

E. coli O157:H7 Questionnaire

Name _____
Sex _____ Age _____ State of residence _____

Since September 1, 1996, did this patient have diarrhea (\geq three loose or watery bowel movements)?
Yes No DK

If YES, when did the diarrhea start? ___ / ___ / ___
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what was the highest numbers of stools in a 24 hour period? _____

Did the patient have:

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

Was a stool culture taken? Yes No DK
If YES, did it yield *E. coli* O157:H7? Yes No DK

Did the patient have HUS? Yes No DK

Please ask all of these questions about potential exposures

Did the patient drink any juice or cider in the 10 days before illness began? Yes No DK

Did the patient 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)
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_____	_____
_____	_____
_____	_____

Did the patient 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 the patient drank these juices in the 10 days before the illness began. (Please circle an answer to each.)

	Yes	No	DK	Date(s) consumed
Organic Carrot				___/___/___
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	___/___/___
C-monster	Yes	No	DK	___/___/___
Mo'Beta	Yes	No	DK	___/___/___
Female fatale	Yes	No	DK	___/___/___
Strawberry Monster	Yes	No	DK	___/___/___
Superfood	Yes	No	DK	___/___/___
Serious ginseng	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 Tropique	Yes	No	DK	___/___/___
C. Monster Light	Yes	No	DK	___/___/___

If the patient drank an Odwalla juice, ask: Do you still have any Odwalla juice from the container the patient drank from or from containers bought at the same time?

If YES, CDC requests that the health department obtain this juice if it is other than pure apple juice.