) attend any of the following? Y(1) N(0) DK(9) (circle)

Flower and garden show Y(1) N(0) DK(9) (circle)

Village of Yesteryear in the Holshouser Building? Y(1) N(0) DK(9) (circle)

Did (you / your child) use the restrooms in the Holshouser Building? Y(1) N(0) DK(9) (circle)

4. Did (you / your child) come in contact with the water in the lake? Y(1) N(0) DK(9) (circle)

*"There were a couple of water rides at the fair."*

5. Did (you / your child) ride any of the water rides? Y(1) N(0) DK(9) (circle)

(If YES) ► Did (you / your child) ride the water bumper boats? Y(1) N(0) DK(9) (circle)

Did (you / your child) ride the water chute or flume? Y(1) N(0) DK(9) (circle)

6. Did (you / your child) come in contact with the water or mist from the fountain in front of Dorton Arena? Y(1) N(0) DK(9) (circle)

7. Did (you / your child) ride any land rides (non-water rides) while at the fair? Y(1) N(0) DK(9) (circle)

8. Did (you / your child) participate in the Field of Dreams exhibit (vegetable exhibit)? Y(1) N(0) DK(9) (circle)

**Section C: Animal Contact**

*“Let’s talk about the areas where farm animals were located on the State Fairgrounds. I would like to ask about each area and (your / your child’s) activities in those areas.”*

1. Did (you / your child) go into the Kelley Building, it is the older building with the round roof where exhibitors housed sheep, goats, and pigs? Y(1) N(0) DK(9) (circle)

**(If NO) ► GO TO C-2**

**(If YES) ►** Did (you / your child) feed, pet or touch the sheep, goats, or pigs in the Kelley building? Y(1) N(0) DK(9) (circle)

**(If YES) ► Specify:** Sheep (1) Goats(2) Pigs(3) *(circle all that apply)*

Did (you / your child) touch or lean on the sheep, goat, or pig pens or rails in the Kelley building? Y(1) N(0) DK(9) (circle)

**(If YES) ► Specify:** Sheep (1) Goats(2) Pigs(3) *(circle all that apply)*

Did the sheep or goats nuzzle, nibble, or lick (you/your child)? Y(1) N(0) DK(9) (circle)

Did (you / your child) eat anything while in the Kelley Building? Y(1) N(0) DK(9) (circle)  
**(If YES) ► What?, Specify:** \_\_\_\_\_

Did (you / your child) drink anything while in the Kelley Building? Y(1) N(0) DK(9) (circle)  
**(If YES) ► What?, Specify:** \_\_\_\_\_

Did (you / your child) ► Y(1) N(0) DK(9) (circle)

Touch or step in manure or poop in the Kelley Building? Y(1) N(0) DK(9) (circle)

Pick up any object from the ground? Y(1) N(0) DK(9) (circle)

Chew gum, eat candy, or use a toothpick? Y(1) N(0) DK(9) (circle)

Kiss any animals? Y(1) N(0) DK(9) (circle)

Fall down or sit on the ground in the Kelley building? Y(1) N(0) DK(9) (circle)

*If CASE is a CHILD <6 years old:* Y(1) N(0) DK(9) (circle)

Carry a toy or blanket through the building? Y(1) N(0) DK(9) (circle)

Suck on their thumb, a pacifier or drink from a sippy cup? Y(1) N(0) DK(9) (circle)

Ride in a stroller through the exhibit? Y(1) N(0) DK(9) (circle)

How long (were you / was your child) in the Kelley building? *(total for all visits in minutes)* \_\_\_\_\_ minutes

Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes upon exiting the Kelley building? Y(1) N(0) DK(9) (circle)

**(If YES) ► Which one?** Hand sanitizing gel(1) Soap/Water(2) Handwipes(3) *(circle)*

2. Did (you / your child) go into the Sheep & Goat tent, it was located across from the Kelley building, beside the Ark? Y(1) N(0) DK(9) (circle)

**(If NO) ► GO TO C-3**

**(If YES) ►** Did (you / your child) feed, pet or touch the sheep or goats? Y(1) N(0) DK(9) (circle)  
**(If YES) ► Specify:** Sheep (1) Goats(2) *(circle all that apply)*

Did (you / your child) touch or lean on the sheep or goat pens? Y(1) N(0) DK(9) (circle)

Did the sheep or goats nuzzle, nibble, or lick you/your child? Y(1) N(0) DK(9) (circle)

Did (you / your child) eat anything while in the Sheep & Goat tent? Y(1) N(0) DK(9) (circle)  
**(If YES) ► What?, Specify:** \_\_\_\_\_

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Did (you / your child) drink anything while in the Sheep & Goat tent? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What?, Specify: \_\_\_\_\_

Did (you / your child) ►  
 Touch or step in manure or poop in the Sheep & Goat tent? Y(1) N(0) DK(9) (circle)  
 Pick up any object from the ground? Y(1) N(0) DK(9) (circle)  
 Chew gum, eat candy, or use a toothpick? Y(1) N(0) DK(9) (circle)  
 Kiss any animals? Y(1) N(0) DK(9) (circle)  
 Fall down or sit on the ground in the Sheep and Goat tent? Y(1) N(0) DK(9) (circle)

If CASE is a CHILD <6 years old:  
 Carry a toy or blanket through the tent? Y(1) N(0) DK(9) (circle)  
 Suck on their thumb, a pacifier or drink from a sippy cup? Y(1) N(0) DK(9) (circle)  
 Ride in a stroller through the exhibit? Y(1) N(0) DK(9) (circle)

How long (were you/was your child) in the Sheep & Goat tent? (total for all visits in min) \_\_\_\_\_ minutes

Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes upon exiting the Sheep & Goat tent? Y(1) N(0) DK(9) (circle)

(If YES) ► Which one? Hand sanitizing gel(1) Soap/Water(2) Hand wipes(3) (circle)

3. Did (you / your child) go into the Children's Barnyard, which was a red wooden building across from the Village of YesterYear, and next to the Old Farm machinery building? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-4

(If YES) ► (If interviewing a parent) Did your child walk through the Barnyard, or were they carried? WALK(1) CARRIED(2) DK(9)

Did (you / your child) feed, pet or touch any poultry or chickens? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) touch or lean on the cages? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) feed, pet or touch the cows, sheep or goats? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Specify: Sheep (1) Goats(2) Cows(3) (circle all that apply)

Did (you / your child) touch or lean on the cow, sheep or goat pens? Y(1) N(0) DK(9) (circle)  
 Did the sheep or goats nuzzle, nibble, or lick you/your child? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) feed, pet or touch the pigs in the Children's Barnyard? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) touch or lean on the pig pens? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) pick up any baby chicks? Y(1) N(0) DK(9) (circle)

Did (you / your child) eat anything while in the Children's Barnyard? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What?, Specify: \_\_\_\_\_

Did (you / your child) drink anything while in the Children's Barnyard? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What?, Specify: \_\_\_\_\_

Did (you / your child) ►  
 Touch or step in manure or poop in the Children's Barnyard? Y(1) N(0) DK(9) (circle)  
 Pick up any object from the ground? Y(1) N(0) DK(9) (circle)  
 Chew gum, eat candy, or use a toothpick? Y(1) N(0) DK(9) (circle)  
 Kiss any animals? Y(1) N(0) DK(9) (circle)  
 Fall down or sit on the ground in the barn? Y(1) N(0) DK(9) (circle)

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*If CASE is a CHILD <6 years old:*

Carry a toy or blanket through the building? Y(1) N(0) DK(9) (circle)  
 Suck on their thumb, a pacifier or drink from a sippy cup? Y(1) N(0) DK(9) (circle)  
 Ride in a stroller through the exhibit? Y(1) N(0) DK(9) (circle)

How long (were you / was your child) in the Children's Barnyard? (total for all visits in min) \_\_\_ minutes

Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes upon exiting the Children's Barnyard? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Which one? Hand sanitizing gel(1) Soap/Water(2) Hand wipes(3) (circle)

4. Did (you / your child) go into the Graham Building, the large building beside Dorton Arena where the cows were located? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-5

(If YES) ► Did (you/your child) feed, pet or touch the cows in the Graham building? Y(1) N(0) DK(9) (circle)

Did (you / your child) eat anything while in the Graham Building? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What?, Specify: \_\_\_\_\_

Did (you / your child) drink anything while in the Graham Building? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What?, Specify: \_\_\_\_\_

Did (you / your child) ►  
 Touch or step in manure or poop in the Graham Building? Y(1) N(0) DK(9) (circle)  
 Pick up any object from the ground? Y(1) N(0) DK(9) (circle)  
 Chew gum, eat candy or use a toothpick? Y(1) N(0) DK(9) (circle)  
 Kiss any animals? Y(1) N(0) DK(9) (circle)  
 Fall down or sit on the ground in the Graham building? Y(1) N(0) DK(9) (circle)

*If CASE is a CHILD <6 years old:*

Carry a toy or blanket through the building? Y(1) N(0) DK(9) (circle)  
 Suck on their thumb, a pacifier or drink from a sippy cup? Y(1) N(0) DK(9) (circle)  
 Ride in a stroller through the exhibit? Y(1) N(0) DK(9) (circle)

How long (were you/was your child) in the Graham building? (total for all visits in minutes) \_\_\_ minutes

Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes upon exiting the Graham building? Y(1) N(0) DK(9) (circle)

(If YES) ► Which one? Hand sanitizing gel (1) Soap/Water (2) Hand wipes (3) (circle)

Did (you/your child) use the restrooms in the Graham building? Y(1) N(0) DK(9) (circle)

5. Did (you / your child) go into the baby poultry exhibit behind the Graham Building? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-6

(If YES) ► Did (you / your child) feed, pet or touch any poultry or chickens? Y(1) N(0) DK(9) (circle)

Did (you / your child) touch or lean on the cages? Y(1) N(0) DK(9) (circle)

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Did (you / your child) eat anything while in the Poultry tent? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What?, Specify: \_\_\_\_\_

Did (you / your child) drink anything while in the Poultry tent? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What?, Specify: \_\_\_\_\_

Did (you / your child) ►  
 Touch or step in manure or poop in the Poultry tent? Y(1) N(0) DK(9) (circle)  
 Pick up any object from the ground? Y(1) N(0) DK(9) (circle)  
 Chew gum, eat candy, or use a toothpick? Y(1) N(0) DK(9) (circle)  
 Kiss any animals? Y(1) N(0) DK(9) (circle)  
 Fall down or sit on the ground in the Poultry tent? Y(1) N(0) DK(9) (circle)

If CASE is a CHILD <6 years old:  
 Carry a toy or blanket through the tent? Y(1) N(0) DK(9) (circle)  
 Suck on their thumb, a pacifier or drink from a sippy cup? Y(1) N(0) DK(9) (circle)  
 Ride in a stroller through the exhibit? Y(1) N(0) DK(9) (circle)

How long (were you / was your child) in the Poultry tent? (total for all visits in min) \_\_\_\_\_ minutes

Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes upon exiting the Poultry tent? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Which one? Hand sanitizing gel (1) Soap/Water (2) Hand wipes (3) (circle)

6. Did (you / your child) go into the State Fair Ark exhibit, it was in the Expo building with the dairy cows that could be milked and where people received a carton of milk? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-7

(If YES) ► Did (you / your child) feed, pet or touch the cows, sheep or goats? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) touch or lean on the cow, sheep or goat pens? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) feed, pet or touch the pigs in the Ark? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) touch or lean on the pig pens? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) pet or touch the baby chicks in the Ark? Y(1) N(0) DK(9) (circle)  
 Did the sheep or goats nuzzle, nibble, or lick you/your child? Y(1) N(0) DK(9) (circle)

Did (you / your child) eat anything while in the State Fair Ark? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What?, Specify: \_\_\_\_\_

Did (you / your child) drink anything while in the State Fair Ark? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What?, Specify: \_\_\_\_\_

Did (you / your child) ►  
 Milk a cow at the NC State Vet School demonstration? Y(1) N(0) DK(9) (circle)  
 Touch or step in manure or poop in the Ark? Y(1) N(0) DK(9) (circle)  
 Pick up any object from the ground? Y(1) N(0) DK(9) (circle)  
 Chew gum, eat candy, or use a toothpick? Y(1) N(0) DK(9) (circle)  
 Kiss any animals? Y(1) N(0) DK(9) (circle)  
 Fall down or sit on the ground in the Ark? Y(1) N(0) DK(9) (circle)

If CASE is a CHILD <6 years old:  
 Carry a toy or blanket through the Ark? Y(1) N(0) DK(9) (circle)  
 Suck on their thumb, a pacifier or drink from a sippy cup? Y(1) N(0) DK(9) (circle)  
 Ride in a stroller through the exhibit? Y(1) N(0) DK(9) (circle)

How long (were you/was your child) in the Ark? (total for all visits in min) \_\_\_\_\_ minutes

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Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes upon exiting the State Fair Ark? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Which one? Hand sanitizing gel(1) Soap/Water(2) Hand wipes(3) (circle)

7. Did (you / your child) go into the Rabbit Barn near the Children’s Barnyard? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-8

(If YES) ► Did (you / your child) feed, pet or touch rabbits? Y(1) N(0) DK(9) (circle)

Did (you / your child) touch or lean on the rabbit cages? Y(1) N(0) DK(9) (circle)

Did (you / your child) eat anything while in the Rabbit Barn? Y(1) N(0) DK(9) (circle)

(If YES) ► What?, Specify: \_\_\_\_\_

Did (you / your child) drink anything while in the Rabbit Barn? Y(1) N(0) DK(9) (circle)

(If YES) ► What?, Specify: \_\_\_\_\_

Did (you / your child) ►

Touch or step in manure or poop in the Rabbit Barn? Y(1) N(0) DK(9) (circle)

Pick up any object from the ground? Y(1) N(0) DK(9) (circle)

Chew gum, eat candy, or use a toothpick? Y(1) N(0) DK(9) (circle)

Fall down or sit on the ground in the Rabbit Barn? Y(1) N(0) DK(9) (circle)

If CASE is a CHILD <6 years old:

Carry a toy or blanket through the building? Y(1) N(0) DK(9) (circle)

Suck on their thumb, a pacifier or drink from a sippy cup? Y(1) N(0) DK(9) (circle)

Ride in a stroller through the exhibit? Y(1) N(0) DK(9) (circle)

How long (were you/was your child) in the Rabbit Barn? (total for all visits in min) \_\_\_\_\_ minutes

Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes upon exiting the Rabbit Barn? Y(1) N(0) DK(9) (circle)

