Name _____

SOCCER CLUB (2010-210)

Phone _____

Age _____ **Sex** ❒ M ❒ F **Interviewee** ❒ self ❒ parent Interviewed by _KR_____ on _10/14_____

[i]	Y	?	N	LEAD-IN QUESTIONS
A	❒	❒	❒	Did you attend the 8:30 am game on Sunday?
B	❒	❒	❒	Did you eat any food before the game?
				If yes, where was the food from? (Hotel, private vendor, home?)
C	❒	❒	❒	Did you purchase any food at the soccer field on Sunday?
D	❒	❒	❒	Coffee vendor
E	❒	❒	❒	Jamba juice
F	❒	❒	❒	Breakfast/Sandwich vendor
G	❒	❒	❒	Did you eat lunch on Sunday?
				If yes, where was the food from?
H	❒	❒	❒	Did you leave the soccer field at any time after the 8:30 am game but before the 2:45 pm game on Sunday?
				If yes, where did you go?
I	❒	❒	❒	Who was in your vehicle on the trip home from the final game?
J	❒	❒	❒	Did you eat dinner on Sunday?
K	❒	❒	❒	Did everyone in your vehicle eat dinner at the same location?
L	❒	❒	❒	Fast food
M	❒	❒	❒	Gas station
N	❒	❒	❒	Sit-down restaurant
O	❒	❒	❒	Left-overs from lunch
P	❒	❒	❒	Snacks only
Q	❒	❒	❒	Other (please specify):
R	❒	❒	❒	Did you share food or drinks with each other at lunch? (circle which)
S	❒	❒	❒	Did you share food or drinks with each other at dinner? (circle which)
T	❒	❒	❒	Did you stop at any rest stops?
U	❒	❒	❒	Did you eat any food or taste samples at the rest stop?

October

Su	Mo	Tu	We	Th	Fr
					1
3	4	5	6	7	8
10	11	12	13	14	15
17	18	19	20	21	22
24	25	26	27	28	29

 Name _____

FOOD EXPOSURES

Let me ask you about the items that were available on Sunday

About what time did you eat? Sunday Breakfast _____ Sunday Lunch_____ Sunday Dinner _____ Sunday Snacks_____

For each item, give me a "yes" or "no" answer if you remember eating or even tasting it. I also need to know the amount of food you ate and where the food was purchased.

[ii]	Y	?	N	Pre-Game Food
A	❒	❒	❒	cold cereal
B	❒	❒	❒	milk
C	❒	❒	❒	granola bars
D	❒	❒	❒	fruit
E	❒	❒	❒	fruit juice
F	❒	❒	❒	bagel
G	❒	❒	❒	cream cheese
H	❒	❒	❒	peanut butter
I	❒	❒	❒	energy bar
J	❒	❒	❒	
K	❒	❒	❒	
L	❒	❒	❒	
M	❒	❒	❒	
N	❒	❒	❒	
O	❒	❒	❒	
P	❒	❒	❒	
Q	❒	❒	❒	
R	❒	❒	❒	
S	❒	❒	❒	
T	❒	❒	❒	
U	❒	❒	❒	
V	❒	❒	❒	
W	❒	❒	❒	
X	❒	❒	❒	
Y	❒	❒	❒	
Z	❒	❒	❒	

[iii]	Y	?	N	Lunch-Where
A	❒	❒	❒	sandwich from vendor
B	❒	❒	❒	team deli sandwich
C	❒	❒	❒	What meat was on sandwich?
D	❒	❒	❒	What cheese was on sandwich?
E	❒	❒	❒	What toppings were on the sandwich?
F	❒	❒	❒	
G	❒	❒	❒	
H	❒	❒	❒	
I	❒	❒	❒	
J	❒	❒	❒	
K	❒	❒	❒	
L	❒	❒	❒	
M	❒	❒	❒	
N	❒	❒	❒	
O	❒	❒	❒	
P	❒	❒	❒	
Q	❒	❒	❒	
R	❒	❒	❒	
S	❒	❒	❒	
T	❒	❒	❒	
U	❒	❒	❒	
V	❒	❒	❒	
W	❒	❒	❒	
X	❒	❒	❒	
Y	❒	❒	❒	
Z	❒	❒	❒	

