

Code #: _____

Interviewer code #: _____

Date of interview: _____

Person refused to do Survey : 0

Shigella Questionnaire

[Interviewer instruction is in caps. Interviewer script is in bold.]

Hello, this is (interviewer's name) calling from the San Francisco Department of Public Health. We are investigating an outbreak of diarrheal illness due to *Shigella* bacteria. Our records show that you were ill with *Shigella* in the past few months.

[IF CASE HAS BEEN CONTACTED IN THE PAST]

The Health Department is re-contacting you to collect additional information.

[OR IF CASE IS BEING CONTACTED FOR THE FIRST TIME]

The San Francisco Health Department is contacting persons who were ill to collect additional information.

I realize that you may have answered a lot of questions if you were interviewed earlier, but this more detailed Health Department investigation is necessary in order for us to understand the extent and impact of this outbreak. This information will also help us to understand how to prevent future outbreaks. The survey should only take about 20 minutes. All information you provide **WILL BE** kept confidential.

Is this a good time to ask you questions? 1 YES 2 NO

[IF YES], skip to the next paragraph

[IF "NO"]; Is there a better time when I can call? ([IF YES], reschedule): (RECORD ON LOG SHEET)

[IF "NO"]; Mr. (Ms) _____, we really need your help to find out what is causing this outbreak. All your answers will be kept confidential, and I will try to keep the interview as short as possible.

[IF STILL "NO":] Well, thank you very much.

[IF YES]:

I will now begin the survey. You might want to look at a calendar or day planner while I ask you these questions, to help you remember events and activities in the weeks surrounding your illness. Would you like some time to get your calendar? (GIVE THEM A MOMENT TO GET THE CALENDAR)

Time interview began: _____ : _____ am/pm (circle)

Time interview ended: _____ : _____ am/pm (circle)

Code #: _____

According to our records, you submitted a stool that tested positive for *Shigella* on _____ day ____ / ____ /00.

I am going to ask you about any symptoms you may have had. Please answer to the best of your ability.

1. [IF ONSET DATE ON FORM] Also according to our records, you first got ill on _____ day ____ / ____ /00.
Does this sound correct? 1 YES 2 NO 8 DK 9 REF

[IF NO or IF ABSENT FROM RECORD] How many days were you ill before you gave your *Shigella* specimen?

_____ # days _____ day ____ / ____ /00 (interviewer: IMPORTANT TO GET THIS DATE)
onset date

So, to confirm, you got ill on [READ DATE].

2. During your *Shigella* illness did you have any of the following symptoms? Please answer yes or no.

- | | |
|------------------------|---|
| A. Diarrhea | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| B. Blood in your stool | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| C. Fever | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| D. Abdominal cramps | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| E. Vomiting | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| F. Any other symptoms | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |

List: _____

- G. In total, how many days did you have symptoms? _____ days

So, I just want to confirm with you that your symptoms started on _____ day ____ / ____ and ended on _____ day ____ / ____
. MARK CALENDAR WITH WEEK BEFORE SYMPTOMS BEGAN, SYMPTOM INTERVAL AND WEEK AFTER SYMPTOMS ENDED.

_____ day ____ / ____.

INTERVIEWER FILL IN DATES ON LOG SHEET AT THIS TIME IN PREPARATION FOR QUESTION 22.

3. [IF YES TO DIARRHEA ABOVE] On your worst day of diarrhea, how many loose stools did you have in this 24 hour period? _____ # stools

- A. In total, how many days of diarrhea did you have? _____ # days

4. Did you take antibiotics for this illness? 1 YES 2 NO 8 DK 9 REF

- A. [IF YES] Please answer yes or no to the following antibiotics.

Did you take:

- | | |
|---|---|
| 1. Bactrim/Septa otherwise known as Trimethoprim/sulfamethoxazole | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| 2. Cipro or Ciprofloxacin | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |

Code #: _____

3. Ampicillin 1 YES 2 NO 8 DK 9 REF
 3. Azithromycin (Zithromax) 1 YES 2 NO 8 DK 9 REF
 Anything else: _____ 1 YES 2 NO 8 DK 9 REF

B. [IF YES] How many days did you take the antibiotic(s)?

_____ (medicine) _____ days
 _____ (medicine) _____ days

C. [IF YES] We are looking at different ways that people obtain antibiotics.

Please answer yes or no. Was/were the antibiotic(s) you took for this illness....

