June 27, 2000

Appendix 1

Dear Colleague,

An estimated 76 million cases of foodborne illness occur in the United States each year, including 350,000 hospitalizations and 5,000 deaths\(^1\). Patient education about safe food eating habits is an important part of preventing foodborne illness. In order to gain a better understanding of the physician’s role as a food-safety educator, the Emerging Infections Program’s Foodborne Diseases Active Surveillance Network (FoodNet) is distributing questionnaires to physicians practicing in the following eight states: California, Connecticut, Georgia, Maryland, Minnesota, New York, Oregon, and Tennessee.

Since pregnant women and persons with immunocompromised conditions are considered at higher risk for severe forms of foodborne illness, we are sending questionnaires to physicians who serve these ‘at-risk’ populations. Your response to this questionnaire will help us determine the best methods to educate the public about food safety.

The following survey will take approximately TEN minutes to complete. Again, your input is valuable and greatly appreciated. Please return the questionnaire and consent form to the Centers for Disease Control and Prevention in the stamped and addressed envelope provided. It is important for all questionnaires, even those not completely filled out, to be returned.

If you have any questions with regard to this survey, please feel free to call [site contact person name and number]. If you would like more information on food safety practices for your patients, we invite you to visit the following CDC website at [www.cdc.gov](http://www.cdc.gov). Additionally, we would be happy to send you information upon request. We thank you in advance for your participation in our survey.

Sincerely,

[name: Site contact person]
[position]

Section A: Background Information

1. Today’s date is _____/______/2000
   Month       Day

2. I am a practicing physician within the state of (CA, CT, GA, MD, MN, NY, OR, or TN).
   □ Yes
   □ No [If no, please stop here and send in questionnaire using the stamped envelope provided]

3. I am involved in direct patient care at least eight (8) hours per week.
   □ Yes
   □ No [if no, please stop here and send in questionnaire]

4. Type of practice [please check one]:
   □ Obstetrics or Gynecology
   □ Oncology or Hematology
   □ Infectious Disease
   □ Nephrology
   □ A Subspecialty of Internal Medicine not Named Above
      (please specify)____________________________________________
   □ Other (please specify) ______________________________________

5. Primary clinic setting [please check one]:
   □ Outpatient private practice / Fee for service
   □ Outpatient HMO/Managed Care
   □ Hospital-based
   □ Other [please specify]

6. Are you currently an intern, resident, or fellow?
   □ Yes  [skip to Question 8]
   □ No

7. I have been in practice (post-internship, post-residency, post-fellowship) for _______ years.

8. On average, how many patients do you see per week? [circle one]
9. Approximately what percentage of your patients are immunocompromised or pregnant? [circle one]
   a. 0%
   b. 1-25%
   c. 26-50%
   d. 51-75%
   e. 76-100%
   f. not sure

Section B: Patient Education

10. How often do your patients ask you about food safety or prevention of foodborne illness? [circle one]
   a. never
   b. rarely
   c. occasionally
   d. often
   e. not sure

11. Does anyone in your practice provide information on foodborne illness or prevention of foodborne illness to your patients? [check one]
   □ Yes [skip to Question 13]
   □ No [go to Question 12]

12. Would you like to provide foodborne illness prevention information to your patients? [circle one]
   □ Yes [skip to Question 17]
   □ No [skip to Question 17]

13. Who provides foodborne illness prevention information to your patients? [circle all that apply]
   a. yourself (physician)
   b. nurse or nurse-practitioner
   c. dietician or nutritionist
   d. other [please specify] ____________________________________________
   e. not sure

14. How is information about foodborne illness provided to your patients? [circle all that apply]
a. verbally, with an extensive discussion
b. verbally, with a brief discussion
c. brochure/patient fact sheet
d. poster in office / waiting room
e. video
f. other self-help materials [please specify]____________________________________

15. What information about food safety do you provide? [circle all that apply]

a. food-handling or preparation
b. ‘risky’ foods (for example: undercooked meat, unpasteurized cheese)
c. prevention of foodborne salmonellosis
d. prevention of foodborne listeriosis
e. prevention of foodborne or waterborne cryptosporidiosis
f. prevention of other foodborne disease (please specify)________________________

_____________________________________________________________________

g. food safety advice specific for persons with HIV/AIDS
h. food safety advice specific for pregnant women
i. food safety advice specific for other populations (please specify)________________

_____________________________________________________________________

j. other (please specify)___________________________________________________

16. When is food-safety practice information provided? [circle all that apply]

a. initial intake
b. routine office visit
c. when patient requests information
d. when patient is diagnosed with foodborne illness
e. other special circumstances [please specify] _______________________
f. not sure

Section C: Foodborne Illness

How much do you AGREE or DISAGREE with the following statements? Please circle ONE number (1, 2, 3, 4, or 5).

17. Foodborne illness can be a serious problem in immunocompromised patients.

Strongly agree Neutral Strongly disagree
1 --------- 2 --------- 3 --------- 4 --------- 5

18. Many of my patients are “at-risk” for infectious diseases, including foodborne diseases.

Strongly agree Neutral Strongly disagree
1 --------- 2 --------- 3 --------- 4 --------- 5

19. Assuring that patients receive education about prevention of foodborne illness is part of the physician’s role.
20. I want to be aware of the risks of foodborne illness in my patients.

Strongly agree  Neutral  Strongly disagree
1  ----------  2  ----------  3  ----------  4  ----------  5

21. My patients would be interested in learning how they can prevent foodborne diseases.

Strongly agree  Neutral  Strongly disagree
1  ----------  2  ----------  3  ----------  4  ----------  5

22. I am willing to provide a brief (three minute) talk to my patients on preventing foodborne illness.

Strongly agree  Neutral  Strongly disagree
1  ----------  2  ----------  3  ----------  4  ----------  5

23. Educating patients about food safety will result in a decrease in foodborne illness.

Strongly agree  Neutral  Strongly disagree
1  ----------  2  ----------  3  ----------  4  ----------  5

24. My patients are likely to comply to recommendations I provide on prevention of foodborne illness.

Strongly agree  Neutral  Strongly disagree
1  ----------  2  ----------  3  ----------  4  ----------  5

25. Effectively educating patients on how to prevent foodborne illness takes too much time.

Strongly agree  Neutral  Strongly disagree
1  ----------  2  ----------  3  ----------  4  ----------  5

26. I am comfortable with my general knowledge of foodborne illness

Strongly agree  Neutral  Strongly disagree
1  ----------  2  ----------  3  ----------  4  ----------  5

27. I am confident about diagnosing and treating foodborne illness in my patients.

Strongly agree  Neutral  Strongly disagree
1  ----------  2  ----------  3  ----------  4  ----------  5
28. I am comfortable making recommendations on how to prevent foodborne illness.

Strongly agree  Neutral  Strongly disagree
1  ---------  2  ---------  3  ---------  4  ---------  5

29. My patients feel that I am a valuable resource for advice on prevention of foodborne diseases.

Strongly agree  Neutral  Strongly disagree
1  ---------  2  ---------  3  ---------  4  ---------  5

30. I would like to receive more information on food safety practices for my patients.

☐ Yes
☐ No

31. Please include any comments or suggestions below:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Again, thank you for filling out this questionnaire. Your responses are greatly appreciated and will help us to determine the best methods to educate the public about food safety.

Please send in the questionnaire using the envelope provided.
Thank you!