DATE _____
STATE _____
PAGE ___ OF ___

**Case List: Confirmed, Probable, or Possible *E. coli* O157:H7 cases with Odwalla juice consumption within 10 days before illness onset**

| Patient ID | Age (yrs) | Sex (M/F) | Date of diarrhea onset (mo/da) | Diarrhea (Y/N/DK) | Bloody diarrhea (Y/N/DK) | Culture confirmed *E. coli* O157? (Y/N/DK) | H7 or toxin confirmed (Y/N/DK) | HUS (Y/N/DK) | Ever hosp for this? (Y/N/DK) | Died? (Y/N/DK) | Odwalla product(s) in 10 days before onset | Date(s) consumed (specify date for each product) |
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Are you including possible cases (persons with non-bloody diarrhea who consumed Odwalla juice in the 10 days before illness onset)? Yes No