Form Approved

OMB No: 090-0997

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**Hypothesis Generating Questionnaire for *[\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_]* (enter pathogen)**

***PulseNet cluster code: [\_\_\_\_\_\_\_\_\_\_\_\_\_] (enter Cluster Code)***

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| **Section 1: Interviewer & Patient Information** – Complete Section 1 prior to interview | |
| 1. PulseNet ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **and/or** WGS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State/Local/Other ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Date of Interview: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_   *M M D D Y Y Y Y* |  |
| 1. Interviewer Information Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Respondent was:  Self  Parent  Spouse  Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. State and county of residence? State \_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. Age at time of illness \_\_\_\_\_\_\_  Days  Months  Years  Unknown | |

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| **Section 2: Clinical Information:** Now I have a few questions about your (the patient’s) illness. | | | | |
| 1. What date did you (the patient) first feel sick? \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Unknown   M M D D Y Y Y Y 2. If Unknown, please enter specimen collection date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Unknown   M M D D Y Y Y Y | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | Did you (the patient) |
|  |  |  |  | 1. Get admitted overnight to a hospital for this illness?  Refused |
|  |  |  |  | 1. Develop Hemolytic Uremic Syndrome, or HUS?  Refused |
|  |  |  |  | 1. Have any diarrhea (defined as at least 3 loose stools in 24 hours)  Refused |
|  |  |  |  | 1. Have any close contact with anyone with diarrhea or vomiting in the week before illness? |
|  | | | | a. When did this person first become ill  less than 24 hours before you  ≥ 24 hours before you  After your (the patient’s) illness onset  Unknown  *For interviewer only:*  b. If this person is part of the outbreak, what is their PulseNet or WGS ID? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-0997

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| **Section 3: Travel:** Next I have a couple of questions about any travel you (the patient) might have done, either for work or for pleasure. As I read each question, please answer as yes, no, maybe, or can't remember in the 7 days before you (the patient) got sick.   * *If the case spent* ***the entire 7 days*** *before illness onset outside the US, please be sure countries, travel dates, and hotel/resort names are noted and* ***skip to the end of the interview.*** * *If the case spent* ***only part of the 7 days*** *before illness onset outside the US, please complete the remainder of the* ***interview collecting only foods purchased or eaten in the US.*** | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** |  |
|  |  |  |  | 1. In the 7 days before illness, did you (the patient) travel to another country outside the U.S.? |
|  | | | | |  |  |  |  | | --- | --- | --- | --- | | City and Country | Date of Arrival | Date of Departure | Hotel/Resort Name | |  |  |  |  | |  |  |  |  | |  |  |  |  |   *List all states that you traveled to where you (the patient) might have purchased or eaten foods. This would include foods eaten at airports, bus, or train stations.* |
|  |  |  |  | 1. In the 7 days before illness, did you (the patient) travel to another state in the U.S.? |
|  | | | | *List all countries outside the United States where you (the patient) might have purchased or eaten foods. This would include foods eaten at airports, bus, or train stations.*   |  |  |  |  | | --- | --- | --- | --- | | State | Date of Arrival | Date of Departure | Hotel/Resort Name | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Section 3: Travel Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

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| **Section 4: Sources of food prepared at home:** Now I have a few questions about where the sources of food you (the patient) prepared and ate **at home** in the 7 days before your illness began. First, I will ask you (the patient) about where any food prepared **at home** came from. This could include grocery stores, warehouse stores, farmers’ markets, home delivery, delis, swap meets, ethnic or specialty markets, butchers, live animal markets, food or meal subscription services, or groceries that were bought several weeks ago but consumed in the 7 days before you (the patient) got sick. I’m going to ask a few questions about stores you (the patient) may have shopped at, as well as any shopper card numbers or other store membership information you (the patient) may have. This could also include a shopper number from someone else in your household. Store shopper or membership information can help provide detailed information, such as brands, varieties, purchase date, that you may not know or remember. You (the patient) may also be able to access your own shopper history through an online account. Additionally, I’ll also ask a few questions about dietary practices and restrictions.  *Optional prompt to further explain shopper card/purchase records: when you share your purchase histories with us, we can compare other people’s purchase histories to see if the same food is reported or identified. Your (the patient’s) purchase history will only be shared on a need-to-know basis with local, state, or federal staff during the investigation. This information could help solve the outbreak and prevent additional illnesses. Remember to collect all store shopper or membership information used for the household. Store shopper or membership information can be a shopper card or loyalty program number, phone number, or other identifier that an individual may use when making purchases that would allow for a record of their purchases to be obtained.* |
| 1. Do you (the patient) keep Halal?  Yes  No  Unknown 2. Do you (the patient) keep Kosher?  Yes  No  Unknown 3. Do you (the patient) follow any other type of diet or have other dietary restrictions such as vegan, vegetarian, dairy or gluten free, etc.?   Yes  No (*if yes, specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Did you (the patient) consume groceries purchased online or through an app such as Instacart, Amazon, Whole Foods, etc.?  Yes  No (*if yes, specify in the table below)* 2. Did you (the patient) consume food provided by online meal kit or meal delivery services such as Hello Fresh, Blue Apron, etc.?  Yes  No (*if yes, specify in the table below)* 3. Please specify all other locations you (the patient) may have shopped or ate food from in the 7 days prior to illness (*please list store names, address/location, and shopper card # (if applicable) mentioned by the interviewee below: Remember to collect all shopper cards, online records, or app orders used for the household. Sometimes shopper card numbers can be phone numbers.)*  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Store/Supermarket/**  **Subscription Services** | **Address/Location** | **Purchase/Shopping Method** | **Store Shopper or Membership Information** | **Records of Online/App Orders (if applicable)** | |  |  | In-Person  Online/App & Pick-Up or delivery |  | Yes  No | |  |  | In-Person  Online/App & Pick-Up or delivery |  | Yes  No | |  |  | In-Person  Online/App & Pick-Up or delivery |  | Yes  No | |  |  | In-Person  Online/App & Pick-Up or delivery |  | Yes  No | |  |  | In-Person  Online/App & Pick-Up or delivery |  | Yes  No | |  |  | In-Person  Online/App & Pick-Up or delivery |  | Yes  No |  1. May we have permission to retrieve purchase history based on your (the patient’s) store shopper or membership information and share with other public health officials to help with this outbreak investigation? Although we will collect your purchase history, we will not release any further information about you (the patient) or your (the patient’s) illness.*Please modify wording to fit your state’s needs*  Yes  No |
| **Section 4: Additional Store/Retail Names and Locations.** |

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| **Section 5: Sources of food prepared outside the home:** Now I have a few questions about the food that you (the patient) ate **outside your (the patient’s) home** or that was prepared **outside your home** such as at restaurants, fast food chains, or take out. It could be helpful to check calendars, credit card statements or receipts, or phone photos to refresh your memory. I’m going to ask some specific questions about where food you (the patient) may have eaten was prepared. Please tell me the names of each place you (the patient) would have eaten food during the 7 days before your (the patient’s) illness began. |
| 1. Please specify all restaurants/stores you (the patient) may have eaten (sit down and take out) (*please list names, address/location, meal dates, and food ordered/eaten by the interviewee below)* 2. Eat ready-to-eat foods from a grocery store salad bar, hot bar, or deli?  Yes  No (*if yes, specify in table*) 3. Eat foods from a food truck or food stand  Yes  No (*if yes, specify in table*) 4. Eat any food from catered events or potlucks such as a parties, conferences, weddings, etc.?  Yes  No (*if yes, specify in table*) 5. Eat any food items from a school, work, or hospital cafeteria?  Yes  No (*if yes, specify in table*) 6. For the restaurant and fast food locations identified, did you order from delivery service such as Uber Eats, Grub Hub, or Door Dash?  Yes  No (*if yes, specify in table*)  |  |  |  |  | | --- | --- | --- | --- | | **Location Name** | **Address/Location** | **Meal Date(s)** | **Food Ordered/Eaten** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Section 5: List Additional Restaurant/Retail Names and Locations.** |

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| **Section 6: Poultry, Meat, and Meat Alternatives:** Now I have a few questions about meat, poultry, and meat alternatives (like tofu) that you (the patient) might have eaten in the 7 days before your (the patient’s) illness began. This does not include canned items, but the meat and poultry could have been fresh, frozen, or could have been eaten as part of dish such as casseroles, soups, burgers, or sandwiches. You (the patient) may have eaten this at home or away from home, such as in a restaurant, takeout, or at a catered event. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick. | | | | |
| **First, I have questions about CHICKEN & OTHER POULTRY products.** | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Chicken prepared at home? **If no, skip to question 5** |
|  |  |  |  | 1. Whole chicken? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Chicken cut into parts or pieces, like breasts, drumsticks, thighs, or wings? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Ground chicken? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Frozen, stuffed chicken products like breaded chicken cordon bleu, chicken kiev, chicken broccoli and cheese, or other similar stuffed chicken products? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Frozen, breaded chicken products like chicken nuggets, strips, or tenders? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Chicken prepared outside the home? 2. List name(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Dish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Rotisserie chicken, roasted chicken, or any chicken purchased precooked at a grocery store or deli? 2. List name(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Turkey prepared at home. **If no, skip to question 14** |
|  |  |  |  | 1. Whole turkey? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Cut turkey pieces or parts like turkey legs or breasts? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Ground turkey? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other turkey? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Turkey prepared outside the home? 2. List name(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Dish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other poultry, like duck, game hen, or squab? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 6: Chicken/Poultry Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

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| **Now I have questions about BEEF products.** | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Beef prepared at home? This could include foods like hamburger patties, steaks, casseroles, tacos, soups, or pasta sauces. **If no, skip to question 19** |
|  |  |  |  | 1. Ground beef? This could include foods like hamburger patties, casseroles, tacos, soups, or pasta sauces 2. Was it purchased:  In a tray  As a chub  Pre-formed patties  Other, specify \_\_\_\_\_\_\_\_\_\_\_ 3. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 5. How was it consumed?  Raw  Pink/red inside  Well-done, no pink inside  Unknown |
|  |  |  |  | 1. Beef steak, roasts, carne asada, or other whole cuts of beef? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. How was it consumed?  Raw  Pink/red inside  Well-done, no pink inside  Unknown |
|  |  |  |  | 1. Beef prepared outside the home? This could include foods like hamburger patties, steaks, casseroles, tacos, soups, or pasta sauces. 2. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Dish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. How was it consumed?  Raw  Pink/red inside  Well-done, no pink inside  Unknown |
|  |  |  |  | 1. Veal? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. How was it consumed?  Raw  Pink/red inside  Well-done, no pink inside  Unknown |
|  |  |  |  | 1. Raw beef dishes such as kitfo or tartare? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 6: Beef Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

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| **Now I have questions about PORK, LAMB, AND OTHER MEAT TYPES** | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Pork prepared at home (like whole pig, chops, tenderloin, roast, shoulder, ground, etc.)? 2. Type/cut:  Ground  Whole pig  Pork chops  Pork ribs   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown   1. Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 2. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Pork prepared outside the home? This would include pig roasts, sit-down restaurants, fast food restaurants, take-out, food trucks, cafeterias, delivery from restaurants, etc. 2. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Dish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other meat like lamb, goat, bison, or game meat? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other meat and/or poultry products, including organ meats (like liver, heart, giblets, tongue, intestines, blood), not mentioned already? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 6 Pork, Lamb, and Other Meat Type Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |
| **Now I have questions about PROCESSED MEAT and POULTRY products.** | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Bacon? 2. Type (beef, pork, turkey, etc.), variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Sausage, like Polish sausage, kielbasa, Bratwurst, breakfast sausage, or other similar product? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Hot dogs or corn dogs? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Pepperoni? Including pepperoni on a sandwich or pizza |
|  |  |  |  | 1. Any Italian-style meats, like salami, prosciutto, or capicola? 2. Type:  Salami  Prosciutto  Capicola Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. How were these purchased?  Prepackaged  At the deli  In a snack plate/charcuterie board   Salami sticks  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Store-bought, dried meat strips or jerky such as turkey, chicken, pork, or beef? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Any deli meat or cold cuts? 2. Was this sliced at the deli?  Yes  No  Unknown 3. Type:  Turkey  Ham  Beef (like pastrami, roast beef)  Italian meats (like salami, prosciutto)  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. Variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 5. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Any liver pâté or foie gras *(specify type: chicken, beef, duck, pork, etc.)* 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 6 Processed Meat and Poultry Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |
| **Now I have a question about MEAT ALTERNATIVES.** | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Any plant-based meat substitutes like Impossible Meat, Beyond Meat, or Morningstar? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Any tofu, tempeh, seitan, or other meat alternatives? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 6: Meat Alternatives Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

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| **Section 7: Fish and Seafood:** Now I have some questions about fish and seafood you (the patient) might have eaten in the 7 days before your (the patient’s) illness began. You (the patient) may have eaten this at home or away from home, such as in a restaurant, take-out, or at a catered event. This does not include canned items. The fish and seafood could have been fresh, frozen, or could have been eaten alone or as part of a dish, sauce, or dip. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick. | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Raw or undercooked fish or fish products, like sushi, sashimi, ceviche, or poke? 2. Raw tuna?  Yes  No  Maybe  Don’t know 3. Raw salmon?  Yes  No  Maybe  Don’t know 4. Other raw fish, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 5. Describe the dish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 6. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Store-bought fish (not including shellfish) prepared at home? 2. How was it purchased?  Frozen  Fresh  Unknown 3. How was it prepared?  Raw  Undercooked  Fully cooked  Unknown 4. Type of fish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 5. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Fish (not including shellfish) prepared outside the home? 2. How was it prepared?  Raw  Undercooked  Fully cooked  Unknown 3. Type of fish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 5. Dish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Smoked or dried fish, like smoked salmon, lox, bonito flakes, fish jerky? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Shrimp or prawns? 2. Frozen  Fresh  Unknown 3. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Crab, lobster, or crayfish/crawfish? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Oysters? 2. Were the oysters raw?  Yes  No  Unknown 3. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Clams, mussels, scallops, or other shellfish? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Any other fish or seafood? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 7: Fish and Seafood Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

