

E. COLI O157:H7 (2011-2163)

Target Age: 2-17 18-59 60+

Age _____ Sex M F

Interviewed by _____ on _____

Interviewee self parent spouse _____

matching case _____

Let me ask you about some foods that you may have eaten during the week of _____ (nearest full week before case's onset).
For each item, give me a "yes" or "no" answer if you remember eating or even tasting it.

[1]	Y	?	N	MISC FOODS
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any kind of sprouts
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	alfalfa sprouts
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any fresh berries of any kind?
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	strawberries
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	raspberries
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	blueberries
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	blackberries
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cherries
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bagged lettuce or other salad greens <i>if yes, brand/POS/other details</i>
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	almonds
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cantaloupe
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honeydew melon
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	watermelon
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ground beef that came from a grocery store
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ground turkey that came from a grocery store
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	eat or sample anything that came from farmer's markets, roadside stands, open-air markets, on-farm stands
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>if yes, any salad greens (lettuce, romaine, arugula, anything like that)</i>
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any kind of snack chips (tortilla, potato, pretzels, Doritos---anything like that)

[2]	Y	?	N	IF THEY SAID THEY ATE STRAWBERRIES DURING WEEK OF INTEREST
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where did they come from? (<i>Specify name and location for each</i>)
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	farmer's market
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	roadside or on-farm stand
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grocery store Albertsons Safeway Costco Fred Meyer Winco _____
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	office/friend's/somebody else bought them
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other source _____
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Now let me ask you about the entire month of July: do you remember eating any fresh strawberries anywhere? Where did they come from? (<i>Specify name and location for each</i>)
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	farmer's market
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	roadside or on-farm stand
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grocery store Albertsons Safeway Costco Fred Meyer Winco _____
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	office/friend's/somebody else bought them
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other source _____
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you remember the name of the farm (brand of strawberries, e.g., Ungar Farms but don't read name) Specify _____
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	About how often did you eat anything at home made from fresh ground turkey during July?

Age _____