**Salmonellosis 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

Date of Birth: __________  
Age: ________________

**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: __________

Calculate Salmonellosis exposure time frame 7 days before onset  
Exposure period: __________

Do not read to patient; however, use the information to assess exposure.

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: __________
Did you receive antimicrobial medication for this illness?  □ Yes  □ No  □ Unknown

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Date Started</th>
<th>Date Ended</th>
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Additional Clinical Notes:
____________________________________________________________________________________
____________________________________________________________________________________

**EPIDEMIOLOGICAL**

Occupation: ____________________________________________
Check all that apply:  □ Volunteer  □ Unemployed  □ Retired

**Are you a:**

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<th>□ Yes</th>
<th>□ No</th>
<th>□ Unknown</th>
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<tr>
<td>Food handler?</td>
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<td>Health care worker?</td>
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<td>Group living resident?</td>
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<td>Day care attendee?</td>
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<td>Day care worker?</td>
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<td>School attendee?</td>
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<td>Lab employee?</td>
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<tr>
<td>Attended lab class at school</td>
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If yes to any, list details for each:

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<th>Facility Name(s):</th>
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<th>Address(es):</th>
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<th>Phone Number(s):</th>
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If yes to any above, did you work or attend while ill?  □ Yes □ No □ Unknown

If yes, Dates Worked or Attended/Notes:

________________________________________________________________________

________________________________________________________________________

INVESTIGATION

A. Clinical Symptoms

Did you experience any of the following signs or symptoms?

- Diarrhea (3 loose stool/day)? □ Yes □ No □ Unknown
  If yes, maximum # of stools/24 hours _____

- Bloody in Stool? □ Yes □ No □ Unknown

- Vomiting? □ Yes □ No □ Unknown

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

- Diagnosed or has symptoms of a urinary tract infection? □ Yes □ No □ Unknown

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

B. Exposures - Travel History

Did you travel outside of the USA in the 25 days prior to onset of illness? □ Yes □ No □ Unknown

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

________________________________________________________________________

Did you travel outside of Kansas, but inside USA? □ Yes □ No □ Unknown

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

________________________________________________________________________

Did you travel outside of county, but inside Kansas? □ Yes □ No □ Unknown

Cities traveled to in Kansas and Dates: __________________________

________________________________________________________________________
C. Exposures—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 Salmonellosis? □ 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>
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D. Exposures - 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?
    - Milk
    - Eggs
    - Peanuts
    - Tree Nuts
    - Fish
    - Soy
    - Wheat
    - Shellfish
    - Other ______________________

- Vegetarian or Vegan Diet?

- Special or restricted diet (medical, weight-loss, religious, cultural, etc.):
  - If yes, specify: ______________________

- Any commercially bottled water in personal-sized containers?

- Any commercially bottled water in large, multi-user tanks or water coolers?

- Any vitamins, nutritional or herbal supplements, such as teas, tablets, pills, etc.?
  - If yes, specify: ______________________

- Is this case a child under 1 years old?
  - 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?

  - Store Name 1: ______________________
  - Location 1: ______________________

  - Store Name 2: ______________________
  - Location 2: ______________________

  - Store Name 3: ______________________
  - Location 3: ______________________

  - Store Name 4: ______________________
  - Location 4: ______________________

  - Store Name 5: ______________________
  - Location 5: ______________________

- Warehouse Stores such as Costco or Sam’s Club?

  - Store Name 1: ______________________
  - Location 1: ______________________

  - Store Name 2: ______________________
  - Location 2: ______________________

  - Store Name 3: ______________________
  - Location 3: ______________________
Store Name 4: ______________________  Location 4: ______________________

Store Name 5: ______________________  Location 5: ______________________

- Small Markets or Mini Markets (gas stations, etc.)?  □ Yes □ Maybe □ No □ Don’t Know

Store Name 1: ______________________  Location 1: ______________________

Store Name 2: ______________________  Location 2: ______________________

Store Name 3: ______________________  Location 3: ______________________

Store Name 4: ______________________  Location 4: ______________________

Store Name 5: ______________________  Location 5: ______________________

- Ethnic Specialty Markets (Indian, Mexican, Asian, etc.)?  □ Yes □ Maybe □ No □ Don’t Know