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| **Section 8: Eggs, Dairy, and Cheese:** Now I have a few questions about eggs, dairy, and cheese products you (the patient) might have eaten in the 7 days before your (the patient’s) illness began. You (the patient) could have eaten these either in your home or away from home, such as in a restaurant, take-out, or at a catered event. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick. | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Eggs or egg-containing dishes prepared at home? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Eggs or egg-containing dishes prepared outside the home? 2. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Dish Eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Egg alternatives or vegan egg substitutions? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Anything made with raw eggs that was not fully cooked (cookie dough, cake batter, sauces, homemade ice cream, homemade mayo, homemade salad dressing etc.)? 2. Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Dairy milk from a cow or other animal source? 2. Type (cow, goat, etc.), variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Raw or unpasteurized?  Yes  No  Unknown |
|  |  |  |  | 1. Dairy milk alternatives, like almond, oat, hemp, coconut, cashew, rice, or soy milk? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Any yogurt or yogurt product like kefir? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Cheese made from unpasteurized or raw milk, including homemade, farm-fresh, and door-to-door cheeses? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Fresh, soft cheeses? 2. Queso fresco  Cotija  Feta  Goat cheese  Fresh mozzarella   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Blue-veined cheese like bleu, stilton, or gorgonzola? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Brie or camembert? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other prepackaged, shredded, sliced, block, gourmet, or artisanal cheese? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Dairy-alternative cheese products, like cashew cheese, vegan cheese? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 8: Eggs, Dairy, and Cheese Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 9: Vegetables:** Now I have some questions about vegetables you (the patient) might have eaten in the 7 days before your (the patient’s) illness began. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am not interested in vegetables grown at home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick. | | | | |
| **First, I have questions about TOMATOES & LEAFY GREENS that are not homegrown.** | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Tomatoes at home? 2. Type:  Red Round  Roma (oval-shaped)  Small, bite-sized tomato, like grape or cherry   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown   1. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Tomatoes outside the home, sometimes served as part of a sandwich, burger, or salad? 2. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Dish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Salsa or pico de gallo (not from a jar or can) prepared at home? 2. List ingredients included: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Salsa or pico de gallo prepared outside the home? 2. List ingredients included: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Avocado? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Guacamole? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Iceberg lettuce at home? 2. Was it purchased  Prepackaged  Whole head/Loose  Unknown 3. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. Place purchased from (names, locations) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Iceberg lettuce prepared outside the home, sometimes served as part of a sandwich, burger, or salad? 2. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Dish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Romaine lettuce at home? 2. Was it purchased:  Prepackaged hearts  Prepackaged chopped  Whole head/loose   Unknown 3. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Romaine lettuce prepared outside the home, sometimes served as part of a sandwich, burger, or salad? 2. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Dish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Spinach at home? 2. Was it purchased  Prepackaged  Bundled/Loose  Unknown 3. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. Place purchased from (names, locations) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Spinach prepared outside the home, sometimes served as part of a sandwich, burger, or salad? 2. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Dish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Cabbage? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Kale? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Arugula? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Spring mix/mixed greens or other lettuce blend? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Prepackaged salad kits often sold in a bag or clamshell? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other leafy greens, like Swiss chard, mustard greens, dandelion, watercress?   a. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 9 – Tomatoes/Leafy Greens Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |
| **Now I have questions about fresh herbs and sprouts you (the patient) might have eaten in the 7 days before your (the patient’s) illness began. Remember, these could have been part of a dish, like pesto, salsa, sauces, etc. We are not interested in dried or bottled herbs or herbs grown at home.** | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Basil, sometimes in pesto or as a garnish? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Cilantro, sometimes in salsa, Mexican food, Asian food, or as a garnish? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other fresh herbs (parsley, chives, dill, sage, thyme, mint, etc.)? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Bean sprouts, like mung bean or soybean, usually served in stir fries, Asian salads, or soups prepared at home? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Bean sprouts, like mung bean or soybean, usually served in stir fries, Asian salads, or soups prepared outside the home? 2. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Dish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other microgreens/sprouts (like alfalfa, clover, daikon radish, microgreens, etc.) prepared at home? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other microgreens/sprouts (like alfalfa, clover, daikon radish, microgreens, etc.) prepared outside the home? 2. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Dish eaten: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 9– Herbs/Sprouts Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |
| **Next, I have a few questions about other vegetables that you (the patient) may have eaten in the 7 days before your (the patient’s) illness.** | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Cucumbers prepared at home? 2. Type, variety:  Mini (like Persian)  Large, wrapped in plastic (like English or European)   “Regular” sold loose, not wrapped in plastic  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown   1. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Cucumbers prepared outside the home? 2. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Specify dish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Zucchini, summer squash, or other “soft” squash? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Sweet or bell peppers (green, red, orange, or yellow)? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Mini or snack-sized sweet peppers, usually sold in a bag or clamshell? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Hot, spicy peppers, like jalapenos or serranos? These could be an ingredient in salsa, pico de gallo, pho, salad, or as a garnish 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Celery?   a. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Carrots or mini carrots? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Pea pods, snap peas, or snow peas? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Broccoli? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Cauliflower? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Onions (white, yellow, or red/purple), including in salads, salsa, pico de gallo, sandwiches, burgers 2. What color were the onions?  White  Red/Purple  Yellow   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Green onions/scallions? |
|  |  |  |  | 1. Mushrooms, including fresh or dried? 2. Type:  Button  Portobellos  Shiitake  Enoki  Wood ear (kikurage)   Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Fresh  Dried |
|  |  |  |  | 1. Prepackaged, precut vegetable mix such as a stir fry or grill kit? |
|  |  |  |  | 1. Fermented vegetables (like kimchi, sauerkraut)? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Was this homemade?  Yes  No  Don’t know |
|  |  |  |  | 1. Other vegetables (Brussels sprouts, radishes, beets, turnips, fennel, etc.)? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 9: Other Vegetable Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

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| **Section 10: fruits & Berries:** Now I have some questions about fruits, not canned, cooked, or frozen, that you (the patient) might have eaten in the 7 days before your (the patient’s) illness began. I will ask you about frozen fruits later. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. I am not interested in fruits and berries grown at home. As I read each food item, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick. | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Apples? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Grapes? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Pears? |
|  |  |  |  | 1. Peaches? |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Nectarines? |
|  |  |  |  | 1. Other stone fruit, like apricots, plums, or cherries? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Citrus fruits, like lemons, limes, oranges, tangerines, grapefruit, mandarins, or clementines? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Strawberries? |
|  |  |  |  | 1. Raspberries? |
|  |  |  |  | 1. Blueberries? |
|  |  |  |  | 1. Blackberries? |
|  |  |  |  | 1. Other berries? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Cantaloupe, rock melon, or musk melon? 2. Precut  Yes  No  Unknown 3. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Watermelon? 2. Precut  Yes  No  Unknown 3. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other melon, such as honeydew or galia melon? 2. Precut  Yes  No  Unknown 3. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Pineapple? |
|  |  |  |  | 1. Mango? |
|  |  |  |  | 1. Papaya? |
|  |  |  |  | 1. Other fruit purchased sliced or pre-cut? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other fruit (banana, kiwi, guava, pomegranate, coconut, dragon fruit, etc.)? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Juices or ciders? 2. Raw or unpasteurized?  Yes  No  Unknown 3. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Smoothies made with fresh or frozen fruit or produce, prepared at home or outside the home? 2. Prepared at home  Prepared outside the home, specify place of purchase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Ingredients in smoothie: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 10: Fruits and Berries Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

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| **Section 11: Frozen Foods:** Now I have a few questions about frozen foods you (the patient) might have eaten in the 7 days before your (the patient’s) illness began. You (the patient) may have purchased the food frozen (from a grocery store, restaurant, or specialty market) and prepared it at home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick. | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Frozen vegetables? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Frozen fruit or berries, including those used in a smoothie? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Frozen pot pies? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Frozen pizza? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Frozen fish product (fish sticks, nuggets, etc.)? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Frozen appetizers or snack foods like mozzarella sticks, jalapeno poppers, burritos, potato skins, or hot pockets? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Frozen breakfast items (waffles, breakfast sandwiches, etc.)? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Frozen vegetarian foods like a veggie burger? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Frozen pre-mixed meals in a bag or box (stir fry, pasta meals, etc.)? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Frozen dinners or box entrees? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other frozen, prepackaged product not mentioned previously? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Ice cream, ice cream products, frozen yogurt, or non-dairy frozen desserts? 2. Type or brand (bar, tub, carton, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Variety or flavor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 11: Frozen Foods Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

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| **Section 12: Nuts, Cereal, Processed, and Dried Foods:** Now I have some questions about nuts, cereals, and processed foods you (the patient) might have eaten in the 7 days before your (the patient’s) illness began. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick. | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Peanut butter eaten at home? 2. What was the brand:  Jif  Skippy  Peter Pan  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Peanut butter eaten outside the home? 2. Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Peanut butter containing foods (cookies, crackers, candies, ice cream, etc.)? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Ground nut/seed butter or other spreads (like Nutella, cookie butter, almond butter)? 2. Type(s):  Almond  Hazelnut  Sunflower  Cookie/Speculoos  Unknown    Cashew  Nutella  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Next, I have questions about dried fruits, nuts, and seeds you (the patient) might have eaten. Remember that these may be used as toppings or mixed into many foods. If you (the patient) ate any of the nuts below as part of another food, please answer "yes".** | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Dried fruit, including dried whole fruit and fruit leathers? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Peanuts? |
|  |  |  |  | 1. Almonds (whole, sliced, chopped, etc.)? |
|  |  |  |  | 1. Walnuts? |
|  |  |  |  | 1. Cashews? |
|  |  |  |  | 1. Pistachios? |
|  |  |  |  | 1. Hazelnuts or filberts? |
|  |  |  |  | 1. Pecans? |
|  |  |  |  | 1. Pine nuts, including in pesto? |
|  |  |  |  | 1. Sunflower seeds? |
|  |  |  |  | 1. Chia, flaxseed, or hemp? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Sesame seeds or other products made from sesame seeds, like tahini or halva? |
|  |  |  |  | 1. Other nuts, mixed nuts, or seeds? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Dips or spreads, like hummus, baba ghanoush, bean dips? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 12: Peanut Butter/Nuts/Seeds Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |
| **Now I have questions about uncooked dough or batter, pre-packaged snack foods and cereals you (the patient) might have had in the 7 days before your (the patient’s) illness began.** | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Eat, taste, or lick any uncooked or unbaked dough or batter (such as cookie, cake, biscuit, muffin batter)? 2. From scratch: type, variety, brand of flour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Premade dough: type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. Prepackaged dry mix (such as cake): type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Did ***anyone in your household*** do any baking with flour, premade dough, or prepackaged dry mix? 2. From scratch: type, variety, brand of flour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 3. Premade dough: type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown 4. Prepackaged dry mix (such as cake): type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Granola, breakfast, power, or protein bars? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Trail mix (or similar product)? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Salty/savory snacks, like chips, corn puffs, seaweed snacks, or pretzels? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Sweet snacks, like cookies or snack cakes? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Chocolate or chocolate-containing candy? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Cold breakfast cereals? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Breakfast cereals like oatmeal, cream of wheat, overnight oats, etc.? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 12: Snack foods/Cereal Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |
| **And finally, I have questions about a few other products you (the patient) might have had in the 7 days before your (the patient’s) illness began.** | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | In the 7 days before the illness began, did you (the patient) eat any: |
|  |  |  |  | 1. Bottled, pre-made smoothies? |
|  |  |  |  | 1. Flavored milk powder (such as chocolate, vanilla, Carnation, or Ovaltine)? |
|  |  |  |  | 1. Recently purchased or newly opened spices, spice blends, or dried herbs? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Nutritional products, such as whey, protein powders, meal replacement powders, probiotics, vitamin boosters, etc.? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Herbal products, such as powdered greens, kratom, herbal teas, or other natural remedies? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Bottled, pre-made health drinks, like Kombucha or coconut water? 2. Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 12: Other foods Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

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| **Section 13: We have covered a wide variety of foods, drinks, etc. After answering all these questions are there any other things you (the patient) ate or drank in the 7 days before becoming ill that have not been mentioned?** | |
| 1. Please describe any other foods, drinks, etc. including as much detail as possible regarding type, variety, or brand. |  |

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| **Section 14: Animal Contact and Pet Food:** Now I have some questions about contact with pets or other animals in the 7 days before your (the patient’s) illness began. Contact is defined as: you (the patient) or someone in the household handling, touching, petting, or otherwise interacting with an animal or the areas where the animal lives/roams. This could have been at your home or another home, at a pet store, petting zoo, retail store, school, daycare, or other location. As I read each exposure, please answer as yes, no, may have had, or can't remember having contact in the 7 days before you (the patient) got sick. | | | | |
| **Yes** | **Maybe** | **No** | **Don’t Know** | Did you (the patient) or anyone in the household have contact with any of the following types of animals or the areas where the animal lives/roams? |
|  |  |  |  | 1. Chickens/chicks, ducks/ducklings, turkeys, or other backyard poultry?    1. Chickens/Chicks  Ducks/Ducklings  Turkeys  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Unknown    2. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Turtles or tortoises?    1. If yes/maybe, was the shell <4 inches in diameter (*smaller than the palm of an adult hand*)?   Yes  No  Unknown    2. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Other reptiles (such as snakes, lizards, geckos, bearded dragons), amphibians (frogs, toads, salamanders), fish or other aquatic animals?    1. If yes or maybe, please specify the type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown    2. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown    3. Was it fed:  Live mice/rat  Frozen mice/rat  Live chick  Frozen chick    Other feeder animal, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not fed feeder animal  Unknown |
|  |  |  |  | 1. Small mammalian household pet, such as hamster, rat, mouse, guinea pig, gerbil, ferret, sugar glider, or hedgehog (excluding feeder rodents used as pet food for reptiles, see #3c)?    1. If yes or maybe, please specify the type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown    2. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Any other type of pets (dogs, cats, birds (not poultry) etc.)    1. If yes or maybe, please specify the type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown    2. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Any other animal (such as farm animals or wildlife)?    1. If yes or maybe, please specify the type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown    2. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
|  |  |  |  | 1. Did you (the patient) or anyone in the household have contact with animal food, animal treats, animal feeding bowls or equipment, or the area where animal food/treats are stored or where animals are fed?    1. What type of animal food:  Dry  Canned  Fresh  Raw  Other, specify: \_\_\_\_\_\_\_\_   Unknown    2. Animal food brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown   Purchase location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown   * 1. Animal treat type:  Pig ear  Pizzle/bully stick  Raw hide  Hooves  Jerky-style treat   Biscuit-style treats  Freeze-dried treats  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown   * 1. Animal treat brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown   Purchase location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown |
| **Section 14: Animal Contact and Pet Food Comments.** *Please fill in any comments/notes from this section in the space provided below:* | | | | |

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| **Section 15: Race, Ethnicity, and Sex:** In this section, we will ask questions about your (the patient’s) race, ethnicity, and sex. We are collecting this information from all ill people. By knowing more about your (the patient’s) race, ethnicity, and sex we can get a better idea of health risks you (the patient) may have and foods you might eat, that might help us identify what caused you to become sick. You (the patient) may belong to more than just one race or ethnicity; please check all that apply to you (the patient). These questions are optional, and you may choose not to answer them. |
| 1. Are you (the patient) Hispanic/Latino/a?  Yes  No  Unknown  Declined to answer 2. If yes, please specify:  Mexican, Mexican American, Chicano/a  Puerto Rican  Cuban   Another Hispanic, Latino/a or Spanish Origin (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| |  |  |  | | --- | --- | --- | | African American or Black   1. Specify Ethnicity or Nationality *(optional)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | American Indian/Alaska Native   1. Tribal Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Specify Ethnicity or Nationality *(optional)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Asian   Chinese    Filipino  Japanese  Korean  Vietnamese  Other Asian   1. Specify Ethnicity or Nationality *(optional)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Middle Eastern or North African   1. Specify Ethnicity or Nationality *(optional)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Native Hawaiian or Other  Pacific Islander    Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander   1. Specify Ethnicity or Nationality *(optional)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | White   1. Specify Ethnicity or Nationality *(optional)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | All other race/ethnicities *(specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Declined to answer | Unknown |  1. How would you describe your race/ethnicity? *(check all that apply)* |
| 1. What languages are spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Declined to answer |
| 1. Sex:  Male  Female  Unknown |

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| **That completes the interview. Thank you for taking the time to answer these questions. Your responses may be helpful in preventing others from becoming sick.** |