
Refusal	<input type="checkbox"/>
Ineligible	<input type="checkbox"/>

ID Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Interview Date	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Interview Start Time	_____

Data entered	<input type="checkbox"/>
Date	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Data checked	<input type="checkbox"/>
Date	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Source Attribution of *Campylobacter* in Australia Study

Case Questionnaire

INTRODUCTION

Interviewer Note: If case is less than 15 years of age you will need to speak to parent or guardian most familiar with the eating habits of the child.

If case is aged between 15–17 years you will need to obtain parent or guardian consent prior to interview.

Please note that for subjects under the age of 15 years, questions relate to the case, not the person being interviewed unless specified in the body of the questionnaire.

“Hello, my name is <Interviewers Name> and I am calling on behalf of [Queensland Health / ACT Health / Hunter New England Public Health Unit].”

“May I please speak with <name of case> or <name of case’s mother/father>?”

Interviewer Note: When the case comes to the phone then repeat the introduction and proceed with the explanatory statement.

If the case is unavailable then arrange an alternative time for the interview

“The Australian National University in conjunction with the [state health department] is conducting a study of *Campylobacter* infection in Australia to identify possible causes. *Campylobacter* infections are notifiable to health departments in each state and territory throughout Australia. We understand that you recently experienced an illness due to the *Campylobacter* bacteria. We would like to find out more about your *Campylobacter* illness. Your participation is voluntary, all responses are confidential and if there are any questions you do not wish to answer, just say so.”

“Would you be prepared to answer some questions about your illness and activities prior to your illness? The questions will take approximately 20 minutes.” Yes No

“In this study, we will collect information on foods you ate and activities you undertook prior to your illness. Your participation is voluntary and you can stop at any time. No individual information will be presented in any reports or presentations. Partners in this research will comply with the Australian Privacy Act 1988. An information sheet about this research project is available on the ANU website.

“Would you like me to send you a copy or provide you with the link?” Yes No

If yes, “Could you give me an address/email?” _____

“This study has been approved by the Australian National University Ethics Committee (Protocol 2016/426). If you have any concerns please direct them to Human Research Ethics Committee Research Services Office, Chancellery 10B The Australian National University, ACT 2601 Tel: 6125 7945 Fax: 6125 4807 Email: Human.Ethics.Officer@anu.edu.au”

“Do you have any further questions about the project?” Yes No

Do you agree to participate in the project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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“Do you have the time right now to answer these questions?”

If NO, arrange an alternative time to phone back to conduct the interview

If YES, continue

1. ELIGIBILITY QUESTIONS

“Because I will be asking about specific dates around the time of your illness, it may be helpful for you to have a calendar or diary in front of you. Do you need a few minutes to get these?”

- Yes, I will get one no.....
- No, I already have one with me.....
- Don't have access to a calendar

The first few questions we'll be asking you are about some symptoms that are associated with [your/their] illness.

1. For the purposes of this study, we define diarrhoea as 3 or more loose stools or bowel movements in any 24-hour period. When you had your *Campylobacter* infection, did you have diarrhoea?

- Yes 1 **Go to Q2**
- No..... 2 **Check ineligible box then END INTERVIEW**
- Don't know/Not sure 7 **Check ineligible box then END INTERVIEW**

- 1a During this diarrhoeal illness, what was the maximum number of stools or bowel movements you had in any 24 hour period?

- 0-2 1 **Check ineligible box then END INTERVIEW**
(If response = '0-2', then recode Q.1 as = '2')
- 3-5 2
- 6-10..... 3
- 11-20..... 4
- More than 20..... 5
- Don't know/Not sure 7

2. For how many days did your diarrhoea last? **DAYS**

Don't know/Not sure 77

CALCULATE PRIOR TO INTERVIEW

Date stool specimen collected

Day		Month		Year	

3. Could you please let me know what the date was when your diarrhoea began?

Day	Month	Year

(If person is unsure of date then prompt with date of stool specimen)

Don't know/Not sure 7 **Check ineligible box then END INTERVIEW**

I will now just enter a couple of other dates that we will be talking about throughout the interview. I won't be a moment....

Interviewer Note:	Refer to your calendar to determine the interval from DATE 4 WEEKS BEFORE DIARRHOEA BEGAN to DATE 1 DAY BEFORE DIARRHOEA BEGAN.
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4. In the 4 weeks before your illness began, that is from <DATE 4 WEEKS BEFORE DIARRHOEA> through <DATE 1 DAY BEFORE DIARRHOEA BEGAN>, did anyone else in your household test positive for *Campylobacter*?
- Yes..... 1 **Check ineligible box then END INTERVIEW**
 No 2
 Don't know/Not sure 7

5. In the 4 weeks before your illness began, that is from <DATE 4 WEEKS BEFORE DIARRHOEA> through <DATE 1 DAY BEFORE DIARRHOEA BEGAN>, did anyone else in your household have diarrhoea?
- Yes 1 **Check ineligible box then END INTERVIEW**
 No 2
 Don't know/Not sure 7

Interviewer Note: Refer to your calendar to determine the interval from DATE 2 WEEKS BEFORE DIARRHOEA BEGAN to DATE 1 DAY BEFORE DIARRHOEA BEGAN.

6. In the 2 weeks before your illness began, that is from <DATE 2 WEEKS BEFORE DIARRHOEA> through <DATE 1 DAY BEFORE DIARRHOEA BEGAN>, did you travel overseas or interstate?
- INTERVIEWER NOTE:
 IF participant answers "yes",
 1. Clarify if the travel was overseas or interstate
 2. If travel was interstate:
 Clarify the length of time spent interstate in the time period just mentioned
- Options to select:
 A. If the participant has travelled overseas or spent the whole two weeks interstate: (Select option Yes)
 B. If the participant has travelled interstate only for a portion of the time: (Select option No)

- Yes..... 1 **Check ineligible box then END INTERVIEW**
 No..... 2
 Don't know/Not sure..... 7

2. HEALTH QUESTIONS

7. **During this illness, did you have any of the following symptoms?**

	Yes	No	DK/NS
a. Fever.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
b. Vomiting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
c. Stomach cramps.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
d. Blood in your stool.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
e. Nausea.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
f. Headache.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
g. Muscle/body aches.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7

8. **Did you take any antibiotics as a result of this illness?**

Yes..... 1

No..... 2 **Go to Q. 10**

Don't know/Not sure..... 7 **Go to Q. 10**

9. **What antibiotic(s) were you taking?** [Ask person to get tablet bottle, if possible]

Azithromycin.....

Ciprofloxacin.....

Norfloxacin.....

Erythromycin.....

Doxycycline (also known as Doxy or Vibramycin.....

Other (please specify)..... Specify(_____)

Don't know/Not sure.....

10. **Were you admitted to hospital overnight because of this illness?**

Yes..... 1

No..... 2 **Go to Q. 12**

Don't know/Not sure..... 7 **Go to Q. 12**

11. **If yes, for how many nights were you hospitalised?**

Don't know/Not sure..... 7 NIGHTS

Interviewer Note: Refer to your calendar to determine the interval from DATE 4 WEEKS BEFORE DIARRHOEA BEGAN to DATE 1 DAY BEFORE DIARRHOEA BEGAN.

“For the next few questions, I would like to ask you about events which may have occurred in the 4 weeks before your illness began, so again that’s from <DATE 4 WEEKS BEFORE DIARRHOEA BEGAN> to <DATE 1 DAY BEFORE DIARRHOEA BEGAN>.”

12. **In those 4 weeks, were you taking any antibiotics?**

Yes 1

No..... 2 **Go to Q. 14**

Don't know/Not sure 7 **Go to Q. 14**

Interviewer Note: If person can't remember the name of the antibiotic(s), check the DK/NS box and leave the space blank.

13. What antibiotic(s) were you taking? [Ask person to get tablet bottle, if possible]

		DK/NS		What date did you stop taking these?					
a.	Antibiotic 1 _____	<input type="checkbox"/>	7	<input type="text"/>	<input type="text"/>	(DD/MM)	<input type="checkbox"/>	7	DK/NS
b.	Antibiotic 2 _____	<input type="checkbox"/>	7	<input type="text"/>	<input type="text"/>	(DD/MM)	<input type="checkbox"/>	7	DK/NS
c.	Antibiotic 3 _____	<input type="checkbox"/>	7	<input type="text"/>	<input type="text"/>	(DD/MM)	<input type="checkbox"/>	7	DK/NS
d.	Antibiotic 4 _____	<input type="checkbox"/>	7	<input type="text"/>	<input type="text"/>	(DD/MM)	<input type="checkbox"/>	7	DK/NS

14. In those 4 weeks, were you taking any regular medication that decreases stomach acid?

Yes.....	<input type="checkbox"/>	1	
No.....	<input type="checkbox"/>	2	Go to Q. 16
Don't know/Not sure.....	<input type="checkbox"/>	7	Go to Q. 16

15. Did you take any of the following in the 4 weeks prior to illness?

Histamine-2 (H₂) Receptor blocker

	Yes		No		DK/NS	
a. Zantac (Ranitidine).....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
b. Tagamet (Cimetidine).....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
c. Pepcid (Famotidine).....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
d. Axid (Nizatidine).....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7

Proton Pump Inhibitor

a. Losec (Omeprazole).....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
b. Nexium (Esomeprazole).....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
c. Somac (Pantoprazole).....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
d. Pariet (Rabeprazole).....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
e. Zoton (Lansoprazole).....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7

16. Have you ever been told by a doctor that you have any other long lasting condition or chronic illness in which diarrhoea or vomiting is a major symptom? (e.g. Crohn's disease, irritable bowel syndrome, ulcerative colitis, or stomach or oesophagus problems)

Yes.....	<input type="checkbox"/>	1	Specify(_____)
No.....	<input type="checkbox"/>	2	
Don't know/Not sure.....	<input type="checkbox"/>	7	

17. In the 4 weeks before onset of illness, did you take or receive any of the following?

INTERVIEWER NOTE:
Cyclosporine ("it's an immunosuppressant")

	Yes	No	DK/NS
a. Prednisone or other steroids <u>not</u> used on your skin.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
b. Cyclosporine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
c. Chemotherapy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
d. Radiation therapy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7

3. EXPOSURES

Interviewer Note: Refer to your calendar to determine the interval from the DATE 7 DAYS BEFORE DIARRHOEA BEGAN to the DATE 1 DAY BEFORE DIARRHOEA BEGAN

A. WATER

“I’m now going to ask you some questions about water that you consumed in the 7 days before your diarrhoea began, that is from [diarr_7_days_prior] to [diarr_1_day_prior].

18. What is your main source of drinking water at home? (select one only)

INTERVIEWER NOTE:
Only read out options if they're unsure

- | | | | |
|--|--------------------------|---|-----------------|
| a. A rainwater tank..... | <input type="checkbox"/> | 1 | |
| b. A river or stream | <input type="checkbox"/> | 1 | |
| c. A private well, bore hole, or spearpoint..... | <input type="checkbox"/> | 1 | |
| d. A carrier or tank truck..... | <input type="checkbox"/> | 1 | |
| e. Municipal water supply (tap water)..... | <input type="checkbox"/> | 1 | |
| f. Purchased bottle water..... | <input type="checkbox"/> | 1 | |
| g. Other water supply..... | <input type="checkbox"/> | 1 | Specify (_____) |
| h. Don't know/Unsure..... | <input type="checkbox"/> | 1 | |

Interviewer Note: If person answered “Yes” to “Municipal water supply” or “Purchased bottle water”, skip to Q.21

19. Do you usually treat your main source of drinking water before drinking?

If Required PROMPT: Some examples are chlorination, filtration, boiling and UV treatment of the water

- | | | | |
|--------------------------|--------------------------|---|--------------------|
| Yes..... | <input type="checkbox"/> | 1 | Specify (_____) |
| No..... | <input type="checkbox"/> | 2 | Go to Q. 21 |
| Don't know/Not sure..... | <input type="checkbox"/> | 7 | Go to Q. 21 |

20. Which of the following treatments are in place? (select all that apply)

- | | Yes | No | DK/NS |
|----------------------|----------------------------|----------------------------|----------------------------|
| a. Chlorination..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| b. Filtration..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| c. Boiling..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| d. UV treatment..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| e. Other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| Specify (_____) | | | |
| f. Don't know..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |

21. Did you drink water from any of the following sources in the 7 days before onset of diarrhoea...?
 (Select all that apply)

	Yes		No		DK/NS	
a. A rainwater tank.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
b. A river or stream	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
c. A private well, bore hole, or spearpoint.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
d. A carrier or tank truck.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
e. Municipal water supply (tap water).....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
f. Purchased bottle water.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
g. Other water supply.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
Specify (_____)						

B. DINING LOCATIONS

“The next few questions ask about places where you may have eaten food in the 7 days before your illness began. So that is from [diarr_7_days_prior] to through [diarr_1_day_prior]”

22. During this time, did you eat any food prepared outside your home, for example takeaway, restaurant, someone else’s home?

Yes.....		1	
No.....		2	Go to Q 24
Don't know/Not sure.....		7	Go to Q 24

23. Did you eat any food from the following places?

	Yes	No	DK/NS
a. Café or restaurant.....			
	1	2	7
b. Home cooked meal at someone else’s home....			
	1	2	7
c. Kebab shop.....			
	1	2	7
d. Other fast food/take away outlet.....			
	1	2	7

23a How many meals prepared outside of your home, were eaten during this 7 day period?

1-2 meals.....		1
3-4 meals.....		2
≥ 5 meals.....		3
Don't know/Unsure.....		7

C. DAIRY PRODUCTS

“I would now like to ask you about the dairy products you may have eaten in the 7 days before your diarrhoea began.”

24. **Did you drink any raw/unpasteurised milk or eat any products made from raw/unpasteurised milk?**

INTERVIEWER NOTE:

Cold-pressed milk is pasteurised and is not to be included as "raw/unpasteurised".

	Yes	No	DK/NS
a. Unpasteurised milk.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
b. Other products.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
Specify (_____)			

D. MEAT AND POULTRY

“I will now ask you some questions about meat and poultry that you may have eaten in the 7 days before your diarrhoea began, that is from <DATE 7 DAYS BEFORE DIARRHOEA BEGAN> through <DATE 1 DAY BEFORE DIARRHOEA BEGAN>.”

25. During these 7 days, did you eat any of the following deli meats or cold cuts?

	Yes	No	DK/NS
a. Salami/mettwurst	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
b. Cabanossi/cabana/twiggy sticks.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
c. Ham/chicken/turkey/beef.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
d. Devon/frankfurts/cheerios.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
e. Liverwurst.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
f. Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
Specify (_____)			

26. During these 7 days, did you eat any pate?

Yes.....	<input type="checkbox"/> 1	
No.....	<input type="checkbox"/> 2	Go to Q.29
Don't know/Not sure.....	<input type="checkbox"/> 7	

27. Was the pate eaten,

Chicken pate.....	<input type="checkbox"/> 1	
Duck pate.....	<input type="checkbox"/> 2	
Pork pate.....	<input type="checkbox"/> 3	
Another type of pate.....	<input type="checkbox"/> 4	Specify (_____)
Don't know/Not sure.....	<input type="checkbox"/> 7	

28. Was this pate homemade or purchased from a store?

Homemade.....	<input type="checkbox"/> 1
Store.....	<input type="checkbox"/> 2
Don't know/Not sure.....	<input type="checkbox"/> 7

29. During these 7 days, did you eat any other meat or poultry? Like beef, lamb, chicken etc.

INTERVIEWER NOTE:

This does not include eggs

Yes.....	<input type="checkbox"/> 1	
No.....	<input type="checkbox"/> 2	Go to Q.49
Don't know/Not sure.....	<input type="checkbox"/> 7	

BEEF / VEAL

30. During these 7 days, did you eat any beef or veal?

Yes.....	<input type="checkbox"/>	1	Go to Q. 32
No.....	<input type="checkbox"/>	2	
Don't know/Not sure.....	<input type="checkbox"/>	7	

31. During the 7 days prior, did you eat any of the following beef or veal?

	Yes	No	DK/N	
a. Minced beef dishes..... <i>(eg. bolognese sauce, pie, pastie, lasagne, hamburger patties, sausages)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
b. Kebabs/souvlaki.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
c. Offal..... <i>(eg. tripe, liver, tongue)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	Specify (_____)
d. Other..... <i>(eg. casserole, stir fry, steak, fillet, roast, beef strips)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	

PORK

32. During these 7 days, did you eat any pork?

Yes.....	<input type="checkbox"/>	1	Specify (_____)
No.....	<input type="checkbox"/>	2	Go to Q. 34
Don't know/Not sure.....	<input type="checkbox"/>	7	

33. During the 7 days prior, did you eat any of the following pork?

	Yes	No	DK/N	
a. Minced pork dishes..... <i>(eg. bolognese sauce, pie, pastie, lasagne, hamburger patties, sausages)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
b. Kebabs/souvlaki.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	
c. Offal..... <i>(eg. tripe, liver, tongue)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	Specify (_____)
d. Other..... <i>(eg. casserole, stir fry, steak, fillet, roast, pork strips)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	

LAMB

34. During these 7 days, did you eat any lamb/mutton?

Yes.....	<input type="checkbox"/>	1	Specify (_____)
No.....	<input type="checkbox"/>	2	Go to Q. 36
Don't know/Not sure.....	<input type="checkbox"/>	7	

35. During the 7 days prior, did you eat any of the following lamb/mutton?

	Yes		No		DK/N	
a. Minced lamb/mutton dishes..... <i>(eg. bolognese sauce, pie, pastie, lasagne, hamburger patties, sausages)</i>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
b. Kebabs/souvlaki.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
c. Offal..... <i>(eg. tripe, liver, tongue)</i>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7 Specify (_____)
d. Other..... <i>(eg. casserole, stir fry, steak, fillet, roast, lamb strips)</i>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7

GAME MEAT

36. During these 7 days, did you eat any game meat like kangaroo, wallaby, venison or similar?

Yes.....	<input type="checkbox"/>	1	Specify (_____)
No.....	<input type="checkbox"/>	2	
Don't know/Not sure.....	<input type="checkbox"/>	7	

POULTRY

37. How often do you usually consume chicken/poultry meat?

3 or more days per week.....	<input type="checkbox"/>	1	
1-2 days per week.....	<input type="checkbox"/>	2	
Once per fortnight.....	<input type="checkbox"/>	3	
Less often than once per fortnight.....	<input type="checkbox"/>	4	
Never.....	<input type="checkbox"/>	5	Go to Q.46
Don't know/Not sure.....	<input type="checkbox"/>	7	

38. During the 7 days before your illness began, did you eat any chicken or other poultry?

Yes.....	<input type="checkbox"/>	1	
No.....	<input type="checkbox"/>	2	Go to Q.46
Don't know/Not sure.....	<input type="checkbox"/>	7	

39. How many meals did you eat that contained chicken or other poultry in the 7 days prior to onset of diarrhoea?

1-2 meals.....	<input type="checkbox"/>	1
3-4 meals.....	<input type="checkbox"/>	2
≥ 5 meals.....	<input type="checkbox"/>	3
Don't know/Not sure.....	<input type="checkbox"/>	7

40. Did you consume any chicken or poultry at home?

Yes..... 1
 No..... 2
 Don't know/Not sure..... 7

Go to Q.43

41. Was the chicken or poultry purchased...?

(Select all that apply)

Raw and fresh..... 1
 Raw and frozen..... 2
 Pre-cooked..... 3
 Don't know/Not sure..... 4

42. How was it stored before consumption...?

(Select all that apply)

INTERVIEWER NOTE:

(On the bench)

This is only to be used if they STORE their meat on the bench, this does not include defrosting their meat on the bench.

In the freezer..... 1
 In the fridge..... 2
 On the bench..... 3
 Don't know/Not sure..... 4

43. Prior to cooking, was the chicken rinsed or washed under running water?

Yes..... 1
 No..... 2
 Don't know/Not sure..... 7

44. During this did time you eat any of the following cooked meats.....?

	Yes		No		DK/NS
a. Chicken mince..... <i>(including hamburger patties, sausages)</i>	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 7
b. Chicken kebabs.....	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 7
c. Chicken pieces with bones.... <i>(i.e. wings, drumsticks, whole chicken)</i>	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 7
d. Chicken pieces without bones. <i>(i.e. breast, tenderloins)</i>	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 7
e. Offal.....	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 7
specify: liver	<input type="checkbox"/> 1	other			
f. Duck.....	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 7
g. Turkey.....	<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 7

45. During this time, on how many days did you eat poultry?

INTERVIEWER NOTE:

- 1. A pate is included
- 2. Eggs are excluded

Days: _____

46. During this time, on how many days did you eat meat (including poultry)?

INTERVIEWER NOTE:

Pate is included

Days: _____

47. During the 7 days prior to illness, did [you/they] eat any meat product, which was raw, rare or appeared undercooked?

- | | | | |
|--------------------------|--------------------------|---|-------------------|
| Yes..... | <input type="checkbox"/> | 1 | Go to Q.49 |
| No..... | <input type="checkbox"/> | 2 | |
| Don't know/Not sure..... | <input type="checkbox"/> | 7 | |

48. Which of the following meats did [you/they] eat that was undercooked?

	Yes		No		DK/NS	
a. Chicken/poultry.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
b. Beef or veal.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
c. Pork.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
d. Lamb/mutton.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
e. Game meat.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
f. Minced meat items..... <i>(eg. including sausages, hamburger patties)</i>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
g. Offal (specify type)_____.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7
h. Other meat..... Specify (_____)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	7

49. How do you *prefer* the following meat to be cooked?

INTERVIEWER NOTE:

Raw: Not cooked at all

Rare: Mostly red

Medium: Pink through out

Well done: Brown through out

INTERVIEWER NOTE:

If participant answers Medium/Rare

select the rarer option.. e.g Rare

	Raw	Rare	Medium	Well done
a. Chicken/Poultry.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Beef/Veal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Pork.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Lamb.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Hamburgers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Minced meat.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E. GENERAL KITCHEN PRACTICES

“I will now ask you several questions about the way food is usually prepared in your home. Remember, your participation is voluntary and you do not have to answer any of the questions if you don’t want to.”

50. How many times per week do you cook for members of your household?

INTERVIEWER NOTE:

This section around food prepared in the home refers to the person answering the survey (not necessarily the case or control)

- 0..... 1 **Go to Q.63**
- 1-5..... 2
- >5..... 3
- Don't know/Not sure..... 7

51. Did you handle or prepare any raw meats in the kitchen in the 7 days before your diarrhoea began?

INTERVIEWER NOTE:

Refers to the person answering the survey

- Yes..... 1
- No..... 2 **Go to Q.57**
- Don't know/Not sure..... 7

52. Did you handle or prepare raw chicken meat or chicken offal in the 7 days before your diarrhoea began?

INTERVIEWER NOTE:

Refers to the person answering the survey

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7

Interviewer Note: If person answered “No” to **both** Q.51 and Q.52 then **skip to Q.57**

53. After a knife is used to cut raw meat or poultry, which of the following options do you usually do?

INTERVIEWER NOTE:

Refers to the person answering the survey

- Continue using the knife as is..... 1
- Rinse the knife before continuing to cook..... 2
- Wipe the knife before continuing to cook..... 3
- Wash the knife with detergent before continuing..... 4
- Change to another knife..... 5
- Other..... 6 Specify (_____)
- No one prepares meat 7 **Go to Q. 57**
- Don't know/Not sure..... 8

Don't read

54. After a cutting board is used to cut raw meat or poultry, which of the following options do you usually do?

INTERVIEWER NOTE:

1. Does not matter if water is hot or cold
2. Refers to the person answering the survey

- Continue using the cutting board as is..... 1
- Rinse the cutting board before continuing to cook..... 2
- Wipe the cutting board before continuing to cook..... 3
- Wash the cutting board with detergent before continuing..... 4
- Change to another cutting board..... 5
- Other..... 6

Specify (_____)

Don't read

- Don't know/Not sure..... 7

55. After handling raw meat or poultry in the kitchen, which of the following would you usually do before continuing to cook?

INTERVIEWER NOTE:

Refers to the person answering the survey

- Wipe hands..... 1
- Quickly rinse hands under a running tap..... 2
- Wash hands with soap and water..... 3
- Other..... 4

Specify (_____)

Don't read

- Don't do anything about hands..... 6 **Go to Q.57**
- Don't know/not sure..... 7

56. After washing hands during food preparation, what would you usually dry your hands on?

INTERVIEWER NOTE:

Refers to the person answering the survey

- Paper towel 10
- Sponge/cloth..... 11
- Tea-towel /hand towel 12
- Apron..... 13
- Don't dry hands..... 14
- Other..... 15

Specify (_____)

Don't read

- Don't know/Not sure..... 77

57. In the past 3 months, has anyone in the household cook meat on a BBQ?

- Yes..... 1 **Go to Q. 59**
- No..... 2 **Go to Q. 59**
- Don't know/Not sure..... 7 **Go to Q. 59**

58. After cooking on the BBQ, where would the cooked meat most likely be placed?

- Back on the same container..... 1
- Back on the same container after it has been
rinsed with water 2
- Back on the same container after it has been
wiped off with a towel..... 3
- Back on the same container, after the container
has been washed with soap and water..... 4
- On a different container 5
- Other..... 6
- Don't know/not sure..... 7

Specify (_____)

Don't read

F. ANIMAL AND PET EXPOSURE

“The next few questions are about contact with animals in the 7 days before your diarrhoea began.”

59. During this time, did you keep or care for any of the following animals as pets?

INTERVIEWER NOTE:
Not to include one off contact

	Yes	No	DK/NS		Yes	No	DK/NS
a. Cat.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
b. Dog.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
c. Chickens.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
d. Other birds.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
e. Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
f. Do not keep any pets.....	<input type="checkbox"/> 7	Go to Q.67			Specify (_____)		

Interviewer Note: If person answered No/Don't know to Cat then skip to question 62

60. Do you feed your cat raw meat or bones?

Yes.....	<input type="checkbox"/> 1	Specify (_____)
No.....	<input type="checkbox"/> 2	Go to Q. 62 (eg. chicken, beef, kangaroo, lamb etc.)
Don't know/Not sure.....	<input type="checkbox"/> 7	Go to Q. 62

61. How often does your cat get fed raw meat or bones?

Daily.....	<input type="checkbox"/> 1
Weekly.....	<input type="checkbox"/> 2
Monthly.....	<input type="checkbox"/> 3
Less often.....	<input type="checkbox"/> 4
Don't know/Unsure.....	<input type="checkbox"/> 7

Interviewer Note: If person answered No/Don't know to Dog then skip to question 65

62. Do you feed your dog raw meat?

Yes.....	<input type="checkbox"/> 1	Specify (_____)
No.....	<input type="checkbox"/> 2	(eg. chicken, beef, kangaroo, lamb etc.)
Don't know/Not sure.....	<input type="checkbox"/> 7	

63. Do you feed your dog raw bones?

Yes.....	<input type="checkbox"/> 1	Specify (_____)
No.....	<input type="checkbox"/> 2	
Don't know/Not sure.....	<input type="checkbox"/> 7	

Interviewer Note: If person answered No/Don't know to questions 62-63 then skip to question 65

64. How often does your dog get fed raw meat or bones?

- Daily..... 1
- Weekly..... 2
- Monthly..... 3
- Less often..... 4
- Don't know/Not sure..... 7

65. Did you get any of your pets in the 4 weeks before your diarrhoea began?

- Yes..... 1 Pet(s) (_____)
- No..... 2
- Don't know/Not sure..... 7

66. Were any of your own pets ill with diarrhoea in the 7 days before your diarrhoea began?

- Yes..... 1 Pet(s) (_____)
- No..... 2
- Don't know/Not sure..... 7

67. In the 7 days before your diarrhoea began, did you have contact with household pet faeces or manure (eg. changing litter boxes or picking up pet faeces with a plastic bag)?

- Yes..... 1 Pet(s) (_____)
- No..... 2
- Don't know/Not sure..... 7

68. Do you live on a farm/hobby farm including a property on acreage 5 acres or over?

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7

69. In the 7 days before your diarrhoea began, did you visit a farm or petting zoo?

- Yes..... 1 Specify (_____)
- No..... 2 (eg. private farm, commercial farm, petting zoo etc.)
- Don't know/Not sure..... 7

4. DEMOGRAPHICS

“I would now like to ask you a few final questions. Remember, your participation is voluntary and you do not have to answer any of the questions if you don’t want to.”

70. Is any language other than English spoken in your household?

- Yes..... 1 Specify (_____)
- No..... 2
- Don't read* Don't know/Not sure..... 7
- Don't read* Refused..... 9

71. Are you of Aboriginal or Torres Strait Islander origin?

- No..... 1
- Aboriginal..... 2
- Torres Strait Islander..... 3
- Both..... 4
- Don't read* Don't know/Not sure..... 7
- Don't read* Refused..... 9

72. Which of the following places best describe where you live?

- Inner city or urban area..... 1
- Suburban area 2
- Town..... 3
- Rural or remote area community..... 4
- Rural or remote area farm or property..... 5
- Don't read* Don't know/Not sure..... 7
- Don't read* Refused..... 9

Interviewer Note: See definitions below.

- Inner city area:.....housing close to the centre of a major/capital city
- Suburban area:.....housing area further from the centre of the city, which is characterised by the region being primarily a self-contained residential district.
- Town:.....community over 2000 people
- Rural or remote area community:.....community under 2000
- Rural or remote area farm or property

73. Does your occupation involve any of the following?

- Working with raw meat..... 11
(eg. restaurants, butchery, abattoir etc.)
- Working with animals..... 12
(eg. farmer, zookeeper, vet/nurse etc.)
- Other type of occupation..... 13
- Retired..... 14
- CASE not of working age..... 15
- Don't know/Unsure..... 17

74. What is the highest level of education reached by anyone in your household?

- | | | |
|--|--------------------------|----|
| Schooling to year 10 or below..... | <input type="checkbox"/> | 12 |
| Secondary school, above year 10..... | <input type="checkbox"/> | 13 |
| Technical or further educational institution.....
<i>(eg. TAFE, apprenticeship, college etc.)</i> | <input type="checkbox"/> | 14 |
| University degree—Undergraduate | <input type="checkbox"/> | 15 |
| University degree—Postgraduate (Masters, doctorate). | <input type="checkbox"/> | 16 |
| Don't know/not sure..... | <input type="checkbox"/> | 7 |
| Refused..... | <input type="checkbox"/> | 9 |

Don't read
Don't read

“Now I am going to read you a list of income categories. Please stop me when a category best describes your total household income, before taxes, in the last financial year? That is the total figure for all household members.”

75. Last year the total income for your household was....?

- | | | |
|--------------------------------------|--------------------------|---|
| Less than \$25,000..... | <input type="checkbox"/> | 1 |
| \$25,000 to \$50,000..... | <input type="checkbox"/> | 2 |
| Between \$50,000 and \$100,000..... | <input type="checkbox"/> | 3 |
| Between \$100,000 and \$150,000..... | <input type="checkbox"/> | 4 |
| More than \$150,000..... | <input type="checkbox"/> | 5 |
| Don't know/Not sure..... | <input type="checkbox"/> | 7 |
| Refused..... | <input type="checkbox"/> | 9 |

Don't read
Don't read

76. As part of this research we are planning to do a follow-up study. Would you be happy for us to contact you in ~6 months' time?"

- | | | | |
|----------|--------------------------|---|-------------------------------------|
| Yes..... | <input type="checkbox"/> | 1 | |
| No..... | <input type="checkbox"/> | 2 | Skip to end of questionnaire |

Interviewer Note: If person answered No to Q 76 then skip to the end of the questionnaire

Details required:

Name: _____

Phone number: _____

Email address: _____

“That’s my last question. Thank you very much for your time and cooperation.”

COMPLETE AFTER INTERVIEW

Interviewer initials _____

Interview stop time _____

Length of interview _____ MINUTES

Respondent recall:

- | | | |
|-----------|--------------------------|---|
| Poor | <input type="checkbox"/> | 1 |
| Fair | <input type="checkbox"/> | 2 |
| Average | <input type="checkbox"/> | 3 |
| Good | <input type="checkbox"/> | 4 |
| Excellent | <input type="checkbox"/> | 5 |