(If YES) ► Which one? Hand sanitizing gel(1) Soap/Water(2) Hand wipes(3) (circle)

8. Did (you / your child) ride on the ponies in between the Rabbit Barn and the Old Farm Machinery building? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-9

Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes after the pony rides? Y(1) N(0) DK(9) (circle)

(If YES) ► Which one? Hand sanitizing gel(1) Soap/Water(2) Hand wipes(3) (circle)

9. Did (you / your child) visit the mules behind the Grist Mill? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-10

Did (you / your child) pet or touch the mules? Y(1) N(0) DK(9) (circle)

Did (you / your child) feed the mules? Y(1) N(0) DK(9) (circle)

Did the mules nuzzle, nibble, or lick you/your child? Y(1) N(0) DK(9) (circle)

CASE QUESTIONNAIRE

CASEID:

Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes after the mule visit? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Which one? Hand sanitizing gel(1) Soap/Water(2) Hand wipes(3) (circle)

10. Did (you / your child) go into the Amazing Animals Petting Zoo, located on the infield of the racetrack? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-11

(If YES) ► (If interviewing a parent) Did your child walk through the petting zoo, or were they carried? WALK CARRIED Don't Know

Did (you / your child) touch or lean the cages or pen railings? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) feed, pet or touch the cows, sheep or goats? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) touch or lean on the cow, sheep or goat pens? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) eat anything while in the Petting Zoo? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What? Specify: \_\_\_\_\_  
 Did (you / your child) drink anything while in the Petting Zoo? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What? Specify: \_\_\_\_\_

Did (you / your child) ►  
 Touch or step in manure or poop in the Petting Zoo? Y(1) N(0) DK(9) (circle)  
 Pick up any shavings/bedding from the ground? Y(1) N(0) DK(9) (circle)  
 Handle any carrots or grain feed from the dispenser? Y(1) N(0) DK(9) (circle)  
 Pick up any object from the ground? Y(1) N(0) DK(9) (circle)  
 Chew gum, eat candy, or use a toothpick? Y(1) N(0) DK(9) (circle)  
 Kiss any animals? Y(1) N(0) DK(9) (circle)  
 Fall down or sit on the ground in the tent? Y(1) N(0) DK(9) (circle)

If CASE is a CHILD <6 years old:  
 Carry a toy or blanket through the tent? Y(1) N(0) DK(9) (circle)  
 Suck on their thumb, a pacifier or drink from a sippy cup? Y(1) N(0) DK(9) (circle)  
 Ride in a stroller through the exhibit? Y(1) N(0) DK(9) (circle)

How long (were you / was your child) in the Petting Zoo? (total for all visits in min) \_\_\_\_\_

Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes upon exiting the Petting Zoo? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Which one? Hand sanitizing gel(1) Soap/Water(2) Hand wipes(3) (circle)

11. Did (you / your child) go into the regular Petting Zoo, which was between the Hogway speedway (pig racing) and the Midway rides and games? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-12

(If YES) ► (If interviewing a parent ) Did your child walk through the petting zoo, or were they carried? WALK(1) CARRIED(2) DK(9)

Did (you / your child) pet or touch the sheep or goats? Y(1) N(0) DK(9) (circle)  
 Did (you / your child) feed the sheep or goats? Y(1) N(0) DK(9) (circle)  
 Did (you/your child) pick up or hold any of the sheep or goats? Y(1) N(0) DK(9) (circle)  
 Did the sheep or goats nuzzle, nibble, or lick you/your child? Y(1) N(0) DK(9) (circle)  
 Did the sheep or goats rear up and put their front feet on you/your child? Y(1) N(0) DK(9) (circle)

CASE QUESTIONNAIRE

CASEID:

- Did (you / your child) pet or touch the animals in pens at the back of the tent? Y(1) N(0) DK(9) (circle)
- Did (you / your child) feed the animals in pens at the back of the tent? Y(1) N(0) DK(9) (circle)
- Did (you / your child) eat anything while in the Petting Zoo?  
(If YES) ► What?, Specify: \_\_\_\_\_ Y(1) N(0) DK(9) (circle)
- Did (you / your child) drink anything while in the Petting Zoo?  
(If YES) ► What?, Specify: \_\_\_\_\_ Y(1) N(0) DK(9) (circle)
- Did (you / your child) ►
- Touch or step in manure or poop in Petting Zoo? Y(1) N(0) DK(9) (circle)
  - Pick up any shavings/bedding from the ground? Y(1) N(0) DK(9) (circle)
  - Handle any carrots or grain feed from the dispenser? Y(1) N(0) DK(9) (circle)
  - Pick up any object from the ground? Y(1) N(0) DK(9) (circle)
  - Chew gum, eat candy, or use a toothpick? Y(1) N(0) DK(9) (circle)
  - Kiss any animals? Y(1) N(0) DK(9) (circle)
  - Fall down or sit on the ground in Petting Zoo? Y(1) N(0) DK(9) (circle)
- If CASE is a CHILD <6 years old:*
- Carry a toy or blanket through the tent? Y(1) N(0) DK(9) (circle)
  - Suck on their thumb, a pacifier or drink from a sippy cup? Y(1) N(0) DK(9) (circle)
  - Ride in a stroller through the exhibit? Y(1) N(0) DK(9) (circle)
- How long (were you / was your child) in the Petting Zoo? (total for all visits in min) \_\_\_\_\_ minutes
- Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes upon exiting the Petting Zoo? Y(1) N(0) DK(9) (circle)  
(If YES) ► Which one? Hand sanitizing gel(1) Soap/Water(2) Hand wipes(3) (circle)

