

Salmonella Hypothesis-Generating Questionnaire

Part I. Demographics/Introduction:
(NO NEED TO TRANSCRIBE THE DEMOGRAPHICS HERE IF YOU ALREADY HAVE THEM)

(Fill out beforehand; also, fill in dates of exposure on pages 2 to 5.)

Pt. Name: _____ DOB: ___ / ___ / ___
Age: _____ years
Address: _____
City: _____ County: _____
Zip: _____
Home phone: _____ Work phone: _____ Mobile phone: _____
Parent's Name (if child) _____
Occupation: _____

Hello, my name is _____ and I'm calling from the _____ Health Department. I'm calling because you were (your child was) recently diagnosed with Salmonella, which is the bacteria that made _____ so sick. Unfortunately, there have been several other people sick in the U.S. with the same bacteria, and we are trying to figure out where this bacteria is coming from. I realize that you have already talked to someone from _____ County health department, but I would really like to talk to you more in detail about your illness and foods that you may have eaten before becoming sick. This will take approximately 1 to 1 1/2 hours. Can we continue?

If no: Is there a convenient time I can call you back? Day _____
Time ___:___ am/pm
Telephone: _____

Who was interviewed? Patient Other person

Part II. Clinical and Dietary Information

1. On what date did your diarrhea begin? ___/___/___ What time? _____ am/pm

2. Did anyone in your household have a similar illness? **Yes No Don't Know**
If yes: Who? _____ When? ___/___/___

3. Do you know of anyone else who had with a similar illness? **Yes No Don't Know**
If yes: Who? _____ When? ___/___/___

4. Do you have any underlying chronic medical conditions for which you are receiving regular medical care?
Yes No Don't Know If yes: What conditions? _____

5. Are you on any kind of special or limited diet, such as vegetarian, low-sodium, etc.?
Yes No Don't Know If yes: Please describe: _____

6. Do you have any food allergies? **Yes No Don't Know**
If yes: Please describe: _____

7. In the 7 days before you got sick, did you take any sort of non-prescription medicine or supplement, such as vitamins, herbal remedies, etc.? **Yes No Don't Know**
If yes: What types? _____

Part III. Events, Travel, and Restaurants

Now I am going to ask you a lot of detailed questions about the week before your illness, that is _____ through _____. You may want to get a calendar or date book to help you recall the dates.

1. Did you attend a large gathering the week before your illness? (e.g., wedding reception, showers, church events, clubs, school events, athletic events, office parties, parties, festivals, fairs, etc.)

Yes No Don't Know

If yes: What events?

| Event | Location | Date(s) |
|-------|----------|---------|
| | | |
| | | |
| | | |
| | | |

2. Did you travel anywhere in **northern Nevada** during the seven days before your illness? **Yes No Don't Know**

If yes: a. Where? _____

b. When? ___/___/___ to ___/___/___

c. Where did you eat while you were there?

| Name of Place | Location (city, state) | Items consumed | Date(s) |
|---------------|------------------------|----------------|---------|
| | | | |
| | | | |
| | | | |

3. Did you travel anywhere in **northern California** during the seven days before your illness? **Yes No Don't Know**

If yes: a. Where? _____

b. When? ___/___/___ to ___/___/___

c. Where did you eat while you were there?

| Name of Place | Location (city, state) | Items consumed | Date(s) |
|---------------|------------------------|----------------|---------|
| | | | |
| | | | |
| | | | |

4. Did you travel anywhere outside of your county of residence during the seven days before your illness?

Yes No Don't Know

If yes: a. Where? _____

b. When? ___/___/___ to ___/___/___

c. Where did you eat while you were there?

| Name of Place | Location (city, state) | Items consumed | Date(s) |
|---------------|------------------------|----------------|---------|
| | | | |
| | | | |
| | | | |

5. Did you eat any food or drink prepared outside your home during the seven days before your illness, such as a restaurant? **Yes No Don't Know**

If yes: Where did you eat while you were there?

| Name of Place | Location (city, state) | Items consumed | Date(s) |
|---------------|------------------------|----------------|---------|
| | | | |
| | | | |
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| | | | |

Part IV. Open-ended food history

I am now going to ask you what you ate in the three days before you got sick. I know that it has been a while, and some of this will be difficult to remember, but take your time and do the best you can.

| Days before illness onset: 0 <i>(only ask about meals before onset)</i> | Meal | Ate at home | Ate outside (location) | Foods eaten |
|----------------------------------------------------------------------------|-----------|-------------|------------------------|-------------|
| Date: | Breakfast | | | |
| Day of week: | Lunch | | | |
| | Dinner | | | |
| | Snacks | | | |

| Days before illness onset: 1 | Meal | Ate at home | Ate outside (location) | Foods eaten |
|------------------------------|-----------|-------------|------------------------|-------------|
| Date: | Breakfast | | | |
| Day of week: | Lunch | | | |
| | Dinner | | | |
| | Snacks | | | |

| Days before illness onset: 2 | Meal | Ate at home | Ate outside (location) | Foods eaten |
|-------------------------------------|-------------|--------------------|-------------------------------|--------------------|
| Date: | Breakfast | | | |
| Day of week: | Lunch | | | |
| | Dinner | | | |
| | Snacks | | | |

| Days before illness onset: 3 | Meal | Ate at home | Ate outside (location) | Foods eaten |
|-------------------------------------|-------------|--------------------|-------------------------------|--------------------|
| Date: | Breakfast | | | |
| Day of week: | Lunch | | | |
| | Dinner | | | |
| | Snacks | | | |

Part V. Restaurant Exposures

Now I'd like to ask about the kinds of places where you might have eaten food in the 7 days (_____ to _____) before you got sick. This may help you remember specific food items, which I'll ask you about in a minute. Did you eat anything at any...

| [1] Y ? N | EATING AND SHOPPING VENUES | [2] Y ? N | RESTAURANT TYPES |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------|
| A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | fast-food restaurants (specify) _____ | A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Chinese |
| B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | sit-down restaurants (if yes, specify type(s) in box at right) | B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Vietnamese |
| C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | grocery-store deli or other kind of deli _____ | C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Thai |
| D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | bakery | D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Japanese |
| E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | coffee shop (e.g., Starbucks) | E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Indian/South Asian |
| F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | street vendor/push cart/kiosk? | F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | other Asian |
| G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | event concession stands (like at a sporting event or a concert) | G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Hawaiian |
| H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | gas station or similar mini-mart | H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Mexican |
| I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | tavern or bar | I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Italian |
| J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | free samples anywhere (e.g., grocery store, Costco, farmer's market) | J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Cuban/Caribbean |
| K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | cafeteria/dining room (e.g., worksite, hospital, school) | K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Greek |
| L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | nursing home/ALC dining facility | L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other "international" |
| M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | hotel room service | M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | vegetarian |
| N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | child-care facility | N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | barbeque |
| O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | potluck-type private events | O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | seafood |
| P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | catered private gatherings (e.g., weddings, parties) | P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | breakfast place |
| Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any food at a church social or similar gathering or "coffee" hour | Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | diner/neighborhood cafe |
| R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | food brought in to school classes, offices, or work place | R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | all-you-can-eat buffet |
| | | S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | other: _____ |

Now I'd like to ask about where the food came from that you ate at home in those 7 days. In other words, this isn't necessarily where you shopped in those days, but where the food that you ate during that time came from. OK? Did any of it come from...

| [3] Y ? N | SOURCES OF FOOD AT HOME |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | grocery stores/supermarkets (specify) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | warehouse stores (Costco, Sam's Club, ...) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | mini-marts (e.g., 7-11, AM/PM) |
| D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | ethnic specialty markets |
| E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | delicatessens |
| F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | bakeries |
| G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | farmer's markets |
| H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | fish or meat shops |
| I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | home delivery services (e.g., Schwan's, Meals-on-Wheels) |
| J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | home-grown produce |
| K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | home-slaughtered meat |
| L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | other private households (friends, family, etc) |
| M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | other: _____ |

Part VI. Food Exposures

Now I'd like to ask you about a long list of food items, and for each one my question will be "Did you eat it in the 7 days before you got sick?" The lists are organized into categories, like eggs and dairy foods, vegetables and fruits, and so on. For each item, give me a "yes" or "no" if you remember eating or even tasting it in the 7 days before you got sick. Some of the questions might seem a little repetitive, but please try and answer each question individually, even if you think it was already covered. Unless I specify otherwise, I'm interested in whether you ate these items at home or away from home—either one, OK?

