

Did the patient have diarrhea on any of the days worked during the infectious period?

Yes, No If yes, please specify the date(s) worked with diarrhea.

Ask patient to describe his/her handwashing technique in detail.

Does patient wash their hands with soap after having bowel movements?

Never Sometimes Usually Always

Does patient wash their hands with soap before beginning work?

Never Sometimes Usually Always

Ask patient to describe handwashing and toilet facilities he/she uses at work (location of sinks, availability of soap, type of soap, towels, toilet paper, and sink location. Check all that apply.

| Soap | Towels | Toilet paper | Sink location |
|--|--|---|---|
| <input type="checkbox"/> Hands free dispenser liquid | <input type="checkbox"/> Paper | <input type="checkbox"/> Covered dispenser | <input type="checkbox"/> In general toilet area |
| <input type="checkbox"/> Pump dispenser liquid | <input type="checkbox"/> Cloth dispenser | <input type="checkbox"/> Uncovered dispenser | <input type="checkbox"/> Outside of toilet area/stall |
| <input type="checkbox"/> Bar soap | <input type="checkbox"/> Hot air dryer | <input type="checkbox"/> Loose on top of tank | <input type="checkbox"/> Not in bathroom at all |

Any additional comments:

FOOD-HANDLERS ONLY

Ask patient to describe in general his/her food handling activities, during his/her infectious period. Check any of the following job duties that apply.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Prepared salads or did bulk prep for salads |
| <input type="checkbox"/> | Prepared cold sandwiches |
| <input type="checkbox"/> | Prepared or handled other uncooked foods (cold cuts, fruits and vegetables, cake/pastry icing, etc.) |
| <input type="checkbox"/> | Handled garnishes for food and drinks (e.g. lime wedge, parsley, olives, etc.) |
| <input type="checkbox"/> | Handled ice without utensils (i.e. with bare hands) |
| <input type="checkbox"/> | Handled any other food that was not subsequently cooked before being served Specify |

If the patient handled any of the above items, did he/she wear gloves?

Always Usually Occasionally Never

Did co-workers eat food handled by the patient?

Yes No

Specify any other food-related duties, including deviations from routine job duties, during infectious period:

DAY CARE WORKERS – ONLY

Number of children at day care where patient works: _____ Range of age of children who attend day care: _____
to _____

Are children separated and cared for by age groups?
 Yes No
 If yes, what are the age groups: _____

During the patient's infectious period which age group did he/she provide care for: _____ How many staff work at the same day care center where the patient works? _____

During the infectious period did the patient prepare/handout food for the children or staff?
 Yes No If yes, specify the food(s) and date(s)

| Food(s) prepared/handed out | Date(s) | Children | Staff |
|-----------------------------|---------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH CARE WORKERS – ONLY

Please check any of the following work activities the case-patient performed **while not wearing gloves** during the infectious period:

- Passed medications
 Performed oral hygiene for patients
 Fed patients
 Handled food or ice that consumed by patients and/or co-workers.

Specify below food handled, and the date consumed.

| Food(s) prepared | Date(s) consumed | Co-worker(s) | Patient(s) |
|------------------|------------------|--------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Does case-patient wash hands before caring for each patient?
 Always Usually Occasionally Never

Does case-patient wear gloves when caring for patients?
 Always Usually Occasionally Never

Print Name of interviewer _____ Date of interview _____