

FoodNet Non-O157 STEC Case-Control Study

Case Questionnaire

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burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Date of interview: __mm/ __dd/20__ Day of week: _____

Time of interview: _____

Interviewer: _____

CASE IDENTIFIERS AND ISOLATE INFORMATION
PLEASE COMPLETE BEFORE CALLING THE CASE

Person ID Number (FoodNet site-specific) _____

Study ID Number _____

State Lab ID Number _____

County _____

State _____

Specimen Collection Date __mm/ __dd/20__

Identified as *E. coli* (isolated)? Y N Pending

Another serotype isolated? Y N if yes,

Serotype O ___ H ___ Pending
 Shiga toxin 1 Y ___ N ___ Pending
 Shiga toxin 2 ___ Y ___ N ___ Pending
 Undifferentiated Y ___ N ___ Pending

Serotype O ___ H ___ Pending
 Shiga toxin 1 Y ___ N ___ Pending
 Shiga toxin 2 ___ Y ___ N ___ Pending
 Undifferentiated ___ Y ___ N ___ Pending

E coli serology testing done? Y N U if yes, results: _____

Other pathogen(s) isolated? Y N

If yes, what pathogen(s)? (check all that apply)

- Salmonella* *Campylobacter* *Shigella*
 Cryptosporidium Norovirus Other (specify) _____

Gender of case

Male.....
 Female.....

HUS? Y N U

IF YES, HUS CASEID NUMBER: _____

Outbreak-associated? Y N

| Age Strata: | |
|--|-------------|
| <input type="checkbox"/> 0 to <2 years | 12 |
| <input type="checkbox"/> 2 to <6 years | |
| <input type="checkbox"/> 6 to <18 years | |
| <input type="checkbox"/> 18 to <40 years | |
| <input type="checkbox"/> 40 to <60 years | |
| <input type="checkbox"/> 60 or older years | |

Age of case at time of illness onset _____ Years _____ months
(IF UNKNOWN, ASK DURING INTERVIEW)

START HERE AFTER OBTAINING CONSENT

Section 1: Health Questions

PART 1. SCREENING QUESTIONS

I would like to begin with several questions about your/your child's recent illness with Shiga toxin-producing *E. coli*. I will be asking about specific dates around the time of your/your child's illness, so it may be helpful for you to have a calendar or day planner in front of you. Do you need a few minutes to get one?

1. First, have you or another family member already spoken with someone else from the health department about this infection?

Yes..... 1
No..... 2
Don't know/Not sure..... 7
Refused.....9

→**IF YES** The _____ state health department is conducting this survey as part of a national study of *E. coli* infections, in cooperation with the Centers for Disease Control and Prevention (CDC). Even though some of the questions will be similar to ones you have been asked before, we need to ask them in the same way to each person who had this infection.

→**IF NO, UNKNOWN, OR REFUSED** Someone else from the health department may contact you at a later time.

2. Were you/Was your child ill with any symptoms because of this *E. coli* infection?

Yes..... **Go to**
Q4..... 1
No..... **Go to Q3**.....
..... 2
Don't know/Not sure..... **Go to Q3**.....
..... 7
Refused..... **Go to Q3**.....
..... 9

3. Why did you/your child have a stool or other specimen tested? *Interviewer:*
This question is

intended to help you assess if the case was ill.

Specify: _____

→ **IF ILL** *Interviewer: mark yes on Q2 and continue on to Q4.*

→ **IF NO ILLNESS/DK/REFUSED,**

Sorry. We can only interview persons who became ill. Thank you for your

time. **STOP.**

4. On what date did your/your child notice your/her/his first symptom? It might help to look at a calendar to help you remember this date. *Interviewer: If respondent is unsure of date, prompt with date specimen was collected and ask them to provide their best estimate when illness began.*

____/____/____
mo day yr

(= **ONSET DATE - write this date on calendar**)

→ **IF ONSET WITHIN 45 DAYS OF SPECIMEN COLLECTION, GO TO Q5**

→ **IF ONSET MORE THAN 45 DAYS PRIOR TO SPECIMEN COLLECTION, Sorry. Your illness started more than 45 days before your stool specimen was collected. Since you became ill so long ago, we will not be asking you any additional questions at this time. Thank you for your time. STOP.**

Don't know/Not sure.....

..... 7

Refused.....

..... 9

→ **IF NO ONSET DATE/DK/REFUSED, Sorry. We can only interview persons who know when their illness started. Thank you for your time. STOP.**

PART 2. HISTORY OF ILLNESS AND MEDICAL CARE

5. During your/your child's illness, did you/your child have any of the following symptoms?

Interviewer: Please read each symptom

| | | Yes | No | DK/ not sure | Refused |
|-----------|--|--------------------------|----|--------------------|---------|
| 5a | Fever | Y | N | U | R |
| Go to Q5c | | | | | |
| 5b | What was your/your child's highest temperature? | _____° Circle one F C | | | |
| 5c | Chills | Y | N | U | R |
| 5d | Nausea | Y | N | U | R |
| 5e | Vomiting | Y | N | U | R |
| 5f | Abdominal pain | Y | N | U | R |
| 5g | Achy joints or muscles | Y | N | U | R |
| 5h | Fatigue | Y | N | U | R |
| 5i | Diarrhea | Y | N | U | R |
| Go to Q5n | | | | | |
| 5j | On what date did your/your child's diarrhea start? | __/__/20__ mm/dd/yyyy | | U | R |
| 5k | What was the maximum number of stools in a 24-hour period? | ___ # stools | | U | R |

| | | | | | |
|-----------|--|------------------|---|------------------|---|
| 5l | Are you/your child still having diarrhea? | Y | N | U | R |
| | | Go to Q5n | | Go to Q5n | |
| 5m | How many days did the diarrhea last? | ___ # days | | U | R |
| 5n | Blood in stools or bloody diarrhea | Y | N | U | R |
| 5o | Other | Y | N | U | R |
| | | Go to Q6 | | | |
| 5p | What other symptoms did you/your child have? | Specify: | | | |

6. What was the **first** symptom that you/your child had? *Interviewer: Read list of symptoms if person being interviewed doesn't initially choose one. CHOOSE ONLY ONE.*

- Fever..... 1
- Chills..... 2
- Nausea 3
- Vomiting..... 4
- Abdominal pain..... 5
- Achy joints or muscles..... 6
- Fatigue 7
- Diarrhea..... 8
- Other..... 9

Specify _____

7. Did you/your child take an antibiotic for any reason in the **four weeks before** your illness?

Yes..... 1

No..... **Go to Q8**..... 2

Don't know/Not sure..... **Go to Q8**..... 7

Refused..... **Go to Q8**..... 9

7a. What was the name of the antibiotic? *Interviewer: refer to appendix 1, list all*

Specify: _____

7b. When did you/your child start taking that antibiotic?

Start ___/___/___

Don't know/Not sure..... **Go to Q7d**.....

7

Refused..... **Go to Q7d**.....

9

7c. When did you/your child stop taking that antibiotic?

End ___/___/___ **Go to Q8**

Don't know/Not sure..... **Go to Q7d**.....

7

Refused..... **Go to Q7d**.....

9

7d. If unsure of dates, for how many days? ____

Don't know/Not sure.....

7

Refused.....

9

8. Were you/your child taking any stomach acid-reducing medications in the **four weeks before**

your/your child's illness? Such medications might include Tums, Rolaids, Maalox, Zantac, or Prilosec and many others.

Yes.....

1

No..... **Go to Q9**.....

2

Don't know/Not sure..... **Go to Q9**.....

7

Refused..... **Go to Q9**.....

9

8a. What was the brand or name of that medication? *Interviewer: refer to appendix 2, list all*

Specify: _____

Section 2: Exposures

I will now ask you about some things you/your child may have done or foods you may have eaten during a specific time period. We'll start with questions about water.

PART 1. WATER

The following questions refer to the 7-day time period from:

___/___/___ (SEVEN DAYS BEFORE case's onset) to ___/___/___(DAY BEFORE case's onset)

9. In the 7 days before your/your child's illness, what were the sources of your/your child's drinking water? For each source I will be asking whether you/your child drank the water at home or outside the home. This includes water used to wash vegetables, and to mix drinks and baby formula.

| Did you drink any | | At home | | At places other than home |
|-------------------|--|---|-------|---------------------------|
| 9a | Municipal water, that is, water that is provided by the city or town? | Y | N U R | Y N U R |
| 9b | Tap water from a private well (a well on the premises)? | Y | N U R | Y N U R |
| | | If N/U/R to well water at home Go to Q9f | | |
| 9c | Was it treated with a whole-house point-of-entry device: a device installed by some homeowners to treat all water when it first enters the house; for example, a reverse osmosis unit? do not include water softeners. | Y | N U R | |
| 9d | Was it treated by some other method, for example, boiled, filtered, UV light, distilled? do not include water softeners. | Y | N U R | |
| 9e | Do cattle sometimes go | Y | N U R | |

| | | | |
|-------------------|---|-----------------------------|---|
| | near the well? For example, within 50 feet | | |
| 9f | Tap water that came from a spring? | Y | N U R |
| | | | Y N U R |
| | | | If N/U/R to spring water at home Go to Q9j |
| 9g | Was it treated with a whole-house point-of-entry device: a device installed by some homeowners to treat all water is treated when it first enters the house; for example, a reverse osmosis unit? do not include water softeners. | Y | N U R |
| 9h | Was it treated by some other method, for example, boiled, filtered, UV light, distilled? do not include water softeners. | Y | N U R |
| 9i | Do cattle sometimes go near the spring? For example, within 50 feet | Y | N U R |
| Did you drink any | | At home or outside the home | |
| 9j | Bottled water? Specify brand_____ | Y | N U R |

10. Did you/your child drink any untreated water from a pond, lake, river, stream or

another source not
 already mentioned during the 7 days before your/your child's illness?

Specify _____

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7
- Refused..... 9

11. Did you/your child go swimming or play in water during the 7 days before your/your child's illness?

- Yes..... 1
- No..... **Go to Part 2.**..... 2
- Don't know/Not sure..... **Go to Part 2.**..... 7
- Refused..... **Go to Part 2.**..... 9

| Did you/your child swim or play in: | | | If YES → | Did you/your child put your/their face in the water or swallow any water? |
|-------------------------------------|---------------------------|----------------------------------|---------------------|---|
| 11 a | The ocean? | Y N U R | | Y N U R |
| 11 b | A swimming pool? | Y N U R | | Y N U R |
| 11 c | A wading pool? | Y N U R | | Y N U R |
| 11 d | A splash pad or fountain? | Y N U R | | Y N U R |
| 11 e | A water park? | Y N U R | | Y N U R |
| 11 f | An irrigation ditch? | Y N U R Go to Q11h | | Y N U R |

| | | | | |
|-----|--|------------------------------------|--|---------|
| 11g | Were there cattle nearby? For example, within 50 feet | Y N U R | | |
| 11h | In a lake, river, or stream (body of fresh water)? | Y N U R Go to Part 2 | | Y N U R |
| 11i | Were there cattle nearby? For example, within 50 feet | Y N U R | | |

PART 2. ANIMALS

I'd now like to ask you about some animals you/your child may have come into contact with in the 7 days before your/your child's illness began. These may be animals you own, animals your neighbors own, or any other animals.

Again, the period is ___/___/___ (SEVEN DAYS BEFORE case's onset) to ___/___/___ (DAY BEFORE case's onset).

12. In the 7 days before your/your child's illness, did you/your child have contact with any pets or backyard animals, including fish or reptiles?

- Yes..... 1
- No..... **Go to Q14**..... 2
- Don't know/Not sure..... **Go to Q14**..... 7
- Refused..... **Go to Q14**..... 9

13. Which of these pets or backyard animals did you/your child have contact with?

| | | | | If YES → | Did you/your child have contact with the animal's treats, food or feed? |
|-----|--------------|---|-------------------|---------------------|---|
| 13a | A dog | Y | N U R | | Y N U R |
| | | | Go to Q13c | | |
| 13b | Did you/your | Y | N U R | | |

| | | | | |
|-----|---|----------------------------------|--|---------|
| | child feed the dog(s) animal- based products such as rawhides, pig's ears or cow hooves? | | | |
| 13c | A cat | Y N U R | | Y N U R |
| 13d | A bird | Y N U R | | Y N U R |
| 13e | Reptiles or amphibians like a turtle, snake, iguana or frog | Y N U R Go to Q13g | | Y N U R |
| 13f | What type of reptile or amphibian? | Specify: _____ | | |
| 13g | Fish | Y N U R | | Y N U R |
| 13h | Chickens | Y N U R | | Y N U R |
| 13i | A goat | Y N U R | | Y N U R |
| 13j | Another pet or backyard animal | Y N U R Go to Q14 | | Y N U R |
| 13k | What type of animal? | Specify _____ - | | |

14. During this 7-day time period, did you/your child **live** on a farm?
- Yes..... 1
- No..... **Go to Q15**..... 2
- Don't know/Not sure..... **Go to Q15**..... 7
- Refused..... **Go to Q15**..... 9

| Were any of the following animals present on the farm? | | | If YES → | Did you/your child have contact with the animal? | Did you/your child have contact with the animal's manure or go into the animal's living area? | Did you/your child have contact with animal's food or feed? |
|--|-------------|---------|----------|--|---|---|
| 14a | Cattle/Cows | Y N U R | | Y N U R | Y N U R | Y N U R |
| 14b | Calves | Y N U R | | Y N U R | Y N U R | Y N U R |
| 14c | Chickens | Y N U R | | Y N U R | Y N U R | Y N U R |

| | | | | | | |
|-----|-------------|------------|--|---------|---------|---------|
| 14d | Turkeys | Y N U R | | Y N U R | Y N U R | Y N U R |
| 14e | Pigs | Y N U R | | Y N U R | Y N U R | Y N U R |
| 14f | Goats | Y N U R | | Y N U R | Y N U R | Y N U R |
| 14g | Sheep/lambs | Y N U R | | Y N U R | Y N U R | Y N U R |
| 14h | Horse | Y N U R | | Y N U R | Y N U R | Y N U R |
| 14i | Deer or elk | Y N U R | | Y N U R | Y N U R | Y N U R |
| 14j | Other?_____ | Y N U R | | Y N U R | Y N U R | Y N U R |
| 14k | Other?_____ | Y N U R | | Y N U R | Y N U R | Y N U R |

15. Did you/your child **work** on a farm?

Yes..... 1
 No..... **Go to Q16**..... 2
 Don't know/Not sure..... **Go to Q16**..... 7
 Refused..... **Go to Q16**..... 9

| Were any of the following animals present on the farm? | | | If YES → | Did you/your child have contact with the animal? | Did you/your child have contact with the animal's manure or go into the animal's living area? | Did you/your child have contact with animal's food or feed? |
|--|-------------|---------|--------------------|--|---|---|
| 15a | Cattle/Cows | Y N U R | | Y N U R | Y N U R | Y N U R |
| 15b | Calves | Y N U R | | Y N U R | Y N U R | Y N U R |
| 15c | Chickens | Y N U R | | Y N U R | Y N U R | Y N U R |
| 15d | Turkeys | Y N U R | | Y N U R | Y N U R | Y N U R |
| 15e | Pigs | Y N U R | | Y N U R | Y N U R | Y N U R |
| 15f | Goats | Y N U R | | Y N U R | Y N U R | Y N U R |
| 15g | Sheep/lambs | Y N U R | | Y N U R | Y N U R | Y N U R |
| 15h | Horse | Y N U R | | Y N U R | Y N U R | Y N U R |
| 15i | Deer or elk | Y N U R | | Y N U R | Y N U R | Y N U R |
| 15j | Other?_____ | Y N U R | | Y N U R | Y N U R | Y N U R |
| 15k | Other?_____ | Y N U R | | Y N U R | Y N U R | Y N U R |

16. Did you/your child **visit** a farm?

- Yes..... 1
 No..... **Go to Q17**..... 2
 Don't know/Not sure..... **Go to Q17**..... 7
 Refused..... **Go to Q17**..... 9

| Were any of the following animals present on the farm? | | | If YES → | Did you/your child have direct contact with the animal? | Did you/your child have contact with the animal's manure or go into the animal's living area? | Did you/your child have contact with animal's food or feed? |
|--|-------------|---------|-----------------|---|---|---|
| 16a | Cattle/Cows | Y N U R | | Y N U R | Y N U R | Y N U R |
| 16b | Calves | Y N U R | | Y N U R | Y N U R | Y N U R |
| 16c | Chickens | Y N U R | | Y N U R | Y N U R | Y N U R |
| 16d | Turkeys | Y N U R | | Y N U R | Y N U R | Y N U R |
| 16e | Pigs | Y N U R | | Y N U R | Y N U R | Y N U R |
| 16f | Goats | Y N U R | | Y N U R | Y N U R | Y N U R |
| 16g | Sheep/lambs | Y N U R | | Y N U R | Y N U R | Y N U R |
| 16h | Horse | Y N U R | | Y N U R | Y N U R | Y N U R |
| 16i | Deer or elk | Y N U R | | Y N U R | Y N U R | Y N U R |
| 16j | Other?_____ | Y N U R | | Y N U R | Y N U R | Y N U R |
| 16k | Other?_____ | Y N U R | | Y N U R | Y N U R | Y N U R |

17. Did you/your child visit a petting zoo or petting zoo-like setting, like a birthday party, camp, or any other venue or setting where farm animals were present?

- Yes..... 1
 No..... **Go to Q18**..... 2
 Don't know/Not sure..... **Go to Q18**..... 7
 Refused..... **Go to Q18**..... 9

| Were any of the following animals present? | | | If YES → | Did you/your child have direct contact with the animal? | Did you/your child have contact with the animal's manure or go into the animal's living area? | Did you/your child have contact with animal's food or feed? |
|--|-------------|---------|---------------------|---|---|---|
| 17a | Cattle/Cows | Y N U R | | Y N U R | Y N U R | Y N U R |
| 17b | Calves | Y N U R | | Y N U R | Y N U R | Y N U R |
| 17c | Chickens | Y N U R | | Y N U R | Y N U R | Y N U R |
| 17d | Turkeys | Y N U R | | Y N U R | Y N U R | Y N U R |
| 17e | Pigs | Y N U R | | Y N U R | Y N U R | Y N U R |
| 17f | Goats | Y N U R | | Y N U R | Y N U R | Y N U R |
| 17g | Sheep/lambs | Y N U R | | Y N U R | Y N U R | Y N U R |
| 17h | Horse | Y N U R | | Y N U R | Y N U R | Y N U R |
| 17i | Deer or elk | Y N U R | | Y N U R | Y N U R | Y N U R |
| 17j | Other?_____ | Y N U R | | Y N U R | Y N U R | Y N U R |
| 17k | Other?_____ | Y N U R | | Y N U R | Y N U R | Y N U R |

- 17l. Was that place a
 Petting zoo?..... 1
 Camp?..... 2
 Birthday party with animals?..... 3
 Other, specify _____..... 4

18. Did you/your child visit a state or county fair?
 Yes..... 1
 No..... **Go to Q19**..... 2

Don't know/Not sure..... **Go to Q19**..... 7
 Refused..... **Go to Q19**..... 9

| Were any of the following animals present at the fair? | | | If YES → | Did you/your child have direct contact with the animal? | Did you/your child have contact with the animal's manure or go into the animal's living area? | Did you/your child have contact with animal's food or feed? |
|--|--------------|---------|-----------------|---|---|---|
| 18a | Cattle/Cows | Y N U R | | Y N U R | Y N U R | Y N U R |
| 18b | Calves | Y N U R | | Y N U R | Y N U R | Y N U R |
| 18c | Chickens | Y N U R | | Y N U R | Y N U R | Y N U R |
| 18d | Turkeys | Y N U R | | Y N U R | Y N U R | Y N U R |
| 18e | Pigs | Y N U R | | Y N U R | Y N U R | Y N U R |
| 18f | Goats | Y N U R | | Y N U R | Y N U R | Y N U R |
| 18g | Sheep/ lambs | Y N U R | | Y N U R | Y N U R | Y N U R |
| 18h | Horse | Y N U R | | Y N U R | Y N U R | Y N U R |
| 18i | Deer or elk | Y N U R | | Y N U R | Y N U R | Y N U R |
| 18j | Other?_____ | Y N U R | | Y N U R | Y N U R | Y N U R |
| 18k | Other?_____ | Y N U R | | Y N U R | Y N U R | Y N U R |

19. Aside from anything you already may have mentioned, does your/your child's work result in contact with live animals or animal carcasses (e.g., veterinarian, food production, slaughter, rendering, or other work)?

Yes..... 1
 No..... **Go to Q20**..... 2
 Don't know/Not sure..... **Go to Q20**..... 7
 Refused..... **Go to Q20**..... 9

19a. What type of work do you do? _____

19b. What type of animal? _____

20. In those 7 days did **anyone else** in your/your child's household work on or visit a farm, petting zoo, or state or county fair, or engage in any work that resulted in contact with live animals or animal carcasses?

Yes..... 1
 No..... **Go to Q22**..... 2
 Don't know/Not sure..... **Go to Q22**..... 7
 Refused..... **Go to Q22**..... 9

20a. What type of activity, setting or work? _____

21. Were any of the following animals present?

| | | |
|---------|------------------------------|---------|
| 21 a | Cattle, cows or calves | Y N U R |
| 21 b | Goats | Y N U R |
| 21 c | Sheep or lambs | Y N U R |
| 21 d | Other, specify _____ — | Y N U R |

22. Did you/your child have contact with any **wild** animals or their droppings or feces during outdoor activities such as spending time in your back yard, hunting, hiking or other activities?

- Yes..... 1
- No..... **Go to Q23**..... 2
- Don't know/Not sure..... **Go to Q23**..... 7
- Refused..... **Go to Q23**..... 9

22a. Did you/your child have contact with deer, elk or their droppings or feces?

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7
- Refused.....9

22b. Did you/your child have contact with any other wild animal or wild animal droppings or feces?

- Yes..... 1
- No..... **Go to Q23**..... 2
- Don't know/Not sure..... **Go to Q23**..... 7
- Refused..... **Go to Q23**..... 9

22c. what type of wild animal or wild animal droppings or feces?

- Specify: _____
- Don't know/Not sure..... 7
- Refused.....9

23. **For adult cases:** Did you garden in the 7 days before your illness?
For pediatric cases: Did your child play or help in the garden in the 7 days before

his/her illness?

- Yes..... 1
- No..... **Go to Part 3**.....2
- Don't know/Not sure..... **Go to Part 3**..... 7
- Refused..... **Go to Part 3**..... 9

24. Was animal manure or compost applied to your garden anytime in the **past year**?

- Yes..... 1
- No..... **Go to Part 3**..... 2
- Don't know/Not sure..... **Go to Part 3**..... 7
- Refused..... **Go to Part 3**..... 9

24a. Compost

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7
- Refused.....9

24b. Manure

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7
- Refused.....9

24c. Type of manure (cow, sheep, etc.) _____

24d. When did you apply the compost or manure? _____

24e. Was the compost or manure pre-packaged?

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7
- Refused.....9

PART 3. TRAVEL AND SOCIAL CONTACTS

I'd now like to ask you about travel and settings where you/your child may have come in contact with other people in the 7 days before your/your child's illness began. Just a reminder that those 7 days refer to

___/___/___ (SEVEN DAYS BEFORE case's onset) to ___/___/___ (DAY BEFORE case's onset).

25. Did you/your child travel out-of-state, but within the United States during the seven days before your/your child's illness began?

- Yes..... 1
- No..... **Go to Q26**..... 2
- Don't know/Not sure..... **Go to Q26**..... 7
- Refused..... **Go to Q26**..... 9

25a. What cities and states did you/your child visit? _____

25b. When did you/your child leave? ____/____/____

25c. When did you/your child return from your/his/her trip? ____/____/____

26. Did you/your child travel to another country during the seven days before your/his/her illness began?

- Yes..... 1
- No..... **Go to Q27**..... 2
- Don't know/Not sure..... **Go to Q27**..... 7
- Refused..... **Go to Q27**..... 9

26a. What country(s) did you/your child visit? _____

26b. When did you/your child leave the U.S.? ____/____/____

26c. When did you/your child return from your/his/her trip? ____/____/____

27. **For adult case:** In the 7 days before your illness began, did you work or volunteer at a child care center/setting where there were children under 5 years of age? A child care setting is defined as a place where there are 2 or more children from different households under the care of a person or persons.

For child case: In the 7 days before your child's illness began, did your child attend a child care center/setting where there were children under 5 years of age? A child care setting is defined as a place where there are 2 or more children from different households under the care of a person or persons.

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7
- Refused..... 9

28. **If case's age is 5 years of age or older:** Were there any children under five in your household?

If case is under 5 years of age: Were there any other children under five in your child's household?

- Yes..... 1
- No..... **Go to Q29**..... 2
- Don't know/Not sure..... **Go to Q29**..... 7
- Refused..... **Go to Q29**..... 9

28a. Did the child/children attend a childcare setting or center?

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7
- Refused.....9

29. In the 7 days before your illness began, did you/your child live, work, volunteer or spend time in a residential facility like a nursing home, hospital, summer camp, dorm, or jail?

- Yes..... 1
- No..... **Go to Q30**..... 2
- Don't know/Not sure..... **Go to Q30**..... 7
- Refused..... **Go to Q30**..... 9

29a. What type of facility or setting was it?

Specify _____

30. In those 7 days before you/your child became ill, did you/your child come in contact with anyone else with a diarrheal illness?

- Yes..... 1
- No..... **Go to Part 4**.....2
- Don't know/Not sure..... **Go to Part 4**..... 7
- Refused..... **Go to Part 4**..... 9

30a. Where? *Mark all that apply.*

- Home 1
- Daycare 2
- Other setting, specify _____..... 3

PART 4. FOOD SECTION

I am now going to ask you about foods you/your child may have eaten in the seven days before your/your child's illness began. As a reminder, I am referring to the 7-day time period from:

___/___/___ (SEVEN DAYS BEFORE case's onset) to ___/___/___ (DAY BEFORE case's onset).

If case is younger than 12 months, go to Q31; otherwise, go to Q32:

31. Does your child eat any foods or drinks other than formula or breast milk?

- Yes.....1
- No..... **Go to Demographics**.....2
- Don't know/Not sure..... **Go to Demographics**.....7
- Refused..... **Go to Demographics**..... 9

32. In the past 3 months, did you/your child **eat or handle** any meats, such as beef,

pork, poultry or fish?

- Yes.....1
- No..... **Go to Vegetables**.....2
- Don't know/Not sure.....7
- Refused..... 9

BEEF:

33. Did you/your child eat any of the following foods containing beef in your home or someone else's home (not including at a restaurant, we will ask you about this later)?

| * Location code | |
|---|---|
| 1. Grocery store | 6. Private slaughter |
| 2. Warehouse style market like Sam's Club, Costco | 7. "Cow share" or community supported agriculture (CSA) program |
| 3. Butcher | 8. Other, specify |
| 4. Farmer's market | U. Unknown |
| 5. Small, local or independent market, like a specialty food market; for example, an Asian or a Latino market | R. Refused |



| | | | If YES → | Was any of it pink when you ate it? | Where was the beef obtained? <i>Interviewer: use location code *</i> |
|------|---|---------|--------------------|-------------------------------------|---|
| 33 a | Hamburgers made in a home from fresh or frozen ground beef? | Y N U R | | Y N U R | 1 2 3 4 5 6 7 8 UR _____ |
| 33 b | Pre-made, frozen hamburger patties? | Y N U R | | Y N U R | 1 2 3 4 5 6 7 8 UR _____ |
| 33 c | Any other foods that contained ground beef as an ingredient like tacos, or lasagna? | Y N U R | | Y N U R | 1 2 3 4 5 6 7 8 UR _____ |

| | | | | | |
|---------|--|---------|--|---------|-----------------------------|
| 33 d | Any steak? | Y N U R | | Y N U R | 1 2 3 4 5 6 7 8 UR _____ |
| 33 e | Other intact, not ground, cuts of beef. For example stew meat, roast beef, pot roast? What type or cut? | Y N U R | | Y N U R | 1 2 3 4 5 6 7 8 UR _____ |

34. Did you/your child handle any raw ground beef in your home?

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7
- Refused.....9

35. Did you/your child handle any raw steaks or intact cuts of beef in your home?

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7
- Refused.....9

36. Did anyone else in your household handle any raw beef (ground or intact cuts)?

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7
- Refused.....9

37. Did you/your child eat at a fast food restaurant during 7 days before the illness?
 We define a fast

food restaurant as any place where you order and pay for your food at the counter or a drive through; for example, McDonald's, a cafeteria, or a burger stand at a fair?

- Yes..... 1
- No..... **Go to Q39**..... 2
- Don't know/Not sure..... **Go to Q39**..... 7
- Refused..... **Go to Q39**..... 9

38. Did you/your child eat any of the following:

| | | | If YES → | Was any of it pink when you ate it? |
|---------|-----------------------------------|---------|---------------------|-------------------------------------|
| 38 a | Hamburgers made from ground beef? | Y N U R | | Y N U R |

| | | | | |
|---------|---|---------|--|---------|
| 38 b | Any other forms of ground beef (tacos)? | Y N U R | | Y N U R |
|---------|---|---------|--|---------|

39. Did you/your child eat at a sit down or table service restaurant during the 7 days before your/his/her illness?

- Yes..... 1
 No..... **Go to OTHER MEAT**..... 2
 Don't know/Not sure..... **Go to OTHER MEAT**..... 7
 Refused..... **Go to OTHER MEAT**..... 9

40. Did you/he/she eat any of the following at a restaurant:

| | | | If YES → | Was any of it pink when you ate it? |
|---------|---|---------|-----------------|-------------------------------------|
| 40 a | Hamburgers made from ground beef? | Y N U R | | Y N U R |
| 40 b | Any other foods that contained ground beef as an ingredient like tacos, or lasagna? | Y N U R | | Y N U R |
| 40 c | Any steaks? | Y N U R | | Y N U R |
| 40 d | Other intact (not ground) cuts of beef (for example stew meat, roast beef, pot roast)? What type or cut? | Y N U R | | Y N U R |

OTHER MEAT / POULTRY / FISH:

From here to the end of the interview, I'm going to ask you questions about other meats, vegetables and fruits. For each food you/your child ate, I'll be asking you where it was prepared:

- at a **private home**, such as your own home or someone else's home,
- outside the home**, meaning a restaurant or commercial food establishment,
- or **both**.

For example, if you ate something at home that you bought pre-made at a deli or take out from a restaurant, I'd record it as prepared outside the home.

41. I'm going start with questions about other meat poultry or fish. During the seven days before your/your child's illness did you/your child eat_____

* Interviewer: Take-out is considered as outside the

prepared home

| | | | If YES → | Where was it prepared*? at H ome (any private home), O utside (restaurant or commercial food establishment), or B oth |
|-----|---|---------|----------|--|
| 41a | Chicken? | Y N U R | | H O B U R |
| 41b | Turkey? | Y N U R | | H O B U R |
| 41c | Pork? | Y N U R | | H O B U R |
| 41d | Lamb? | Y N U R | | H O B U R |
| 41e | Veal? | Y N U R | | H O B U R |
| 41f | Jerky? What type of jerky? Specify: _____ | Y N U R | | H O B U R |
| 41g | Venison (deer meat)? | Y N U R | | H O B U R |
| 41h | Elk? | Y N U R | | H O B U R |
| 41i | Goat? | Y N U R | | H O B U R |
| 41j | Bison? | Y N U R | | H O B U R |
| 41k | Salami? | Y N U R | | H O B U R |
| 41l | Pepperoni? | Y N U R | | H O B U R |
| 41m | Summer sausage? | Y N U R | | H O B U R |
| 41n | Other Sausage? What type of sausage? Specify: _____ | Y N U R | | H O B U R |
| 41o | Shrimp? | Y N U R | | H O B U R |

| | | | | |
|-----|--|---------|--|-----------|
| 41p | Other Shellfish? | Y N U R | | H O B U R |
| 41q | Raw Fish/sushi? | Y N U R | | H O B U R |
| 41r | Other meat, poultry, or fish? Specify _____ | Y N U R | | H O B U R |

42. Were any of the any meats, such as beef, pork, poultry or fish, organic?
- Yes..... 1
 No..... **Go to Vegetables**..... 2
 Don't know/Not sure..... **Go to Vegetables**..... 7
 Refused..... **Go to Vegetables**..... 9

42a. Which meats were organic? *Mark all that apply*

- Ground beef..... 1
 Other beef..... 2
 Pork 3
 Poultry..... 4
 Fish..... 5

VEGETABLES:

I'm going to ask you about **RAW** vegetables that you/your child may have consumed in the 7 days before the illness. Please include any vegetables that you consumed as a smoothie or blended or puréed.

43. Did you/your child eat any lettuce?
- Yes..... 1
 No..... **Go to Q45**..... 2
 Don't know/Not sure..... **Go to Q45**..... 7
 Refused..... **Go to Q45**..... 9

44. What type of lettuce?

| | | | If YES → | Where was it prepared? H ome, O utside, B oth | If prepared at HOME → | Was it prepackaged? Interviewer: Read the first time you ask this question: By "prepackaged" I mean in a bag or a clamshell or clear plastic box. |
|-----|----------|---------|--------------------|---|---------------------------------|--|
| 44a | Iceberg? | Y N U R | | H O B U R | | Y N U R |
| 44 | Romaine? | Y N U | | H O B U | | Y N U R |

| | | | | | |
|-----|------------------------------|------------|--|--------------|---------|
| b | | R | | R | |
| 44c | Other lettuce? specify _____ | Y N U R | | H O B U R | Y N U R |

45. Did you/your child eat any of the following fresh greens?

| | | | If YES → | Where was it prepared? H ome, O utside, B oth | If prepar ed at HOME → | Was it prepackaged? |
|------|--|------------|--------------------|---|----------------------------------|---------------------|
| 45 a | Raw Spinach? | Y N U R | | H O B U R | | Y N U R |
| 45 b | Mixed Greens, such as spring mix or swiss chard? | Y N U R | | H O B U R | | Y N U R |

46. The following questions refer to **RAW** vegetables prepared at your/your child's home, someone else's home, or outside the home within the 7-day time period. Please include any vegetables that you/your child ate from a salad bar, as a smoothie, blended, puréed or in home-squeezed juice.

| | | | If YES S→ | Where was it prepared? H ome, O utside, or B oth |
|-----|--|------------|---------------------|--|
| 46a | Did you eat raw cabbage (including cole slaw)? | Y N U R | | H O B U R |
| 46b | Tomatoes? | Y N U R | | H O B U R |
| 46c | Cucumbers? | Y N U R | | H O B U R |
| 46d | Peppers? Specify _____ | Y N U R | | H O B U R |
| 46e | Celery? | Y N U R | | H O B U R |

| | | | | |
|-----|--|------------|--|-----------|
| 46f | Carrots? | Y N U R | | H O B U R |
| 46g | Radishes? | Y N U R | | H O B U R |
| 46h | Pea pods? | Y N U R | | H O B U R |
| 46i | Green onions/ scallions? | Y N U R | | H O B U R |
| 46j | Other onions (white, red)? Specify: _____ - | Y N U R | | H O B U R |
| 46k | Broccoli? | Y N U R | | H O B U R |
| 46l | Alfalfa sprouts? | Y N U R | | H O B U R |
| 46m | Bean sprouts? | Y N U R | | H O B U R |
| 46n | Other sprouts? Specify: _____ | Y N U R | | H O B U R |
| 46o | Parsley? | Y N U R | | H O B U R |
| 46p | Cilantro? | Y N U R | | H O B U R |
| 46q | Any other fresh herbs? Specify: _____ - | Y N U R | | H O B U R |
| 46r | Fresh salsa? | Y N U R | | H O B U R |

FRUITS:

47. The following questions refer to **RAW** fruits. Please remember to include any fruits that you/your

child ate from a salad bar, as a smoothie, blended, puréed or in home-squeezed juice.

| | | | If YES → | Where was it prepared? H ome, O utside, or B oth |
|-----|--|---------|-------------------------|--|
| 47a | Oranges? | Y N U R | | H O B U R |
| 47b | Other citrus? Specify: _____ | Y N U R | | H O B U R |
| 47c | Pears? | Y N U R | | H O B U R |
| 47d | Apples? | Y N U R | | H O B U R |
| 47e | Other tree fruit, for example: apricot, nectarine, peach, plum? | Y N U R | | H O B U R |
| 47f | Strawberries? | Y N U R | | H O B U R |
| 47g | Raspberries? | Y N U R | | H O B U R |
| 47h | Blueberries? | Y N U R | | H O B U R |
| 47i | Grapes? | Y N U R | | H O B U R |
| 47j | Bananas? | Y N U R | | H O B U R |
| 47k | Cantaloupe? | Y N U R | | H O B U R |
| 47l | Watermelon? | Y N U R | | H O B U R |
| 47m | Honeydew? | Y N U R | | H O B U R |
| 47n | Pineapple? | Y N U R | | H O B U R |
| 47o | Exotic fruits like kiwi, avocado, mango? Specify: _____ - | Y N U R | | H O B U R |
| 47p | Other fruit? Specify: _____ - | Y N U R | | H O B U R |

48. Were any of the leafy greens, vegetables or fruits that you/your child ate organic?
- Yes..... 1
 - No..... **Go to Q49**..... 2
 - Don't know/Not sure..... **Go to Q49**..... 7
 - Refused..... **Go to Q49**..... 9

48a. Which ones were organic?

49. Were any of the leafy greens, vegetables or fruits that you/your child ate home grown?

- Yes..... 1
- No..... **Go to Q50**..... 2
- Don't know/Not sure..... **Go to Q50**..... 7
- Refused..... **Go to Q50**..... 9

49a. Which ones were home grown?

50. During these seven days did you consume any unpasteurized apple cider or apple juice?

Unpasteurized juices are usually labeled as such, but might be sold at road side stands without such labels.

- Yes..... 1
- No..... 2
- Don't know/Not sure..... 7
- Refused..... 9

51. During these seven days did you consume any other unpasteurized juice?

- Yes..... 1
- No..... **Go to DAIRY**..... 2
- Don't know/Not sure..... **Go to DAIRY**..... 7
- Refused..... **Go to DAIRY**..... 9

51a. What type of juice? _____

DAIRY:

52. The following questions refer to dairy products that you/your child may have eaten within the 7-day time

period. In that time, did you/your child eat or drink any of the following?

| | |
|---------------------------|---|
| | Where was it served or consumed? Home, Outside, or Both |
| If YES → | |

| | | | | |
|---------|---|---------|--|-----------|
| 52 a | Unpasteurized or raw milk? | Y N U R | | H O B U R |
| 52 b | Pasteurized milk? | Y N U R | | H O B U R |
| 52 c | Hard cheese, for example, Gouda, Cheddar? Specify: _____ | Y N U R | | H O B U R |
| 52 d | Soft cheese, for example, Feta, Brie or Camembert? Specify: _____ | Y N U R | | H O B U R |
| 52 e | Queso fresco or Mexican style cheese? | Y N U R | | H O B U R |
| 52 f | Cheese curds? | Y N U R | | H O B U R |
| 52 g | Any other cheese? Specify _____ | Y N U R | | H O B U R |
| 52 h | Were any of the cheeses you/your child ate unpasteurized? Specify: _____ | Y N U R | | H O B U R |
| 52i | Ice cream? | Y N U R | | H O B U R |
| 52j | Yogurt? | Y N U R | | H O B U R |

Section 3: Demographics

Now I would like to ask you a few questions about your/your child's community and family. Some of these questions may be personal but they help us figure out how to prevent these infections. You may refuse to answer any of these questions.

53. What is your occupation? Specify _____

54. What type of phone are we speaking to you on now? Choose one, circle answer:

- Landline (traditional home or house) phone.....1
Cell or mobile phone2
Other type of phone.....3
Specify _____

55. Is there a working landline (traditional home or house) phone in your home?

- Yes.....1
No.....2
Unknown.....7
Refused.....9

56. On what type of phone do you make or receive the majority of your personal (non-work) phone calls?

Choose one, circle answer:

- Landline (traditional home or house) phone.....1
Cell or mobile phone2
Equally split between landline & cell.....3
Other.....4
Specify _____.

57. What is your/your child's race? Read only if necessary, respondent may choose more than one race

- White..... 1
Black or African American..... 2
American Indian or Alaskan Native..... 3

SPECIFY PRINCIPAL TRIBE _____

- Asian Indian..... 4
Chinese.....5
Filipino..... 6
Japanese..... 7
Korean 8
Vietnamese..... 9
Native Hawaiian..... 10
Guamanian or Chamorro..... 11
Samoan..... 12
Other Pacific Islander..... 13
Other Asian..... 14

SPECIFY _____

- Some other race..... 15

SPECIFY _____

Do not read Don't know/Not sure.....16
Do not read
 Refused.....17

58. Are you/Is your child of Hispanic or Latino origin?
 Yes..... 1
 No..... 2
 Don't know/Not sure..... 7
 Refused..... 9

59. What is your/your child's zip code? ____ ____ ____ ____
 Don't know/Not sure..... 7 7 7 7 7
 Refused..... 9 9 9 9 9

Closing Statement: That's my last question. Thank you very much for your time and cooperation.

END CALL HERE

Section 4: Case/Interviewer Information

60. Case Status?
 Alive..... 1
 Dead..... 2 → **DATE** (__/__/__
 mm/dd/yyyy)
 Unknown..... 3

61. Who completed the interview?
 Case..... 1
 Spouse/Partner..... 2
 Parent..... 3 → **CIRCLE: FATHER OR MOTHER**
 Guardian..... 4
 Other Relative..... 5
 Other..... 6
 → **SPECIFY** _____
 Don't Know/Not Sure..... 9

APPENDIX 1: ANTIBIOTICS LIST

| Antibiotic Name | | Antibiotic Name | |
|----------------------------|--------|------------------------|--------|
| Don't Remember Name | 9 9 | Fosfomycin | 3 3 |
| Amoxicillin | 1 | Keflex | 3 4 |
| Amoxicillin/Clavulanate | 2 | Keftab | 3 5 |
| Ampicillin | 3 | Ketek | 3 6 |
| Ancef | 4 | Levofloxacin | 3 7 |
| Augmentin | 5 | Levoquin | 3 8 |
| Avelox | 6 | Linezolid | 3 9 |
| Azithromycin | 7 | Macrobid | 4 0 |
| Bactrim | 8 | Metronidazole | 4 1 |
| Biaxin | 9 | Minocin | 4 2 |
| Ceclor | 1 0 | Minocycline | 4 3 |
| Cefaclor | 1 1 | Monurol | 4 4 |
| Cefadroxil | 1 2 | Moxifloxacin | 4 5 |
| Cefdinir | 1 3 | Nitrofurantoin | 4 6 |
| Cefixime | 1 4 | Norfloxacin or Norflox | 4 7 |
| Cefprozil | 1 5 | Omnicef | 4 8 |
| Ceftin | 1 6 | Pediazole | 4 9 |
| Ceftriaxone | 1 7 | Penicillin or Pen VK | 5 0 |
| Cefuorixime | 1 8 | Rifaximin | 5 1 |
| Cefzil | 1 9 | Rocephin | 5 2 |
| Cephalexin | 2 0 | Septra | 5 3 |
| Cephradine | 2 1 | Suprax | 5 4 |
| Ciprofloxacin or Cipro | 2 2 | Telithromycin | 5 5 |
| Clarithromycin | 2 3 | Tetracycline | 5 6 |
| Cleocin | 2 4 | Trimethoprim/Sulfa | 5 7 |
| Clindamycin | 2 5 | Trimox | 5 8 |
| Dicloxacillin | 2 6 | Vibramycin | 5 9 |

APPENDIX 2: ANTIACIDS LIST

| Medication Name | | Medication Name | |
|----------------------------|--------|-----------------------------|--------|
| Don't Remember Name | 9 9 | Novo-Ranidine | 3 5 |
| Aciphex | 1 | Nu-Cimet | 3 6 |
| Alternagel | 2 | Nu-Famotidine | 3 7 |
| Alti-Ranitidine | 3 | Nu-Ranit | 3 8 |
| Aluminum hydroxide | 4 | Omepral | 3 9 |
| Amphgel | 5 | Omeprazole | 4 0 |
| Antra | 6 | Pantoloc | 4 1 |
| Apo-Cimetidine | 7 | Pantoprazole | 4 2 |
| Apo-Famotidine | 8 | Pariet | 4 3 |
| Apo-Ranitidine | 9 | Pepcid (all varieties) | 4 4 |
| Axid | 1 0 | Pepto | 4 5 |
| Calcium carbonate | 1 1 | Phillips Chewables | 4 6 |
| Carafate | 1 2 | PMS-Cimetidine | 4 7 |
| Cimetidine | 1 3 | PMS-Ranitidine | 4 8 |
| Cytotec | 1 4 | Prevacid (all varieties) | 4 9 |
| Dexlansoprazole | 1 5 | Prevpac | 5 0 |
| Esomeprazole | 1 6 | Priolsec (all varieties) | 5 1 |
| Fluxid | 1 8 | Protonix | 5 3 |
| Famotidine | 1 7 | Proton-pump inhibitor (PPI) | 5 2 |
| Gas-X | 1 9 | Rabeprazole | 5 4 |
| Gen-Cimetidine | 2 0 | Ranitidine | 5 5 |
| Gen-Famotidine | 2 1 | ratio-Famotidine | 5 6 |
| Gen-Ranidine | 2 2 | Rhoxal-famotidine | 5 7 |
| H2-blocker | 2 3 | Rhoxal-ranitidine | 5 8 |
| Kapidex | 2 4 | Riva-Famotidine | 5 9 |
| Lansoprazole | 2 5 | Roloids (all varieties) | 6 0 |
| Losec | 2 6 | Sodium bicarbonate | 6 1 |
| Maalox (all varieties) | 2 | Sucralfate | 6 |

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