12. Did (you/your child) go into the Hogway Speedway, where the racing pigs were located? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-13

- (If YES) ► (If interviewing a parent) Did (you / your child) touch or lean on the cages or pen railings? Y(1) N(0) DK(9) (circle)
- Did (you / your child) feed, pet or touch the pigs? Y(1) N(0) DK(9) (circle)
  - Did (you / your child) touch or lean on the pig pens? Y(1) N(0) DK(9) (circle)
  - Did (you / your child) eat anything while in the Hogway Speedway? Y(1) N(0) DK(9) (circle)  
(If YES) ► What?, Specify: \_\_\_\_\_
  - Did (you / your child) drink anything while in the Hogway Speedway? Y(1) N(0) DK(9) (circle)  
(If YES) ► What?, Specify: \_\_\_\_\_
  - Did (you / your child) ►
  - Touch or step in manure or poop in the Hogway Speedway? Y(1) N(0) DK(9) (circle)
  - Pick up any shavings/bedding from the ground? Y(1) N(0) DK(9) (circle)
  - Pick up any object from the ground? Y(1) N(0) DK(9) (circle)
  - Chew gum, eat candy, or use a toothpick? Y(1) N(0) DK(9) (circle)
  - Kiss any animals? Y(1) N(0) DK(9) (circle)
  - Fall down or sit on the ground in the tent? Y(1) N(0) DK(9) (circle)
- If CASE is a CHILD <6 years old:*
- Carry a toy or blanket through the tent? Y(1) N(0) DK(9) (circle)
  - Suck on their thumb, a pacifier or drink from a sippy cup? Y(1) N(0) DK(9) (circle)

CASE QUESTIONNAIRE

CASEID:

Ride in a stroller through the exhibit?

Y(1) N(0) DK(9) (circle)

How long (were you / was your child) in Hogway Speedway? (total for all visits in min)\_\_\_

Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes upon exiting the Hogway Speedway? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Which one? Hand sanitizing gel(1) Soap/Water(2) Hand wipes(3) (circle)

13. Did (you / your child) ride on the ponies in between the Gov. Kerr Scott building and Got to be NC Agriculture exhibit? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-14

Did (you/your child) use a hand sanitizing gel, wash (your / his or her) hands with soap and water or use hand wipes after the pony rides? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Which one? Hand sanitizing gel(1) Soap/Water(2) Hand wipes(3) (circle)

14. Did (you/your child) watch any show/shows in the Kiddieland Fun Park? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-15

(If YES) ► Which one(s)?

Michelle's Magical Poodles Y(1) N(0) DK(9) (circle)  
 Magic 4 U Dog and Rabbit Show Y(1) N(0) DK(9) (circle)

15. Did (you/your child) watch any livestock competitions in the Kelley Building? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-16

(If YES) ► Which one(s)?

Jr. Wether Showmanship (Sheep) Y(1) N(0) DK(9) (circle)  
 Performance Market and Hog Show Y(1) N(0) DK(9) (circle)  
 Jr. Market Barrow Show (Pigs) Y(1) N(0) DK(9) (circle)  
 Jr. Market Barrow Showmanship (Pigs) Y(1) N(0) DK(9) (circle)

16. Did (you/your child) watch any livestock competitions in the Expo Center? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO C-17

(If YES) ► Which one(s)?

Jr. Sheep Showmanship Y(1) N(0) DK(9) (circle)  
 Jr. Meat Goats Y(1) N(0) DK(9) (circle)  
 Jr. Market Lamb Show Y(1) N(0) DK(9) (circle)  
 Jr. Ewe Meat Breeds Y(1) N(0) DK(9) (circle)  
 Market Barrow Show Y(1) N(0) DK(9) (circle)  
 Market Gilt Show Y(1) N(0) DK(9) (circle)

**CASE QUESTIONNAIRE**

**CASEID:**

17. Did (you/your child) watch any livestock competitions in the Graham Building? Y(1) N(0) DK(9) (circle)

**(If NO) ► GO TO C-18**

**(If YES) ► Which one(s)?**

Jr. Market Steer Show	Y(1)	N(0)	DK(9)	(circle)
Feeder Calf Show	Y(1)	N(0)	DK(9)	(circle)
Jr. Beef Heifer and Beef Showmanship	Y(1)	N(0)	DK(9)	(circle)
Sale of Livestock Champions	Y(1)	N(0)	DK(9)	(circle)
Livestock Special Awards	Y(1)	N(0)	DK(9)	(circle)