1. given to you by a friend 1 YES 2 NO 8 DK 9 REF
 2. leftover from a previous illness 1 YES 2 NO 8 DK 9 REF
 3. prescribed by a health provider 1 YES 2 NO 8 DK 9 REF
 4. from some other source 1 YES 2 NO 8 DK 9 REF

[IF YES] please list: _____

5. At the time your symptoms started were you taking any antibiotics for prevention or treatment of aNother infection?

1 YES 2 NO 8 DK 9 REF

1. [IF YES] What antibiotics were you taking? _____

6. Did you go to a doctor's office for your *Shigella* infection?1 YES 2 NO 8 DK 9 REF

7. Were you seen in an emergency room or urgent care center for this illness?

1 YES 2 NO 8 DK 9 REF

A. [IF YES] Were you given an IV or intravenous fluids?

1 YES 2 NO 8 DK 9 REF

8. Were you admitted to the hospital for this illness?

1 YES 2 NO 8 DK 9 REF

[IF YES]

A. How many nights were you hospitalized? _____ nights

B. Were you given an IV or intravenous fluids?

1 YES 2 NO 8 DK 9 REF

What hospital were you admitted to?

10. CALIFORNIA PACIFIC MEDICAL CENTER/ DAVIES CAMPUS20. CALIFORNIA PACIFIC MEDICAL CENTER / PACIFIC CAMPUS30. KAISER PERMANENTE40. ST. LUKES50. ST. MARY'S60. ST. FRANCIS70. SAN FRANCISCO GENERAL HOSPITAL80. OTHER _____88. DK99. REF

9. At the time of your illness, what type or types of health care coverage did you have? Please answer yes or no for each.

1. MediCal or Medicare

1 YES 2 NO 8 DK 9 REF

2. Coverage through your employer, school or private insurance

Code #: _____

3. No health insurance

1 YES 2 NO 8 DK 9 REF

4. Other: _____

1 YES 2 NO 8 DK 9 REF

10. Within 4 weeks after your illness, did you develop any NEW joint pain, swelling, redness, or limitation of motion in any of your joints?

1 YES 2 NO 8 DK 9 REF

Code #: _____

11. NOW I'd like to know who or what you think **might** have given you *Shigella*.

Please answer yes or no to each of the following:

- | | | | | |
|--|--------------------------------|-------------------------------|-------------------------------|--------------------------------|
| 1. food or water | 1 <input type="checkbox"/> YES | 2 <input type="checkbox"/> NO | 8 <input type="checkbox"/> DK | 9 <input type="checkbox"/> REF |
| 2. a child | 1 <input type="checkbox"/> YES | 2 <input type="checkbox"/> NO | 8 <input type="checkbox"/> DK | 9 <input type="checkbox"/> REF |
| 2. a household member who was not a sexual partner | 1 <input type="checkbox"/> YES | 2 <input type="checkbox"/> NO | 8 <input type="checkbox"/> DK | 9 <input type="checkbox"/> REF |
| 3. a sexual partner | 1 <input type="checkbox"/> YES | 2 <input type="checkbox"/> NO | 8 <input type="checkbox"/> DK | 9 <input type="checkbox"/> REF |
| 4. a co-worker or friend | 1 <input type="checkbox"/> YES | 2 <input type="checkbox"/> NO | 8 <input type="checkbox"/> DK | 9 <input type="checkbox"/> REF |
| 5. something else: _____ | 1 <input type="checkbox"/> YES | 2 <input type="checkbox"/> NO | 8 <input type="checkbox"/> DK | 9 <input type="checkbox"/> REF |

12. Were you a student at the time of your illness? 1 YES 2 NO 8 DK 9 REFA. [IF YES] Did you miss any days of school due to this illness? 1 YES 2 NO 8 DK 9 REF

1. [IF YES] How many days did you miss? _____ days

13. Which of the following best describes your employment status at the time of your illness?

1. Employed full-time
2. Employed part-time
3. Not employed
8. DK
9. REF

A. IF EMPLOYED, did you miss any work-days due to this illness? 1 YES 2 NO 8 DK 9 REF

1. [IF YES], how many days of work did you miss? _____ days

NOW I am going to ask you some questions about your health in general.

14. How would you describe your overall health before your illness?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

15. How would you describe your physical activity level prior to your illness?

1. Highly active
2. Moderately active
3. Not very active

16. What is your height? _____ feet _____ inches

17. What was your weight prior to your illness? _____ pounds

18. Did you lose any weight because of this illness? 1 YES 2 NO 8 DK 9 REF

[IF YES] How many pounds? _____ pounds

Code #: _____

19. Did you smoke at the time of your illness?

1 YES 2 NO 8 DK 9 REF

20. After your symptoms resolved, how would you describe your overall health?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

NOW, I'm going to ask you some questions about your immune system.

21. Have you/Had you

1. Ever received an organ transplant? 1 YES 2 NO 8 DK 9 REF
2. Received chemotherapy in the past year? 1 YES 2 NO 8 DK 9 REF
3. Been taking prednisone for a chronic condition several months prior to your illness? 1 YES 2 NO 8 DK 9 REF
4. Ever been tested for HIV? 1 YES 2 NO 8 DK 9 REF
 - A. [IF YES], what was the result of your most recent test?
 1. Positive
 2. Negative
 8. DK
 9. REF

[IF POSITIVE]

B. What was your most recent CD4 count? _____ 8 DK 9 REF

1. What month and year was the count taken? date: ____/____/____ (month/year)

C. During the week prior to your *Shigella* illness, were you on any anti-retroviral drugs?1 YES 2 NO 8 DK 9 REF1. [IF YES] How long prior to your *Shigella* illness were you on them?_____ months or years

Code #: _____

Some of the next group of questions refer to details of sexual practices, including sexual practices you may not be familiar with. You are free to decline to answer these questions. Bear in mind that your responses to these questions are confidential, like those you have already given, and WILL NOT be linked or traceable to you, and they are important in helping us determine how to prevent serious infections.

NOW I am going to ask you about your sexual activities in the weeks surrounding your illness.

22. Did you engage in any sexual activity, defined as any oral sex, vaginal sex, anal sex, fisting, rimming or anal-fingering stimulation

A. the week before your symptoms began which would be

_____ day _____ / _____ to _____ day _____ / _____ ?

1 YES 2 NO 8 DK 9 REF

1. [IF YES] With how many different partners? _____

B. during your illness which would be

_____ day _____ / _____ to _____ day _____ / _____ ?

1 YES 2 NO 8 DK 9 REF

1. [IF YES] With how many different partners? _____

C. the week after your symptoms stopped which would be

_____ day _____ / _____ to _____ day _____ / _____ ?

1 YES 2 NO 8 DK 9 REF

1. [IF YES] With how many different partners? _____ ?

23. [IF YES TO ANY PART OF QUESTION 22] During the weeks surrounding your illness which would be from

_____ day _____ / _____ to _____ day _____ / _____ did you have sex with someone

you met at any of the following places? Please answer yes or no for each.

- | | |
|--------------------------------|---|
| 1. Internet | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| [IF YES], which site(s)? _____ | |
| 2. Health clubs | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| [IF YES}, which club(s)? _____ | |
| 3. Dance clubs | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| 4. Bars | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| 5. Sex clubs | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| 6. Private sex party | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| 7. Bath houses | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |

FOR THE NEXT SET OF QUESTIONS ASK ONLY THE QUESTIONS THAT PERTAIN TO THE TIME THEY WERE SEXUALLY ACTIVE. CROSS OUT THE WEEK(S) WITH NO SEXUAL ACTIVITY FOR QUESTION 24.

Code #: _____

24. [IF YES TO QUESTION 22] NOW I am going to ask you about some specific sexual activities in

the week before your symptoms began which would be

_____ day _____ / _____ to _____ day _____ / _____

during your illness which would be

_____ day _____ / _____ to _____ day _____ / _____

the week after your symptoms stopped which would be

_____ day _____ / _____ to _____ day _____ / _____ ?

ASK IN THIS FORMAT : THE WEEK ____ (BEFORE YOUR SYMPTOMS BEGAN, DURING YOUR ILLNESS, OR THE WEEK AFTER YOUR SYMPTOMS STOPPED); DID YOU ____ (ACTIVITIES A-K)?
 INTERVIEWER PLEASE REMIND INTERVIEWEE OF DATES STATED ABOVE AFTER PART E.
 (Code for answers relating to A-K: 1=yes 2=no 7=not applicable 8=DK 9=REF)

ACTIVITY	WEEK BEFORE	DURING YOUR ILLNESS	WEEK AFTER
A. Put your tongue in a partner's anus	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
B. Put your finger or fist in a partner's anus	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
C. Put a sex toy in a partner's anus	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
D. Put your penis in a partner's anus.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
E. Have a penis in your mouth	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
F. Have a partner's finger in your mouth	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
G. Have a sex toy in your mouth	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
H. Have a partner's finger or fist in your anus	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
I. Have a penis in your anus	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
J. Have a sex toy in your anus	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
K. Have a tongue in your anus	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>

Code #: _____

Now I would like to ask you a few questions about *Shigella*.

25. Are you aware that there has been an increase in *Shigella* infections in San Francisco?

1 YES 2 NO 8 DK 9 REF

A. [IF YES], Please answer yes or no to the following. Did you hear about it by...

1. Being notified by the health department 1 YES 2 NO 8 DK 9 REF

2. Flyers in the community 1 YES 2 NO 8 DK 9 REF

3. A Bay Area Reporter article 1 YES 2 NO 8 DK 9 REF

4. A San Francisco Chronicle article 1 YES 2 NO 8 DK 9 REF

5. Community Groups 1 YES 2 NO 8 DK 9 REF

[IF YES], which group(s)? _____

6. Internet 1 YES 2 NO 8 DK 9 REF

[IF YES], which site(s)? _____

7. Friends/Family 1 YES 2 NO 8 DK 9 REF

8. Other ways: _____

Please tell me your opinion on the following statements.

26. It is safe to have anal-oral sex, fisting, or finger stimulation while on antibiotics for a *Shigella* infection. Do you:

1. Agree

2. Disagree

8. DK

9. REF

27. How long do you think a person infected with *Shigella* should wait to engage in any sexual behavior, including anal-oral sex, fisting, or finger stimulation after their diarrhea has stopped? _____ (interviewer record # of days)

Code #: _____

28. How protective do you think the following behaviors are in keeping you from getting a *Shigella* infection from an infected partner?

A. Avoiding oral-anal contact

1. Not protective
2. Sometimes protective
3. Always protective
8. DK
9. REF

B. Washing body parts with soap and water after any sexual contact

1. Not protective
2. Sometimes protective
3. Always protective
8. DK
9. REF

C. Using Condoms

1. Not protective
2. Sometimes protective
3. Always protective
8. DK
9. REF

I am almost finished. I just have a few more questions

29. What is your date of birth? ____/____/____ (month/day/year)

8 DK 9 REF

30. What is your zip code? _____

8 DK 9 REF

31. How would you best describe your gender?

1. Male
2. Female
3. Transgender
8. DK
9. REF

32. Do you have sex with

1. Just men
2. Just women
3. Both men and women
4. Neither
8. DK
9. REF

33. Do you consider yourself to be Hispanic?

1 YES 2 NO 8 DK 9 REF

Code #: _____

34. Which of the following best describes your ethnic group?

1. African American
2. White / Caucasian
3. Asian / Pacific Islander
4. Native American / Alaskan Indian
5. Latino
6. Other _____
8. DK
9. REF

35. What is the highest level of education you have completed?

1. 1st - 8th Grade
2. 9th - 11th Grade
3. High School Graduate / GED
4. Trade School Degree
5. At Least One Full Year of College
6. College Graduate
7. Advanced Degree
8. DK
9. REF

36. Is your gross annual income \$45,000 or more?

8 DK 9 REF

A. [IF BELOW \$45,000] Is it:

1. \$14,000 or less
2. \$15,000 - 29,000
3. \$30,000 - 44,000

B. [IF \$45,000 OR ABOVE] Is it:

1. \$45,000 - 59,000
2. \$60,000 - 74,000
3. \$75,000 - 89,000
4. \$90,000 or more

Code #: _____

Time interview ended: _____:_____ am/pm (circle)

This completes the interview. We would like to thank you for your valued participation. Information that you have supplied to us will help determine what factors put people at risk for *Shigella*. If you have any questions or concerns about the study, you may contact Doctor Gwen Hammer at (415) 554-8469.

For Interviewer: Would you consider this interviewee

- a. reliable
- b. unreliable, please explain:

Code #: _____

Interviewer code #: _____

Date of interview: _____

Person refused to do Survey :

Shigella Questionnaire

[Interviewer instruction is in caps. Interviewer script is in bold.]

