|  |
| --- |
| *Public Health Agency of Canada****E. coli* Hypothesis Generating Questionnaire**  **Case ID:**  **National ID:** |

|  |  |
| --- | --- |
| **Questionnaire Background for Interviewer** | |
| This questionnaire is designed to collect comprehensive information on possible risk factors for *E. coli*. It is designed for cluster/outbreak investigations where the source of infection is unknown, but the questionnaire could be applied to investigate sporadic cases.  Data captured: - Case demographics - Food exposures  - Clinical information - Pet exposures  - Laboratory information - Other risk factors  Since outbreaks of *E. coli* are often linked back to contaminated food products, it is critical to collect as much detail as possible on food exposures. Therefore this questionnaire has both an open ended food history followed by a detailed check list of food items; this may seem repetitive but is used to ensure all possible food exposures are captured. Please collect as much details as possible for each item, including restaurant exposures. Also consider using a calendar to probe and collecting receipts, purchase data or loyalty cards if available.  The questionnaire is estimated to take 45 - 60 minutes to complete | |
| **FOR LOCAL USE ONLY – PLEASE REMOVE THIS PAGE IF SENDING TO PHAC** | |
| 1. **Case Information** | |
| Case Name: | Proxy Name: |
| Health Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Physician: | Physician Phone: |
| Occupation: | Place(s) of employment: |
| 1. **Symptoms** | |
| Date of first symptom onset: d\_\_\_\_\_\_\_ / m\_\_\_\_\_\_\_ / y\_\_\_\_\_\_ Asymptomatic: 🞏 Y 🞏 N 🞏 DK | |
| Symptoms: Diarrhea\* 🞏 Y 🞏 N 🞏 DK Fever 🞏 Y 🞏 N 🞏 DK Abdominal cramps 🞏 Y 🞏 N 🞏 DK 🞏 Y 🞏 N 🞏 DK  Bloody diarrhea 🞏 Y 🞏 N 🞏 DK Headache 🞏 Y 🞏 N 🞏 DK Nausea 🞏 Y 🞏 N 🞏 DK  Vomiting 🞏 Y 🞏 N 🞏 DK Other: 🞏 Y 🞏 N 🞏 DK If other, please specify:  *\*3 or more loose stools in a 24 hour period* | |
| Underlying conditions or medications that suppress the immune system (e.g. pregnancy, diabetes, cancer, steroids)? 🞏 Y 🞏 N 🞏 DK  If yes, please specify: | |
| 1. **Ill Contacts:** | |
| Were any of (your/case’s) contacts ill with similar symptoms in the **10 days** before (you/case) became ill? 🞏 Y 🞏 N 🞏 DK If yes, can you tell me who?  *\*Contacts include household members, sexual partners, individuals who prepared food for (you/case), children or adults that (you/case) assisted with bathroom use or diaper change, or other individuals with whom (you/case) may have come into contact with their vomit and/or stool* | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: 🞏 M 🞏 F Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to case:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Date of diarrhea onset: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: 🞏 M 🞏 F Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to case:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Date of diarrhea onset: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: 🞏 M 🞏 F Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to case:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Date of diarrhea onset: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ | |

|  |
| --- |
| *Public Health Agency of Canada****E. coli* Hypothesis Generating Questionnaire**  **Case ID:**  **National ID:** |

|  |  |
| --- | --- |
| **Section 1. Case Information** | |
| Case Interviewed by:  v | Date of interview: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ |
| Health Unit/Authority: | Date reported to Health Unit/Authority: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ |
| Province/Territory: |  |
| Respondent was: 🞏 Case 🞏 Parent 🞏 Spouse 🞏 Caretaker 🞏 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Age: \_\_\_\_\_\_\_ | Sex: 🞏 M 🞏 F |

| **Section 2. Clinical Information**  Provincial Lab ID: | | |
| --- | --- | --- |
| **To be filed out by interviewer** | Serotype: | Phage Type: |
| PFGE 1: | PFGE 2: |
| Positive specimen type(s):  🞏 Stool 🞏 Blood 🞏 Urine 🞏 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of first positive specimen collection: d\_\_\_\_\_ / m\_\_\_\_\_\_ / y\_\_\_\_\_\_ |
| Date of first symptom onset: d\_\_\_\_\_\_\_ / m\_\_\_\_\_\_\_ / y\_\_\_\_\_\_  Asymptomatic: 🞏 Y 🞏 N 🞏 DK | Date of diarrhea onset: d\_\_\_\_\_\_\_ / m\_\_\_\_\_\_\_ / y\_\_\_\_\_\_ |
| Admitted\* to hospital because of the illness? 🞏 Y 🞏 N 🞏 DK \*Do not include individuals who visit an emergency room or outpatient clinic | Date of admission: d\_\_\_\_\_\_ / m\_\_\_\_\_\_ / y\_\_\_\_\_\_  Date of discharge: d\_\_\_\_\_\_ / m\_\_\_\_\_\_ / y\_\_\_\_\_\_ 🞏 Still hospitalized |
| Hemolytic uremic syndrome (HUS)? 🞏 Y 🞏 N 🞏 DK | Other complications? 🞏 Y 🞏 N 🞏 DK  If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Case deceased? 🞏 Y 🞏 N: Date of Death: d\_\_\_\_\_\_ / m\_\_\_\_\_\_ / y\_\_\_\_\_\_  If yes, was *E. coli* infection the underlying/contributing cause of death? 🞏 Y 🞏 N 🞏 DK  If yes, was determination based on death certificate? 🞏 Y 🞏 N 🞏 DK | |

|  |
| --- |
| **Section 3: Travel Information** |
| In the **10 days** before onset of illness, that is from d\_\_\_\_/m\_\_\_\_\_/y\_\_\_\_\_ through d\_\_\_\_/m\_\_\_\_/y\_\_\_\_, did (you/case) travel within or outside of Canada?  🞏 Y 🞏 N 🞏 DK |
| If yes: 🞏 Within Province/Territory 🞏 Other Province(s)/Territory(ies) 🞏 Outside Canada |
| Specify travel destination(s) (country/town/resort): |
| Departure: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ Return: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ |

|  |
| --- |
| **Section 4. Special Diets or Food Preferences** |
| First I would like to ask some general questions about (your/case’s) diet and food preferences. |
| Are (you/case) a vegetarian? 🞏 Y 🞏 N 🞏 DK  If yes, do (you/case) ever eat: Eggs 🞏 Y 🞏 N 🞏 DK Dairy 🞏 Y 🞏 N 🞏 DK Fish 🞏 Y 🞏 N 🞏 DK  Poultry 🞏 Y 🞏 N 🞏 DK Red meat 🞏 Y 🞏 N 🞏 DK Other Meat 🞏 Y 🞏 N 🞏 DK  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| Are (you/case) allergic to any foods ? 🞏 Y 🞏 N 🞏 DK  *If yes, specify which foods:* |
| Are there any foods/food groups that (you/case) never eat? 🞏 Y 🞏 N 🞏 DK *If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| In the **10 days** prior to illness, were (you/case):  On a special or restricted diet? (e.g. raw food diet, vegan, diabetic diet, kosher, halal)  🞏 Y 🞏 N 🞏 DK *If yes, describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Taking a dietary or nutritional supplement? (e.g. meal replacements, protein powder, vitamins, herbs)  🞏 Y 🞏 N 🞏 DK  *If yes, describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did you consume any bottled, pre-made health drinks? (e.g. Kombucha, coconut water)  🞏 Y 🞏 N 🞏 DK *If yes, describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 5. Food eaten outside the home** | | | | | | | |
| In the **10 days** prior to illness onset did (you/case) eat food outside home at a social gathering or at any of the following food establishments? (including food taken from a restaurant and eaten at home and samples eaten at establishments such as grocery stores)? | | | | | | | |
| **Places to eat out** | **Type of Gathering/Establishment Name(s)** | | | | | **Details of food(s) eaten** | **Name(s), date(s) and location(s)** |
| Social gathering or event  🞏Y 🞏N 🞏DK  *If yes, are you aware of anyone else who became ill with diarrhea following the gathering?*  🞏Y 🞏N 🞏DK  If yes, number ill? \_\_\_\_\_\_ | 🞏 Homes of family or friend  🞏 Snacks or food brought to school or worksite (e.g. cupcakes, potluck)  🞏 Conference  🞏 Community and/or Religious events  🞏 Catered private event (weddings, parties, etc.)  🞏 Group restaurant dinner  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  |
| Fast Food chain restaurant  🞏Y 🞏N 🞏DK | 🞏 McDonald's  🞏 Burger King  🞏 KFC/Taco Bell  🞏 Dairy Queen  🞏 Pizza Pizza | 🞏 Wendy's  🞏 Starbucks  🞏 Pizza Hut  🞏 Tim Hortons  🞏 Quizno’s | | | 🞏 Mr. Sub  🞏 A&W  🞏 Subway  🞏 Harvey's |  |  |
| 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Dining Chain restaurant  🞏Y 🞏N 🞏DK | 🞏 Boston Pizza  🞏 Keg Steakhouse  🞏 Kelsey’s | | 🞏 Swiss Chalet  🞏 East Side Mario's  🞏 Montana’s Cookhouse | | |  |  |
| 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Other restaurant types  🞏Y 🞏N 🞏DK | 🞏 Mexican  🞏 Italian  🞏 Spanish  🞏 Greek  🞏 Vegetarian restaurant  🞏 Buffet-style restaurant | | | 🞏 Steakhouse or grill  🞏 Breakfast place  🞏 Seafood  🞏 Pizzeria  🞏 Tavern or pub  🞏 Local restaurant /café | |  |  |
| 🞏 Middle Eastern (e.g. shawarma, donair) | | | | |
| 🞏 Asian (Indian, Chinese, Thai, Korean, Japanese, etc). | | | | |
| 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Other food establishments  🞏Y 🞏N 🞏DK | 🞏 Coffee Shop or Bakery  🞏 Cafeteria or food served at an institution (School, University hospital, workplace, etc.)  🞏 Street vendor / Concession stand  🞏 Meals served on plane, trains, buses or boats (not personnal food)  🞏 Ready to eat from Gas Stations/Convenience Stores  🞏 Ready to eat from Grocery Store (including samples)  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  |

|  |  |  |
| --- | --- | --- |
| **Section 6. Home Food Purchase:** | | |
| Where did (you/case) usually purchase food for home consumption (include grocery stores, farmers markets, specialty stores, ethnic markets, food banks etc)?  \*Consent form for collecting loyalty card information is available from your provincial/territorial health authority or PHAC | | |
| Store Name | | Location/Address |
| A | Loyalty card? 🞏 Y 🞏 N 🞏 DK  Loyalty card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| B | Loyalty card? 🞏 Y 🞏 N 🞏 DK  Loyalty card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| C | Loyalty card? 🞏 Y 🞏 N 🞏 DK  Loyalty card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| D | Loyalty card? 🞏 Y 🞏 N 🞏 DK  Loyalty card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| E | Loyalty card? 🞏 Y 🞏 N 🞏 DK  Loyalty card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |
| --- | --- |
| **Section 7. Online Food Purchases:** | |
| In the **10 days** prior to illness onset did (you/case) consume food/supplements purchased over the internet: 🞏 Yes 🞏 Probably 🞏 No  **If yes please provide details:** | |
| **Type / Variety / Brand** | **Specify store name/website** |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 8: Ten Day Food History** | | | | | | |
| I’d like to talk to you about the foods and drinks (you/case) ate/drank before (you/case) got sick. Starting with the day (you/case) were sick:  *(Interviewer note: please probe regarding where foods were eaten and how prepared, e.g. prepared and eaten at home, eaten at a restaurant, take-out, ready-to-eat meal, frozen dinner, etc)* | | | | | | |
| **Day of illness** d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_; 🞏M 🞏T 🞏W 🞏Th 🞏F 🞏Sat 🞏Sun | | | | | | |
| Breakfast | Lunch | | | Dinner | | Snacks |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
|  |  | | |  | |  |
| **1 day before illness** d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_; 🞏M 🞏T 🞏W 🞏Th 🞏F 🞏Sat 🞏Sun | | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks | |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
| **2 days before illness** d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_; 🞏M 🞏T 🞏W 🞏Th 🞏F 🞏Sat 🞏Sun | | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks | |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
| **3 days before illness**  d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ 🞏M 🞏T 🞏W 🞏Th 🞏F 🞏Sat 🞏Sun | | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| **4 days before illness**  d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ 🞏M 🞏T 🞏W 🞏Th 🞏F 🞏Sat 🞏Sun | | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks | |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
|  | |  |  | | |  |
| **5 days before illness***:* d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ 🞏M 🞏T 🞏W 🞏Th 🞏F 🞏Sat 🞏Sun | | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| **6 days before illness**  d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ 🞏M 🞏T 🞏W 🞏Th 🞏F 🞏Sat 🞏Sun | | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| **7 days before illness**  d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ 🞏M 🞏T 🞏W 🞏Th 🞏F 🞏Sat 🞏Sun | | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| **8 days before illness**  d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ 🞏M 🞏T 🞏W 🞏Th 🞏F 🞏Sat 🞏Sun | | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| **9 days before illness**  d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ 🞏M 🞏T 🞏W 🞏Th 🞏F 🞏Sat 🞏Sun | | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
| **10 days before illness**  d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ 🞏M 🞏T 🞏W 🞏Th 🞏F 🞏Sat 🞏Sun | | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |
|  | |  |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 9: Food Exposures** | | | | | | | | | | | | |
| INSTRUCTIONS TO READ TO CASE  I am interested in the food you ate during the **10 days** before your illness onset date; that is from d\_\_\_\_/m\_\_\_\_\_/y\_\_\_\_\_ through d\_\_\_\_/m\_\_\_\_/y\_\_\_\_. For each food item please give me your best guess as to whether you ate the food, you’re not sure but you probably ate the food, or you did not eat the food. Please include food eaten on their own, or as part of a salad, sandwich, or dish.  INSTRUCTIONS FOR INTERVIEWER  For each food item that the case consumed ask follow up questions regarding the brand, location of purchase. Please select an answer for each question or indicate if question not asked. There are four possible options for each food expsoure:  Yes – indicates case **ate** the food DK – indicates case **doesn’t know** if they ate the food  Prob. – indicates the case **probably** ate the food No – indicates case **did not eat** the food | | | | | | | | | | | | |
|  | **Yes** | | **Prob\*** | | | **No** | | **DK** | | **IMPORTANT. *Please complete in as much detail as possible***  **Type / Variety / Brand** | **Where purchased or eaten:**  *Specify grocery store or restaurant name* | |
| **BEEF** | | | | | | | | | | | | |
| Any beef (not including deli meat)  *If yes, please specify type(s) below* | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Hamburgers (e.g. hamburger patties) | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Hamburgers home-made from ground beef | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Store-bought frozen beef patties | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Store-bought fresh beef patties | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Any other ground beef (e.g. meatballs, chili, spaghetti)?  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Ground beef consumed raw or undercooked (e.g. tartare or kibbeh)? | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Raw beef (e.g. carpaccio)  purchased 🞏 fresh 🞏 frozen 🞏 DK | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Steak  purchased 🞏 fresh 🞏 frozen 🞏 DK | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Stewing beef  purchased 🞏 fresh 🞏 frozen 🞏 DK | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Other whole-cut beef products (e.g. roasts, ribs)  purchased 🞏 fresh 🞏 frozen 🞏 DK | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Veal | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Other beef (not including deli-meat) | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| **PORK** | |  | |  | |  | |  | |  |  | |
| Any pork (not including deli meat)  *If yes, please specify type(s) below* | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Ham (not including deli-meat) | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Bacon | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
|  | | **Yes** | | **Prob\*** | | **No** | | **DK** | | **IMPORTANT. Please complete in as much detail as possible**  **Type / Variety / Brand** | **Where purchased or eaten:**  *Specify grocery store or restaurant name* | |
| Ground pork | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Any pork pieces or parts (e.g. pork roasts, ribs, chops, in soups, or as part of a dish, not including deli-meat or ham)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Other pork (not including deli-meat)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| **POULTRY** | |  | |  | |  | |  | |  |  | |
| Any chicken (not including deli meat).  *If yes, please specify type(s) below* | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Store bought breaded chicken (e.g. nuggets, strips, or burgers) | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Ground chicken | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Any chicken pieces or parts (e.g. roasted whole chicken, breasts, wings, thighs, in soups, or as part of a dish, not including deli meat)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Other chicken (not including deli-meat)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Any turkey (not including deli meat)  *If yes, please specify type(s) below* | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Turkey bacon | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Ground turkey | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Any turkey pieces or parts (e.g. roasted whole turkey, breasts, wings, thighs, in soups, or as part of a dish, not including deli meat)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Other turkey (not including deli meat)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| Other poultry (not including deli meat e.g. Cornish hen, duck)  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  |  | |
| **EGGS AND EGG-CONTAINING DISHES** | | | | | | | | | | | | |
| Eggs (e.g. Scrambled eggs, omelets)  *If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Eggs consumed raw or undercooked (e.g. “runny” or “over-easy”; anything made with raw eggs (e.g. raw cookie dough, cake batter, sauces, homemade ice cream, mayo, salad dressing, or in  a drink)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
|  | **Yes** | | **Prob\*** | | | **No** | | **DK** | | **IMPORTANT. Please complete in as much detail as possible**  **Type / Variety / Brand** | **Where purchased or eaten:**  *Specify grocery store or restaurant name* | |
| **OTHER MEAT/ANIMAL PRODUCTS** | | | | | | | | | | | | |
| Any deli meats (e.g. Bologna, salami, pepperoni, turkey, ham)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Pre-packaged deli meat  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Deli-meat sliced at the deli counter  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Hot dogs or corn dogs  If yes, heated before eating 🞏Y 🞏N 🞏 DK | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Sausage  🞏Beef 🞏Pork 🞏Chicken 🞏Turkey  🞏Other (e.g. summer sausage),  If yes, specify: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Dried meat products (e.g. beef jerky, pepperettes)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Pâté/meat spread  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Lamb | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Goat | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Any kind of game/country food (e.g. venison, pheasant, rabbit, caribou, seal, quail, moose, bison)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Any organ meats or offal (e.g. liver, kidney, heart)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Other meat, excluding fish/seafood (e.g. shawarma/donair)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| **FISH AND SEAFOOD** | | | | | | | | | | | | |
| Any fish (including fresh, canned, jarred, frozen)  *If yes, please specify type(s) below* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Smoked fish (e.g. smoked salmon)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Fish – eaten raw (e.g. sushi, tartare, sashimi, ceviche)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
|  | **Yes** | | **Prob\*** | | | **No** | | **DK** | | **IMPORTANT. Please complete in as much detail as possible**  **Type / Variety / Brand** | **Where purchased or eaten:**  **Specify grocery store or restaurant name** | |
| Other fish (fresh, frozen, cooked, or dried fish)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Shellfish (e.g. oysters, clams, mussels, scallops, cockles)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *If yes, was it eaten raw* 🞏Y 🞏N 🞏DK | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Crustaceans (e.g. crab, shrimp, prawns, crayfish, lobster)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *If yes, was it eaten raw* 🞏Y 🞏N 🞏DK | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Other seafood or seaweed products  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| **DAIRY AND DAIRY SUBSTITUTES** | | | | | | | | | | | | |
| Pasteurized dairy milk  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Unpasteurized (raw) dairy milk (excluding cheese)  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Non-dairy milk (e.g. soy, almond, coconut, rice)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Powdered milk products (e.g. powdered milk, Carnation, Ovaltine) | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Whipped/whipping cream | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Sour cream | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Ice cream/gelato  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Frozen dairy desserts | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Milk or cream containing desserts (e.g. cream filled pies/pasteries, pudding)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Yogurt | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Other dairy or dairy-alternative products  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| **CHEESE** | | | | | | | | | | | | |
| Cheddar cheese | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Mozzarella cheese | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Parmesan cheese | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Gouda | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
|  | **Yes** | | **Prob\*** | | | **No** | | **DK** | | **IMPORTANT. Please complete in as much detail as possible**  **Type / Variety / Brand** | **Where purchased or eaten:**  **Specify grocery store or restaurant name** | |
| Feta cheese | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Any Brie, camembert or other soft cheeses  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Any blue-veined cheese such as blue cheese or gorgonzola  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Any cottage, ricotta cheese, or other fresh cheese  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Any cheese made from goat/sheep milk  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Any other cheese that is typically sold as a block or cut from solid blocks or wheels (e.g. Emmental, jarlsberg, monterey jack, havarti, colby or oka)  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Processed cheese (e.g. sliced cheese, cheese string/tubes or from a jar)  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Any cheese made with unpasteurized (raw) milk  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Non-dairy cheese alternative | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| **VEGETABLES** *Include raw or cooked vegetables (exclude vegatables purchased canned)* | | | | | | | | | | | |
| Tomatoes  *If yes, please specify type(s) below:* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Roma/Plum | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Hothouse | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Beef steak | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Cherry or grape | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Other tomatoes (e.g. heirloom, vine-ripened)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Lettuce or leafy greens (e.g. in a salad, on a sandwich or burger)  *If yes, please specify type(s) below:* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Iceberg  🞏 prepackaged 🞏 loose/head | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Romaine  🞏 prepackaged 🞏 loose/head | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
|  | **Yes** | | **Prob\*** | | | **No** | | **DK** | | **IMPORTANT. Please complete in as much detail as possible**  **Type / Variety / Brand** | **Where purchased or eaten:**  **Specify grocery store or restaurant name** | |
| Spinach  🞏 prepackaged 🞏 loose | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Mesclun lettuce  🞏 prepackaged 🞏 loose | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Kale  🞏 prepackaged 🞏 loose | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Arugula  🞏 prepackaged 🞏 loose | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Other lettuce/leafy greens  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  🞏 prepackaged 🞏 loose/head | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Salad kits (e.g. in a bag) | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Store-bought prepared green salad (e.g. Caesar, garden, chef’s, spinach)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Cabbage (include if eaten as coleslaw)  🞏 prepackaged 🞏 loose/head | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Coleslaw | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Sprouts (including on a sandwich or salads)  *If yes, please specify type(s) below:* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Alfalfa sprouts | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Bean sprouts | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Other sprouts, (e.g. onion, clover, broccoli, microgreens)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Cucumbers  🞏 English 🞏 Field 🞏 Mini | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Bell peppers (e.g. red, green, yellow peppers)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Hot peppers (e.g. jalapeno, Serrano, habanero)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Celery | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Carrots (not mini) | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Mini/baby carrots | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Peas (fresh, raw pea pods, snap peas, snow peas) | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Green or yellow beans | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
|  | **Yes** | | **Prob\*** | | | **No** | | **DK** | | **IMPORTANT. Please complete in as much detail as possible**  **Type / Variety / Brand** | **Where purchased or eaten:**  **Specify grocery store or restaurant name** | |
| Broccoli | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Cauliflower | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Onions  *If yes, please specify type(s) below:* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| White/ yellow onions | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Green onions | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Red onions | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Other onions  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Leeks | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Fresh Garlic (not powdered) | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Mushrooms | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Zucchini | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Other vegetables  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Frozen vegetables | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Fermented vegetables (e.g. kimchi, sauerkraut) | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Store-bought potato salad | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Store-bought pasta salad | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Store-bought other salad (e.g. Greek, quinoa, bean) | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| **FRUIT** *Include raw or cooked fruits (exclude fruits purchased canned)* | | | | | | | | | | | |
| Fruit salad/pre-cut fruit or fruit platter | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Melon  *If yes, please specify type(s) below:* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Cantaloupe | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Honeydew melon | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Watermelon | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Other melons  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Apples | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Pears | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Peaches | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
|  | **Yes** | | **Prob\*** | | | **No** | | **DK** | | **IMPORTANT. Please complete in as much detail as possible**  **Type / Variety / Brand** | **Where purchased or eaten:**  **Specify grocery store or restaurant name** | |
| Nectarines | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Apricots | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Plums | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Citrus fruits (e.g. oranges, grapefruit, lemons, limes)  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Berries  *If yes, please specify type(s) below:* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Strawberries | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Raspberries | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Blueberries | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Blackberries | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Other berries (e.g. cranberries, gooseberries, tayberries)  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Frozen berries | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Frozen fruit other than frozen berries | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Cherries | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Grapes | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Bananas | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Mangos | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Papayas | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Kiwi | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Pomegranate | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Pineapple | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Coconut | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Avocado  🞏 guacamole | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Olives | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Other fruit  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| **BEVERAGES** | | | | | | | | | | | | |
| Vegetable juices (e.g. tomato juice, carrot juice)  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
|  | **Yes** | | **Prob\*** | | | **No** | | **DK** | | **IMPORTANT. Please complete in as much detail as possible**  **Type / Variety / Brand** | **Where purchased or eaten:**  **Specify grocery store or restaurant name** | |
| Any unpasteurized fruit juices (e.g. unpasteruzied apple cider)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Smoothies made with fresh or frozen fruit or produce, made at home or purchased fresh-made from a store, restaurant, or café | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Bottled, pre-made smoothie | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| **HERBS AND SPICES** | | | | | | | | | | | | |
| Fresh Thai basil | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Fresh basil | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Fresh cilantro/coriander | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Fresh parsley | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Other fresh herbs (e.g.oregano, dill, mint, rosemary, chives and thyme)  *If yes, specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Any dried herbs or spices  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| **STORE-BOUGHT PREPARED SPREADS AND DIPS** | | | | | | | | | | | | |
| Salsa  🞏 Fresh (e.g. pico de gallo) 🞏 In a jar or can | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Hummus | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Any other dip  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| **FROZEN FOODS** | | | | | | | | | | | |
| Frozen pizza | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  |
| Frozen pot pies | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  |
| Frozen meals in a bag or box (e.g. stir fry, frozen dinners)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  |
| Frozen snack foods/appetizers (e.g. mozzarella sticks, jalapeno poppers, fries)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  |
| Other frozen foods, (e.g. desserts, waffles)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  |
| **NUTS AND SEEDS** | | | | | | | | | | | | |
| Peanuts (not including peanut butter) | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Almonds | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
|  | **Yes** | | **Prob\*** | | **No** | | **DK** | | **IMPORTANT. Please complete in as much detail as possible**  **Type / Variety / Brand** | | **Where purchased or eaten:**  **Specify grocery store or restaurant name** | |
| Walnuts | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Hazelnuts (filberts) | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Cashews | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Pecans | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Pistachios | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Other nuts, including nuts in a nut mix (e.g. pine nuts, macademia nuts or trail mix)  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Peanut butter | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Nut paste, butter or spread (e.g. almond butter or chocolate hazelnut spread)  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Sunflower seeds | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Sesame seeds | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Tahini, halva, or other products made from sesame seeds | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| Other seeds (e.g. chia/chia powder, flax, hemp)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | 🞏N | | 🞏DK | |  | |  | |
| **DRIED/PROCESSED/OTHER FOODS** | | | | | | | | | | | |
| Raw flour used in the household (e.g. for baking, cooking, playdough) | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Eat, taste, or lick any uncooked or unbaked dough or batter (e.g. cookie dough, cake or muffin batter) | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Tofu | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Other soy products (e.g. tempeh, soy burgers, soy chicken)  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Dried fruits (e.g. raisins, cranberries, apricots, coconut)  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Granola bars, power bars or other protein bars  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Chips or pretzels  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Other prepackaged snack food (e.g. crackers, cookies, snack cakes)  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
|  | **Yes** | | **Prob\*** | | | **No** | | **DK** | | **IMPORTANT. Please complete in as much detail as possible**  **Type / Variety / Brand** | **Where purchased or eaten:**  **Specify grocery store or restaurant name** |
| Chocolate or chocolate-containing candy  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  |
| Cold breakfast cereal  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |
| Hot breakfast cereal (e.g. oatmeal, cream of wheat, porridge)  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | 🞏Y | | 🞏P | | | 🞏N | | 🞏DK | |  |  | |

| **Section 10. Risk Factors:** | |
| --- | --- |
| Finally, I’d like to ask you about other exposures. In the **10 days** before onset of illness did (you/case): | |
| Live in a residential institution? 🞏 Y 🞏 N 🞏 DK  (e.g. Nursing home, long term care facility, prison, dormitory or boarding school) | Name/location: |
| Attend a day care or day facility ? 🞏 Y 🞏 N 🞏 DK  (e.g. child or adult) | Name/location : |
| Attend school 🞏 Y 🞏 N 🞏 DK | Name/location: |
| Work/volunteer as a food handler 🞏 Y 🞏 N 🞏 DK | Name/location: |
| Handle any other raw, bloody or undercooked meat? 🞏 Y 🞏 N 🞏 DK | |
| Use the following sources of drinking water? (check all that apply)  🞏 Municipal 🞏 Well/Private water source 🞏 Bottled water, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Swim in/go into the ocean, a lake, a river, a pool or a hot tub?  🞏 Y 🞏 N 🞏 DK If yes, specify type of water source and location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Have any contact with companion animals, or pets, (including cats, dogs, rodents, reptiles, amphibians, fish, birds, etc) or their waste (including feces, bedding, litter, aquariums, etc), either at home or outside of the home?  🞏 Y 🞏 N 🞏 DK If yes, specify type of animal(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Have any contact with farm animals, or livestock (such as cattle, goats, sheep, horses, chickens/chicks, petting zoos, etc) or wild animals (including wildlife, zoo animals, etc), or their waste (including feces, bedding, litter, etc)?  🞏 Y 🞏 N 🞏 DK If yes, specify type of animal(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Visit a petting zoo?  🞏 Y 🞏 N 🞏 DK location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Handle any animal foods/treats in the **10 days** prior to illness onset? 🞏 Y 🞏 N 🞏 DK | |
| If yes did (you/case) handle: | Details (type, brand): |
| 🞏 Raw pet food |  |
| 🞏 Dry pet food |  |
| 🞏 Canned/wet pet food |  |
| 🞏 Treats derived from animal parts (e.g. pig ears, rawhide, cow hooves) |  |
| 🞏 Processed animal treats (e.g. chews, biscuits) |  |
| 🞏 Rodents/insects for reptiles |  |
| 🞏 Animal feed |  |
| 🞏 Other  If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Notes/General Comments: