

LIVE POULTRY EXPOSURE QUESTIONNAIRE FOR SALMONELLA

LAST UPDATED: APRIL 2018

Notes to Interviewer: <ul style="list-style-type: none"> <i>Instructions in italics are for interviewer only. Please do not read italicized words to person being interviewed.</i> <i>Please administer this questionnaire to the patient (or patient's caregiver).</i> <i>Please review the final optional questions at the end, if your health department is able to investigate further.</i> <i>Please fill out one form for every patient and complete as much of the information as possible. Thank you!</i> 	Epi Info ID _____ _____
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Section 1: INTERVIEW INFORMATION (To be completed by interviewer prior to questionnaire administration)	
1. PulseNet ID #: _____	2. State/Local/Other ID #: _____
3. PulseNet cluster code: _____	3a. PFGE Pattern: _____
3b. Serotype _____	
4. Date of Interview: <u> </u> / <u> </u> / <u> </u> / <u> </u> (If unknown, enter 99/99/9999) <small style="margin-left: 20px;">M M D D Y Y Y Y</small>	
Interviewer information	5. Name: _____
	6. Agency: _____
	7. Contact phone number: (____) _____ - _____
8. Did the patient die? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
8a: If the patient died, was it attributable to Salmonella? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
9. Respondent was: <input type="checkbox"/> Patient <input type="checkbox"/> Parent <input type="checkbox"/> Other	

Hello. My name is _____ and I'm calling from the _____ Department of 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?

If Yes: Is now a good time?
 (If yes, skip to Section 2) If no, is there a better time to call back? ___/___/____ (___:___ am/pm)

If No: 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 _____ <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days	3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
4. How do you describe your ethnicity? <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Declined to answer	
4a. If Hispanic: What origin? <input type="checkbox"/> Mexican, Mexican American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other: _____	
5. How do you describe your race?	
<input type="checkbox"/> Black/African American <input type="checkbox"/> Native American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Asian (specify) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian
	<input type="checkbox"/> White (specify) <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Not Middle Eastern/North African <input type="checkbox"/> Unknown race <input type="checkbox"/> Other race: _____ <input type="checkbox"/> Declined to answer
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? _____ / _____ / _____ <input type="checkbox"/> Don't know <small style="margin-left: 20px;">M M D D Y Y Y Y</small>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Yes</th> <th style="padding: 2px;">Maybe</th> <th style="padding: 2px;">No</th> <th style="padding: 2px;">Don't Know</th> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	Yes	Maybe	No	Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have any diarrhea (defined as at least 3 loose stools in 24 hours)?
Yes	Maybe	No	Don't Know						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	2a: What day did the diarrhea start? _____ / _____ / _____ <input type="checkbox"/> Don't know <small style="margin-left: 20px;">M M D D Y Y Y Y</small>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Yes</th> <th style="padding: 2px;">Maybe</th> <th style="padding: 2px;">No</th> <th style="padding: 2px;">Don't Know</th> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	Yes	Maybe	No	Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Hospitalized overnight?
Yes	Maybe	No	Don't Know						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	3a: How many nights? _____								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Yes</th> <th style="padding: 2px;">Maybe</th> <th style="padding: 2px;">No</th> <th style="padding: 2px;">Don't Know</th> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	Yes	Maybe	No	Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have any close contact with anyone with diarrhea or vomiting?
Yes	Maybe	No	Don't Know						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	4a: When was this person ill <input type="checkbox"/> less than 24 hours before you <input type="checkbox"/> ≥ 24 hours before you <input type="checkbox"/> Unknown								
5. How many days total did your/the patient's illness last? _____ days OR <input type="checkbox"/> Don't know <input type="checkbox"/> 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.

Yes	Maybe	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. During the seven days before becoming ill, did [you/the patient] have any type of contact with live poultry or an environment where live poultry live/roam? (If "no," ask question 1a)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1a: Did anyone else in the household have any type of contact with live 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? _____
				2. Did [you/the patient/household member] have contact with live poultry (baby poultry, adult poultry, hatching eggs) or the environment where live poultry live/roam? (Check all that apply) <input type="checkbox"/> Baby poultry <input type="checkbox"/> Adult poultry <input type="checkbox"/> Hatching eggs <input type="checkbox"/> Environment
				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) <input type="checkbox"/> Chicks/ Chickens <input type="checkbox"/> Ducklings/ Ducks <input type="checkbox"/> Goslings/ Geese <input type="checkbox"/> Turkeys <input type="checkbox"/> Guineas <input type="checkbox"/> Other: _____
				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) <input type="checkbox"/> Touched or held poultry <input type="checkbox"/> Snuggled with poultry <input type="checkbox"/> Kissed poultry <input type="checkbox"/> Touched cages/enclosures <input type="checkbox"/> Fed or watered poultry <input type="checkbox"/> Cleaned cages/enclosures <input type="checkbox"/> Gathered/handled eggs <input type="checkbox"/> Other: _____

Section 5: Location of Exposure

The next questions are about where you had contact with live poultry.

Yes	Maybe	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did [you/the patient/household member] have contact to live poultry at home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Did [you/the patient/household member] have contact to live poultry at someone else's home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did [you/the patient/household member] have contact to live poultry at another location?
				3a: If other location, what type of location? <input type="checkbox"/> School/ Daycare (If "School/Daycare" ask question 3b and 3c) <input type="checkbox"/> Farm (other than home) <input type="checkbox"/> Work <input type="checkbox"/> Petting zoo <input type="checkbox"/> Farming/Feed store (If "Farming/feed store," ask questions 3b and 3c—3g) <input type="checkbox"/> Other type of location: _____
				3b. Specify Name and Address of Other Location; _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3d. <i>If at a farming/feed store:</i> Did you hold or touch baby live poultry or their cages at the store?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3e. <i>If at a farming/feed store:</i> Did you see signs posted at the store about hand washing practices?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3f. <i>If at a farming/feed store:</i> Did you see handwashing stations or hand sanitizer near the poultry?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3g. <i>If at a farming/feed store:</i> 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.

Yes	Maybe	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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) <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Other: _____
				3. How long have you owned and cared for live poultry? <input type="checkbox"/> <6 months <input type="checkbox"/> 6 months – <1 year <input type="checkbox"/> 1 year – <5 years <input type="checkbox"/> ≥ 5 years
				4. Have you ever sought veterinary care for your live poultry? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't know
				5. Have you ever given antibiotics to your live poultry? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't know
				5a. If yes, what antibiotics have you given? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.)

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

What is the name of the primary location you purchased or obtained live poultry?
 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 Guineas 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)***

<input type="checkbox"/> Araucanas/ Ameraucanas	<input type="checkbox"/> Buff Orpingtons	<input type="checkbox"/> Silkies
<input type="checkbox"/> Bantams	<input type="checkbox"/> Cornish Cross	<input type="checkbox"/> Wyandottes
<input type="checkbox"/> Black Australorps	<input type="checkbox"/> Feather Footed Fancies	<input type="checkbox"/> Isa Brown
<input type="checkbox"/> Brown Egg Layers	<input type="checkbox"/> Reds (New Hampshire/ Rhode Island)	<input type="checkbox"/> Rocks (Cornish/White/Plymouth/Barred)
<input type="checkbox"/> Cornish Game Hens	<input type="checkbox"/> Sex-Links (Black/White/Red)	<input type="checkbox"/> Polish
<input type="checkbox"/> Black/ Red Star	<input type="checkbox"/> Leghorn	<input type="checkbox"/> 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)***

<input type="checkbox"/> Rouens	<input type="checkbox"/> Runner	<input type="checkbox"/> Khaki Campbell	<input type="checkbox"/> Blue Swedish
<input type="checkbox"/> Muscovy	<input type="checkbox"/> Welsh Harlequin	<input type="checkbox"/> Pekin	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cayuga	<input type="checkbox"/> Ancona	<input type="checkbox"/> Buff	<input type="checkbox"/> Other: _____

Purchasing Location 2

What is the name of a second 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 Guineas 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)***

<input type="checkbox"/> Araucanas/ Ameraucanas	<input type="checkbox"/> Buff Orpingtons	<input type="checkbox"/> Silkies
<input type="checkbox"/> Bantams	<input type="checkbox"/> Cornish Cross	<input type="checkbox"/> Wyandottes
<input type="checkbox"/> Black Australorps	<input type="checkbox"/> Feather Footed Fancies	<input type="checkbox"/> Isa Brown
<input type="checkbox"/> Brown Egg Layers	<input type="checkbox"/> Reds (New Hampshire/ Rhode Island)	<input type="checkbox"/> Rocks (Cornish/White/Plymouth/Barred)
<input type="checkbox"/> Cornish Game Hens	<input type="checkbox"/> Sex-Links (Black/White/Red)	<input type="checkbox"/> Polish
<input type="checkbox"/> Black/ Red Star	<input type="checkbox"/> Leghorn	<input type="checkbox"/> 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)***

<input type="checkbox"/> Rouens	<input type="checkbox"/> Runner	<input type="checkbox"/> Khaki Campbell	<input type="checkbox"/> Blue Swedish
<input type="checkbox"/> Muscovy	<input type="checkbox"/> Welsh Harlequin	<input type="checkbox"/> Pekin	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cayuga	<input type="checkbox"/> Ancona	<input type="checkbox"/> Buff	<input type="checkbox"/> Other: _____

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 Guineaas 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)***

<input type="checkbox"/>	Araucanas/ Ameraucanas	<input type="checkbox"/>	Buff Orpingtons	<input type="checkbox"/>	Silkies
<input type="checkbox"/>	Bantams	<input type="checkbox"/>	Cornish Cross	<input type="checkbox"/>	Wyandottes
<input type="checkbox"/>	Black Australorps	<input type="checkbox"/>	Feather Footed Fancies	<input type="checkbox"/>	Isa Brown
<input type="checkbox"/>	Brown Egg Layers	<input type="checkbox"/>	Reds (New Hampshire/ Rhode Island)	<input type="checkbox"/>	Rocks (Cornish/White/Plymouth/Barred)
<input type="checkbox"/>	Cornish Game Hens	<input type="checkbox"/>	Sex-Links (Black/White/Red)	<input type="checkbox"/>	Polish
<input type="checkbox"/>	Black/ Red Star	<input type="checkbox"/>	Leghorn	<input type="checkbox"/>	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)***

<input type="checkbox"/>	Rouens	<input type="checkbox"/>	Runner	<input type="checkbox"/>	Khaki Campbell	<input type="checkbox"/>	Blue Swedish
<input type="checkbox"/>	Muscovey	<input type="checkbox"/>	Welsh Harlequin	<input type="checkbox"/>	Pekin	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Cayuga	<input type="checkbox"/>	Ancona	<input type="checkbox"/>	Buff	<input type="checkbox"/>	Other:

Purchasing Location 3

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 II: 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?

Hatchery Name	City	State	Breed	NPIP#

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)

Hatchery Name	City	State	Type of Poultry	Breed	NPIP#

SECTION 3: STORE INFORMATION

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

Yes	Maybe	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Does your store have a customer loyalty program?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Does your store have a minimum number of chicks or ducklings that can be sold to customers?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Do you keep records of each shipment of live poultry received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Do you provide educational material (written or verbal) to customers at time of purchase?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Do you provide employee education regarding <i>Salmonella</i> prevention for handling live poultry or have policies enforced that require employees to wash their hands after handling poultry?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Are customers able to touch poultry or the cages, feeders or waterers?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.

Yes	Maybe	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you allow customer or employee photography (e.g. selfies) with poultry in the store?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Do you accept returns of live or dead poultry at the store?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you allow poultry swapping/exchanges at the store or on store property (e.g. parking lot)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Do you have hand washing signs and hand sanitizer available to the public around displays?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Do you clean or sanitize the bins used to hold live poultry on a regular basis?
				12a. What sanitizer is used? _____
				12b. How often? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Do you allow wholesale (purchase of poultry for resale) of poultry from your store?

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>

Those were the last of my questions.

Thank you for your time and assistance.