Is the case a laboratory- confirmed case of Cyclosporiasis?

Is the case a probable case of Cyclosporiasis?

(epi-linked to a confirmed case)

YES

YES

Was the source of illness likely acquired in the United States?

(No **international** travel during the **14 days** before onset of illness)

YES

NO

Continue with interview on next page

**STOP**

Thank the interviewee for his/her time and end the interview

|  |
| --- |
|  **Section 1: INTERVIEWER & PATIENT INFORMATION:** |
|  1. State Lab Isolate ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. State of residence: \_\_ \_\_  3. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Zip code: \_\_\_\_\_\_\_\_\_ |
| 5. Interviewer Information  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Agency or Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Interview: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (MM/DD/YYYY) |
|  6. Language interview conducted in [ ]  English [ ]  Spanish [ ]  Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  7. Respondent was: [ ]  Self [ ]  Parent [ ]  Spouse [ ]  Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ]  Not interviewed *- If not interviewed,* why not? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  8. Patient outcome at time of interview: [ ]  Survived [ ]  Died [ ]  Unknown |
|  *If died,* was this infection considered an underlying, contributing, or immediate cause of death? [ ] Yes [ ] No [ ]  Unknown |
|  **Section 2: DEMOGRAPHIC DATA:** |
| 1. Date of birth: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ (MM/DD/YYYY) 2. Age: \_\_\_\_\_\_\_\_\_ 3. Sex: [ ]  Male [ ]  Female |
|  4. Hispanic or Latino origin? [ ] Yes [ ] No [ ] Unknown |
| 5. How would you describe your (your child’s) race?  |
|  [ ]  White  [ ]  Asian  | [ ]  Black / African American [ ]  Native Hawaiian / Other Pacific Islander  | [ ]  American Indian / Alaska Native [ ]  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Unknown   |
|  **Section 3: CLINICAL INFORMATION:** Now I have a few questions about your (your child’s) illness. |
|  1. What date did you (your child) first feel sick? \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ *MM/DD/YYYY* |
|  2. How many days in total were you (your child) sick? \_\_\_\_\_\_\_\_\_\_\_\_ days [ ]  Unknown [ ]  Still sick |
|  3. Prior to onset of symptoms, did you (your child) have any long-lasting or chronic illness or condition {an illness that has lasted longer than 1 month}?  [ ]  Yes [ ]  No [ ]  Unknown [ ]  Refused  *if yes*, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| YES | Maybe | NO | Don’t Know |  Did you (your child) have any: |
| [ ]  | [ ]  | [ ]  | [ ]  |  4. Diarrhea (defined as at least 3 loose stools in 24 hours)? |
|  |  a. What date did it start? \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ *(MM/DD/YYYY)* [ ]  Unknown  |
|  b. What date did it stop? \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ *(MM/DD/YYYY)* [ ]  Unknown  |
| [ ]  | [ ]  | [ ]  | [ ]  |  5. Blood in stool? |
| [ ]  | [ ]  | [ ]  | [ ]  |  6. Vomiting? |
| [ ]  | [ ]  | [ ]  | [ ]  |  7. Nausea? |
| [ ]  | [ ]  | [ ]  | [ ]  |  8. Abdominal cramps? |
| [ ]  | [ ]  | [ ]  | [ ]  |  9. Headache? |
| [ ]  | [ ]  | [ ]  | [ ]  | 10. Fever (or felt feverish)?  |
|  |  10a. Temperature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ degrees |
| [ ]  | [ ]  | [ ]  | [ ]  | 11. Other? |
|  |  11 a. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  12. Were you treated with antibiotics for this illness? |
|  |  a. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  13. Were you (your child) hospitalized overnight? (*must enter MM/DD/YYYY)*  |
|  |  a. Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  b. Admit Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_  |
|  c. Discharge Date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  14. Did you (your child) receive a diagnosis of Hemolytic Uremic Syndrome (HUS) or kidney failure? |
|   |  [ ]  HUS [ ]  Kidney Failure |
|  **Section 4: TRAVEL AND EVENTS:** Next I have a couple of questions about any travel you might have done, either as part of your  work or for pleasure in the **7 days** before onset of illness. |
| YES | Maybe | NO | Don’t Know |  1. Did you (your child) spend all, or some, of the **7 days before** you were ill outside your home state? |
| [ ]  | [ ]  | [ ]  | [ ]  |  a. Reason for travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |  b. List all **US states** where you might have purchased or eaten foods (Including airports, bus or train stations) |
|  **States, Cities:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|   **Dates of travel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  List hotels/resorts stayed in during travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| YES | Maybe | NO | Don’t Know |  2. Did you (your child) spend all, or some, of the **7 days before** you were ill outside the US? |
| [ ]  | [ ]  | [ ]  | [ ]  |  a. Reason for travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  b. List all countries **outside the US** where you might have purchased or eaten foods |
|  **Countries**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|   **Dates of trave**l: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  List hotels/resorts stayed in during travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| [ ]  | [ ]  | [ ]  | [ ]  |  3. In the **7 days** before illness onset, did you attend an event where food was served, such as a  catered event, conference, wedding, food festival, fair, church, or community meal? |
|  |  a. Event name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  c. Items consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  a. Event name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  c. Items consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NOTE TO INTERVIEWER** |
| YES | Maybe | NO | Don’t Know |  ***Please refer to Section 4 ‘TRAVEL AND EVENTS’ question (2b.) above. Did the case spend the entire 7 days before***  ***illness onset outside the US? If the answer was:*** |
| [ ]  | [ ]  | [ ]  | [ ]  |  **NO**, please continue with the interview on the next page |
| [ ]  | [ ]  | [ ]  | [ ]  |  **YES,** thank the interviewee for his/her time and end the interview |
| ***ADDITIONAL COMMENTS:***  |
|  |

|  |
| --- |
| **Section 5. FOOD ALLERGIES & SPECIAL DIETS:** Now I have a few questions about general food preferences, food allergies, and any  special diets you (your child) may follow.  |
|  1. Do you (your child) avoid eating or never eat any of the following foods, due to restriction or preference?  |
|  [ ]  Dairy products (butter, dairy milk, cheese, etc.) [ ]  Eggs |  [ ]  Poultry (chicken, turkey, etc.) [ ]  Pork |  [ ]  Beef [ ]  Seafood (fish, crab, shrimp, etc.) [ ]  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  2. Do you (your child) follow any of the following special or restricted diets?  |
|  [ ]  Kosher  [ ]  Halal |  [ ]  Raw foods [ ]  Low carb |  [ ]  Paleo (high protein, low carb) [ ]  Vegetarian/Vegan |  [ ]  Dairy-free [ ]  Gluten-free |  [ ]  Weight loss/low fat [ ]  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **Section 6: SOURCES OF FOOD AT HOME:** Now I have a few questions about where the food came from that you (your child) ate **at home** in the **7 days** before your illness began. This isn’t necessarily only where you shopped during that week, but please tell me the names of each store you would have eaten food from during the 7 days before you were sick.  |
|  **1. Did you (your child) eat foods from:** [ ]  Grocery stores or supermarkets [ ]  Warehouse stores (Costco, Sam’s Club, etc.) [ ]  Small markets/Mini markets (convenience stores, gas stations, etc.) [ ]  Ethnic Specialty markets (Mexican, Asian, Indian) [ ]  Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc.)  [ ]  Meal delivery services (Blue Apron, Meals on Wheels, NutriSystem, etc.) | [ ]  Fish or meat specialty shops (butcher shops, etc.)[ ]  Live animal market, custom slaughter facility[ ]  Health food stores or co-ops[ ]  Farmers’ markets, roadside stands, open-air markets, directly  from farm[ ]  Others? |
|  |
| *Please list store names, address/location, and shopper card # (if applicable) mentioned by the interview below:* |
| Store/Supermarket Name | Address/Location | Shopper card # |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  2. May we have permission to retrieve purchases based on your member card information? This will be kept confidential. [ ] Yes [ ] No |
|  **Section 7: SOURCES OF FOOD OUTSIDE THE HOME:**  Now I have a few questions about where the food came from that you (your child) ate **outside your home** such as restaurants or fast food  chains. For each, please tell me the names of each place you would have eaten food from during the **7 days** before you were sick.  |
|  **1. Did you (your child) eat foods from:**

|  |  |
| --- | --- |
| [ ]  Fast casual (Chipotle, Panera, etc.)[ ]  Jamaican, Cuban, or Caribbean[ ]  Mexican, Salvadorian, other Hispanic/Latino-style[ ]  Chinese, Japanese, Vietnamese, other Asian-style[ ]  Middle Eastern, Greek/Mediterranean, Arabic, Lebanese, African[ ]  Healthy restaurant (vegetarian, vegan, salad-based)[ ]  Fast Food (McDonalds, Burger King, Wendy’s, etc.)[ ]  Ready-to-eat prepared food from grocery or deli[ ]  Food trucks, food stalls/stands | [ ]  All-you-can-eat buffet[ ]  Any take-out from a restaurant[ ]  Salad bar at a grocery store or restaurant[ ]  Sandwich shop, deli[ ]  Breakfast, brunch, diner, or café[ ]  School, hospital, senior center, or other institutional setting[ ]  An event where food was served (catered event, festival, church or  community meal)[ ]  Any others? |

 |
| *Please list restaurant/store names and address/location mentioned by the interviewee below:*

|  |  |  |  |
| --- | --- | --- | --- |
| Restaurant Name | Address/Location | Meal Date(s) | Food Ordered/Eaten |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|   |  |  |  |

 |
|  **Section 8: FOOD HISTORY:** Now I’d like to ask you about specific food items.  |
|  ***DAIRY ITEMS / JUICES*** |
| YES | Maybe | NO | Don’t Know |  During the **7 days** before you (your child) got sick, did you eat the following items: |
| [ ]  | [ ]  | [ ]  | [ ]  |  1. Milk from a cow or other animal source? |
|  |  a. Type (cow, goat, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Brand/Location Purchased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  b. Raw or unpasteurized? [ ]  Yes [ ]  No [ ]  Maybe |
| [ ]  | [ ]  | [ ]  | [ ]  |  2. Cheese made from raw milk? |
|  |  a. Type (cow, goat, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Brand/Location purchased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  3. Artisanal or gourmet cheese? |
| [ ]  | [ ]  | [ ]  | [ ]  |  4. Farmer’s cheese? |
| [ ]  | [ ]  | [ ]  | [ ]  |  5. Queso fresco, or queso blanco? |
| [ ]  | [ ]  | [ ]  | [ ]  |  6. Other cheese, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  7. Raw or unpasterized Juice or cider? [ ]  Apple [ ]  Orange [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |  a. Brand/Location Purchased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  ***MEATS*** |
| YES | Maybe | NO | Don’t Know | During the **7 days** before you (your child) got sick, did you (your child): |
|  [ ]   |  [ ]  |  [ ]  |  [ ]  |  1. Handle ground beef, even if you (your child) did not eat it? |
|  [ ]   |  [ ]  |  [ ]  |  [ ]  |  2. Eat any ground beef, such as hamburger patties, casseroles, tacos, soups, or pasta sauces? |
|     |  a. If eaten at home, what was the: |
|  |  |  |  |  Dish (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  What % fat or lean? \_\_\_\_\_\_\_\_\_\_ Purchased as patties? [ ]  Yes [ ]  No [ ]  Unknown |
|    |  b. If eaten outside the home, where? |
|   |  List name(s) & location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  3. Eat any steaks, roasts, or other whole cuts of beef? |
|   |  a. If eaten at home, what was the: |
|  |  Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  Place purchased from (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|   |  b. If eaten outside the home, where? |
|  |  List name(s) & location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  4. Any other beef? |
|   |  a. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  5. During the **7 Days** before you (your child) got sick, did you (your child) eat any of the following items: |
|  [ ]  Bison |  [ ]  Venison |  [ ]  Elk [ ]  Venison |  [ ]  Boar |  [ ]  Other wild game, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  [ ]  Salami |  [ ]  Pepperoni |  [ ]  Sausage [ ]  Pepperoni |  [ ]  Beef or other jerky |  [ ]  Other dried or fermented meats, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  ***FRESH / UNCOOKED SALADS*** |
| YES | Maybe | NO | Don’t Know |  During the **7 days** before you (your child) got sick, did you (your child) eat the following items: |
| [ ]  | [ ]  | [ ]  | [ ]  |  1. Iceberg lettuce?  |
|   |  a. Prepackaged or whole head/loose? [ ]  Prepackaged [ ]  Whole head/Loose [ ]  Unknown  |
|  Was it: [ ]  Whole leaf [ ]  Shredded [ ]  Topping/garnish [ ]  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_  |
|  b. If eaten at home, what was the: |
|  Type, variety, brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Place purchased from (names, locations):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  c. If eaten outside the home, where? |
|  List name(s) and locations(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| YES | Maybe | NO | Don’t Know |  During the **7 days** before you (your child) got sick, did you (your child) eat the following items: |
| [ ]  | [ ]  | [ ]  | [ ]  |  2. Romaine lettuce? |
|   |  a. Prepackaged or whole head/loose? [ ]  Prepackaged [ ]  Whole head/Loose [ ]  Unknown  |
|  Was it: [ ]  Whole leaf [ ]  Shredded [ ]  Topping/garnish [ ]  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  b. If eaten at home, what was the: |
|  Type, variety, brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Place purchased from (names, locations):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  c. If eaten outside the home, where? |
|  List name(s) and locations(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  3. Fresh Spinach? |
|   |  a. Prepackaged or loose/bundled? [ ]  Prepackaged [ ]  Loose/Bundled [ ]  Unknown  |
|  b. If eaten at home, what was the: |
|  Type, variety, brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Place purchased from (names, locations):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  c. If eaten outside the home, where? |