[iv]	Y	?	N	Dinner
A	❒	❒	❒	Hamburger
B	❒	❒	❒	Salad
C	❒	❒	❒	
D	❒	❒	❒	
E	❒	❒	❒	
F	❒	❒	❒	
G	❒	❒	❒	
H	❒	❒	❒	
I	❒	❒	❒	
J	❒	❒	❒	
K	❒	❒	❒	
L	❒	❒	❒	
M	❒	❒	❒	
N	❒	❒	❒	
O	❒	❒	❒	
P	❒	❒	❒	
Q	❒	❒	❒	
R	❒	❒	❒	
S	❒	❒	❒	
T	❒	❒	❒	
U	❒	❒	❒	
V	❒	❒	❒	
W	❒	❒	❒	
X	❒	❒	❒	
Y	❒	❒	❒	
Z	❒	❒	❒	

Name _____

SOCCER CLUB (2010-210)

Phone _____

Age _____ **Sex** ❒ M ❒ F **Interviewee** ❒ self ❒ parent ❒ spouse ❒ _____ Interviewed by _____ on _____

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
H	❒	❒	❒	headache
N	❒	❒	❒	nausea
V	❒	❒	❒	vomiting
M	❒	❒	❒	myalgia (muscle aches)
C	❒	❒	❒	abdominal (stomach, belly) cramps
T	❒	❒	❒	unusual fatigue (feeling tired)
F	❒	❒	❒	fever (*if yes*, ❒ subjective or _____˚ (max.)

	Y	?	N	
L	❒	❒	❒	shaking chills
D	❒	❒	❒	any diarrhea or loose stools
3	❒	❒	❒	*if yes to diarrhea*, did you have 3 or more loose stools in any 24-hour period?
B	❒	❒	❒	any blood in stools
Z	❒	❒	❒	other _____

ONSET AND DURATION

*Get precise answers for onset times. Without a date **and time**, it's hard to make a decent 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 "2 am Friday night," for example, do they really mean Saturday morning? Keep probing until it is unambiguous. Write down what they mean—not just what they say. Midnight exactly is graphed as 11:59 pm.*

October

Su	Mo	Tu	We	Th	Fr	Sa
					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

On what date did you first feel sick?

❒ Sat, Oct 9 ❒ Sun, Oct 10 ❒ Mon, Oct 11 ❒ Tue, Oct 12 ❒ Wed, Oct 13 ❒ _____

At what time did you first feel sick? [*PRESS FOR A SPECIFIC TIME*]

_____ 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 is to capture the onset of their first "hard" symptom, in case they had a "soft" prodrome.

❒ Sat, Oct 9 ❒ Sun, Oct 10 ❒ Mon, Oct 11 ❒ Tue, Oct 12 ❒ Wed, Oct 13 ❒ _____

[If applicable] **At what time did the vomiting/diarrhea begin? [*PRESS FOR A SPECIFIC TIME*]**

_____ am ❒ noon _____ pm ❒ midnight (end of day)

[If applicable] **Are you still having any vomiting/diarrhea now?** ❒ yes ❒ no

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

Overall, **how long did you feel ill?*** ___ minutes ___ hours ___ days ❒ still sick

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

Did anyone in your household get sick with a similar illness after you got home? ❒ yes ❒ no

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

	Y	?	N	Did you/Are you...	
W	❒	❒	❒	miss work or school?	*if yes*, how many days? _____
P	❒	❒	❒	see any clinician?	*if yes*, whom?
E	❒	❒	❒	visit an ER?	*if yes*, specify
F	❒	❒	❒	Would you be willing to provide a stool specimen? (*If yes, where/when could we drop off?*)	
X	❒	❒	❒	Will you be at practice tomorrow? (Thursday October 14)	