

# MCGRATH'S FISH HOUSE (2005-137)

proxy? Phone \_\_\_\_\_

Age \_\_\_\_\_ Sex  M  F E-mail \_\_\_\_\_

Interviewed by \_\_\_\_\_ on \_\_\_\_\_

## Did you....

<b>Y</b>	<b>?</b>	<b>N</b>	<b>LEAD-IN QUESTIONS</b>	[1]
A	<input type="checkbox"/>	<input type="checkbox"/>	Eat at McGrath's Fish House since October 9th?	

<b>On which days did you eat?</b>																							
B	<input type="checkbox"/>	Sun, 9th	C	<input type="checkbox"/>	Mon, 10th	D	<input type="checkbox"/>	Tues, 11th	E	<input type="checkbox"/>	Wed, 12th	F	<input type="checkbox"/>	Thur, 13th	G	<input type="checkbox"/>	Fri, 14 <sup>th</sup>	H	<input type="checkbox"/>	Sat, 15 <sup>th</sup>	I	<input type="checkbox"/>	Sun, 16 <sup>th</sup>

## FOOD EXPOSURES

Let me walk you through the meals served over the last few days.

About what time did you eat? meal 1 \_\_\_\_\_ meal 2 \_\_\_\_\_ meal 3 \_\_\_\_\_ meal 4 \_\_\_\_\_ meal 5 \_\_\_\_\_

For each item, give me a "yes" or "no" answer if you remember eating or even tasting it.

<p>[2] <b>Y ? N Oyster Bar</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fresh shucked oyster on the half shell</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fresh oyster shooter</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pan fried or blackened oysters</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steamer clam appetizer</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dungeness crab cocktail</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bay shrimp cocktail</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chilled prawns</p> <p><b>Sushi POKE</b></p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pacific roll</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> California roll</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spicy tuna roll</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pacific rim poke</p> <p><b>Chilled seafood</b></p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bay shrimp cocktail</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dungeness crab cocktail</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> McGrath's seafood cocktail</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chilled prawns</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gazpacho mussels</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seared ARI</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seafood sampler</p> <p><b>Chowder and Stew</b></p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> McGrath's clam chowder</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fishermen's Stew</p>	<p>[3] <b>Y ? N Appetizers</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oysters Casino</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crab &amp; artichoke dip</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coconut prawns</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Calamari rings</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crab &amp; Shrimp wontons</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Onion rings</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mozzarella sticks</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sesame chicken sticks</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Popcorn shrimp</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crab cakes</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Appetizer combo basket</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> McGrath's seafood cocktail</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gazpacho mussels</p> <p><b>Salads</b></p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cape cobb salad</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oregon pear, blue cheese and walnut salad</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asian chicken salad</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Santa Fe chicken salad</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chicken Caesar salad</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spinach salad</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Herb crusted salmon salad</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seared ahi tuna salad</p> <p>W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shrimp or crab louis</p> <p>X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Garden salad</p> <p>Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dressing _____</p>	<p>[4] <b>Y ? N Salad cont'd</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coleslaw</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vegetables _____</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sourdough bread</p> <p><b>Fish &amp; Seafood</b></p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazelnut sole</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pan fried oysters</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crab cakes</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coconut Prawns</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Halibut Parmesan</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sesame chicken strips</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pacific cod and shrimp</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bay city salmon</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coconut prawns</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crab cake</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stuffed jumbo prawns</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pan-fried oysters</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> New Orleans catfish</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Baked stuffed halibut</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oven roasted garlic prawns</p> <p><b>Seafood Platters</b></p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prawn platter</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Halibut &amp; prawn platter</p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Captain's plate</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Admiral platter</p> <p><b>Wood Fired Seafood</b></p> <p>W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Red snapper</p> <p>X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wood fired Salmon</p> <p>Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skewered Prawns</p>
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<p>[5] <b>Y ? N Wood Fired Seafood cont'd</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alaskan Halibut</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chicken &amp; Prawns</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fresh water catfish</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Scallop skewers</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prawn &amp; scallop skewers</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mixed grill</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Broiled platter</p> <p style="text-align: center;"><b>Golden Fried Seafood</b></p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fish &amp; chips</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Halibut fish &amp; chips</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Popcorn shrimp</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prawns</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Scallops</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clam strips</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Calamari</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Southern fried catfish</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seafood combinations</p> <p style="text-align: center;"><b>Crab &amp; Lobster</b></p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Snow crab legs</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steamer clams</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> King crab legs</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lobster tail</p>	<p>[6] <b>Y ? N Pasta</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chicken or bay shrimp fettucine</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prawns and sausage jambalaya</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shrimp and artichoke rustica</p> <p style="text-align: center;"><b>Sandwiches</b></p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crab and arichoke sandwich</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oregon bay shrimp club</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Codfather</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grilled turkey stack</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hot seafood newport</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Baja chicken sandwich</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Island chicken sandwich</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fish tacos</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Almond chicken panini</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chicken parmesan sandwich</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gulf shrimp tacos</p> <p style="text-align: center;"><b>Gourmet Burgers</b></p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hamburger or cheeseburger</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All-American Burger</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mushroom Burger</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> California burger</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pepperjack bacon burger</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kahuna burger</p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Salmon burger</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drinks _____</p> <p>(number) ____ How many drinks with ice?</p>
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<p>[7] <b>Y ? N Steak, Ribs &amp; Chicken</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Top Sirloin steak</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Landlover's ribeye</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steak Dungeness</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BBQ baby back ribs</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chicken Milan</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pacific Island chicken</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sesame chicken strips</p> <p style="text-align: center;"><b>Combinations</b></p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BBQ salmon and ribs</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steak &amp; Prawns</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steak &amp; Scampi</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steak &amp; Lobster tail</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steak &amp; crab</p>	<p>[8] <b>Y ? N Pasta</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seafood fettuccine</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Prawns scampi</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shellfish cioppino</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Greco chicken penne</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shrimp &amp; chicken rustica</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seafood pasta jambalaya</p> <p style="text-align: center;"><b>Desserts</b></p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Marionberry cobbler</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tuxedo truffle mousse</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nita's apple crisp with rum sauce</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Key lime pie</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> New York cheesecake</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mile high mud pie</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Old fashioned bread pudding</p>
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<p>a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Have you yourself been sick at all with vomiting and diarrhea since October 10th?</b></p>
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*if this person has not been sick, STOP HERE. If they have had symptoms, CONTINUE to the last page.*

**This page is only for people who got sick. Discard for those who did not become ill.**

**Let me read you a list of symptoms. For each one, give me a “yes” or “no.” Did you have any...**

Y	?	N	SIGNS AND SYMPTOMS	Y	?	N	
H	<input type="checkbox"/>	<input type="checkbox"/>	headache	L	<input type="checkbox"/>	<input type="checkbox"/>	shaking chills
N	<input type="checkbox"/>	<input type="checkbox"/>	nausea	D	<input type="checkbox"/>	<input type="checkbox"/>	any diarrhea or loose stools
V	<input type="checkbox"/>	<input type="checkbox"/>	vomiting	3	<input type="checkbox"/>	<input type="checkbox"/>	if yes to diarrhea, did you have 3 or more loose stools in any 24-hour period?
M	<input type="checkbox"/>	<input type="checkbox"/>	myalgia (muscle aches)	B	<input type="checkbox"/>	<input type="checkbox"/>	any blood in stools
C	<input type="checkbox"/>	<input type="checkbox"/>	abdominal (stomach, belly) cramps	X	<input type="checkbox"/>	<input type="checkbox"/>	symptom X
T	<input type="checkbox"/>	<input type="checkbox"/>	unusual fatigue (feeling tired)	Z	<input type="checkbox"/>	<input type="checkbox"/>	other _____
F	<input type="checkbox"/>	<input type="checkbox"/>	fever (if yes, <input type="checkbox"/> subjective or _____° (max.)				

**ONSET AND DURATION**

Get precise answers for onset time. If you don't get a date and time, it can't be placed on an epi curve. Estimates are OK. Prompt as needed: "What is your best guess of the time?" Don't let them get away with vague stuff like "morning" or "after midnight." Be careful with times such as "midnight" or early morning hours—which day do they mean? By "2am Friday night," for example, do they mean Saturday morning? Keep probing until it is unambiguous. Midnight exactly will be graphed as 11:59 pm.

**October 2005**

S	M	Tu	W	Th	F	S
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

**On what date did you first feel sick?**

- Wed, Oct 12     Thursday, Oct 13     Friday, Oct 14     Sat, Oct 15     Sun, Oct 16     \_\_\_\_\_

**At what time did you first feel sick? [ENTER A SPECIFIC HOUR IF POSSIBLE!!!]**

- \_\_\_\_\_ am     noon     \_\_\_\_\_ pm     midnight (very end of day)

**[If applicable] On what day did you start having the vomiting or diarrhea (whichever came first)?**

*Note: the point here is to capture the onset time of some "hard" symptom, in case they had a "soft" prodrome.*

- Wed, Oct 12     Thursday, Oct 13     Friday, Oct 14     Sat, Oct 15     Sun, Oct 16     \_\_\_\_\_

**[If applicable] At what time did the vomiting/diarrhea begin? [BE SPECIFIC!!!]**

- \_\_\_\_\_ am     noon     \_\_\_\_\_ pm     midnight (end of day)

**Are you still having any vomiting/diarrhea now?**     yes     no

*If no, how long did the vomiting/diarrhea last?*    \_\_\_ minutes    \_\_\_ hours    \_\_\_ days

**Overall, over how long a time did you feel ill?\***    \_\_\_ minutes    \_\_\_ hours    \_\_\_ days

*\*If symptoms were intermittent, get the spread from beginning to end. For example, if they were sick on Monday, Wed, and Friday, but felt better on Tuesday and Thursday, mark "5 d", not 3.*

**Did you/Are you...** (check all that apply; provide details [names, dates, phone numbers, etc.] at right.)

Y	?	N	MISCELLANY
W	<input type="checkbox"/>	<input type="checkbox"/>	miss work or school?    if yes, how many days? _____
P	<input type="checkbox"/>	<input type="checkbox"/>	see any clinician?    if yes, whom?
E	<input type="checkbox"/>	<input type="checkbox"/>	visit an ER?    if yes, specify
S	<input type="checkbox"/>	<input type="checkbox"/>	give a stool specimen?    if yes, when/to whom
C	<input type="checkbox"/>	<input type="checkbox"/>	already culture-positive?    if yes, specify
F	<input type="checkbox"/>	<input type="checkbox"/>	[if not] willing to provide specimen?
H	<input type="checkbox"/>	<input type="checkbox"/>	get admitted to hospital overnight?    if yes, how many nights? _____