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>[4] Y ? N</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>DAIRY AND EGGS</p> <p>eggs (anything anywhere from fresh eggs) <i>If yes, ...</i></p> <p>any eggs at home</p> <p>any eggs away from home</p> <p>any eggs anywhere that were runny</p> <p>anything that had eggs that were still raw in it (e.g., dough, sauces, homemade ice cream, mayo)</p> <p>any egg substitutes (Egg-Beaters, etc.)</p> <p>butter (real butter; not margarine)</p> <p>buttermilk (fluid, not powdered)</p> <p>sour cream</p> <p>whipped cream</p> <p>fresh or flavored store-bought yogurt</p> <p>frozen yogurt</p> <p>ice cream</p> <p>ice cream bars or frozen dairy dessert items</p> <p>any pasteurized ("regular") milk.</p> <p>any unpasteurized (raw) milk</p> <p>other dairy or egg product: _____</p> | <p>[5] Y ? N</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>CHEESE</p> <p>cream cheese</p> <p>cottage cheese</p> <p>Ricotta</p> <p>any "string" cheese</p> <p>any cheese sold as or cut from solid blocks ("typical")</p> <p>any cheese on a deli-type sandwich</p> <p>any cheese spread</p> <p>American (processed) cheese</p> <p>cheddar</p> <p>Swiss</p> <p>uncooked mozzarella (e.g., <i>not</i> cooked on pizza)</p> <p>any Parmesan or Romano</p> <p>any blue-veined cheese (Bleu, gorgonzola,...)</p> <p>feta</p> <p>any cheese made from goat or sheep milk</p> <p>any fancy imported cheese</p> <p>homemade Mexican-style (<i>queso fresco, q. blanco</i>)</p> <p>store-bought Mexican-style (<i>queso fresco, q. blanco</i>)</p> <p>any cheese made from unpasteurized milk (often homemade or sold off-the-farm or door-to-door)</p> <p>other cheese product: _____</p> |
| <p>Y ? N</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>MEAT & POULTRY [6]</p> <p>any chicken prepared at home (i.e., not take-out)</p> <p>anything prepared at home from a "whole" chicken</p> <p><i>if yes, was that chicken frozen when you got it?</i></p> <p>anything prepared at home from pre-cut chicken parts</p> <p><i>if yes, was that chicken frozen when you got it?</i></p> <p>any chicken prepared or eaten away from home</p> <p>anything from ground chicken</p> <p>ground turkey</p> <p>any other turkey (whole or parts)</p> <p>duck or game hen</p> <p>pre-frozen hamburger patties eaten at home</p> <p><i>if yes, were any patties pink on the inside when eaten?</i></p> <p>fresh (not store-frozen) hamburger patties at home</p> <p><i>if yes, was it pink on the inside when eaten?</i></p> <p>anything else made with ground beef at home</p> <p>any other beef (steak, roasts, etc.) at home</p> <p>veal</p> <p>pork</p> <p>ham</p> <p>lamb</p> <p>any kind of game (venison, pheasant, etc.—fresh, frozen, or dried)</p> | <p>Y ? N</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>-----</p> <p>SEAFOOD -----</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>COOKED OR PROCESSED MEATS [7]</p> <p>smoked or dried fish (e.g., lox)</p> <p>any pre-packaged sliced deli meats</p> <p>any other sliced deli meats (i.e., <i>not</i> pre-packaged)</p> <p>corn dogs</p> <p>hot dogs</p> <p>bologna</p> <p>bacon</p> <p>breakfast sausage</p> <p>any other sausage/bratwurst etc.</p> <p>pepperoni/salami</p> <p>store-bought beef sticks/jerky</p> <p>other meat or poultry: _____</p> <p>(store-bought) fresh fish</p> <p>crab</p> <p>shrimp/prawns</p> <p>oysters</p> <p><i>if yes, were the oysters raw when eaten?</i></p> <p>other shellfish</p> <p><i>if yes, were the shellfish raw when eaten?</i></p> <p>sushi, sashimi, or ceviche made with raw fish or shellfish</p> <p>other seafood: _____</p> |

| [8] Y ? N | FRESH VEGETABLES (Not frozen) | [9] Y ? N | FRESH VEGETABLES (Not frozen) |
|------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------|
| A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | celery | A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | cabbage |
| B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | mini-carrots in sealed bag | B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | potatoes |
| C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | loose or bagged carrots (full size) | C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | yams or sweet potatoes |
| D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | cucumbers | D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | alfalfa sprouts |
| E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | broccoli | E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | bean sprouts |
| F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | cauliflower | F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any other sprouts (clover, mixed, broccoli, etc) |
| G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | green bell peppers | G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any salad mix that came in a sealed bag |
| H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | red bell peppers | H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | mesclun lettuce ("spring mix") |
| I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | asparagus | I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any other iceberg lettuce |
| J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | fresh corn | J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any romaine lettuce |
| K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | snow peas (eaten in pod) | K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any other leaf lettuce |
| L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | fresh beans | L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any lettuce on sandwiches or burgers |
| M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | brussel sprouts | M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any tomatoes on sandwiches or burgers |
| N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | eggplant | N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | fresh spinach (not frozen) |
| O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | zucchini or other "soft" squash | O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | other greens (collard, mustard, etc) |
| P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any "hard" squash (pumpkin, acorn, etc.) | P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | fresh basil |
| Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | white or yellow onions | Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | fresh parsley |
| R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | green onions (scallions) | R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | fresh cilantro |
| S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | leeks | S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | other fresh herbs |
| T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | avocado (or guacamole) | T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | fresh garlic |
| U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any homegrown fresh tomatoes (eaten raw) | U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | fresh mushrooms |
| V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any store-bought fresh tomatoes eaten at home (raw) | V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | beets, turnips, or radishes |
| | | W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any "organic" produce |
| | | X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | other fresh vegetables: _____ |

| [10] Y ? N | FRESH FRUIT (Not frozen or cooked) | [11] Y ? N | FRESH FRUIT (Not frozen or cooked) |
|------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------|-------------------------------------|
| A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | apples | A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | cherries |
| B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | pears | B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | plums |
| C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | peaches | C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | any kind of grapes <i>if yes...</i> |
| D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | nectarines | D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | green grapes |
| E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | apricots | E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | red grapes |
| F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | persimmons | F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | bananas |
| G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | oranges | G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | plantains |
| H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | tangerines | H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | cantaloupe |
| I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | grapefruit | I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | honeydew |
| J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | lemon | J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | watermelon |
| K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | lime | K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | kiwi |
| L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | strawberries | L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | pineapple |
| M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | raspberries | M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | mango |
| N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | blueberries | N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | papaya |
| O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | blackberries | O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | other fresh fruit: _____ |

| [12]Y | ? | N | PREMADE AND DRIED FOODS | [13]Y | ? | N | MISCELLANY |
|-------|--------------------------|--------------------------|---------------------------------------------|-------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | <input type="checkbox"/> | <input type="checkbox"/> | store-bought fruit salad | A | <input type="checkbox"/> | <input type="checkbox"/> | any <i>fresh</i> salsa |
| B | <input type="checkbox"/> | <input type="checkbox"/> | store-bought pasta salad | B | <input type="checkbox"/> | <input type="checkbox"/> | taco shells |
| C | <input type="checkbox"/> | <input type="checkbox"/> | store-bought potato salad | C | <input type="checkbox"/> | <input type="checkbox"/> | tortillas |
| D | <input type="checkbox"/> | <input type="checkbox"/> | store-bought egg salad | D | <input type="checkbox"/> | <input type="checkbox"/> | bulk chocolate (not wrapped candy) |
| E | <input type="checkbox"/> | <input type="checkbox"/> | store-bought cole slaw | E | <input type="checkbox"/> | <input type="checkbox"/> | any apple juice/cider |
| F | <input type="checkbox"/> | <input type="checkbox"/> | premade macaroni salad | F | <input type="checkbox"/> | <input type="checkbox"/> | any apple juice/cider that is freshly pressed and not pasteurized |
| G | <input type="checkbox"/> | <input type="checkbox"/> | peanuts (loose or in shell) | G | <input type="checkbox"/> | <input type="checkbox"/> | any orange juice |
| H | <input type="checkbox"/> | <input type="checkbox"/> | peanut butter | H | <input type="checkbox"/> | <input type="checkbox"/> | any fresh squeezed orange juice that (not from a carton or concentrate) |
| I | <input type="checkbox"/> | <input type="checkbox"/> | any fresh-ground "natural" peanut butter | I | <input type="checkbox"/> | <input type="checkbox"/> | any juice that is not pasteurized and not from a concentrate (often bought from farms or orchards, but may be sold commercially with a label saying it is unpasteurized and may contain bacteria) |
| J | <input type="checkbox"/> | <input type="checkbox"/> | almonds | J | <input type="checkbox"/> | <input type="checkbox"/> | tofu |
| K | <input type="checkbox"/> | <input type="checkbox"/> | walnuts | K | <input type="checkbox"/> | <input type="checkbox"/> | commercially bottled water |
| L | <input type="checkbox"/> | <input type="checkbox"/> | cashews | L | <input type="checkbox"/> | <input type="checkbox"/> | cold breakfast cereals (e.g., Cheerios, Raisin Bran) |
| M | <input type="checkbox"/> | <input type="checkbox"/> | pistachios | M | <input type="checkbox"/> | <input type="checkbox"/> | granola |
| N | <input type="checkbox"/> | <input type="checkbox"/> | sunflower seeds | N | <input type="checkbox"/> | <input type="checkbox"/> | hot breakfast cereals (oatmeal, etc.) |
| O | <input type="checkbox"/> | <input type="checkbox"/> | raisins | O | <input type="checkbox"/> | <input type="checkbox"/> | sports supplements (e.g., protein shakes, etc.) |
| P | <input type="checkbox"/> | <input type="checkbox"/> | any pre-made pudding or custard (not a mix) | P | <input type="checkbox"/> | <input type="checkbox"/> | any spices bought in bulk or at ethnic specialty markets (e.g., from a bin or in a plastic pouch, Indian groceries, etc.) |
| Q | <input type="checkbox"/> | <input type="checkbox"/> | other pre-made/dried foods: _____ | Q | <input type="checkbox"/> | <input type="checkbox"/> | any spices at home first opened in the 2 weeks before illness onset |
| | | | | R | <input type="checkbox"/> | <input type="checkbox"/> | anything made or seasoned with fresh black pepper (e.g., ground from whole peppercorns) |
| | | | | S | <input type="checkbox"/> | <input type="checkbox"/> | anything seasoned with marinade or a "rub" of spices |
| | | | | T | <input type="checkbox"/> | <input type="checkbox"/> | Do you remember eating anything seasoned with fresh ground black pepper (i.e., ground from whole peppercorns)? |
| | | | | U | <input type="checkbox"/> | <input type="checkbox"/> | <i>If yes, provide details about when and where; if known, the source of the pepper</i> _____ _____ |

| [14]Y | ? | N | FROZEN FOODS | [15]Y | ? | N | SPECIFIC FOODS EATEN OUT |
|-------|--------------------------|--------------------------|--------------------------------------------------------|-------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------|
| A | <input type="checkbox"/> | <input type="checkbox"/> | frozen dinners/entrees | A | <input type="checkbox"/> | <input type="checkbox"/> | <i>These refer to food eaten or prepared away from home</i> Any burgers or ground beef at a fast-food place |
| B | <input type="checkbox"/> | <input type="checkbox"/> | frozen vegetables in a box | B | <input type="checkbox"/> | <input type="checkbox"/> | any other burger/ground beef away from home |
| C | <input type="checkbox"/> | <input type="checkbox"/> | frozen vegetables in a bag | C | <input type="checkbox"/> | <input type="checkbox"/> | any other beef away from home |
| D | <input type="checkbox"/> | <input type="checkbox"/> | frozen berries | D | <input type="checkbox"/> | <input type="checkbox"/> | any deli-type sandwich |
| E | <input type="checkbox"/> | <input type="checkbox"/> | frozen vegetarian stuff (e.g., Gardenburgers) | E | <input type="checkbox"/> | <input type="checkbox"/> | any sandwich with sprouts on it |
| F | <input type="checkbox"/> | <input type="checkbox"/> | frozen fish products | F | <input type="checkbox"/> | <input type="checkbox"/> | any sandwich or burger garnished with lettuce |
| G | <input type="checkbox"/> | <input type="checkbox"/> | frozen chicken strips or nuggets (at home) | G | <input type="checkbox"/> | <input type="checkbox"/> | any sandwich or burger garnished with tomato |
| H | <input type="checkbox"/> | <input type="checkbox"/> | any other frozen chicken products | H | <input type="checkbox"/> | <input type="checkbox"/> | anything from a salad bar |
| I | <input type="checkbox"/> | <input type="checkbox"/> | frozen pizza | I | <input type="checkbox"/> | <input type="checkbox"/> | any kind of salad made with lettuce or greens |
| J | <input type="checkbox"/> | <input type="checkbox"/> | frozen Mexican-style items | J | <input type="checkbox"/> | <input type="checkbox"/> | anything with raw tomatoes |
| K | <input type="checkbox"/> | <input type="checkbox"/> | frozen shrimp, frog legs, lobster, crab, other seafood | K | <input type="checkbox"/> | <input type="checkbox"/> | pizza from a pizzeria (not frozen) |
| L | <input type="checkbox"/> | <input type="checkbox"/> | other frozen foods: _____ | L | <input type="checkbox"/> | <input type="checkbox"/> | any kind of burrito or "wrap" |
| ----- | | | SNACK FOODS | M | <input type="checkbox"/> | <input type="checkbox"/> | any kind of stir-fry or other dish that might have included bean sprouts |
| M | <input type="checkbox"/> | <input type="checkbox"/> | crackers: _____ | N | <input type="checkbox"/> | <input type="checkbox"/> | anything that might have been flavored with fresh cilantro (including many Asian and Mexican dishes, for example) |
| N | <input type="checkbox"/> | <input type="checkbox"/> | cookies: _____ | | | | |
| O | <input type="checkbox"/> | <input type="checkbox"/> | chips (potato, corn, Fritos, etc.) | | | | |
| P | <input type="checkbox"/> | <input type="checkbox"/> | candy: _____ | | | | |
| Q | <input type="checkbox"/> | <input type="checkbox"/> | other snack foods: _____ | | | | |

That is it for the questions about food. Can you think of any other food item that I may not have mentioned?

Part VII. Animal Contact

In the 7 days before you got sick, did you have any contact with any of the following?

| [16]Y | ? | N | |
|-------|--------------------------|--------------------------|-------------------------------------------------------------------|
| A | <input type="checkbox"/> | <input type="checkbox"/> | Bird |
| B | <input type="checkbox"/> | <input type="checkbox"/> | Cat |
| C | <input type="checkbox"/> | <input type="checkbox"/> | Dog |
| D | <input type="checkbox"/> | <input type="checkbox"/> | Dog treats like pig ears, rawhide chews |
| E | <input type="checkbox"/> | <input type="checkbox"/> | Chicken/baby chicks |
| F | <input type="checkbox"/> | <input type="checkbox"/> | Cow/bull/steer/calves |
| G | <input type="checkbox"/> | <input type="checkbox"/> | Goat, Sheep, or Lamb |
| H | <input type="checkbox"/> | <input type="checkbox"/> | Horse |
| I | <input type="checkbox"/> | <input type="checkbox"/> | Pig |
| J | <input type="checkbox"/> | <input type="checkbox"/> | Turkey |
| K | <input type="checkbox"/> | <input type="checkbox"/> | Reptile (including snakes, iguanas or other lizards, and turtles) |
| L | <input type="checkbox"/> | <input type="checkbox"/> | Amphibian (such as frogs) |
| M | <input type="checkbox"/> | <input type="checkbox"/> | Tropical fish |

Believe it or not, that's the end of the questionnaire. Thank you very much for your time. These interviews are extremely valuable in helping us solve the mystery of why people are getting sick. Depending on what we find out when we put these interviews together, we may need to follow up about a few details. Are there any other numbers I should have in case I need to reach you quickly?

Do you have any questions? If you need to contact me, you can call me at _____. Thank you again for your time.

Please fax completed questionnaire to Jeff Higa at 310-217-6911.

Do not delete the stuff on this page from the Word file, but do delete it from any PDF copies that you send out. The little box numbers show up as endnotes. They specify which section is which for keypunching purposes, and automatically update if boxes are moved around.

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