



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
Date of Birth: _____
Age: _____

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

CLINICAL

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
Were you hospitalized? Yes No Unknown

If Yes, Recovery Date: _____ If Yes, Hospital Name: _____

Time Recovered: _____ Admit date: _____ Discharge Date: _____

Died? Yes* No Unknown
Are you pregnant? Yes* No Unknown

*If Yes, Date of Death: _____ *If Yes, Expected Delivery Date: _____

Additional Clinical Notes:

EPIDEMIOLOGICAL

Occupation: _____

Check all that apply: Volunteer Unemployed Retired

Is this patient a:

Food handler?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Health care worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Group living?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Day care attendee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Day care worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
School attendee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
School employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Lab Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Attend Lab Class at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

If yes to any, list details for each:

Facility Name(s):	
Address(es):	
Phone Number(s):	

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

If Yes, Dates Worked or Attended/Notes:

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: _____

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
- 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:

<i>Contact Name</i>	<i>Relationship</i>	<i>Age</i>	<i>Onset Date</i>	<i>Predominant Symptoms</i>

D. Other Exposure—Food History (Section 1)

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

- Have any allergies that prevent you from eating certain foods?
 - If yes, what foods?

- Yes Maybe No Don't Know
- Milk Eggs
- Peanuts Tree Nuts
- Fish Soy
- Wheat Shellfish
- Other _____

- Vegetarian or Vegan Diet? Yes Maybe No Don't Know
- Special or restricted diet (medical, weight-loss, religious, cultural, etc.): Yes Maybe No Don't Know
If yes, specify: _____
- Any commercially bottled water in personal-sized containers? Yes Maybe No Don't Know
- Any commercially bottled water in large, multi-user tanks or water coolers? Yes Maybe No Don't Know
- Any vitamins, nutritional or herbal supplements, such as teas, tablets, pills, etc.? Yes Maybe No Don't Know
If yes, specify: _____
- Is this case a child under 1 years old? Yes No
 - If yes, does the child eat homemade baby food or solid foods? Yes (Proceed to section 2)
 - No (Proceed to E. Animal Exposures)

Other Exposure—Food History (Section 2)

From what stores was the food that you ate in the home 7 days prior to illness purchased?

- Grocery Stores or Supermarkets? Yes Maybe No Don't Know
Store Name: _____
Location: _____
- Warehouse Stores such as Costco or Sam's Club? Yes Maybe No Don't Know
Store Name: _____
Location: _____
- Small Markets or Mini Markets (gas stations, etc.)? Yes Maybe No Don't Know
Store Name: _____
Location: _____
- Ethnic Specialty Markets (Indian, Mexican, Asian, etc.)? Yes Maybe No Don't Know
Store Name: _____
Location: _____
- Health Food Stores or Co-ops? Yes Maybe No Don't Know
Store Name: _____
Location: _____
- 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?

- 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

- 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?
- Whole turkey or cut turkey pieces/parts?
- If yes, was the turkey eaten **at home**?

Yes Maybe No Don't Know
 Yes Maybe No Don't Know
 Yes Maybe No Don't Know
 Type/Brand: _____
 Purchase Location Name and Location:

- 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?
- If yes, was the beef eaten **at home**?

Yes Maybe No Don't Know
 Yes Maybe No Don't Know
 Type/Brand: _____
 Purchase Location Name and Location:

- If yes, was the beef eaten **outside the home**?

Purchased frozen?
 Purchased fresh?
 Was pink or red inside when eaten?
 Yes Maybe No Don't Know
 Purchase Location Name and Location:

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

Was pink or red inside when eaten?
 Yes Maybe No Don't Know
 Type/Brand: _____
 Purchase Location Name and Location:

- Fresh hamburger patties **at home**?

Was pink or red inside when eaten?
 Yes Maybe No Don't Know
 Type/Brand: _____
 Purchase Location Name and Location:

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

Was pink or red inside when eaten?

Yes Maybe No Don't Know

Dish Description: _____

Purchase Location Name and Location: _____

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

Yes Maybe No Don't Know

Purchase Location Name and Location: _____

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

Pork

- Ground pork?
- Any other pork product?
- Lamb?
- Bacon?
- Sausage?
- Hot dogs, corn dogs, polish sausage, kielbasa or similar?
- Pepperoni?
- Any other Italian style meats, such as salami or prosciutto?
- Bologna, pastrami, or corned beef?
- Store-bought, dried meat strips or jerky?
- Pre-packaged deli meats?
- Was the pre-packaged deli meats eaten **at home**?

Yes Maybe No Don't Know

Yes Maybe No Don't Know

Type/Brand: _____

Yes Maybe No Don't Know

Type/Brand: _____

Purchase Location Name and Location: _____

- Any other deli-sliced meat (not pre-packaged)?
- Was the deli-sliced meats eaten **at home**?

Yes Maybe No Don't Know

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:

- Fresh or frozen fish?
- Smoked or dried fish?
- Shrimp or prawns?
- Crab, lobster, or crayfish?
- Oysters?
- Clams, mussels, scallops, or other shellfish?
- Sushi (with raw fish or seafood)?
- Frozen fish products (fish sticks, nuggets, etc.)?
- Any other fish or seafood?

Yes Maybe No Don't Know

Type/Brand: _____

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”?

Yes Maybe No Don't Know

Yes Maybe No Don't Know

- Were the eggs eaten **at home**?

Yes Maybe No Don't Know

Type/Brand: _____

Description of dish: _____

- Were the eggs eaten **outside of the home**?

Yes Maybe No Don't Know

Purchase Location Name and Location:

Description of dish: _____

- Anything made with raw eggs (cookie dough, cake batter, sauces, homemade ice cream, or mayo, etc)?

Yes Maybe No Don't Know

- Milk?

Yes Maybe No Don't Know

Type/Brand: _____

Type Unknown

- If yes, was the milk unpasteurized?

Yes Maybe No Don't Know

- Ice cream or ice cream products?

Yes Maybe No Don't Know

- If the ice cream was eaten **at home**, what was the:

Type/Brand: _____

Variety/Flavor: _____

Variety/Flavor Unknown

- Frozen yogurt?

Yes Maybe No Don't Know

- Yogurt drinks?

Yes Maybe No Don't Know

- Pre-packaged, shredded cheese?

Yes Maybe No Don't Know

Type/Brand: _____

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: _____

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? 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 7days before you (your child) got sick.

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

- 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

- Peaches? Yes Maybe No Don't Know

- Nectarines? Yes Maybe No Don't Know

- Apricots? Yes Maybe No Don't Know

- Plums? Yes Maybe No Don't Know

- Oranges? Yes Maybe No Don't Know

- Grapefruit? Yes Maybe No Don't Know

- Tangerines? Yes Maybe No Don't Know

- Fresh lemon or lime (this could include drink garnishes)? Yes Maybe No Don't Know

- Strawberries?
- Raspberries?
- Blueberries?
- Blackberries?
- Cherries?
- Any other fresh berries?

- Yes Maybe No Don't Know

Type/Brand: _____

Type Unknown

- Cantaloupe?
- Honeydew Melon?
- Watermelon?
- Precut melon or melon salad?
- Any other melon?
- Pineapple?
- Mango?
- Coconut (whole or shredded)?
- Any other tropical fruit (kiwi, papaya, pomegranate, etc.)?

- Yes Maybe No Don't Know

Type/Brand: _____

Type Unknown

- Frozen berries?
- Other frozen fruit?
- Raisins?
- Other dried fruit?

- Yes Maybe No Don't Know

Type/Brand: _____

Type Unknown

- Apple juice (not from concentrate)?
- Orange juice (not from concentrate)?
- Any other juice (not from concentrate)?

- Yes Maybe No Don't Know
- Yes Maybe No Don't Know
- Yes Maybe No Don't Know

Type/Brand: _____

Type Unknown

- Juice from frozen concentrate?
- Any unpasteurized or raw juices or ciders?

- Yes Maybe No Don't Know
- 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**?

Yes Maybe No Don't Know

Purchase Location Name and Location:

Type of Salsa:

Red Salsa Green

Other: _____

- 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?

Prepackaged Loose Don't Know

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

Yes Maybe No Don't Know

Purchase Location Name and Location:

Type/Brand: _____

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

Yes Maybe No Don't Know

Purchase Location Name and Location:

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

Yes Maybe No Don't Know

Yes Maybe No Don't Know

Prepackaged or Loose?

Prepackaged Head/Loose

Don't Know

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

Yes Maybe No Don't Know

Purchase Location Name and Location:

Type/Brand: _____

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

Yes Maybe No Don't Know

Purchase Location Name and Location:

- Romaine lettuce?

Yes Maybe No Don't Know

Prepackaged or Loose?

Prepackaged Head/Loose

Don't Know

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

Yes Maybe No Don't Know

Purchase Location Name and Location:

Type/Brand: _____

- 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

- Was the spinach eaten **at home**?

Yes Maybe No Don't Know

Purchase Location Name and Location:

Type/Brand: _____

- Was the spinach eaten **outside the home**?

Yes Maybe No Don't Know

Purchase Location Name and Location:

- Cabbage?

Yes Maybe No Don't Know

- Other leafy lettuce (red, radicchio, 'spring mix', etc.)?

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

- Fresh cilantro?

Yes Maybe No Don't Know

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

Yes Maybe No Don't Know

Type/Brand: _____

- Alfalfa sprouts?

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)?
- Were the sprouts eaten **at home**?

Yes Maybe No Don't Know

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:

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?
- Zucchini or squash?
- Bell peppers (green, red, orange, or yellow)?
- Hot chili/chile peppers (jalapenos, serranos, etc.)?
- Celery?
- Baby carrots?
- Other fresh carrots?
- Other raw root vegetables (radishes, beets, turnips, etc.)?

Yes Maybe No Don't Know

Type/Brand: _____

- 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
- 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

Type/Brand: _____

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:

- Granola bars, breakfast, power or protein bars? Yes Maybe No Don't Know
Type/Brand: _____

- Trail mix (or similar product)?
- Fruit roll-ups (or similar product)?
- Chips or pretzels?

Yes Maybe No Don't Know

Yes Maybe No Don't Know

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
- Cat/Kitten
- Baby chicks, duckling, or other baby poultry
- Live chickens, turkeys, or other adult poultry
- Other birds such as canaries, parrots, or pigeons
- Turtles or Tortoises
 - If yes, was the turtle less than 4 inches in length?

- Yes Maybe No Don't Know

Name where purchased, location, and date:

- Snakes
- Frozen mice, rats or similar pet food for snakes
- Other reptiles such as lizards, geckos, or bearded dragons
 - If yes, type of reptile: _____
- Amphibians such as frogs or toads
- Water pets in aquarium (goldfish, snails, etc.)
- Rats, mice, gerbils or hamsters
- "Pocket" or "exotic" pets (ferrets, hedgehogs, etc.)
- Pre-packaged pet food (canned or dry)

- Pet treats or chews (pig ears, rawhide, hooves, etc.)
- Dried animal droppings or pellets (owl pellets, etc.)

- Yes Maybe No Don't Know

Type/Brand: _____

Any contact with a pet that had diarrhea

- 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: _____