|  List name(s) and locations(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  4. Fresh, uncooked leafy greens in a salad, on a sandwich, or burger? |
| [ ]  | [ ]  | [ ]  | [ ]  |  5. Kale? |
|   |  Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Unknown  |
| [ ]  | [ ]  | [ ]  | [ ]  |  6. Cabbage? |
| [ ]  | [ ]  | [ ]  | [ ]  |  7. Arugula? |
| [ ]  | [ ]  | [ ]  | [ ]  |  8. Spring mix/mesclun mix or other lettuce blend? |
|   |  Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Unknown  |
| [ ]  | [ ]  | [ ]  | [ ]  |  9. Other leafy greens, like Swiss chard, mustard greens, dandelion, watercress?  |
|   |  Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Unknown  |
| [ ]  | [ ]  | [ ]  | [ ]  | 10. Other pre-packaged leafy greens or salad kits? |
|   |  Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Unknown  |
| [ ]  | [ ]  | [ ]  | [ ]  | 11. Pre-made, single-serving salads (these are ready-to-eat, single-serve salads with toppings, meats, dressing)? |
|   |  Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Unknown  |
| [ ]  | [ ]  | [ ]  | [ ]  | 12. Alfalfa sprouts, sometimes served on sandwiches or salads? |
|   |  a. If eaten at home, what was the: |
| Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Place purchased from (names, locations):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. If eaten outside the home, where? |
|  List name(s) and locations(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  | 13. Bean sprouts, such as mung bean or soy bean (usually served in stir fries or Asian salads or soups)? |
|  |  a. If eaten at home, what was the: |
| Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Place purchased from (names, locations):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. If eaten outside the home, where? |
|  List name(s) and locations(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  | 14. Other sprouts (clover, daikon radish, microgreens, etc.)? |
|  |  a. If eaten at home, what was the: |
| Type, variety, brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Place purchased from (names, locations):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. If eaten outside the home, where? |
|  List name(s) and locations(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **Section 9: OTHER EXPOSURES: Now I’d like to ask you about any contact with water and contact with animals.**  |
|  What is your (your child’s) main source of drinking water?  [ ]  Individual well [ ]  Shared well [ ]  Public water system [ ]  Bottled water [ ]  Don’t Know [ ]  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| YES | Maybe | NO | Don’t Know |  In the **7 days** before you (your child) became sick, |
|  |
| [ ]  | [ ]  | [ ]  | [ ]  |  1. Did you (your child) swim or wade in any treated or untreated recreational water facilities?  |
|   |  Name/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  2. Did you (your child) visit a petting zoo or have direct contact with livestock animals?  |
|   |  a. [ ]  Petting zoo [ ]  4H event [ ]  Fair [ ]  Farm [ ]  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  b. What type of animals? [ ]  Cattle [ ]  Sheep [ ]  Goats [ ]  Pigs [ ]  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  3. Did you (your child) have direct contact with pets?  |
|   |  Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **Section 10: HIGH RISK OCCUPATIONS OR ACTIVITIES** |
| YES | Maybe | NO | Don’t Know |  |
| [ ]  | [ ]  | [ ]  | [ ]  |  1. Do you handle or prepare food as part of your duties at work or as a volunteer? |
|   |  Name/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  2. Do you provide health care? |
|   |  Name/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  3. Do you attend or work in a daycare setting? |
|   |  Name/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  4. Do you live in, work at, visit or volunteer in any long-term care/residential facilities? |
|   |  Name/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | [ ]  | [ ]  | [ ]  |  5. Did you (your child) have close contact with anyone with diarrhea or vomiting in the **7 days prior** to illness onset? |
|   |  a. When did this person first become ill? [ ]  <24 hrs. before you [ ]  > 24 hrs. before you [ ]  Unknown |

This is the end of the questionnaire.

Thank you very much for your time. These interviews are extremely valuable in helping us understand how and why people are getting sick. Depending on what we find out when we put these interviews together, we may need to talk to you again about a few details.

Would you like to provide any additional thoughts or perspective about anything we've discussed or about this outbreak investigation?

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STEC TYPE:  0157:H7  NON 0157: type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sent to CDC for typing  PCR ONLY

Associated with a PulseNet cluster?  YES  NO If yes, the cluster code is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PFGE DATE: