**Introduction**

Hello. My name is _______________________ and I'm calling from the _______________________ Department of Public Health. We are investigating an outbreak of Salmonella infections. We are calling everyone who became sick to ask more detailed questions about contact with live poultry. This should not take more than 10 minutes.

You do not have to respond to any question that you do not want to, but your answers will be useful for understanding the cause of people’s illness and preventing other people from getting sick. Any information you provide will remain confidential, to the extent allowed by law.

Are you willing to participate?

- **Yes**: Is now a good time? __________ __________ __________  (_____:____ am/pm)
- **No**: Is there a better time to call back? __________ __________ __________  (_____:____ am/pm)
- **Maybe**: Thank you for your time. (End Interview)

**Part I: Patient Interview**

### Section 2: Demographic Data

I'd like to begin by asking a few questions about you/the patient and your household.

1. What are your state, county, and zip code?  State abbr. ______ County ______ Zip Code ______
2. Age ________
   - Years
   - Months
   - Days
3. Sex: ______
   - Male
   - Female
   - Unknown
4. How do you describe your ethnicity? ______
   - Hispanic
   - Non-Hispanic
   - Unknown
   - Declined to answer
5. How do you describe your race? ______
   - Black/African American
   - Native American Indian/Alaska Native
   - Native Hawaiian/Pacific Islander
   - Asian
   - White
   - Other Asian
6. What is your/the patient’s occupation or job?

### Section 3: Clinical Information

Now I have a few questions about your/the patient’s illness.

1. What date did [you/the patient] first feel sick? ________ / ________ / ________
   - Don’t know
2. Have any diarrhea (defined as at least 3 loose stools in 24 hours)?
   - Yes
   - No
   - Don’t know
2a: What day did the diarrhea start? ________ / ________ / ________
   - Don’t know
3. Hospitalized overnight?
   - Yes
   - No
3a: How many nights?
4. Have any close contact with anyone with diarrhea or vomiting?
   - Yes
   - No
   - Don’t know
4a: When was this person ill?
   - less than 24 hours before you
   - ≥ 24 hours before you
   - Unknown
5. How many days total did your/the patient’s illness last? ______ days
   - OR
   - Don’t know
   - Still ill
**Section 4: Poultry Exposure**
The next questions are about contact with live poultry, for example, chicks/chickens, ducklings-ducks, goslings-geese, or turkeys.

<table>
<thead>
<tr>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
<td>☐</td>
</tr>
</tbody>
</table>

1. During the seven days before becoming ill, did [you/the patient] have any type of contact with live poultry or an environment where poultry live/roam? *(If “no,” ask question 1a)*

1a. Did anyone else in the household have any type of contact with poultry or an environment where live poultry live/roam? *(If “yes” or “maybe,” ask question 1b. If “no,” end interview.)*

1b. What is their relationship to the patient?

<table>
<thead>
<tr>
<th>Baby poultry</th>
<th>Adult poultry</th>
<th>Hatching eggs</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

2. Did [you/the patient/household member] have contact with live poultry (baby poultry, adult poultry, hatching eggs) or the environment where poultry live/roam? *(Check all that apply)*

2a. What species of live poultry did [you/the patient/household member] have contact with or the environment where they live/roam? *(Check all that apply)*

<table>
<thead>
<tr>
<th>Chicks/Chickens</th>
<th>Ducklings/Ducks</th>
<th>Goslings/Geese</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. What type of contact did [you/the patient/household member] have to the live poultry or the environment where they live/roam? *(Check all that apply)*

<table>
<thead>
<tr>
<th>Touch or held poultry</th>
<th>Snuggled with poultry</th>
<th>Kissed poultry</th>
<th>Cleaned cages/enclosures</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gathered/handled eggs</th>
<th>Fed or watered poultry</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Section 5: Location of Exposure
The next questions are about where you had contact with live poultry.

<table>
<thead>
<tr>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

1. Did [you/the patient/household member] have contact to live poultry at home?

2. Did [you/the patient/household member] have contact to live poultry at someone else’s home?

3. Did [you/the patient/household member] have contact to live poultry at another location?

3a. If other location, what type of location?

<table>
<thead>
<tr>
<th>School/Daycare</th>
<th>Farm (other than home)</th>
<th>Work</th>
<th>Petting zoo</th>
<th>Farming/Feed store</th>
<th>Other type of location</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3b. Specify Name and Address of Other Location:

3c. If at school/daycare: Were there other people at the school or daycare who became ill?