Hello, may I speak with _____?

[IF NO OR NOT HOME] Thank you very much, goodbye.

[IF YES] Hi, this is (interviewer's name) calling from the San Francisco Department of Public Health. We are investigating an outbreak of diarrheal illness due to *Shigella* bacteria. Our records show that you were ill with *Shigella* in the past few months. I realize you may have been contacted before, but we are doing a more detailed investigation because this outbreak is still going on. The survey should only take about 20 minutes and all information will be kept confidential.

Is this a good time to ask you questions?

1 YES 2 NO

[IF YES SKIP TO THE NEXT PARAGRAPH]

[IF NO] Is there a better time when I can call?

[IF YES], reschedule: (RECORD ON LOG SHEET)

[IF NO] Mr. (Ms) _____, we really need your help to find out what is causing this outbreak. All your answers will be kept confidential, and I will try to keep the interview as short as possible.

[IF STILL NO] Well, thank you very much.

[IF YES]:

I will now begin the survey. You might want to look at a calendar or day planner while I ask you these questions, to help you remember events and activities in the weeks surrounding your illness. Do you have a day planner or a calendar available?

1 YES 2 NO

[IF NO] We have some questions that refer to very specific dates and a day planner or calendar would be very helpful. Are you sure you don't have one?

1 YES 2 NO

[IF STILL NO] That's fine, we'll do the survey without one.

[IF YES] Would you like some time to get your calendar? (GIVE THEM A MOMENT TO GET THE CALENDAR)

Time interview began: _____ : _____ am/pm (circle)

Time interview ended: _____ : _____ am/pm (circle)

Code #: _____

4. Did you take antibiotics for this illness? 1 YES 2 NO 8 DK 9 REF

A. [IF YES] Please answer yes or no to the following antibiotics.

Did you take:

- | | |
|--|---|
| 1. Bactrim/Septra otherwise known as Trimethoprim/sulfamethoxazole | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| 2. Cipro or Ciprofloxacin | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| 3. Ampicillin | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| 3. Azithromycin (Zithromax) | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |
| 4. Anything else: _____ | 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 8 <input type="checkbox"/> DK 9 <input type="checkbox"/> REF |

B. [IF YES] Did you take your antibiotics for the total number of days that they were prescribed?

1 YES 2 NO 8 DK 9 REF

5. At the time your symptoms started were you taking any antibiotics for prevention or treatment of another infection?

1 YES 2 NO 8 DK 9 REF

1. [IF YES] What antibiotics were you taking?

6. Did you go to a doctor's office for your *Shigella* infection? 1 YES 2 NO 8 DK 9 REF

7. Were you seen in an emergency room or urgent care center for this illness?
1 YES 2 NO 8 DK 9 REF

A. [IF YES] Were you given an IV or intravenous fluids? 1 YES 2 NO 8 DK 9 REF

Code #: _____

13. Which of the following best describes your employment status at the time of your illness?

- 1. Employed full-time
- 2. Employed part-time
- 3. Not employed
- 8. DK
- 9. REF

A. IF EMPLOYED, did you miss any work-days due to this illness?

1 YES 2 NO 8 DK 9 REF

1. [IF YES], how many days of work did you miss? _____ days

18. Did you lose any weight because of this illness?

1 YES 2 NO 8 DK 9 REF

Now, I'm going to ask you some questions about your immune system.

Code #: _____

36. Is your gross annual income \$45,000 or more?

1 YES 2 NO 8 DK 9 REF

A. [IF NO] Is it:

1. \$14,000 or less
2. \$15,000 – 29,000
3. \$30,000 – 44,000

B. [IF YES] Is it:

1. \$45,000 – 59,000
2. \$60,000 – 74,000
3. \$75,000 – 89,000
4. \$90,000 or more

This completes the interview. We would like to thank you for your valued participation. Information that you have supplied to us will help determine what factors put people at risk for *Shigella*. If you have any questions or concerns about this information, you may contact Doctor Gwen Hammer at (415) 554-8469.

MARK TIME INTERVIEW ENDED ON FIRST PAGE.

37. [FOR INTERVIEWER ONLY]: WOULD YOU CONSIDER THIS INTERVIEWEE

A. RELIABLE

B. UNRELIABLE, PLEASE EXPLAIN:

