

ID \_\_\_\_\_

*Optional question:*

10. Before this interview, had you heard that there was a problem with Odwalla juice products?

Yes                      No                      DK

*If yes:* How did you first learn about this problem? (*Check one*)

- Local television news
- National television news    which network? \_\_\_\_\_
- Radio
- Local newspaper
- National newspaper
- Memo posted on Odwalla retail coolers
- Magazines
- Doctor or health worker
- Friends or family
- Other, specify \_\_\_\_\_

What date did you first hear about the problem? (*Circle date*)

\*memory jog, Thursday the 31<sup>st</sup> was Halloween

**October**

Su	Mo	Tu	We	Th	Fr	Sa
20	21	22	23	24	25	26
27	28	29	30	31		

**November**

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

ID \_\_\_\_\_

*If patient drank an Odwalla product in the 10 days before illness began, ask:*

8. For each kind of Odwalla juice that your child [you] drank in the 10 days before illness began, please tell me the flavor, dates of consumption and purchase, how much of each product was consumed, and what size the drink container was.

Flavor	Dates		Size bottle (ounces)	Amount consumed (in portions of an 8 oz. cup)
	consumed (mo/da)	purchased (mo/da)		
_____	/	/	8 12 16 32 64 128	_____
_____	/	/	8 12 16 32 64 128	_____
_____	/	/	8 12 16 32 64 128	_____
_____	/	/	8 12 16 32 64 128	_____
_____	/	/	8 12 16 32 64 128	_____

*Interviewer - to assist patients having difficulty with the size of bottle, you can prompt with the following information:*

- \*The 8 ounce bottle is short and square, with rounded corners. It is the smallest size and holds 1 cup of juice.
- \*The 12 ounce bottle is slightly taller, but has the same width as the 8 ounce. This holds 1 ½ cups and is the size stocked at Starbucks.
- \*The 16 ounce bottle is taller than the 12 ounce, but the same width.
- \*The 32 ounce bottle is the largest bottle without a handle.
- \*The 64 ounce bottle is a half gallon and has a handle. Flavors made in this size include C-monster, Strawberry-banana smoothie, Superfood, pure apple juice, and orange juice.
- \*The 128 ounce bottle is a gallon and has a handle. The only flavors available in this size are pure apple juice and orange juice.

*If the patient drank an Odwalla juice, ask:*

9. Do you still have any Odwalla juice from the container(s) that your child [you] drank from or from containers bought at the same time?

Yes                      No                      DK

*If yes: Can you tell me now the lot code and the "Enjoy by" date? (Record above, beside "Amount consumed")*

***Interviewer - If patient answered "yes" (still has juice container), please arrange to get it ASAP! Please arrange to get stool and sera from all persons with diarrhea unless a stool culture already yielded E. coli O157.***

ID \_\_\_\_\_

6. Did your child [you] consume any juice or cider in a Starbucks coffee bar, including Starbucks at an airport, in the 10 days before illness began?

Yes No DK

If yes: What flavor(s) and brand(s) of juice, and where was Starbucks located?

Flavor(s)	Brand(s)	Location(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Did your child [you] drink any juice or beverage made by Odwalla?

Yes No DK

If Yes or Don't Know:

I'm going to read you a list of juices made by Odwalla. For each, please answer yes, no, or don't know if your child [you] drank these juices in the 10 days before the illness began. (Please circle an answer to each.)

	Yes	No	DK	Date(s) consumed
Carrot	Yes	No	DK	___/___/___
Organic carrot	Yes	No	DK	___/___/___
All vegetable cocktail	Yes	No	DK	___/___/___
Pure apple juice	Yes	No	DK	___/___/___
Blackberry fruitshake	Yes	No	DK	___/___/___
Mango tango	Yes	No	DK	___/___/___
Super Protein	Yes	No	DK	___/___/___
Any smoothie	Yes	No	DK	___/___/___
Strawberry banana smoothie	Yes	No	DK	___/___/___
Raspberry smoothie	Yes	No	DK	___/___/___
Power smoothie	Yes	No	DK	___/___/___
C-monster	Yes	No	DK	___/___/___
Mo'Beta	Yes	No	DK	___/___/___
Femme vitale	Yes	No	DK	___/___/___
Strawberry C Monster	Yes	No	DK	___/___/___
Superfood	Yes	No	DK	___/___/___
Serious gingseng	Yes	No	DK	___/___/___
Deep in Peach	Yes	No	DK	___/___/___
Water	Yes	No	DK	___/___/___
Orange juice	Yes	No	DK	___/___/___
Grapefruit juice	Yes	No	DK	___/___/___
Lemonade	Yes	No	DK	___/___/___
Strawberry lemonade	Yes	No	DK	___/___/___
Lemon juice	Yes	No	DK	___/___/___
Lime juice	Yes	No	DK	___/___/___
Menage A Tropicque	Yes	No	DK	___/___/___
C. Monster Light	Yes	No	DK	___/___/___

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**E. coli O157:H7 Questionnaire**  
(Revised 11/4/96)

Name \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ State of residence \_\_\_\_\_

September 1996

S	M	T	W	Th	F	S
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					

October 1996

S	M	T	W	T	F	S
		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		

First I would like to ask you some questions about your child's [your] illness.

1. Since September 1, 1996, has your child [have you] had diarrhea (≥ three loose or watery bowel movements)? Yes No DK

If yes: when did the diarrhea start? \_\_\_ / \_\_\_ / \_\_\_  
mo da yr

what was the highest numbers of stools in a 24 hour period? \_\_\_\_\_

Did your child [you] have:

bloody diarrhea? Yes No DK  
vomiting? Yes No DK  
abdominal cramps? Yes No DK  
fever? Yes No DK

2. Was a stool culture taken? Yes No DK

If yes: did it yield E. coli O157:H7? Yes No DK

3. Did your child [you] have HUS? Yes No DK

Please ask all of these questions about potential exposures

4. Did your child [you] drink any juice or cider in the 10 days before illness began? Yes No DK

5. Did your child [you] drink any apple juice in the 10 days before illness began? Yes No DK

If yes: what brand(s) apple juice

Name

Date(s) consumed (if known)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_