Shiga-toxin Escherichia coli (STEC) Report Form

INTERVIEW

EpiTrax # ___________________________ Interviewer Name: ___________________________

Number of Call Attempts: ___________________________. Date of Interview (must enter MM/DD/YYYY): _______

Follow-up Status: □ Interviewed
□ Refused Interview
□ Lost to Follow-Up*

Respondent was: □ Self
□ Parent
□ Spouse
□ Other, Specify:_____________________

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

DEMOGRAPHICS

Birth Gender: □ Male
□ Female

Hispanic/Latino Origin: □ Yes
□ No
□ Unknown

How would you describe your race?
□ White
□ Black/African American
□ American Indian/Alaska Native
□ Asian
□ Native Hawaiian/Other Pacific Islander
□ Other ______
□ Unknown

Did you have any symptoms? □ Yes
□ No
□ Unknown

If yes, turn to page 3 and record specific symptoms under Investigation.

What date did you start to have symptoms of illness? Onset Date:__________ Onset Time:__________

Date Diagnosed:_____________________

Did you recover?
□ Yes
□ No
□ Unknown

If Yes, Recovery Date: __________

Time Recovered: __________

Did you die?
□ Yes*
□ No
□ Unknown

*If Yes, Date of Death:______________

Are you pregnant?
□ Yes* □ No
□ Unknown

*If Yes, Expected Delivery Date: ________________
Additional Clinical Notes:

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**EPIDEMIOLOGICAL**

**Occupation:**

Check all that apply:  □ Volunteer  □ Unemployed  □ Retired

<table>
<thead>
<tr>
<th>Is this patient a:</th>
<th>If yes to any, list details for each:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food handler? □ Yes □ No □ Unknown</td>
<td>Facility Name(s):</td>
</tr>
<tr>
<td>Health care worker? □ Yes □ No □ Unknown</td>
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<tr>
<td>Group living? □ Yes □ No □ Unknown</td>
<td>Address(es):</td>
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<tr>
<td>Day care attendee? □ Yes □ No □ Unknown</td>
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<tr>
<td>Day care worker? □ Yes □ No □ Unknown</td>
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<tr>
<td>School attendee? □ Yes □ No □ Unknown</td>
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<tr>
<td>School employee? □ Yes □ No □ Unknown</td>
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<tr>
<td>Lab Employee? □ Yes □ No □ Unknown</td>
<td>Phone Number(s):</td>
</tr>
<tr>
<td>Attend Lab Class at school? □ Yes □ No □ Unknown</td>
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</tbody>
</table>

If Yes to any above, did you work or attend while ill?  □ Yes □ No □ Unknown

If Yes, Dates Worked or Attended/Notes:

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**Under state regulation*, is patient to be excluded from work or daycare?**  □ Yes  □ No

*See K.A.R. 28-1-6 below or Kansas Disease Investigation Guidelines for disease-specific information on exclusion criteria

**If yes, Date exclusion lifted:**

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KAR 28-1-6 - Each infected person shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly, until two negative stool cultures are obtained at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics.

No infected child shall attend a child care facility, or a family day care home until two negative stool cultures are obtained at least 24 hours apart and no sooner than 48 hours following discontinuation of antibiotics.
INVESTIGATION

A. Clinical Symptoms

Did you have any symptoms? □ Yes □ No □ Unknown

Abdominal Cramps? □ Yes □ No □ Unknown

Diarrhea? □ Yes □ No □ Unknown  
If yes, what date did it start? _________

Blood in stool? □ Yes □ No □ Unknown

Vomiting? □ Yes □ No □ Unknown  
If yes, what date did it start? _________

Fever? □ Yes □ No □ Unknown  
If yes, highest measured temperature (°F) _______

Do you have an underlying immunodeficiency? □ Yes □ No □ Unknown  
If yes, specify: ____________________________

Diagnosed with Hemolytic Uremic Syndrome (HUS)? □ Yes □ No □ Unknown  
If yes, create new record in EpiTrax with disease event Hemolytic Uremic Syndrome and begin HUS investigation.

B. General Exposure—Travel History

Did you travel outside of the USA in the 7 days prior to onset of illness? □ Yes □ No □ Unknown

Location traveled to (i.e., City/Country Resort Information) and Dates traveled: ________________________________

Traveled outside of Kansas, but inside USA? □ Yes □ No □ Unknown

Location traveled to (i.e., City and State Hotel Information) and Dates traveled: ________________________________

Traveled outside of county, but inside Kansas? □ Yes □ No □ Unknown

Cities traveled to in Kansas and Dates: ________________________________
C. General Exposure—Risk Factors

In the 7 days prior to onset of illness, did you attend any large gatherings or group events?  

☐ Yes  ☐ No  ☐ Unknown

Event 1: ___________________________________________  Date: _____________

Event 2: ___________________________________________  Date: _____________

Event 3: ___________________________________________  Date: _____________

Please provide additional details about the events attended:

________________________________________________________________________

________________________________________________________________________

Did you have contact with anyone who had similar symptoms or was diagnosed with STEC?  

☐ Yes  ☐ No  ☐ Unknown

If yes, list contact, with relationship to case, age, onset date, and predominant symptoms. This information will be reported under “Contacts” in EpiTrax:

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Onset Date</th>
<th>Predominant Symptoms</th>
</tr>
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<tbody>
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D. Other Exposure—Food History (Section 1)

In the 7 days before illness began did you or your child:

• Are there foods that you avoid due to allergy or preference?  
  ☐ Yes  ☐ Maybe  ☐ No  ☐ Don’t Know

• Do you make it a point to select organic foods when you shop?  
  ☐ Yes  ☐ Maybe  ☐ No  ☐ Don’t Know

• Have any allergies that prevent you from eating certain foods?  
  ☐ Yes  ☐ Maybe  ☐ No  ☐ Don’t Know
    • If yes, what foods?

☐ Milk  ☐ Eggs
☐ Peanuts  ☐ Tree Nuts
☐ Fish  ☐ Soy
Vegetarian or Vegan Diet?
Special or restricted diet (medical, weight-loss, religious, cultural, etc.):
Any vitamins, nutritional or herbal supplements, such as teas, tablets, pills, etc.?
Any powdered nutritional supplements such as protein powder?
Any powdered green supplements?
Is this case a child under 1 years old?
  o If yes, does the child eat homemade baby food or solid foods?

Other Exposure—Food History (Section 2)
From what stores was the food that you ate in the home 7 days prior to illness purchased?

- Custom slaughter facility, meat locker or live animal market?
- Home delivery service such as Meals on Wheels or Blue apron?
- Grocery Stores or Supermarkets?
- Warehouse Stores such as Costco or Sam’s Club?
- Small Markets or Mini Markets (gas stations, etc.)?
- Ethnic Specialty Markets (Indian, Mexican, Asian, etc.)?
- Health Food Stores or Co-ops?
• Fish or Meat Specialty Shops (butcher’s shop, etc.)?
  □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ______________________

• Farmer’s Markets, Roadside Markets, Food Purchased Directly from Farm?
  □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ______________________

• Any Other Sources of Food at Home in the 7 days prior?
  □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ______________________

Other Exposure—Food History (Section 3)
From what stores was the food that you ate outside the home 7 days prior to illness purchased?

• Any take out?
  □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ______________________

• Fast casual restaurants such as Chipotle or Panera?
  □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ______________________

• National Fast Food Chain?
  □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ______________________

• Mexican?
  □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ______________________

• Italian?
  □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ______________________

• Seafood?
  □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ______________________

• Chinese, Japanese, Indian, other Asian-style?
  □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ______________________
• BBQ or Homestyle? □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ________________________

• Steakhouse or Grill? □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ________________________

• Breakfast or Pancake House? □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ________________________

• All-you-can-eat Buffet? □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ________________________

• School, hospital, or any institutional setting? □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ________________________

• Sandwich shop or deli? □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ________________________

• Any Event that was catered? □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ________________________

• Any Other Food Away from Home? □ Yes □ Maybe □ No □ Don’t Know
  Store Name: ______________________
  Location: ________________________

Please provide additional comments for sections 2 and 3:

Other Exposure—Food History (Section 4 – Meat and Poultry)

Now I have a few questions about meat and poultry that you (your child) might have eaten in the 7 days before your (your child'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. You (your child) could have eaten these either in your home or outside the home. As I read each food, please answer yes, no, may have eaten, or can't remember.

Since [insert exposure date] did you (your child) eat any:

Poultry
• Whole chicken or cut chicken pieces/parts?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

• Pre cut chicken such as drumsticks, or wings?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

• If yes, was the chicken eaten at home?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

Type/Brand: ______________________

Purchase Location Name and Location:

______________________________

______________________________

• If yes, was the chicken eaten outside the home?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

Purchase Location Name and Location:

______________________________

______________________________

• Ground chicken?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

• Breaded chicken products, such as tenders, strips or nuggets?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

• Stuffed, frozen chicken products such as chicken Kiev or chicken Cordon Bleu?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

• Any other frozen chicken products?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

• Duck, game hen, or squab?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

• Whole turkey or cut turkey pieces/parts?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

Type/Brand: ______________________

Purchase Location Name and Location:

______________________________

______________________________

• If yes, was the turkey eaten at home?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

• If yes, was the turkey eaten outside the home?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

Purchase Location Name and Location:

______________________________

______________________________

• Ground turkey?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

Since [insert exposure date] did you (your child) eat any:

**Beef**

• Beef steaks or roasts?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

• Any Veal?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

Type/Brand: ______________________

Purchase Location Name and Location:

______________________________

______________________________

• If yes, was the beef eaten at home?

☐ Yes ☐ Maybe ☐ No ☐ Don’t Know

Type/Brand: ______________________
- If yes, was the beef eaten outside the home?

- Pre-made or pre-formed hamburger patties at home?

- Fresh hamburger patties at home?

- Any dish with ground beef at home, such as casseroles, tacos, soups, or pasta sauces?

- Any ground beef outside the home? This could include foods such as hamburger or other dishes such as casseroles, tacos, soups or pasta sauces.

Since [insert exposure date] did you (your child) eat any:

**Pork**

- Ground pork?
- Any other pork product?
• Lamb?
  □ Yes □ Maybe □ No □ Don’t Know
• Liver pate including chicken, duck, beef or pork?
  □ Yes □ Maybe □ No □ Don’t Know
• Any organ meats such as giblets, tongue, heart or intestines?
  □ Yes □ Maybe □ No □ Don’t Know
• Bacon?
  □ Yes □ Maybe □ No □ Don’t Know
• Sausage?
  □ Yes □ Maybe □ No □ Don’t Know
• Hot dogs, corn dogs, polish sausage, kielbasa or similar?
  □ Yes □ Maybe □ No □ Don’t Know
• Pepperoni?
  □ Yes □ Maybe □ No □ Don’t Know
• Any other Italian style meats, such as salami or prosciutto?
  □ Yes □ Maybe □ No □ Don’t Know
• Bologna, pastrami, or corned beef?
  □ Yes □ Maybe □ No □ Don’t Know
• Store-bought, dried meat strips or jerky?
  □ Yes □ Maybe □ No □ Don’t Know
• Pre-packaged deli meats?
  □ Yes □ Maybe □ No □ Don’t Know
  Type/Brand: ______________________
  Purchase Location Name and Location:
  ________________________________
  ________________________________
• Was the deli-sliced meats eaten at home?
  □ Yes □ Maybe □ No □ Don’t Know
  Type/Brand: ______________________
  Purchase Location Name and Location:
  ________________________________
• Any other deli-sliced meat (not pre-packaged)?
  □ Yes □ Maybe □ No □ Don’t Know
• Was the deli-sliced meats eaten at home?
  □ Yes □ Maybe □ No □ Don’t Know
  Type/Brand: ______________________
  Purchase Location Name and Location:
  ________________________________
• Was the deli-sliced meats eaten outside the home?
  □ Yes □ Maybe □ No □ Don’t Know
  Purchase Location Name and Location:
  ________________________________
• Any other meat and or poultry products not mentioned?
  □ Yes □ Maybe □ No □ Don’t Know
  Description: _____________________
  ________________________________

Other Exposure—Food History (Section 5 – Fish and Seafood)

Fish and Seafood

Now I have some questions about fish and seafood you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) may have eaten this at home or away from home. This does not include canned items, but these foods 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 (your child) got sick.

Since [insert exposure date] did you (your child) eat any:
**Other Exposure—Food History (Section 6 – Eggs, Dairy, and Cheese)**

**Eggs, Dairy, and Cheese**

Now I have some questions about fish and seafood you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) may have eaten this at home or away from home. This does not include canned items, but these foods 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 (your child) got sick.

Since [insert exposure date] did you (your child) eat any:

- Eggs or egg-containing dishes?
- If yes, were they raw, “runny”, or “over easy”?
- Were the eggs eaten at home?
- Were the eggs eaten outside of the home?
- Anything made with raw eggs (cookie dough, cake batter, sauces, homemade ice cream, or mayo, etc)?
- Milk?

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Yes</th>
<th>Maybe</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh or frozen fish?</td>
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<tr>
<td>Smoked or dried fish?</td>
<td></td>
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<tr>
<td>Shrimp or prawns?</td>
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<tr>
<td>Crab, lobster, or crayfish?</td>
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<tr>
<td>Oysters?</td>
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<tr>
<td>Clams, mussels, scallops, or other shellfish?</td>
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<td>Sushi (with raw fish or seafood)?</td>
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<tr>
<td>Frozen fish products (fish sticks, nuggets, etc.)?</td>
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<tr>
<td>Any other fish or seafood?</td>
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<tr>
<td>Eggs or egg-containing dishes?</td>
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<tr>
<td>If yes, were they raw, “runny”, or “over easy”?</td>
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<tr>
<td>Were the eggs eaten at home?</td>
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<tr>
<td>Were the eggs eaten outside of the home?</td>
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<tr>
<td>Anything made with raw eggs (cookie dough, cake batter, sauces, homemade ice cream, or mayo, etc)?</td>
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<tr>
<td>Milk?</td>
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</table>
• Goats Milk?
  □ Type Unknown
  □ Yes □ Maybe □ No □ Don’t Know
  Type/ Brand: ______________________

• If yes, was the milk unpasteurized?
  □ Yes □ Maybe □ No □ Don’t Know

• Dairy milk alternatives such as hemp, almond or coconut milk?
  □ Yes □ Maybe □ No □ Don’t Know
  Type/ Brand: ______________________

• Flavored milk powder such as chocolate, vanilla, carnation or Ovaltine?
  □ Yes □ Maybe □ No □ Don’t Know

• Ice cream or ice cream products?
  □ Yes □ Maybe □ No □ Don’t Know
  Type/ Brand: ______________________

• Frozen yogurt?
  □ Yes □ Maybe □ No □ Don’t Know

• Kefir or any other yogurt product?
  □ Yes □ Maybe □ No □ Don’t Know

• Yogurt drinks?
  □ Yes □ Maybe □ No □ Don’t Know

• Pre-packaged, shredded cheese?
  □ Type Unknown

• Processed, sliced cheese?
  □ Yes □ Maybe □ No □ Don’t Know

• Block-type cheese (cheddar, swiss, Colby, etc.)?
  □ Yes □ Maybe □ No □ Don’t Know
  Type/ Brand: ______________________

• Dairy cheese alternatives such as cashew cheese or vegan cheese?
  □ Type Unknown

• String-type cheese?
  □ Yes □ Maybe □ No □ Don’t Know

• Cottage cheese?
  □ Yes □ Maybe □ No □ Don’t Know

• Cheese curds?
  □ Yes □ Maybe □ No □ Don’t Know

• Feta cheese (this could have been as part of a dish or salad)?
  □ Yes □ Maybe □ No □ Don’t Know

• Blue veined cheese (gorgonzola or bleu)?
  □ Yes □ Maybe □ No □ Don’t Know

• Fresh or dried parmesan, romano, or similar?
  □ Yes □ Maybe □ No □ Don’t Know

• Cheese from raw/unpasteurized milk?
  □ Yes □ Maybe □ No □ Don’t Know

• Mexican-style soft cheese (queso fresco, queso blanco)?
  □ Yes □ Maybe □ No □ Don’t Know

• If yes, was it homemade?
  □ Yes □ Maybe □ No □ Don’t Know
• Any other gourmet or artisanal cheese?  
   □ Yes □ Maybe □ No □ Don’t Know  
   Type/Brand: ______________________  
   □ Type Unknown  

• Any other dairy products or dairy alternatives?  
   □ Don’t Know  
   □ Yes □ Maybe □ No □ Don’t Know  
   Type/Brand: ______________________  
   □ Type Unknown

Other Exposure—Food History (Section 7 – Fresh Fruits)

Fresh fruits

Now I have some questions about fresh or frozen fruits, not canned or cooked, you (your child) might have eaten in the 7 days before your (your child’s) illness began. You (your child) could have eaten these either in your home or away from 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 (your child) got sick.

Since [insert exposure date] did you (your child) eat any:

• Any precut fruit or fruit salad?  
   □ Yes □ Maybe □ No □ Don’t Know  
   Type/Brand: ______________________  
   □ Type Unknown  

• Apples?  
   □ Yes □ Maybe □ No □ Don’t Know  
   Type/Brand: ______________________  
   □ Type Unknown  

• Grapes?  
   □ Yes □ Maybe □ No □ Don’t Know  
   Type/Brand: ______________________  
   □ Type Unknown  

• Pears?  
   □ Yes □ Maybe □ No □ Don’t Know  
   □ Type Unknown  

• Peaches?  
   □ Yes □ Maybe □ No □ Don’t Know  
   □ Type Unknown  

• Nectarines?  
   □ Yes □ Maybe □ No □ Don’t Know  
   □ Type Unknown  

• Apricots?  
   □ Yes □ Maybe □ No □ Don’t Know  
   □ Type Unknown  

• Plums?  
   □ Yes □ Maybe □ No □ Don’t Know  
   □ Type Unknown  

• Oranges?  
   □ Yes □ Maybe □ No □ Don’t Know  
   □ Type Unknown  

• Grapefruit?  
   □ Yes □ Maybe □ No □ Don’t Know  
   □ Type Unknown  

• Tangerines?  
   □ Yes □ Maybe □ No □ Don’t Know  
   □ Type Unknown  

• Fresh lemon or lime (this could include drink garnishes)?  
   □ Yes □ Maybe □ No □ Don’t Know  
   □ Type Unknown

• Strawberries?  
   □ Yes □ Maybe □ No □ Don’t Know  
   □ Type Unknown

• Raspberries?  
   □ Yes □ Maybe □ No □ Don’t Know  
   □ Type Unknown
• Blueberries?
  □ Yes □ Maybe □ No □ Don't Know
• Blackberries?
  □ Yes □ Maybe □ No □ Don't Know
• Cherries?
  □ Yes □ Maybe □ No □ Don't Know
• Any other fresh berries?
  □ Yes □ Maybe □ No □ Don't Know
  Type/Brand: ______________________
  __________________________________
  □ Type Unknown
• Cantaloupe?
  □ Yes □ Maybe □ No □ Don't Know
• Honeydew Melon?
  □ Yes □ Maybe □ No □ Don't Know
• Watermelon?
  □ Yes □ Maybe □ No □ Don't Know
• Precut melon or melon salad?
  □ Yes □ Maybe □ No □ Don't Know
• Any other melon?
  □ Yes □ Maybe □ No □ Don't Know
• Pineapple?
  □ Yes □ Maybe □ No □ Don't Know
• Mango?
  □ Yes □ Maybe □ No □ Don't Know
• Coconut (whole or shredded)?
  □ Yes □ Maybe □ No □ Don't Know
• Any other tropical fruit (kiwi, papaya, pomegranate, etc.)?
  □ Yes □ Maybe □ No □ Don't Know
  Type/Brand: ______________________
  __________________________________
  □ Type Unknown
• Frozen berries?
  □ Yes □ Maybe □ No □ Don't Know
• Other frozen fruit?
  □ Yes □ Maybe □ No □ Don't Know
• Raisins?
  □ Yes □ Maybe □ No □ Don't Know
• Other dried fruit?
  □ Yes □ Maybe □ No □ Don't Know
  Type/Brand: ______________________
  __________________________________
  □ Type Unknown
• Apple juice (not from concentrate)?
  □ Yes □ Maybe □ No □ Don't Know
• Orange juice (not from concentrate)?
  □ Yes □ Maybe □ No □ Don’t Know
• Any other juice (not from concentrate)?
  □ Yes □ Maybe □ No □ Don’t Know
  Type/Brand: ______________________
  __________________________________
  □ Type Unknown
• Juice from frozen concentrate?
  □ Yes □ Maybe □ No □ Don’t Know
• Smoothies made with fresh or frozen fruit produce?
  □ Yes □ Maybe □ No □ Don’t Know
• Bottled, premade smoothies?
  □ Yes □ Maybe □ No □ Don’t Know
• Bottled premade health drinks such as Kombucha?
  □ Yes □ Maybe □ No □ Don’t Know
• Any unpasteurized or raw juices or ciders?
  □ Yes □ Maybe □ No □ Don’t Know
Other Exposure—Food History (Section 8 – Fresh Vegetables)

Tomatoes & Leafy Greens

Now I have some questions about fresh vegetables you (your child) might have eaten raw or uncooked in the 7 days before your (your child’s) illness began. You (your child) could have eaten these either in your home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am only interested in vegetables that are not grown at home. As I read each food, please answer as yes, no, may have eaten, or can’t remember.

Since [insert exposure date] did you (your child) eat any:

- Fresh tomatoes?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Were tomatoes eaten at home?
  - Yes
  - Maybe
  - No
  - Don’t Know
  
  Purchase Location Name and Location:
  __________________________________________
  __________________________________________

  Type of Tomato:
  - Red Round
  - Roma
  - Cherry
  - Grape
  - ‘Vine-ripe’, sold on the vine
  - Unknown
  - Other, __________

- Where tomatoes eaten outside the home?
  
  Purchase Location Name and Location:
  __________________________________________
  __________________________________________

- Fresh tomatoes on sandwich, burger, or salad?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Fresh salsa or pico de gallo (not from a jar or can)?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Was the salsa eaten at home?
  
  Purchase Location Name and Location:
  __________________________________________
  __________________________________________

  Type of Salsa:
  - Red Salsa
  - Green
  - Other: _________________________________

- Avocado or Guacamole?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Fresh, uncooked leafy greens such as spinach, lettuce, etc?
  - Yes
  - Maybe
  - No
  - Don’t Know
  
  Prepackaged or Loose?
- Were the greens eaten **at home**?

  - Were the greens eaten **outside the home**?

- Lettuce on a sandwich, burger, or salad?
- Iceberg lettuce?

- Was the iceberg lettuce eaten **at home**?

- Was the iceberg lettuce eaten **outside the home**?

- Romaine lettuce?

- Was the Romaine lettuce eaten **at home**?
• Was the Romaine lettuce eaten **outside the home**?

□ Yes □ Maybe □ No □ Don’t Know

Purchase Location Name and Location:

• Fresh spinach?

□ Yes □ Maybe □ No □ Don’t Know

Prepackaged or Loose?

□ Prepackaged □ Head/Loose □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

Purchase Location Name and Location:

• Was the spinach eaten **at home**?

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

• Cabbage?

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

• Other leafy lettuce (red, radicchio, ‘spring mix’, etc.)?

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

**Herbs & Sprouts**

Now I have questions about herbs & sprouts you (your child) may have eaten in the 7 days before illness began. Remember, these could have been part of a dish such as pesto, salsa, sauces, etc. We are interested in fresh herbs, not dried or bottled herbs.

**Since [insert exposure date] did you (your child) eat any:**

• Fresh basil?

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

• Fresh cilantro?

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

• Other fresh herbs (parsley, sage, thyme, etc.)?

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know

□ Yes □ Maybe □ No □ Don’t Know
• Were the alfalfa sprouts eaten at home?

□ Yes □ Maybe □ No □ Don’t Know

Purchase Location Name and Location:

____________________________________

____________________________________

Type/Brand: ______________________

________________________________


• Were the alfalfa sprouts eaten outside the home?

□ Yes □ Maybe □ No □ Don’t Know

Purchase Location Name and Location:

____________________________________

____________________________________


• Other sprouts (bean, clover, broccoli, daikon radish, etc) and

• Were the sprouts eaten at home?

□ Yes □ Maybe □ No □ Don’t Know

Purchase Location Name and Location:

____________________________________

____________________________________

Type/Brand: ______________________

________________________________


• Were the sprouts eaten outside the home?

□ Yes □ Maybe □ No □ Don’t Know

Purchase Location Name and Location:

____________________________________

____________________________________

Type/Brand: ______________________

________________________________

Other Vegetables

Next I have a few questions about other fresh vegetables you (your child) may have eaten in the 7 days before your illness began.

Since [insert exposure date] did you (your child) eat any:

• Cucumbers?

□ Yes □ Maybe □ No □ Don’t Know

• Zucchini or squash?

□ Yes □ Maybe □ No □ Don’t Know

• Bell peppers (green, red, orange, or yellow)?

□ Yes □ Maybe □ No □ Don’t Know

• Mini or snack sized sweet peppers usually sold in a bag?

□ Yes □ Maybe □ No □ Don’t Know

• Hot chili/chile peppers (jalapenos, serranos, etc.)?

□ Yes □ Maybe □ No □ Don’t Know

• Celery?

□ Yes □ Maybe □ No □ Don’t Know

• Baby carrots?

□ Yes □ Maybe □ No □ Don’t Know

• Other fresh carrots?

□ Yes □ Maybe □ No □ Don’t Know

• Other raw root vegetables (radishes, beets, turnips, etc.)?

□ Yes □ Maybe □ No □ Don’t Know
• Fresh, raw peas (shelled or in-pod)?
  □ Yes □ Maybe □ No □ Don’t Know
• Broccoli?
  □ Yes □ Maybe □ No □ Don’t Know
• Cauliflower?
  □ Yes □ Maybe □ No □ Don’t Know
• Raw onions (white, yellow, or red/purple)?
  □ Yes □ Maybe □ No □ Don’t Know
• Raw green onions/scallions?
  □ Yes □ Maybe □ No □ Don’t Know
• Fermented vegetables such as kimchi or sauerkraut?
  □ Yes □ Maybe □ No □ Don’t Know
• Fresh or dried mushrooms?
  □ Yes □ Maybe □ No □ Don’t Know

Other Exposure—Food History (Section 9 – Frozen Foods)

Frozen Foods

Now I have a few questions about frozen foods you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or outside the home. As I read each food, please answer yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.

Since [insert exposure date] did you (your child) eat any:

• Frozen vegetables (in bag or box)?
  □ Yes □ Maybe □ No □ Don’t Know
• Frozen pot pies?
  □ Yes □ Maybe □ No □ Don’t Know
• Frozen pizza?
  □ Yes □ Maybe □ No □ Don’t Know
• Frozen Mexican-style foods (burritos, etc.)?
  □ Yes □ Maybe □ No □ Don’t Know
• Frozen snack foods (mozzarella sticks, jalapeno poppers, etc.)?
  □ Yes □ Maybe □ No □ Don’t Know
• Frozen breakfast items (waffles, breakfast sandwiches, etc.)?
  □ Yes □ Maybe □ No □ Don’t Know
• Frozen vegetarian foods (garden burgers, etc.)?
  □ Yes □ Maybe □ No □ Don’t Know
• Frozen pre-mixed meals in a bag or box (stir-fry, pasta meals, etc.)?
  □ Yes □ Maybe □ No □ Don’t Know
• Frozen dinners or box entrees?
  □ Yes □ Maybe □ No □ Don’t Know
• Other frozen, prepackaged product not mentioned previously?
  □ Yes □ Maybe □ No □ Don’t Know

Other Exposure—Food History (Section 10 – Nuts, Cereals, Processed & Dried Foods)

Nuts, Cereal, Processed, and Dried Foods
Now I have some questions about nuts, cereals, and processed foods you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or away from home. As I read each food, please answer yes, no, may have eaten, or can't remember eating the food.

Since [insert exposure date] did you (your child) eat any:

- Pre-packaged peanut butter crackers?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Peanut butter?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Was the peanut butter eaten at home?
  - Yes
  - Maybe
  - No
  - Don’t Know

Type/Brand: ______________________
-------------------------------------------------------------------------------------------------------------------------------------

- Peanut butter containing foods (cookies, candies, etc.)?
  - Yes
  - Maybe
  - No
  - Don’t Know

Type/Brand: ______________________
-------------------------------------------------------------------------------------------------------------------------------------

- Ground nut butter or spread other than peanut butter (nutella, almond butter, etc.)?
  - Yes
  - Maybe
  - No
  - Don’t Know

Type/Brand: ______________________
-------------------------------------------------------------------------------------------------------------------------------------

Seeds

Next I have questions about nuts and seeds you (your child) might have eaten. Remember that these may be used as toppings or mixed into many foods. If you (your child) ate any of the nuts below as part of another food please answer "yes".

Since [insert exposure date] did you (your child) eat any:

- Peanuts?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Almonds (whole, sliced, chopped, etc.)?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Walnuts?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Cashews?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Pistachios?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Hazelnuts?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Other whole nuts or mixed nuts?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Sunflower seeds?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Sesame seeds?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Tahini, halva, or other product made from sesame seeds?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Hummus?
  - Yes
  - Maybe
  - No
  - Don’t Know
- Chia seeds, chia powder, or any other chia product?
  - Yes
  - Maybe
  - No
  - Don’t Know

Snack Foods or Cereals
Now I have questions about pre-packaged snack foods and cereals you (your child) might have had in the 7 days before your (your child's) illness began.

**Since [insert exposure date] did you (your child) eat any:**

- **Eat, lick or taste any uncooked dough or batter such as cookie or cake?**
  - [ ] Yes  [ ] Maybe  [ ] No  [ ] Don’t Know

- **Granola bars, breakfast, power or protein bars?**
  - [ ] Yes  [ ] Maybe  [ ] No  [ ] Don’t Know
  
  Type/Brand: ____________________________
  _______________________________________

- **Trail mix (or similar product)?**
  - [ ] Yes  [ ] Maybe  [ ] No  [ ] Don’t Know

- **Fruit roll-ups (or similar product)?**
  - [ ] Yes  [ ] Maybe  [ ] No  [ ] Don’t Know

- **Chips or pretzels?**
  - [ ] Yes  [ ] Maybe  [ ] No  [ ] Don’t Know
  
  Type/Brand: ____________________________
  _______________________________________

- **Pre-packaged crackers, cookies, or snack cakes?**
  - [ ] Yes  [ ] Maybe  [ ] No  [ ] Don’t Know
  
  Type/Brand: ____________________________
  _______________________________________

- **Chocolate or chocolate-containing candy?**
  - [ ] Yes  [ ] Maybe  [ ] No  [ ] Don’t Know
  
  Type/Brand: ____________________________
  _______________________________________

- **Cold breakfast cereal?**
  - [ ] Yes  [ ] Maybe  [ ] No  [ ] Don’t Know
  
  Type/Brand: ____________________________
  _______________________________________

- **Hot breakfast cereals like oatmeal, cream of wheat, etc.?**
  - [ ] Yes  [ ] Maybe  [ ] No  [ ] Don’t Know
  
  Type/Brand: ____________________________
  _______________________________________

**Other Exposure—Food History (Section 11 – Additional Potential Food Exposures)**

**Additional Potential Food Exposures**

We have covered a wide variety of foods, drinks, etc. After answering all these questions are there any other things you (your child) ate or drank in the 7 days before becoming ill that have not been mentioned?

__________________________________________________________________________________________

__________________________________________________________________________________________
E. Animal Exposure

In the 7 days prior to onset of illness, did you (your child) have any contact with farm animals or other livestock?  □ Yes □ Maybe □ No □ Don’t Know

Which of these animals did you have contact with? (Select all that apply.)

□ Cows, cattle, calves  □ Goats
□ Sheep  □ Horses
□ Pigs  □ Llamas, alpacas
□ Other livestock or farm animals: ________________________________

Do you…

□ live on a farm or ranch?
□ work on a farm or ranch?

In the 7 days prior to onset of illness, did you do any hunting or have contact with wild animals?  □ Yes □ Maybe □ No □ Don’t Know

Which of these animals did you have contact with? (Select all that apply.)

□ Deer  □ Elk
□ Birds (e.g. duck, pheasant)  □ Rabbits
□ Pigs or wild boar
□ Other wild animals: ________________________________

In the 7 days prior to onset of illness, did you do any butchering or processing of animals?  □ Yes □ Maybe □ No □ Don’t Know

In the 7 days prior to onset of illness, did you visit any place where animals were present?  □ Yes □ Maybe □ No □ Don’t Know

Which of these places did you visit? (Select all that apply.)

□ Farm  □ County or state fair, 4-H events, livestock shows
□ Petting zoo  □ Pet store
□ Agricultural “Farm and Feed” store  □ Swap meet, flea market
□ School  □ Private home
□ Party

Animal exposure site details (names, dates, locations):
Did you (your child) have any contact with:

- Dog/Puppy
  - □ Yes □ Maybe □ No □ Don’t Know
- Cat/Kitten
  - □ Yes □ Maybe □ No □ Don’t Know
- Baby chicks, duckling, or other baby poultry
  - □ Yes □ Maybe □ No □ Don’t Know
- Live chickens, turkeys, or other adult poultry
  - □ Yes □ Maybe □ No □ Don’t Know
- Other birds such as canaries, parrots, or pigeons
  - □ Yes □ Maybe □ No □ Don’t Know
- Turtles or Tortoises
  - □ Yes □ Maybe □ No □ Don’t Know
  - □ Yes □ Maybe □ No □ Don’t Know
  - If yes, was the turtle less than 4 inches in length?
- Name where purchased, location, and date:
  - ____________________________
  - ____________________________
- Snakes
  - □ Yes □ Maybe □ No □ Don’t Know
- Frozen mice, rats or similar pet food for snakes
  - □ Yes □ Maybe □ No □ Don’t Know
- Other reptiles such as lizards, geckos, or bearded dragons
  - □ Yes □ Maybe □ No □ Don’t Know
  - □ Yes □ Maybe □ No □ Don’t Know
  - If yes, type of reptile: __________________________
- Amphibians such as frogs or toads
  - □ Yes □ Maybe □ No □ Don’t Know
- Water pets in aquarium (goldfish, snails, etc.)
  - □ Yes □ Maybe □ No □ Don’t Know
- Rats, mice, gerbils or hamsters
  - □ Yes □ Maybe □ No □ Don’t Know
- “Pocket” or “exotic” pets (ferrets, hedgehogs, etc.)
  - □ Yes □ Maybe □ No □ Don’t Know
- Pre-packaged pet food (canned or dry)
  - □ Yes □ Maybe □ No □ Don’t Know
  - Type/Brand: __________________________
- Pet treats or chews (pig ears, rawhide, hooves, etc.)
  - □ Yes □ Maybe □ No □ Don’t Know
- Dried animal droppings or pellets (owl pellets, etc.)
  - □ Yes □ Maybe □ No □ Don’t Know
- Any contact with a pet that had diarrhea
  - □ Yes □ Maybe □ No □ Don’t Know
- Did you have any contact with prepacked pet food or Do your household pets eat prepacked pet food?
  - □ Yes □ Maybe □ No □ Don’t Know
  - Type/Brand: __________________________
- Did you have contact with raw pet food?
  - □ Yes □ Maybe □ No □ Don’t Know
- Pet treats or chews such as pig ears, pizzles or raw hide?
  - □ Yes □ Maybe □ No □ Don’t Know

F. Food Exposures – Infants
Now I have some questions about baby foods and drinks that your infant might have consumed in the 7 days before their illness began. 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 your child got sick.

Since [insert exposure date] did your infant consume any:

- Breast milk? □ Yes □ Maybe □ No □ Don’t Know
- Formula? □ Yes □ Maybe □ No □ Don’t Know

Type/Brand: ____________________________

- Baby cereal? □ Yes □ Maybe □ No □ Don’t Know

Type/Brand: ____________________________

- Jarred baby food? □ Yes □ Maybe □ No □ Don’t Know

Type/Brand: ____________________________

- Teething biscuits or cookies? □ Yes □ Maybe □ No □ Don’t Know

Type/Brand: ____________________________

- Cow’s milk? □ Yes □ Maybe □ No □ Don’t Know
- Other foods/drinks? □ Yes □ Maybe □ No □ Don’t Know

Type/Brand: ____________________________

That completes the interview, thank you for taking the time to answer all these questions.

Public Health Interventions (Check all that apply)

□ Hygiene Education Provided
□ Daycare Inspection
□ Follow-up of other household member(s)
□ Work or Daycare restriction for case
□ Other

If other, specify: ________________________________________________

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

Additional notes: ________________________________________________

______________________________________________