3d. If at a farming/feed store: Did you hold or touch baby live poultry or their cages at the store?

3e. If at a farming/feed store: Did you see signs posted at the store about hand washing practices?

3f. If at a farming/feed store: Did you see handwashing stations or hand sanitizer near the poultry?

3g. If at a farming/feed store: Was there food and drink served at the feed store?

Section 6: Poultry Purchasing and Flock Management Practices
Now I will ask questions about purchasing and owning live poultry.

<table>
<thead>
<tr>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

1. Do you own live poultry? *(If “yes” or “maybe,” ask Questions 2-6. If “no,” End Interview)*

2. Where are the poultry kept? *(Check all that apply)*

<table>
<thead>
<tr>
<th>Indoors</th>
<th>Outdoors</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

3. How long have you owned and cared for live poultry?

<table>
<thead>
<tr>
<th>&lt;6 months</th>
<th>6 months – &lt;1 year</th>
<th>1 year – &lt;5 years</th>
<th>≥ 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

4. Have you ever sought veterinary care for your live poultry?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

5. Have you ever given antibiotics to your live poultry?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

5a. If yes, what antibiotics have you given?

<table>
<thead>
<tr>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
</tr>
</tbody>
</table>

6. Did you purchase or obtain live poultry since January of this calendar year? *(If “yes” or “maybe,” ask about purchasing location(s) on the next page. If “no,” End Interview)*

<table>
<thead>
<tr>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
**Purchase Locations.** Now I will ask you about live poultry you purchased or obtained since January. If you purchased or obtained live poultry from multiple locations, I will ask you about each.

### Purchasing Location 1

<table>
<thead>
<tr>
<th>Name of store/hatchery/farm:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What type of place was this location?</td>
</tr>
<tr>
<td>Feed/pet store</td>
</tr>
<tr>
<td>Individual or Relative</td>
</tr>
<tr>
<td>Address of location/ website of online location:</td>
</tr>
<tr>
<td>City/ State:</td>
</tr>
<tr>
<td>Date of purchase: <em><strong>/</strong></em>/____</td>
</tr>
</tbody>
</table>

What species of poultry did you purchase? *(Check all that apply)*

- Chicks
- Chickens
- Ducklings
- Ducks
- Hatching Eggs
- Goslings
- Geese
- Turkeys
- Guinea
- Other:

*(If respondent purchased chicks/chickens at this location, please complete the following)*

I will read a list of common chicken breeds or types, please let me know if I list the breed(s) of chickens you/the patient was in contact with. *(Check all that apply)*

- Araucanas/ Ameraucanas
- Buff Orpingtons
- Silkes
- Bantams
- Cornish Cross
- Wyandottes
- Black Australorp
- Feather Footed Fancies
- Isa Brown
- Brown Egg Layers
- Reds (New Hampshire/Rhode Island)
- Rocks (Cornish/White/Plymouth/Barred)
- Cornish Game Hens
- Sex-Links (Black/White/Red)
- Polish
- Black/Red Star
- Leghorn
- Other:
- Unknown *(If Unknown)* Now, I will read you a list of common chicken colors. Please tell me which of the following colors of chickens your household contacted: *(Check all that apply)*
  - Black
  - Brown
  - Tan
  - Gray
  - Red
  - Yellow
  - White
  - Multi-colored
  - Other:

*(If respondent purchased/obtained ducklings/ducks at this location, please complete the following)*

I will read a list of common duck breeds or types, please let me know if I list the breeds or ducks you/the patient was in contact with. *(Check all that apply)*

- Rouens
- Runner
- Khaki Campbell
- Blue Swedish
- Muscovy
- Welsh Harlequin
- Pekin
- Other:
- Cayuga
- Ancona
- Buff
- Other:

### Purchasing Location 2

<table>
<thead>
<tr>
<th>Name of store/hatchery/farm:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What type of place was this location?</td>
</tr>
<tr>
<td>Feed/pet store</td>
</tr>
<tr>
<td>Individual or Relative</td>
</tr>
<tr>
<td>Address of location/ website of online location:</td>
</tr>
<tr>
<td>City/ State:</td>
</tr>
<tr>
<td>Date of purchase: <em><strong>/</strong></em>/____</td>
</tr>
</tbody>
</table>

What species of poultry did you purchase? *(Check all that apply)*

- Chicks
- Chickens
- Ducklings
- Ducks
- Hatching Eggs
- Goslings
- Geese
- Turkeys
- Guinea
- Other:

*(If respondent purchased/obtained chicks/chickens from this location, please complete the following)*

I will read a list of common chicken breeds or types, please let me know if I list the breed(s) of chickens you/the patient was in contact with. *(Check all that apply)*

- Araucanas/ Ameraucanas
- Buff Orpingtons
- Silkes
- Bantams
- Cornish Cross
- Wyandottes
- Black Australorp
- Feather Footed Fancies
- Isa Brown
- Brown Egg Layers
- Reds (New Hampshire/Rhode Island)
- Rocks (Cornish/White/Plymouth/Barred)
- Cornish Game Hens
- Sex-Links (Black/White/Red)
- Polish
- Black/Red Star
- Leghorn
- Other:
- Unknown *(If Unknown)* Now, I will read you a list of common chicken colors. Please tell me which of the following colors of chickens your household contacted: *(Check all that apply)*
  - Black
  - Brown
  - Tan
  - Gray
  - Red
  - Yellow
  - White
  - Multi-colored
  - Other:

*(If respondent purchased/obtained ducklings/ducks at this location, please complete the following)*

I will read a list of common duck breeds or types, please let me know if I list the breeds of ducks you/the patient was in contact with. *(Check all that apply)*

- Rouens
- Runner
- Khaki Campbell
- Blue Swedish
- Muscovy
- Welsh Harlequin
- Pekin
- Other:
- Cayuga
- Anona
- Buff
- Other:
Please enter questionnaires into Epi Info web-based version, OR return to CDC by email (outbreakresponse@cdc.gov) or fax to 404.679.5073.

Purchase Locations (Continued).

What is the name of any other location the live poultry were purchased/obtained?

Name of store/hatchery/farm: ____________________________

What type of place was this location?

☐ Feed/pet store ☐ Hatchery ☐ Local farm
☐ Individual or Relative ☐ Other: ________________________

Address of location/ website of online location: ____________________________

City/ State: ____________________________

Date of purchase: ______/____/____

Do you have a receipt you could provide? _______

What species of poultry did you purchase? (Check all that apply)

☐ Chicks ☐ Chickens ☐ Ducklings ☐ Ducks ☐ Hatching Eggs
☐ Goslings ☐ Geese ☐ Turkeys ☐ Guinea ☐ Other: ________________________

(If respondent purchased/obtained chicks/chickens from this location, please complete the following)

I will read a list of common chicken breeds or types, please let me know if I list the breed(s) of chickens you/the patient was in contact with. (Check all that apply)

☐ Araucanas/ Ameraucanas ☐ Buff Orpingtons ☐ Silies
☐ Bantams ☐ Cornish Cross ☐ Wyandottes
☐ Black Australorps ☐ Feather Footed Fancies ☐ Isa Brown
☐ Brown Egg Layers ☐ Reds (New Hampshire/Rhode Island) ☐ Rocks (Cornish/White/Plymouth/Barred)
☐ Cornish Game Hens ☐ Sex-Links (Black/White/Red) ☐ Polish
☐ Black/ Red Star ☐ Leghorn ☐ Other:
☐ Unknown (If Unknown) Now, I will read you a list of common chicken colors. Please tell me which of the following colors of chickens your household contacted: (Check all that apply)

☐ Black ☐ Brown ☐ Tan ☐ Gray ☐ Red ☐ Yellow ☐ White ☐ Multi-colored ☐ Other:

(If respondent purchased/obtained ducklings/ducks at this location, please complete the following)

I will read a list of common duck breeds or types, please let me know if I list the breeds of ducks you/the patient was in contact with. (Check all that apply)

☐ Rouens ☐ Runner ☐ Khaki Campbell ☐ Blue Swedish
☐ Muscovy ☐ Welsh Harlequin ☐ Pekin ☐ Other:
☐ Cayuga ☐ Ancona ☐ Buff ☐ Other:

(If respondent reports more than 3 locations for purchasing poultry, please add notes to the Comments Section.)

If respondent reports more than 3 locations for purchasing poultry, please add notes to the Comments Section.

Comments. Is there any other information you would like to share about this illness or about contact with live poultry?

Thank you very much for your time and assistance.

Optional questions for further investigation.

If the respondent owns live poultry, and the health department is able and willing to do further investigation, please ask the following questions:

1. Would you be willing to provide a picture of your live poultry to the health department for identification of breed?
2. Would you be willing to have your poultry sampled and tested for Salmonella?
3. Would you be willing to provide a copy of your purchase receipt (if available)?
Part I: Feed Store Information

Notes to Interviewer:
- Please note: if the feed store reported was Tractor Supply or Rural King, CDC will contact the store through corporate.
- This questionnaire is intended to be administered to any other feed store reported in Part I.
- Please contact each feed store and fill out one form for each, with as much information as possible.

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

Store Name: __________________________
Address: __________________________
City: __________________________ State: ________ Zip: __________
County: __________________________
Phone: __________________________
Reported type of poultry purchased at location (Part I, Section 5): __________________________ Breed: __________________________

SECTION 2: LIVE POULTRY SALES
Hello. My name is _______ from the _______ Department of Public Health. I am calling about an outbreak of Salmonella in persons who reported buying poultry from your store. Thank you for your assistance in helping us gather more information.
I am going to start by asking some questions about live poultry sold in the store.

1. Since January of this calendar year, did your store sell live poultry including chicks/chickens, ducks/ducklings, or any other poultry?
   - Yes
   - No (End Interview)

2. Are chicks/chickens sold at this feed store?  
   - Yes  
   - No (If ‘no,’ Skip to Question 3)

2a. (If breeds were reported in Part I, Section 5) Does your store sell any of the following breeds of chicks [list breeds reported]?
   - Yes
   - No

2b. What time of year are chicks/chickens available for sale? (Check all that apply):
   - All year
   - Summer (June–July)
   - Spring (February–May)
   - Fall (August–October)

2c. Are the chicks obtained from a single source or multiple hatchery sources?  
   - Single
   - Multiple
   - Don’t know

2d. What is/are the name of the source hatchery/hatcheries for chicks this calendar year?

<table>
<thead>
<tr>
<th>Hatchery Name</th>
<th>City</th>
<th>State</th>
<th>Breed</th>
<th>NPIP#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. What other species of poultry are sold at this feed store (Mark all that apply) (If ‘None,’ Skip to Section 3)
   - None
   - Ducks
   - Geese
   - Turkeys
   - Guineas
   - Other: __________________________

3a. What months are other poultry available for sale? (Circle all that apply):
   - All year
   - Summer (June–July)
   - Spring (February–May)
   - Fall (August–October)

3b. Are the other poultry obtained from a single source or multiple hatchery sources?  
   - Single
   - Multiple
   - Don’t know

3c. What is/are the name of the source hatchery/hatcheries for other poultry types in the last year?  
   - Same chick sources (2d)

<table>
<thead>
<tr>
<th>Hatchery Name</th>
<th>City</th>
<th>State</th>
<th>Type of Poultry</th>
<th>Breed</th>
<th>NPIP#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 3: STORE INFORMATION
Finally, I am going to ask a few more general questions about your store and the sale of poultry.

<table>
<thead>
<tr>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Does your store have a customer loyalty program?
2. Does your store have a minimum number of chicks or ducklings that can be sold to customers?
3. Do you keep records of each shipment of live poultry received?
4. Do you provide educational material (written or verbal) to customers at time of purchase?
5. Do you provide employee education regarding Salmonella prevention for handling live poultry or have policies enforced that require employees to wash their hands after handling poultry?
6. Are customers able to touch poultry or the cages, feeders or waterers?
7. Do you allow other animals (non-service) in the store?
### SECTION 3: STORE INFORMATION (CONTINUED)

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Do you allow customer or employee photography (e.g. selfies) with poultry in the store?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9.</td>
<td>Do you accept returns of live or dead poultry at the store?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10.</td>
<td>Do you allow poultry swapping/exchanges at the store or on store property (e.g. parking lot)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11.</td>
<td>Do you have hand washing signs and hand sanitizer available to the public around displays?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12.</td>
<td>Do you clean or sanitize the bins used to hold live poultry on a regular basis?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

12a. What sanitizer is used?

12b. How often?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.</td>
<td>Do you allow wholesale (purchase of poultry for resale) of poultry from your store?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

[https://www.cdc.gov/features/salmonellapoultry/index.html](https://www.cdc.gov/features/salmonellapoultry/index.html)

Those were the last of my questions.

Thank you for your time and assistance.