OUTBREAK INVESTIGATION

Interviewer Manual
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1.0 Introduction

An interviewer is the frontline of a public health team! They are crucial in providing accurate and consistent information that can lead to the successful outcome of an outbreak investigation. This manual has been developed to assist public health unit staff directly involved in investigating potential outbreaks.

This manual provides an overview of telephone interviewing techniques, important considerations when completing questionnaires and information on the specific data collection instrument used during such investigations. After reading this manual, interviewers should become familiar with using the data collection instrument. It is important that interviewers are comfortable with the questionnaire before it is used for the first time.

2.0 The case questionnaire

The case questionnaire is designed to collect risk factor information from confirmed or suspected cases illness. Information collected includes (but is not limited to):

- identifying information (name, address, etc)
- demographic information (age, gender, occupation, etc)
- clinical information (date / time of onset, signs and symptoms, hospitalisation, death, etc)
- laboratory information
- risk factor information (food history, travel history, environmental exposures, etc)
- social events / function attended
- contacts with similar symptoms.
3.0 Interview preparation

Interviewer behaviour, including voice inflection and pace, is crucial when conducting interviews. If interviewers sound bored or unprofessional, respondents are not likely to want to complete an entire questionnaire. Interviewers should avoid rushing through questions, reading in slow motion, or ending each sentence as if it were a question. Finally, as much as possible, interviewers should refrain from nervous gestures (e.g. “um”, giggling, throat clearing etc) and make a special point of speaking slowly and clearly. In summary, interviewers should be serious, pleasant and self-assured. Their voice and words must convey their credibility. It is also important to conduct an interview in an environment free from excessive noise.

Preparation is an important step prior to conducting an interview. The following points are helpful when preparing to conduct an interview for the first time:

- are you familiar with the questionnaire?
- are you familiar with the illness or do you know what the likely pathogen pathogen is, given information already known?
- what do you already know about the case?
- do you have permission to contact the case?
- has the case been told of their diagnosis?
- why are we following up this case?
- how did we find out about their illness?
- i'm not sick! Why are you interviewing me?

Other considerations that may sometimes be overlooked:

- do you have time to do the questionnaire?
- do the respondent have time?
- do you have consent to speak directly with the respondent if he/she is a minor?
- when is the best time to contact the respondent?
- are there going to be language difficulties?
- are there questions they are likely to ask?
- how much are you allowed to tell them about the investigation?
- is your copy of the questionnaire complete?
- do you have sufficient space to work and do you have a working pen?
- do you have access to a calendar to help with recall?
- is there more than one respondent in the household that needs to be interviewed?
- do you need a questionnaire for each respondent if this is the case?

Generally, people will agree to participate, if the interviewer is prepared, sounds professional and knowledgeable and gives respondents the information necessary to make an informed decision. It is also helpful to anticipate respondents who require more information or is reluctant to participate by anticipating common questions (below) and preparing answers to those questions in advance.
3.1 Common questions

Provided below are a list of common questions asked by respondents and a number of possible answers that may help overcome the respondents concerns. Be aware, however, that responses will change depending on circumstances.

*How did you get my number?*

**Case phone numbers (example only)**
- Under the Health Act, Queensland Health receives patient information from doctors and laboratories of all notifiable diseases diagnosed within Queensland.
- Your name was provided to us from [friend / relative] who attended a function on [date] and became ill.

**Case / control phone numbers (example only)**
- Your name was provided to us from the [restaurant / venue] you attended on [date]. We have received a complaint regarding this function and are contacting those who attended to determine any possible source of illness.

*Why can’t you call someone else?*

It is important for the scientific validity of the investigation to get information from as many people who attended as possible. If only some people participate, it becomes difficult to determine the cause of illness and take appropriate action to prevent any reoccurrence.

*How do I know this is a legitimate survey?*

You may contact the outbreak control team coordinator on [phone number] to verify the legitimacy of the investigation.