18. Did (you/your child) watch any show/shows in the Horse Complex? Y(1) N(0) DK(9) (circle)

**(If NO) ► GO TO C-19**

**(If YES) ► Which one(s)?**

Appaloosa Horse Show	Y(1)	N(0)	DK(9)	(circle)
Walking and Spotted Saddle Horses	Y(1)	N(0)	DK(9)	(circle)
Youth Day Horse Show	Y(1)	N(0)	DK(9)	(circle)

19. Did (you/your child) visit any animal exhibits that have not been mentioned? Y(1) N(0) DK(9) (circle)

**(If NO) ► GO TO Section D**

**(If YES) ► Which one(s)?**

Exhibit 1		Animal Species		Location 1	
Exhibit 2		Animal Species		Location 2	
Exhibit 3		Animal Species		Location 3	

**Section D: FAIR FOOD AND DRINKS**

*"Now I would like to ask you about food and drinks that (you / your child) ate and drank while at the State Fair."*

1. Did (you / your child) eat or drink at the fair? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO SECTION E

2. While (you were/ your child was) at the State Fair, did (you /your child) **always(1), almost always(2), sometimes(3), or never(4)** wash (your / his or her) hands before eating? (circle answer)

(If 1, 2 or 3) ► How did (you / your child) wash (your/ his or her) hands? (Read choices, circle all that apply)

- Hand sanitizing gel (1)
- Running water & soap (2)
- Hand wipes (3)
- Other (4)

(If OTHER) ► Specify: \_\_\_\_\_

3. Did (you / your child) eat any of the following items?(Read choices)

Hamburger or cheeseburger? Y(1) N(0) DK(9) (circle)

(If YES) ► Can you tell me where you purchased it?

Specify: \_\_\_\_\_

Were the hamburgers pink or undercooked? Y(1) N(0) DK(9) (circle)

Barbeque?

Y(1) N(0) DK(9) (circle)

(If YES) ► Specify type: \_\_\_\_\_

Can you tell me where you purchased it?

Specify: \_\_\_\_\_

Hot Dog?

Y(1) N(0) DK(9) (circle)

(If YES) ► Can you tell me where you purchased it?

Specify: \_\_\_\_\_

Turkey Leg?

Y(1) N(0) DK(9) (circle)

(If YES) ► Can you tell me where you purchased it?

Specify: \_\_\_\_\_

Ham?

Y(1) N(0) DK(9) (circle)

(If YES) ► Can you tell me where you purchased it?

Specify: \_\_\_\_\_

Sausage?

Y(1) N(0) DK(9) (circle)

(If YES) ► Can you tell me where you purchased it?

Specify: \_\_\_\_\_

Game meat?

Y(1) N(0) DK(9) (circle)

(If YES) ► Can you tell me where you purchased it?

Specify: \_\_\_\_\_

CASE QUESTIONNAIRE

CASEID:

Raw Vegetables? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Specify type: \_\_\_\_\_  
 Can you tell me where you purchased it?  
 Specify: \_\_\_\_\_

Salad? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Specify type: \_\_\_\_\_  
 Can you tell me where you purchased it?  
 Specify: \_\_\_\_\_

Finger foods like fries, popcorn, peanuts, or other similar food items? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Specify type: \_\_\_\_\_  
 Can you tell me where you purchased it?  
 Specify: \_\_\_\_\_

Ice cream? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Can you tell me where you purchased it?  
 Specify: \_\_\_\_\_

Cotton candy? Y(1) N(0) DK(9) (circle)  
 (If YES) ► Can you tell me where you purchased it?  
 Specify: \_\_\_\_\_

Candy or caramel apples? Y(1) N(0) DK(9) (circle)  
 (If YES) ► What type? Red candy apple Caramel apple Gourmet apple (circle)  
 Can you tell me where you purchased it?  
 Specify: \_\_\_\_\_

4. Did (you / your child) drink fresh squeezed lemonade? Y(1)  
 N(0) DK(9) (circle)  
 (If YES) ► Can you tell me where you purchased it?  
 Specify: \_\_\_\_\_

5. Did (you / your child) eat any other foods that were purchased at the fair? Y(1) N(0) DK(9) (circle)

(If NO) ► GO TO D-6  
 (If YES) ► What else did (you/your child) eat while attending the fair? (Ask them to specify the food and which vendor)

Food 1			Location 1	
Food 2			Location 2	
Food 3			Location 3	
Food 4			Location 4	
Food 5			Location 5	
Food 6			Location 6	
Food 7			Location 7	
Food 8			Location 8	

6. Did (you / your child) drink any other beverages purchased at the fair? Y(1) N(0) DK(9) (circle)  
 (If NO) ► GO TO Section E  
 (If YES) ► What else did (you/your child) drink while attending the fair? (Ask them to specify beverage and which vendor)

Beverage 1			Location 1		
Beverage 2			Location 2		
Beverage 3			Location 3		
Beverage 4			Location 4		

7. Do you smoke or use tobacco products? Y(1) N(0) DK(9) (circle)

**SECTION E: PRE-EXISTING MEDICAL CONDITIONS**

*“Now I would like to ask you a few questions about (your / your child’s) health in the month before this illness began. We would like to know about long-standing medical conditions or other specific medical conditions in the three weeks before this illness, which is from \_\_\_/\_\_\_/\_\_\_\_ (4 weeks prior) to \_\_\_/\_\_\_/\_\_\_\_ (ONSET DATE). You do not need to answer the questions if you don’t want to.”*

1. Prior to this illness did (you / your child) have any of the following medical conditions?

**PLEASE READ EACH CONDITION AND RECORD YES / NO / DK**

		Yes	No	DK
<b>A</b>	Diabetes	1	0	9
<b>B</b>	Kidney Disease	1	0	9
	→→ <b>IF YES</b> , Are you/your child on dialysis or awaiting dialysis?	1	0	9
<b>C</b>	Organ or Bone Marrow Transplant	1	0	9
<b>D</b>	Leukemia or Cancer	1	0	9
	If Yes ► Treatment with radiation or chemotherapy in previous month?	1	0	9

*“I would now like to ask some questions about medications that (you / your child) may have been taking in the month before (your / your child’s) illness began, which is from \_\_\_/\_\_\_/\_\_\_\_ (4 weeks prior) to \_\_\_/\_\_\_/\_\_\_\_ (ONSET DATE)”*

2. In the month before (your/your child’s) illness began, did (you/your child) receive any of the following types of treatments or take any of the following types of medications?

**PLEASE READ EACH MEDICATION/TREATMENT**

		Yes	No	DK
<b>A</b>	Any oral steroid, such as Prednisone?	1	0	9
<b>B</b>	Any immune-suppressing medication, such as to treat juvenile arthritis?	1	0	9
	(If YES) ► Specify:			

3. In the month before (your / your child’s) illness onset, which was \_\_\_/\_\_\_/\_\_\_\_ (ONSET DATE), did (you/your child) take any antibiotics? Y(1) N(0) DK(9) (circle)

(If YES) ► It may be helpful to get the pill bottle, do you want to do that now?

- A. What is the name of the antibiotic(s) (you / your child) took?
- B. What date did (you / your child) start taking the antibiotic?
- C. When did (you / your child) stop taking the antibiotic?
- D. Did (you / your child) miss any doses of antibiotics?

A. Antibiotic Name		B. Start date?	C. Stop date? (777777=	D. Miss any doses?
CODE		(999999=DK)	still taking, 999999=DK)	
Ab1:				Y / N / DK
Ab2:				Y / N / DK
Don't Remember	DK			

4. (If child is under 2 years old): Is or was your child breast-fed? Y(1) N(0) DK(9) (circle)

**SECTION F: MEDICATIONS AFTER ILLNESS (CASES only)**

The following questions are about medications and medical care that (you / your child) received during the 7 days after this illness started on \_\_\_ / \_\_\_ / \_\_\_\_ (ONSET DATE). I am going to ask about antibiotics and anti-diarrhea medications. It may be helpful to get the bottle, do you want to do that now?

1. During the first 7 days of this illness, did (you/your child) take any antibiotics, this could be antibiotics taken at home or antibiotics from a medical provider? Y(1) N(0) DK(9) (circle)  
 (If YES) ►

- A. What is the name of the antibiotic(s) (you / your child) took?
- B. What date did (you / your child) start taking the antibiotic?
- C. When did (you / your child) stop taking the antibiotic?
- D. Did (you / your child) miss any doses of antibiotics?

A. Antibiotic Name CODE	B. Start date? (999999=DK)	C. Stop date? (777777= still taking, 999999=DK)	D. Miss any doses?
Ab1:			Y / N / DK
Ab2:			Y / N / DK
Don't Remember	DK		

2. Did (you/your child) take any anti-diarrhea medications during the 7 days after this illness began, this could be anti-diarrhea medications taken at home or given by a medical provider? Y(1) N(0) DK(9) (circle)

(If YES) ► Did (you/your child) take (read each medication)?

(If YES) ► What date did (you / your child) start taking this medication?  
 When did (you / your child) stop taking this medication?

Anti-diarrheal	B. Start date? (999999=DK)	C. Stop date? (777777= still taking, 999999=DK)
Pepto-Bismol Y(1) N(0) DK(9) (circle)		
Immodium Y(1) N(0) DK(9) (circle)		
Kaopectate Y(1) N(0) DK(9) (circle)		
Lomotil Y(1) N(0) DK(9) (circle)		
Other anti-diarrhea medication Y(1) N(0) DK(9) (circle)		
(If YES) ► Specify:		

3. How many times did (you / your child) visit a doctor or other health professional for this illness?  
 Please include emergency room, urgent care, and clinic visits, including follow-up visits. \_\_\_ visits DK (99)

CASE QUESTIONNAIRE

CASEID:

4. (Were you / Was your child) hospitalized for this illness?

Y(1) N(0) DK(9) (circle)

(If YES) ▶

A. On what date (were you / was your child) first admitted to the hospital for this illness?

\_\_\_\_/\_\_\_\_/\_\_\_\_ (mm / dd / yy) DK (999999)

B. How long (were you / was your child) hospitalized? \_\_\_\_\_ (days)

5. (Were you / was your child) treated with intravenous fluids for this illness?

Y(1) N(0) DK(9) (circle)

**Section G: KNOWLEDGE, ATTITUDES & BELIEFS**

*“Now I would like to ask you some questions about contact with animals and hand-washing at the fairgrounds.”*

1. When considering attendance at an agricultural fair, like the North Carolina State Fair, how important are exhibits where (you / your child) can have direct contact with animals? *(Read choices)*  

Very important(1)	Important(2)	Not very important(3)	Not important(4)	DK(9)
-------------------	--------------	-----------------------	------------------	-------
  
2. In general, were members of (your / your child's) household aware that some diseases can be transmitted by having contact with farm animals? Y(1) N(0) DK(9) *(circle)*
  
3. Were hand-washing facilities with running water and soap available to the public at the fair? Y(1) N(0) DK(9) *(circle)*  
*(If YES) ► Where were these facilities located?*

In the same area as the animals?	Y(1) N(0) DK(9) <i>(circle)</i>
At the exit of the exhibit?	Y(1) N(0) DK(9) <i>(circle)</i>
Near eating facilities or picnic areas?	Y(1) N(0) DK(9) <i>(circle)</i>
  
4. Were hand-sanitizing dispensers available to the public at the fair? Y(1) N(0) DK(9) *(circle)*  
*(If YES) ► Where were these facilities located?*

In the same area as the animals?	Y(1) N(0) DK(9) <i>(circle)</i>
At the exit of the exhibit?	Y(1) N(0) DK(9) <i>(circle)</i>
Near eating facilities or picnic areas?	Y(1) N(0) DK(9) <i>(circle)</i>
  
5. Were hand-washing or hand-sanitizing facilities low to the ground, at child level? Y(1) N(0) DK(9) *(circle)*
  
6. Were there verbal instructions to wash (your / your child's) hands after coming into contact with farm animals? Y(1) N(0) DK(9) *(circle)*
  
7. Were there posters/signs instructing (you/your child) to wash your hands after coming into contact with farm animals? Y(1) N(0) DK(9) *(circle)*  
*(If YES) ► Were the signs/posters located...*

At the entrance to the exhibit or pen?	Y(1) N(0) DK(9) <i>(circle)</i>
Inside the exhibit or pen?	Y(1) N(0) DK(9) <i>(circle)</i>
At the exit of the exhibit or pen?	Y(1) N(0) DK(9) <i>(circle)</i>
  
8. Were there posters/signs instructing (you/your child) not to eat or drink in the animal areas? Y(1) N(0) DK(9) *(circle)*  
*(If YES) ► Were the signs/posters located...*

At the entrance to the exhibit or pen?	Y(1) N(0) DK(9) <i>(circle)</i>
Inside the exhibit or pen?	Y(1) N(0) DK(9) <i>(circle)</i>
At the exit of the exhibit or pen?	Y(1) N(0) DK(9) <i>(circle)</i>

CASE QUESTIONNAIRE

CASEID:

9. Did you notice food or beverages being prepared, served, or consumed in the animal areas?  
Y(1) N(0) DK(9) (circle)

10. Did you notice animals in areas where food was being prepared, served, or consumed?  
Y(1) N(0) DK(9) (circle)

11. In general, (do you / does your child) **always(1), almost always(2), sometimes(3), or never(4)**, wash your hands before eating? (circle answer)

12. In general, (do you / does your child) **always(1), almost always(2), sometimes(3), or never(4)**, chew on or bite their fingernails? (circle answer)

13. Do members of your family carry and use personal hand sanitizers when away from home?  
Y(1) N(0) DK(9) (circle)

**CLOSING SCRIPT:**

Do you have any digital photos of any of the animal areas at the Fair, that you would be willing to share with us, for use in professional public health presentations? Y(1) N(0) DK(9) (circle)

(If YES) ► Please email them to Stephanie Griese ([Stephanie.griese@dhhs.nc.gov](mailto:Stephanie.griese@dhhs.nc.gov))

That is the last question. Thank you so much for your time and for answering our questions. We hope that your answers combined with the answers others provide will help us identify what happened and what can be done in the future to prevent similar outbreaks of illness.

Do you have any questions for me?

If you have any additional questions later, please call Stephanie Griese, at the North Carolina General Communicable Disease Control Branch, at 919-733-3419