

**Gastroenteritis Questionnaire**

Fill in the blank or check **Yes/No/Don't Know** to complete questionnaire.

**Interviewer** \_\_\_\_\_ (Initials)

**Date of Interview** \_\_\_ / \_\_\_ / \_\_\_

My name is \_\_\_\_\_ and I am with the Tennessee Department of Health. We are investigating an illness at the LeConte Lodge and would like to ask you a few questions about foods you may have eaten at the lodge.

**Lead-In Questions**

[1]

**Did you stay at or visit the LeConte Lodge in the Smoky Mountains National Park in the past week? (specifically June 15-June 21<sup>st</sup>)**

*A*  Yes

*B*  No (End questionnaire)

*C*  Don't Know

**On which days did you stay at the LeConte Lodge?**

*D*  Tuesday, June 15

*H*  Saturday, June 19

*E*  Wednesday, June 16

*I*  Sunday, June 20

*F*  Thursday, June 17

*J*  Monday, June 21

*G*  Friday, June 18

*K*  Other (specify date: \_\_\_\_\_)

**Are you an employee of LeConte Lodge?**

*L*  Yes (position: \_\_\_\_\_)

*M*  No

If yes, do you have direct contact with food?

*N*  Yes

*O*  No

**Demographics**

<b>Patient's Name (last, first):</b>		<b>DOB:</b>
<b>Parent's Name (if child):</b>		<b>Pt's phone #:</b>
<b>Age:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other
<b>Home Address:</b>	<b>City:</b>	<b>State &amp; Zip:</b>
<b>Occupation:</b>		

**Were You Sick?**

**Have you/your child been sick with a gastrointestinal illness, such as nausea, vomiting or diarrhea, since Tuesday, June 15th?**

Yes

No (go to page 3)

Don't Know

**Symptom History**

If yes, did you have any...

Y	N	DK	SIGNS AND SYMPTOMS	Y	N	DK	
N	<input type="checkbox"/>	<input type="checkbox"/>	nausea	L	<input type="checkbox"/>	<input type="checkbox"/>	chills
V	<input type="checkbox"/>	<input type="checkbox"/>	vomiting	H	<input type="checkbox"/>	<input type="checkbox"/>	headache
D	<input type="checkbox"/>	<input type="checkbox"/>	diarrhea	M	<input type="checkbox"/>	<input type="checkbox"/>	myalgia (muscle aches)
B	<input type="checkbox"/>	<input type="checkbox"/>	blood in stool	F	<input type="checkbox"/>	<input type="checkbox"/>	fever (if yes, <input type="checkbox"/> subjective or _____° (max.))
C	<input type="checkbox"/>	<input type="checkbox"/>	cramps	Z	<input type="checkbox"/>	<input type="checkbox"/>	Other (if other, specify _____)

**Onset and Duration**

On what date did you first feel sick? \_\_\_ / \_\_\_ / \_\_\_

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

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

What was your first symptom? \_\_\_\_\_

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

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

Date of recovery? \_\_\_ / \_\_\_ / \_\_\_                      Time of recovery? \_\_\_\_\_ am / pm

Overall, how long did you feel ill? \_\_\_ minutes    \_\_\_ hours    \_\_\_ days

**Medical Care Questions**

Did you...

a. **Seek medical care?** **P**  
 Yes                       No                       Don't Know

If yes, name of physician: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone: \_\_\_\_\_

b. **Give a stool specimen?**.....**S**  
 Yes                       No                       Don't Know

Date of culture: \_\_\_ / \_\_\_ / \_\_\_    Stool culture results: \_\_\_\_\_

Lab Name: \_\_\_\_\_

If no, willing to provide a stool specimen?     Yes                       No                       Don't Know

c. **Get admitted to the hospital overnight?** **H**  
 Yes                       No                       Don't Know

If yes, name of hospital: \_\_\_\_\_ How long? \_\_\_\_\_ (days)

Date of admission: \_\_\_ / \_\_\_ / \_\_\_                      Date of discharge: \_\_\_ / \_\_\_ / \_\_\_

**Food Exposures (Ask everyone, sick and well)**

We would now like to ask you about the following meals and food items you may have eaten at the LeConte Lodge. For each item, please state either “yes” or “no” if you remember eating or even tasting the food. Since we need to interview everyone in the same manner, we will ask you about every item on the menu.

**Food History: Tuesday June 15th**

<b>2] Y N DK</b>	<b>Breakfast—Tuesday, June 15th</b>	<b>[3] Y N DK</b>	<b>Dinner—Tuesday, June 15th</b>
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did not eat breakfast	A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did not eat dinner
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Scrambled eggs	B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Corn Bread
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Canadian Bacon	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Veggie loaf
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grits	D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beef with gravy
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pancakes	E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken and dumplings
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Coffee	F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mashed potatoes
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sugar	G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green beans
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Evaporated milk	H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Corn
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hot chocolate	I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Carrots
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tang	J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Spiced apples
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bottled water	K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Peach
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tap water from lodge	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Soup (specify type: _____)
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Margarine	M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hot cocoa
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Syrup	N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Coffee
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify: _____)	O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wine
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other2 (specify: _____)	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bottled water
		Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tap water from lodge
		R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hot sauce
		S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Margarine
		T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Evaporated milk
		U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sugar
		V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Salt
		W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pepper
		X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Worcestershire sauce

<b>[4] Y N DK</b>	<b>Snacks/Other - Tuesday, June 15th</b>
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chocolate chip cookie
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chocolate chip cookie (no bake)
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other Snacks (specify: _____)
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other food (specify: _____)
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other food (specify: _____)

**Food History: Wednesday, June 16th**

5] Y N DK	Breakfast-Wednesday, June 16th	[6] Y N DK	Dinner— Wednesday, June 16th
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did not eat breakfast	A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did not eat dinner
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Scrambled eggs	B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Corn Bread
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Canadian Bacon	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Veggie loaf
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grits	D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beef with gravy
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pancakes	E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken and dumplings
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Coffee	F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mashed potatoes
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sugar	G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green beans
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Evaporated milk	H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Corn
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hot chocolate	I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Carrots
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tang	J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Spiced apples
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bottled water	K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Peach
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tap water from lodge	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Soup (specify type:_____)
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Margarine	M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hot cocoa
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Syrup	N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Coffee
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify:_____)	O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wine
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other2 (specify:_____)	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bottled water
		Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tap water from lodge
		R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hot sauce
		S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Margarine
		T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Evaporated milk
		U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sugar
		V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Salt
		W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pepper
		X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Worcestershire sauce

[7] Y N DK	Snacks/Other - Wednesday, June 16th
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chocolate chip cookie
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chocolate chip cookie (no bake)
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other Snacks (specify:_____)
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other food (specify:_____)
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other food (specify:_____)

## Food History: Thursday, June 17th

8]	Y	N	DK	Breakfast—Thursday, June 17th	[9]	Y	N	DK	Dinner— Thursday, June 17th
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did not eat breakfast	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did not eat dinner
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scrambled eggs	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corn Bread
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canadian Bacon	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Veggie loaf
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grits	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beef with gravy
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pancakes	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken and dumplings
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mashed potatoes
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green beans
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaporated milk	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corn
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot chocolate	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrots
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tang	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spiced apples
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottled water	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peach
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tap water from lodge	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soup (specify type:_____)
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Margarine	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot cocoa
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syrup	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify:_____)	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wine
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other2 (specify:_____)	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottled water
					Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tap water from lodge
					R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot sauce
					S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Margarine
					T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaporated milk
					U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar
					V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salt
					W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pepper
					X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worcestershire sauce

[10]	Y	N	DK	Snacks/Other - Thursday, June 17th
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocolate chip cookie
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocolate chip cookie (no bake)
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Snacks (specify:_____)
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other food (specify:_____)
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other food (specify:_____)

## Food History: Friday, June 18th

11]	Y	N	DK	Breakfast—Friday, June 18th	[12]	Y	N	DK	Dinner— Friday, June 18th
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did not eat breakfast	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did not eat dinner
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scrambled eggs	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corn Bread
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canadian Bacon	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Veggie loaf
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grits	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beef with gravy
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pancakes	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken and dumplings
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mashed potatoes
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green beans
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaporated milk	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corn
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot chocolate	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrots
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tang	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spiced apples
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottled water	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peach
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tap water from lodge	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soup (specify type:_____)
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Margarine	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot cocoa
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syrup	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify:_____)	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wine
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other2 (specify:_____)	P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottled water
					Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tap water from lodge
					R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot sauce
					S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Margarine
					T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaporated milk
					U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar
					V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salt
					W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pepper
					X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worcestershire sauce

[13]	Y	N	DK	Snacks/Other - Friday, June 18th
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocolate chip cookie
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocolate chip cookie (no bake)
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Snacks (specify:_____)
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other food (specify:_____)
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other food (specify:_____)

## Food History: Saturday, June 19th

14] <b>Y N DK</b>	<b>Breakfast—Saturday, June 19th</b>	[15] <b>Y N DK</b>	<b>Dinner—Saturday, June 19th</b>
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did not eat breakfast	A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did not eat dinner
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Scrambled eggs	B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Corn Bread
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Canadian Bacon	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Veggie loaf
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Grits	D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beef with gravy
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pancakes	E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken and dumplings
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Coffee	F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mashed potatoes
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sugar	G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green beans
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Evaporated milk	H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Corn
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hot chocolate	I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Carrots
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tang	J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Spiced apples
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bottled water	K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Peach
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tap water from lodge	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Soup (specify type: _____)
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Margarine	M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hot cocoa
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Syrup	N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Coffee
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify: _____)	O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wine
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other2 (specify: _____)	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bottled water
		Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tap water from lodge
		R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hot sauce
		S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Margarine
		T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Evaporated milk
		U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sugar
		V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Salt
		W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pepper
		X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Worcestershire sauce

[16] <b>Y N DK</b>	<b>Snacks/Other - Saturday, June 19th</b>
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chocolate chip cookie
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chocolate chip cookie (no bake)
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other Snacks (specify: _____)
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other food (specify: _____)
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other food (specify: _____)

**Food History: Sunday, June 20th**

<p>17] <b>Y N DK</b></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><b>Breakfast—Sunday, June 20th</b></p> <p>Did not eat breakfast</p> <p>Scrambled eggs</p> <p>Canadian Bacon</p> <p>Grits</p> <p>Pancakes</p> <p>Coffee</p> <p>Sugar</p> <p>Evaporated milk</p> <p>Hot chocolate</p> <p>Tang</p> <p>Bottled water</p> <p>Tap water from lodge</p> <p>Margarine</p> <p>Syrup</p> <p>Other (specify:_____)</p> <p>Other2 (specify:_____)</p>	<p>18] <b>Y N DK</b></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>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><b>Dinner—Sunday, June 20th</b></p> <p>Did not eat dinner</p> <p>Corn Bread</p> <p>Veggie loaf</p> <p>Beef with gravy</p> <p>Chicken and dumplings</p> <p>Mashed potatoes</p> <p>Green beans</p> <p>Corn</p> <p>Carrots</p> <p>Spiced apples</p> <p>Peach</p> <p>Soup (specify type:_____)</p> <p>Hot cocoa</p> <p>Coffee</p> <p>Wine</p> <p>Bottled water</p> <p>Tap water from lodge</p> <p>Hot sauce</p> <p>Margarine</p> <p>Evaporated milk</p> <p>Sugar</p> <p>Salt</p> <p>Pepper</p> <p>Worcestershire sauce</p>
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<p>[19] <b>Y N DK</b></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><b>Snacks/Other - Saturday, June 20th</b></p> <p>Chocolate chip cookie</p> <p>Chocolate chip cookie (no bake)</p> <p>Other Snacks (specify:_____)</p> <p>Other food (specify:_____)</p> <p>Other food (specify:_____)</p>
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## Food History: Monday, June 21st

20]	Y	N	DK	Breakfast—Monday, June 21st	[21]	Y	N	DK	Dinner—Monday, June 21st
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did not eat breakfast		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did not eat dinner
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scrambled eggs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corn Bread
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canadian Bacon		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Veggie loaf
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grits		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beef with gravy
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pancakes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken and dumplings
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mashed potatoes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green beans
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaporated milk		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corn
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot chocolate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrots
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tang		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spiced apples
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottled water		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peach
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tap water from lodge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soup (specify type:_____)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Margarine		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot cocoa
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syrup		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify:_____)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wine
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other2 (specify:_____)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bottled water
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tap water from lodge
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot sauce
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Margarine
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaporated milk
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salt
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pepper
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worcestershire sauce

[22]	Y	N	DK	Snacks/Other - Monday, June 21st
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocolate chip cookie
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocolate chip cookie (no bake)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Snacks (specify:_____)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other food (specify:_____)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other food (specify:_____)

[23] While at LeConte Lodge did you do any of the following:

A  Drink creek water

B  Swim in a creek

C  Handle any animals

D  Other (specify: \_\_\_\_\_)

**Please tell us anything else you think we should know about your visit to LeConte Lodge:**

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**Hiking Partners**

Can you please provide us with the names and phone numbers of people who you ate with and/or spent time with at the LeConte Lodge? Were these individuals ill?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Ill?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Ill?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Ill?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Ill?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  Ill?

**QUESTIONNAIRE IS COMPLETE -- THANK YOU FOR YOUR TIME!**