*How do I know what I tell you will be kept in confidence?*

Queensland Health has an obligation to keep information collected during interviews confidential from those who are not part of the investigation. Only those people directly involved with the current investigation have access to any information provided. Data and reports produced as a result of this investigation will only contain de-identified information.

*How much does this investigation cost the taxpayer?*

A major aim of Queensland Health is to control disease. The goal of this investigation is to find the cause of illness which should prevent further cases and ultimately save taxpayers money. The cost of this interview is approximately $5 (15 min @20/hour).

*Why can’t you mail me the survey?*

The investigation team chose the telephone interviewing method for this investigation on the basis of cost efficiency and timeliness. Cases and controls must be reached quickly to gather the most accurate information possible. Telephone interviews are quicker than mailed surveys and they also allow respondents a chance to ask questions and clarify their responses.
4.0 General rules for telephone interviewing

The following sections provide helpful advice on telephone interview techniques. The information provided is useful in reassuring respondents and obtaining accurate and relevant data for outbreak investigations.

4.1 Talk clearly and at a moderate pace

The interviewer should aim to be in control of the pace and flow of the interview. Although you may have become familiar with the questionnaire, each respondent is hearing every question for the first time and may not be able to comprehend and digest the question if you speak quickly.

*Studies have shown that the reading pace is one of the most critical elements of the interview.*

Take care to pronounce each word clearly and allow the respondent time to listen and comprehend the whole question. If you race through the interview the respondent may do so as well. One clear indication that you are asking the questions too quickly is when the respondent continues to ask you to repeat questions.

(Should a respondent want to go beyond the specifics of the questionnaire to discuss his/her problems do not attempt to become a "telephone therapist" but try politely to get the interview back on course!)

4.2 Play a neutral role

Ideally, a questionnaire item should mean exactly the same thing to every respondent. Although this is a somewhat unrealistic goal *it is important that the interviewer does not influence a respondent's perception of a question nor the answer given.* Therefore, *never express your own personal opinions, even if the respondent asks,* as this can bias the respondent. Also, interviewers should aim to have a pleasant, confident manner without being either too enthusiastic or too detached. Never sound bored or impatient if someone is taking a long time over their responses. If the interviewer sounds bored, this may well be reflected in the quality of responses.

4.3 Record responses exactly

If a question is open-ended, then record the responses exactly and do not attempt to summarise in your own words.

If a respondent does not wish to answer a particular question this should be recorded as “refused to answer”.

4.4 Respect confidentiality

The information obtained from all interviews must be kept confidential. Do not tell anyone the substance of any interview or part of an interview.
4.5 Probing

Good questions allow respondents to express themselves freely and answer the question easily and accurately. Occasionally, though, for some questions there is a need to help respondents to say what they want to say (not what you want to hear). Probing should be done in a neutral manner, appearing natural and conversational to the respondent. For example, if a respondent states that something just isn’t appealing to them, you may like to ask: “Is there any particular reason why ... doesn’t appeal to you?”

4.6 Be honest about the length of the interview

If respondents ask about the length of the interview, answer honestly. Don’t lie about this to try to get them to agree to participate. The length of interviews vary depending on factors like how chatty the respondent is, and whether all sections of the questionnaire are relevant to them – so tell them the usual range of times eg. ‘the interview usually takes between x and y minutes, depending on your answers’. Generally, interviews take about 15 minutes.

4.7 Refusals

A ‘no’ or a hang-up should be described as a ‘refusal’. It should not be given some other description (such as inconvenient refusal) as the person may not wish to be contacted again. This can be very annoying to people if they are called back, and can result in other interviewers being abused. Sometimes people really want to refuse but don’t like to actually say ‘no’. If you think this might be happening, ask them and clarify if they are willing to proceed with the interview.

4.7.1 Handling Refusals

A high response rate is very important if the results of the investigation are to be useful. Therefore every effort should be made to encourage participation. Be politely persuasive but not aggressive.

Should a respondent become angry/abusive, do not hang up. Remain cool and wait until you have an opportunity to say something like "I understand you do not wish to complete this questionnaire. Thank-you. Good-bye."

Do not attempt to convert refusals. However, if the person has refused because it is an inconvenient time to be interviewed, it is appropriate to call back, eg. ‘I can’t talk now, I was just in the shower’ (hang-up). The disposition for this is called an ‘inconvenient refusal’.

Sometimes the questioning enters a sensitive area, which the respondent is reluctant to discuss. Remaining matter-of-fact and purely professional in your manner, will help overcome any such reluctance. You might remind the respondent that all responses to the study are confidential. If the respondent still refuses to answer a particular question then note this by writing “refusal” next to the question and continue with the interview.
4.8 Points To Note

4.8.1 Let phone ring at least 10 times

When dialling, allow the phone to ring at least 10 times before hanging-up as this allows people who have their hands full, elderly people, and those who might be outside time to get to the phone. Record ‘no answer’ or ‘no answer after appointment’ as the description if their is no answer. If calling in a rural area, allow the phone to ring even longer as people may have to come from some distance away to answer.

4.8.2 Answer every question - important

Leaving blank responses to questions (particularly yes/no/don’t know questions) may impact on the final analysis of data. Epidemiologists may be unsure if the question was asked and omit the question from the final analysis. If a respondent indicates that he/she is unsure about a particular question, this should be recorded as a ‘don’t know/ not sure’ response.

4.9 Confidentiality

Queensland Health has an obligation to keep all interviews confidential. Do not tell anyone who is not directly involved with the investigation any of the details of the responses you have heard.

4.10 Understanding the question

Repeat questions that are misinterpreted or misunderstood by the respondent. There are two common situations where you may need to repeat a question:

- a respondent’s reply may indicate that he/she has not understood the question (e.g. an irrelevant or unfeasible answer)
- a respondent may simply greet a question with a prolonged silence (another way of saying, “What are you asking me?”).

In both cases, the best procedure is simply to say “Let me ask this question again” and repeat the question as written.

If the respondent asks you to interpret or define a word/phrase in the question then refer to the list of definitions provided. If this does not help, do not elaborate further, but reassure the respondent with a neutral remark (such as, “There are no right or wrong answers. I am interested in your response”).

NB: Silence may indicate that the respondent is thinking about his/her answer, and in these cases you should allow time for the respondent to formulate an answer.

4.11 “I Don’t Know” responses

During the interview, just as in everyday conversation, you will have to distinguish the legitimate “I don’t know” response from the reply that signifies that the respondent wants time to think about the question. Answering “I don’t know” might be the respondent's way of stalling for time and in these instances it is best to wait
expectantly. It will become easier as the interview progresses as you will get a better feel for the respondent's manner.

Some respondents may try to avoid answering questions they consider sensitive by answering “I don’t know”. You should try and reassure the respondent that all answers are important and that any information provided will be helpful. You may also like to refer to the confidentiality of the data. In cases where the respondent persists in providing an “I don’t know” answer even after reassurance and probing, accept the response.

4.12 Leading the respondent

Avoid suggesting answers to the respondent that merely need to be ‘verified’ by the respondent. This may occur when you already have partial information about upcoming questions and have arrived at a reasonable answer by piecing bits of information together.

It is also inappropriate to anticipate a respondent's answer based on their manner. When you suggest an answer, the respondent may accept your implied answer because they assume that it is either correct or desired.
5.0 Completing the questionnaire

The following sections detail how questionnaires should be completed. Information obtained from questionnaires should be legible and understandable. Quick notes written on the sides of the questionnaire during interviews are helpful when collecting data, but need to be fully explained or else their meaning may be lost. After completing a questionnaire, interviewers should ask themselves if they can understand the responses they have recorded. Use the ‘additional comments’ section at the back of the questionnaire to clarify any information obtained. Note that any information obtained is likely to be entered into a database by someone other than the interviewer. If the data entry officer cannot understand any responses, then valuable data may be omitted from the final analysis.

5.1 “Marking” the box on pre-coded questions

The majority of questions in a questionnaire simply involve marking the code next to the response category, which matches the answer given by the respondent. Mark only one box in each question. It is important that the marking of the box is Clear and not ambiguous in any way.

5.2 Multiple yes / no questions

Sometimes there are questions where you are required to read out a list of alternatives to the respondent, and obtain a Yes/No answer to each alternative. To record the answers for such questions, you must mark the appropriate box for each alternative.

Like this:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK/NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lettuce</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shallots</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Tomatoes</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

Not like this:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK/NS</th>
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</thead>
<tbody>
<tr>
<td>Lettuce</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shallots</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tomatoes</td>
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</tr>
</tbody>
</table>

In the above example, the data entry person may assume that the questions on shallots and tomatoes were not asked (even though they may have been) and will be forced to omit this information during data entry.
5.3 Correcting an answer

A respondent may give you one answer and then change his/her mind immediately after you have recorded it. Alternatively, you may realise later in an interview or when checking your work that you recorded an answer incorrectly. You should place a line through the incorrect box and then tick the correct box.

Like this:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK/NS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Lettuce</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.4 Recording numeric responses

For some questions the answer required may be numerical eg, number of times, days, weeks etc. In some cases, a respondent may give you a small number so that you have more boxes than digits. Always record numbers to the right side and put zeros in the spaces not used.

Like this  Not like this

| 0 | 7 | ☑ | ☐ |

5.5 Don’t know responses

In pre-coded response lists there is often a “don’t know” category. Do not read this out. Only mark this box if the respondent says that he/she does not know. Do not accept “don’t know” as an answer easily – often respondents will say this while they are still thinking of the answer.

5.6 “Specify” instruction

Write down all the details of the response and mark the appropriate response code if required.
6.0 Questionnaire definitions and explanations

*These questions relate specifically to the outbreak investigation case questionnaire for known or unknown pathogen.*

Prior to commencing an interview, interviewers should fill in all available case information on the front page of the questionnaire. Contact dates, times and call outcomes should also be recorded upon completion of the questionnaire. Be sure to include your own initials in the space required.

**Question 1**

Ask cases if they had any of the symptoms listed. If they respond yes to vomiting, diarrhoea, stomach cramps, blood, nausea or fever, be sure to collect the onset dates for these symptoms. If they are unsure about any symptom (which usually is the case with children <4 years of age) then tick the DK/NS box.

Diarrhoea is defined as three or more loose stools or bowel movements in a 24 hour period. Nausea is defined as feeling sick in the stomach as if they want to vomit. Fever is defined as a running temperature or experiencing chills / sweats.

Try to provide the *one* symptom that was experienced first. If, however, the respondent finds it difficult to differentiate which symptom was experienced first, and experienced multiple symptoms at the onset of their illness, record these in the boxes provided.

**Question 2**

Case definitions created during the analysis stage of an outbreak investigation are generally related to the more definable gastroenteritis symptoms of vomiting, diarrhoea or stomach cramps. It is important that the onset time of illness reflects the *first* of these symptoms experienced, *not* symptoms such as fatigue, headache and body aches which can easily be attributable to another condition that the case may suffer from.

**Question 3**

This question establishes the duration of the illness, which provides an indication of severity of infection and helps determine possible foodborne pathogens responsible for the outbreak. Again, the required response relates only to those more definable symptoms such as diarrhoea, vomiting and stomach cramps.

**Questions 4 – 8**

These questions relate to doctor consultation and hospital treatment for the illness. Further clarification can then be sought from these sources if required. Samples provided for pathology testing may include specimens such as faeces, urine or blood. Record this information in the available space.

Questions 7 & 8 refer to antibiotic usage during the illness. Please refer to Appendix A for a list of possible drugs that may be used. If unsure about spelling, write it down as it sounds (phonetically) so that it can be looked up after the interview.
Questions 9 – 11
These questions relate to community exposure and attempt to determine the extent of the illness. Please provide as much detail as possible in the spaces provided if there are others who are also known to be ill.

Questions 12 – 13
These questions are asked to assist in determining whether the workplace represents a potential source of foodborne pathogens or to determine whether a case presents a risk to other susceptible persons at their workplace. The information is only required for cases 15 years and over.

Questions 14 – 17
These questions are asked to determine potential exposure to foodborne pathogens in the childcare / school environment.

Question 14 – If yes, Specify the name and location of the childcare / school that the case attends.
Question 15 – Be sure to only tick one response per day.
Question 16 – This question attempts to capture food items that were consumed by the case during school or childcare. Fill in the details as appropriate.
Question 17 – Specify the name, age and sex of the family member/s who also attend the same venue.

Questions 18
Questions relating to travel. Note that Question 18 is primarily looking at interstate and overseas travel to determine the extent of larger outbreaks. Note down airline/coach company details including flight/coach numbers if applicable making sure to also include departure and arrival dates.

Question 19
This question attempts to obtain information on places that the case had visited in the week prior to their illness.

Question 20
This question is primarily interested in whether the case attended any large gatherings where food may have been consumed. Gatherings may include catered functions, social events, parties, clubs, dinners, celebrations, festivals or fairs, picnics etc. It is important that all details are recorded as correctly as possible.

Questions 21 – 24
Three-day food history. Open ended questions designed to determine what foods were consumed in the days leading up to their illness. It is extremely important that all foods mentioned are recorded (including sauces and condiments), as well as if the food was home prepared or consumed / prepared elsewhere. If the case has difficulty remembering what was eaten, it may be helpful to prompt with questions about what they did on those particular days in order for them to remember.
Question 25
Relates to information on food outlets that were attended during the week prior to the onset of illness. If the case is unsure of the location of the food outlet, it is helpful to ask if they can remember certain features about the establishment, such as landmarks, what it looked like, nearby shops etc. This information can be extremely valuable when trying to find the source of infection, especially when the interview is conducted three or four weeks past their onset date.

Question 26
Information about other people who also became ill after attending a common food outlet. Information on the person's name, age, venue attended and contact number should be recorded if possible. These people can be contacted and interviewed as well.

Question 27
Egg consumption questions. Please provide as much detail as possible on the source of the eggs. It is also helpful to ask questions on the quality of the eggs, eg. if the eggs were cracked or dirty? Also, all eggs sold in Queensland are stamped with a logo which identifies the farm from which it was produced. This information can greatly assist during investigations.

Questions relating specifically to chicken, seafood, game meat and ethnic food consumption. These foods have been linked to outbreaks in the past and asking specifically if the case has consumed these foods in the week prior to illness may improve recall.

Question 28 – 31
These questions give the respondent a chance to tell the interviewer what they think caused their illness. Provide as much detail as possible.

Question 32
Raw or untreated water refers to water that has not gone through a disinfection process. Such water sources may include water from rainwater tanks, rivers, streams, dams or bores. Filtered water is not regarded as treated. Bacteria, viruses and other pathogens are not generally removed during the filtering process. Disinfection techniques may include chlorination, iodine and boiling. Swimming also includes any activity where it is possible that water may have been ingested.

Question 33
Questions relating to animal exposure. Distinction has been made between farm animals and petting zoo / animal sanctuaries. Note that petting zoos and animal sanctuaries can include native animals such as kangaroos and koalas which are not regarded as farm animals. It is important to note down the animals that the case was exposed to and where the animal was located. Contact refers to physically touching the animal and/or its waste (even with gloves).
Additional comments and Identified Risk Factors

This space has been provided to collate any further information gained from the interview. Any notes that have been written during the course of the interview should be summarised here. Provide dot points that indicate the likely sources of infection for the case based on the information provided in the interview.
**APPENDIX A – Drugs often used during treatment**

<table>
<thead>
<tr>
<th>Antibiotics</th>
<th>Amoxicillin sodium (Amoxil)</th>
<th>Gentamicin sulfate (Gentamicin)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amoxicillin Trihydrate (Augumentin)</td>
<td>Metronidazole (Flagyl, Metrogyl)</td>
</tr>
<tr>
<td></td>
<td>Ampicillin</td>
<td>Norfloxacin (Noroxin)</td>
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<td></td>
<td>Amiloride hydrochloride (Amikin)</td>
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<td>Cefaclor monohydrate (Cefaclor, Keflor)</td>
<td>Pipercillin</td>
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<td>Cefoxitin sodium (Mefoxin)</td>
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<td>Cephalexin (Keflex)</td>
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<td>Ceftazidime pentahydrate (Fortum)</td>
<td>Tinidazole (Fasigyn)</td>
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<td>Ciprofloxacin hydochloride (Ciproxin)</td>
<td>Tetracycline</td>
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<td>Doxyccylcine Hydrochloride (Vibramycin)</td>
<td>Potassium clavulanate (Timetin)</td>
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<td></td>
<td>Erythromycin</td>
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<tr>
<td></td>
<td>Flucloxacillin magnesium (Floxapec)</td>
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| Oral Rehydration | Gastrolyte | Pediallyte |

<table>
<thead>
<tr>
<th>Antidiarrheal</th>
<th>Atropine sulfate (Lomotil)</th>
<th>Kaolin (Kaopectate)</th>
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<tbody>
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<td>Codeine Phosphate</td>
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<td>Prochlorperazine (Stemetil)</td>
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<th>Aluminium hydroxide (Mylanta)</th>
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<th>Donnatab</th>
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<td>Paracetemol (Panadol 7+ Soluble)</td>
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</tbody>
</table>
## APPENDIX B – Possible responses to refusals

<table>
<thead>
<tr>
<th>Some reasons for refusing</th>
<th>Possible responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too busy</td>
<td>Offer to call back at a more convenient time.</td>
</tr>
<tr>
<td>Bad health</td>
<td>I’m sorry to hear that. I would be happy to call back in a day or two – would that be ok?</td>
</tr>
<tr>
<td>Too old</td>
<td>We are contacting people from a wide range of age groups. Everyone’s contribution helps us better understand what has caused the infection. We would be very pleased if you could help us by participating.</td>
</tr>
<tr>
<td>No-one else’s business</td>
<td>I can certainly understand how you feel and that’s why all of our interviews are strictly confidential. The answers we obtain from participants are not kept with any information that could be used for identification. We would be very pleased if you could help us by participating.</td>
</tr>
<tr>
<td>Not interested</td>
<td>It’s very important we get the opinions of everyone we call so that our sample is representative of the population. We would be very pleased if you could help us by participating.</td>
</tr>
<tr>
<td>Feel inadequate, worried that they will not be able to answer the questions.</td>
<td>The questions are not difficult. Some of the people we have already interviewed had the same concerns as you but once we got started they had no trouble answering the questions. Just take your time. I can repeat questions if needed.</td>
</tr>
<tr>
<td>Objects to surveys</td>
<td>We think this particular investigation is very important. We are trying to gather information that may help us to prevent more people contracting an infection. We would be very pleased if you could help us by participating.</td>
</tr>
<tr>
<td>Objects to telephone surveys</td>
<td>We now do many of our investigations by telephone because it is so much faster and less expensive. We apologise for any inconvenience but we would be very pleased if you could help us by participating.</td>
</tr>
</tbody>
</table>