Store Name 1: ______________________  Location 1: ______________________

Store Name 2: ______________________  Location 2: ______________________

Store Name 3: ______________________  Location 3: ______________________

Store Name 4: ______________________  Location 4: ______________________

Store Name 5: ______________________  Location 5: ______________________

- Health Food Stores or Co-ops?  □ Yes □ Maybe □ No □ Don’t Know

Store Name 1: ______________________  Location 1: ______________________

Store Name 2: ______________________  Location 2: ______________________

Store Name 3: ______________________  Location 3: ______________________

Store Name 4: ______________________  Location 4: ______________________

Store Name 5: ______________________  Location 5: ______________________

- Fish or Meat Specialty Shops (butcher’s shop, etc.)?  □ Yes □ Maybe □ No □ Don’t Know

Store Name 1: ______________________  Location 1: ______________________

Store Name 2: ______________________  Location 2: ______________________

Store Name 3: ______________________  Location 3: ______________________
• Farmer’s Markets, Roadside Markets, Food Purchased
  Directly from Farm?

  Store Name 1: ______________________  Location 1: ______________________
  Store Name 2: ______________________  Location 2: ______________________
  Store Name 3: ______________________  Location 3: ______________________
  Store Name 4: ______________________  Location 4: ______________________
  Store Name 5: ______________________  Location 5: ______________________

• Any Other Sources of Food at Home in the 7 days prior?

  Store Name 1: ______________________  Location 1: ______________________
  Store Name 2: ______________________  Location 2: ______________________
  Store Name 3: ______________________  Location 3: ______________________
  Store Name 4: ______________________  Location 4: ______________________
  Store Name 5: ______________________  Location 5: ______________________

Other Exposure—Food History (Section 3)

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

• National Fast Food Chain?

  Restaurant Name 1: ______________________  Location 1: ______________________
  Restaurant Name 2: ______________________  Location 2: ______________________
  Restaurant Name 3: ______________________  Location 3: ______________________
  Restaurant Name 4: ______________________  Location 4: ______________________
  Restaurant Name 5: ______________________  Location 5: ______________________

• Mexican?

  Restaurant Name 1: ______________________  Location 1: ______________________
  Restaurant Name 2: ______________________  Location 2: ______________________
Restaurant Name 3: ______________________  Location 3: ______________________
Restaurant Name 4: ______________________  Location 4: ______________________
Restaurant Name 5: ______________________  Location 5: ______________________

- Italian?  
  □ Yes □ Maybe □ No □ Don’t Know
  Restaurant Name 1: ______________________  Location 1: ______________________
  Restaurant Name 2: ______________________  Location 2: ______________________
  Restaurant Name 3: ______________________  Location 3: ______________________
  Restaurant Name 4: ______________________  Location 4: ______________________
  Restaurant Name 5: ______________________  Location 5: ______________________

- Seafood?  
  □ Yes □ Maybe □ No □ Don’t Know
  Restaurant Name 1: ______________________  Location 1: ______________________
  Restaurant Name 2: ______________________  Location 2: ______________________
  Restaurant Name 3: ______________________  Location 3: ______________________
  Restaurant Name 4: ______________________  Location 4: ______________________
  Restaurant Name 5: ______________________  Location 5: ______________________

- Chinese, Japanese, Indian, other Asian-style?  
  □ Yes □ Maybe □ No □ Don’t Know
  Restaurant Name 1: ______________________  Location 1: ______________________
  Restaurant Name 2: ______________________  Location 2: ______________________
  Restaurant Name 3: ______________________  Location 3: ______________________
  Restaurant Name 4: ______________________  Location 4: ______________________
  Restaurant Name 5: ______________________  Location 5: ______________________

- BBQ or Homestyle?  
  □ Yes □ Maybe □ No □ Don’t Know
  Restaurant Name 1: ______________________  Location 1: ______________________
  Restaurant Name 2: ______________________  Location 2: ______________________
Restaurant Name 3: ______________________  Location 3: ______________________
Restaurant Name 4: ______________________  Location 4: ______________________
Restaurant Name 5: ______________________  Location 5: ______________________

- Steakhouse or Grill?  □ Yes □ Maybe □ No □ Don’t Know

Restaurant Name 1: ______________________  Location 1: ______________________
Restaurant Name 2: ______________________  Location 2: ______________________
Restaurant Name 3: ______________________  Location 3: ______________________
Restaurant Name 4: ______________________  Location 4: ______________________
Restaurant Name 5: ______________________  Location 5: ______________________

- Breakfast or Pancake House?  □ Yes □ Maybe □ No □ Don’t Know

Restaurant Name 1: ______________________  Location 1: ______________________
Restaurant Name 2: ______________________  Location 2: ______________________
Restaurant Name 3: ______________________  Location 3: ______________________
Restaurant Name 4: ______________________  Location 4: ______________________
Restaurant Name 5: ______________________  Location 5: ______________________

- All-you-can-eat Buffet?  □ Yes □ Maybe □ No □ Don’t Know

Restaurant Name 1: ______________________  Location 1: ______________________
Restaurant Name 2: ______________________  Location 2: ______________________
Restaurant Name 3: ______________________  Location 3: ______________________
Restaurant Name 4: ______________________  Location 4: ______________________
Restaurant Name 5: ______________________  Location 5: ______________________

- School, hospital, or any institutional setting?  □ Yes □ Maybe □ No □ Don’t Know

Restaurant Name 1: ______________________  Location 1: ______________________
Restaurant Name 2: ______________________  Location 2: ______________________
Restaurant Name 3: ______________________  Location 3: ______________________
Restaurant Name 4: ______________________  Location 4: ______________________
Restaurant Name 5: ______________________  Location 5: ______________________

● Sandwich shop or deli?
  □ Yes □ Maybe □ No □ Don’t Know

Restaurant Name 1: ______________________  Location 1: ______________________
Restaurant Name 2: ______________________  Location 2: ______________________
Restaurant Name 3: ______________________  Location 3: ______________________
Restaurant Name 4: ______________________  Location 4: ______________________
Restaurant Name 5: ______________________  Location 5: ______________________

● Any Event that was catered?
  □ Yes □ Maybe □ No □ Don’t Know

Restaurant Name 1: ______________________  Location 1: ______________________
Restaurant Name 2: ______________________  Location 2: ______________________
Restaurant Name 3: ______________________  Location 3: ______________________
Restaurant Name 4: ______________________  Location 4: ______________________
Restaurant Name 5: ______________________  Location 5: ______________________

● Any Other Food Away from Home?
  □ Yes □ Maybe □ No □ Don’t Know

Restaurant Name 1: ______________________  Location 1: ______________________
Restaurant Name 2: ______________________  Location 2: ______________________
Restaurant Name 3: ______________________  Location 3: ______________________
Restaurant Name 4: ______________________  Location 4: ______________________
Restaurant Name 5: ______________________  Location 5: ______________________

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?
  - If yes, was the chicken eaten at home?
    - Name where purchased and location:

- Ground chicken?

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

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

- Any other frozen chicken products?

- Duck, game hen, or squab?

- Whole turkey or cut turkey pieces/parts?
  - If yes, was the turkey eaten at home?
    - Name where purchased and location:

- Ground turkey?

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

Beef

- Beef steaks or roasts?
  - If yes, was the beef eaten at home?
Name where purchased and location: ____________________________  
□ Purchased frozen?  
□ Purchased fresh?  
□ Was pink or red inside when eaten?  
□ Yes □ Maybe □ No □ Don’t Know

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

Name where purchased and location: ____________________________

□ Was pink or red inside when eaten?  
□ Yes □ Maybe □ No □ Don’t Know

Type/Brand: __________________

Name where purchased and location: ____________________________

□ Was pink or red inside when eaten?  
□ Yes □ Maybe □ No □ Don’t Know

Type/Brand: ______________

Name where purchased and location: ____________________________

□ Was pink or red inside when eaten?  
□ Yes □ Maybe □ No □ Don’t Know

Dish Description: __________________

Name where purchased and location: ____________________________

□ Was pink or red inside when eaten?  
□ Yes □ Maybe □ No □ Don’t Know

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

Pork, Lamb, & Other Meats

- Ground pork?

- Any other pork product?

- Lamb?
• 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?
  o Was the pre-packaged deli meats eaten at home?
• Any other deli-sliced meat (not pre-packaged)?
  o Was the deli-sliced meats eaten at home?
  o Was the deli-sliced meats eaten outside the home?
• Any other meat and or poultry products not mentioned?
  □ Yes □ Maybe □ No □ Don’t Know
  Description: ______________________
  Name where purchased and location: ____________________________________

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? □ Yes □ Maybe □ No □ Don’t Know
• Smoked or dried fish? □ Yes □ Maybe □ No □ Don’t Know
• Shrimp or prawns? □ Yes □ Maybe □ No □ Don’t Know
• Crab, lobster, or crayfish? □ Yes □ Maybe □ No □ Don’t Know
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?
  - If yes, was the milk unpasteurized?

- Ice cream or ice cream products?
  - If the ice cream was eaten at home, what was the:

Type/Brand: ______________________
Description of dish: ________________
________________________________

☐ 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
☐ Yes ☐ Maybe ☐ No ☐ Don’t Know
• 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: ______________________

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

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

• 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?

• Any other gourmet or artisanal cheese?
  **Yes**  **Maybe**  **No**  **Don’t Know**
  Type/Brand: ______________________

• Any other dairy products?
  **Yes**  **Maybe**  **No**  **Don’t Know**
  Type/Brand: ______________________

**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:**

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

• 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? □ Yes □ Maybe □ No □ Don’t Know
• Raspberries? □ Yes □ Maybe □ No □ Don’t Know
• 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

• 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

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

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

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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?
  o Were tomatoes eaten at home?
  o Were tomatoes eaten outside the home?

• Fresh tomatoes on sandwich, burger, or salad?
• Fresh salsa or pico de gallo (not from a jar or can)?
  o Was the salsa eaten at home?
• Guacamole?

• Fresh, uncooked leafy greens such as spinach, lettuce, etc?
  o Were the greens eaten at home?
  o Were the greens eaten outside the home?

• Lettuce on a sandwich, burger, or salad?

• Iceberg lettuce?
  o Was the iceberg lettuce eaten at home?
  o 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?

• Fresh spinach?
  ○ Was the spinach eaten at home?
  ○ Was the spinach eaten outside the home?

• Cabbage?
• Other leafy lettuce (red, radicchio, ‘spring mix’, etc.)?
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?
- Fresh cilantro?
- Other fresh herbs (parsley, sage, thyme, etc.)?
- Alfalfa sprouts?
  - Were alfalfa sprouts eaten at home?
  - Were alfalfa sprouts eaten outside the home?
- Other sprouts (bean, clover, broccoli, daikon radish, etc)?
  - Were other sprouts eaten at home?
  - Were other sprouts eaten outside the home?
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
- 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
- Fresh or dried mushrooms? □ 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?
  ○ 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)? □ Yes □ Maybe □ No □ Don’t Know
• Fruit roll-ups (or similar product)? □ Yes □ Maybe □ No □ Don’t Know
  Type/Brand: ____________________________
  ______________________________________
• 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
  - If yes, was the turtle less than 4 inches in length?  ☐ Yes ☐ Maybe ☐ No ☐ Don’t Know
- 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
  - 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

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?
• Other foods/drinks?
  □ Yes □ Maybe □ No □ Don’t Know
  Type/Brand: ____________________________

KAR 28-1-6: Salmonellosis (nontyphoidal) – Enteric precautions shall be followed for the duration of acute symptoms. Each infected person with diarrhea shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly until no longer symptomatic.
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: __________________________________________________________
_________________________________________________________________________
_________________________________________________________________________