

## Hepatitis A High-Risk Occupations Questionnaire

<b>Patient Information</b>
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Patient Name (Last, First): \_\_\_\_\_

Occupation(s) (Specify if multiple jobs)

- Food handler
- Daycare worker
- Healthcare worker
- Other            If other, please specify: \_\_\_\_\_

Patient's Telephone #:	Date of Birth:
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Employer Name:	Supervisor's Name:	Telephone Number:
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Employer's Street Address: \_\_\_\_\_

City:	Zip Code:	County:
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<b>Infectious Period</b>
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**Onset date of symptoms:** \_\_\_\_\_      **Onset date of jaundice:** \_\_\_\_\_

Time period that individuals are most likely to infect others with hepatitis A is during the 14 days prior to the onset of jaundice, or first symptom if jaundice was not present, and the 10 days after the onset of jaundice, or symptoms if jaundice was not present. The interval between these two dates is the patient's infectious period.

**Date 14 days prior to onset:** \_\_\_\_\_      **Date 10 days after onset:** \_\_\_\_\_

Indicate the exact work schedule, actual hours worked (i.e. 8a-4p for 8am to 4pm) and day(s)/date(s), *during the infectious period* in the table on the next page. An example is listed in the top row of the table.

**First day worked:** \_\_\_\_\_

**Last day worked:** \_\_\_\_\_

Hrs	Sun	Hrs	Mon	Hrs	Tue	Hrs	Wed	Hrs	Thurs	Hrs	Fri	Hrs	Sat
8a-4p	1/1/24	11a-3p	1/2/24	3p-11p	1/3/24								

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

- Yes      If yes, please specify the dates(s) worked with diarrhea \_\_\_\_\_
- No

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Ask the case-patient to describe their hand washing technique in detail.

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

- Never
- Sometimes
- Usually
- Always

Does the case-patient wash their hands with soap before beginning work?

- Never
- Sometimes
- Usually
- Always

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Ask the case-patient to describe hand washing and toilet facilities he/she uses at work (location of sinks, availability of soap, type of soap, towels, and toilet paper). 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 the case-patient to describe in general his/her food handling activities, during his/her infectious period. Check any of the following job duties that apply.

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

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

- Always
- Usually
- Occasionally
- Never

Did co-workers eat food handled by the case-patient?

- Yes
- No

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

Print name of interviewer:

Date of interview:

**Daycare Workers Only**

Number of children at day care where patient works:	Range of age of children who attend day care:
Are children separated and cared for by age groups? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what are the age groups?
During the case-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 If yes, specify the food(s) and date(s) below:  
 No

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"/>

Print name of interviewer:

Date of interview:

**Healthcare 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 was consumed by patients and/or co-workers

Specify below food handled, and the date consumed.

Food(s) prepared/handed out	Date(s) consumed	Co-workers	Patients
		<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"/>

Does the case-patient wash hands before caring for each patient?

- Always
- Usually
- Occasionally
- Never

Does the case-patient wear gloves when caring for patients?

- Yes
- No

Print name of interviewer:

Date of interview: