

FoodNet Non-O157 STEC Case-Control Study

Control Questionnaire

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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: _____

Matched-Case Person ID Number (FoodNet site-specific) _____

Matched-Case Study ID Number _____

Matched-Case State Lab ID Number _____

Control: 1 2 3

-- Date Matched CASE'S SYMPTOMS Began: __mm/ __dd/20__

--Date 7 days before Matched CASE'S SYMPTOMS began: __mm/ __dd/20__

--Date one month before Matched CASE'S SYMPTOMS began: __mm/ __dd/20__

These dates will be used to ascertain the control's exposure history so it can be matched with the history of the case.

START HERE AFTER OBTAINING CONSENT

Initial Demographic Questions:

1. What is your/your child's **age**?
____ Years ____ months

2. What is your/your child's gender?
Gender: F M Refused

3. In what **county** do you/your child

Age Strata of matched case-patient:
<input type="checkbox"/> 0 to <2 years
<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

live?

Section 1: Health Questions

I will be asking you some questions about specific dates so it may be helpful to have a calendar in front of you. Do you need a few minutes to get one?

First, I would like to ask you some health related questions. **The following questions refer to the four week time period from ___/___/___ (Date 4 weeks before CASE'S SYMPTOMS began) to ___/___/___ (Date one day before CASE'S SYMPTOMS began).**

4. During this four week time frame, did you/your child have any diarrhea?

- Yes..... 1
..... 1
No..... **Go to Q5.....** 2
..... 2
Don't know/Not sure..... **Go to Q5.....**
..... 7
Refused..... **Go to Q5.....**
.....9

4a. When you/your child had this diarrhea, what was the maximum number of stools you/your child had in a 24 hour period? _____ Don't know/not sure Refused

5. Were you/ Was your child diagnosed with an *E. coli* infection any time between ___/___/___ (Date 4 weeks before CASE'S SYMPTOMS began) and ___/___/___ (Date one day before CASE'S SYMPTOMS began)?

- Yes..... 1
..... 1
No..... **Go to Q6.....** 2
..... 2
Don't know/Not sure.....
..... 7
Refused.....
..... 9

→→IF YES/DON'T KNOW/NOT SURE/REFUSED,

Sorry, but we need to do this interview with someone who definitely *did not* have an *E. coli* infection within the past month. Thank you for your time. **END.**

6. Did you/your child take an antibiotic for any reason between ___/___/___ (Date 4 weeks before CASE'S SYMPTOMS began) and ___/___/___ (Date one day before CASE'S SYMPTOMS began)?

- Yes.....
..... 1

No..... **Go to Q7**.....
..... 2
Don't know/Not sure..... **Go to Q7**.....
..... 7
Refused..... **Go to Q7**.....
..... 9

6a. What was the name of the antibiotic? *Interviewer: refer to appendix 1, list all.*

Specify: _____

6b. When did you/your child start taking that antibiotic?

Start __/__/__

Don't know/Not sure..... **Go to Q6d**.....
..... 7
Refused..... **Go to Q6d**.....
..... 9

6c. When did you/your child stop taking that antibiotic?

End __/__/__

Don't know/Not sure..... **Go to Q6d**.....
..... 7
Refused..... **Go to Q6d**.....
..... 9

6d. if unsure of dates, for how many days? ____

Don't know/Not sure.....
..... 7
Refused.....
..... 9

7. Were you/Was your child taking any stomach acid-reducing medications between __/__/__ (Date 4 weeks before CASE'S SYMPTOMS began) and __/__/__ (Date one day before CASE'S SYMPTOMS began)? Such medications might include Tums, Roloids, Maalox, Zantac, or Prilosec and many others.

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 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)

8. During those 7 days, 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
8a	Municipal water, that is, water that is provided by the city or town?	Y N U R	Y N U R
8b	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 Q8f	
8c	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	Y N U R	

	softeners.		
8d	Was it treated by some other method, for example, boiled, filtered, UV light, distilled? do not include water softeners.	Y N U R	
8e	Do cattle sometimes go near the well? For example, within 50 feet	Y N U R	
8f	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 Q8j	
8g	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	
8h	Was it treated by some other method, for example, boiled, filtered, UV light, distilled? do not include water softeners.	Y N U R	

8i	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	
8j	Bottled water? Specify brand_____	Y N U R	

9. Did you/your child drink any untreated water from a pond, lake, river, stream or another source not already mentioned during those 7 days? Specify_____

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

10. Did you/your child go swimming or play in water during those 7 days?

- 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?
10 a	The ocean?	Y N U R		Y N U R
10	A swimming	Y N U R		Y N U R

b	pool?			
10c	A wading pool?	Y N U R		Y N U R
10d	A splash pad or fountain?	Y N U R		Y N U R
10e	A water park?	Y N U R		Y N U R
10f	An irrigation ditch?	Y N U R Go to Q10h		Y N U R
10g	Were there cattle nearby? For example, within 50 feet	Y N U R		
10h	In a lake, river, or stream (body of fresh water)?	Y N U R Go to Part 2		Y N U R
10i	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. These may be animals you own, animals your neighbors own, or any other animals.

Again, these question will refer to the 1 week time period from ___/___/___ (Date seven days before CASE'S SYMPTOMS began) **to** ___/___/___ (Date one day before CASE'S SYMPTOMS began)

11. During those 7 days, did you/your child have contact with any pets or backyard animals, including fish or reptiles?

- Yes..... 1
 No..... **Go to Q13**..... 2
 Don't know/Not sure..... **Go to Q13**.....
 7
 Refused..... **Go to Q13**.....
 9

12. 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?
12a	A dog	Y N U R Go to Q12c		Y N U R
12b	Did you/your child feed the dog(s) animal-based products such as rawhides, pig's ears or cow hooves?	Y N U R		
12c	A cat	Y N U R		Y N U R
12d	A bird	Y N U R		Y N U R
12e	Reptiles or amphibians like a turtle, snake, iguana or frog	Y N U R Go to Q12g		Y N U R
12f	What type of reptile or amphibian?	Specify: _____ -		
12g	Fish	Y N U R		Y N U R
12h	Chickens	Y N U R		Y N U R
12i	A goat	Y N U R		Y N U R
12j	Another pet or backyard animal	Y N U R Go to Q12k		Y N U R
12k	What type of animal?	Specify _____ -		

13. During this 7-day time period, did you/your child **live** on a farm?
- Yes.....1
- No..... **Go to Q14**..... 2
- Don't know/Not sure..... **Go to Q14**.....
- 7
- Refused..... **Go to Q14**.....
- 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?
13a	Cattle/Cows	Y N U R		Y N U R	Y N U R	Y N U R
13b	Calves	Y N U R		Y N U R	Y N U R	Y N U R
13c	Chickens	Y N U R		Y N U R	Y N U R	Y N U R
13d	Turkeys	Y N U R		Y N U R	Y N U R	Y N U R
13e	Pigs	Y N U R		Y N U R	Y N U R	Y N U R
13f	Goats	Y N U R		Y N U R	Y N U R	Y N U R
13g	Sheep/lambs	Y N U R		Y N U R	Y N U R	Y N U R
13h	Horse	Y N U R		Y N U R	Y N U R	Y N U R
13i	Deer or elk	Y N U R		Y N U R	Y N U R	Y N U R
13j	Other?_____	Y N U R		Y N U R	Y N U R	Y N U R
13k	Other?_____	Y N U R		Y N U R	Y N U R	Y N U R

14. Did you/your child **work** 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 **visit** 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 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?
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. During those 7 days, 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 Q17**..... 2

7 Don't know/Not sure..... **Go to Q17**.....

9 Refused..... **Go to Q17**.....

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?

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

16l. Was that place a

- Petting zoo?..... 1
 Camp?..... 2
 Birthday party with animals?..... 3
 Other, specify_____ 4

17. Did you/your child visit a state or county fair?

- 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 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?
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

18. 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 Q19**..... 2
- Don't know/Not sure..... **Go to Q19**..... 7
- Refused..... **Go to Q19**..... 9

18a. What type of work do you do? _____

18b. What type of animal? _____

19. 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 Q21**..... 2
- Don't know/Not sure..... **Go to Q21**..... 7
- Refused..... **Go to Q21**..... 9

19a. What type of activity, setting or work? _____

20. Were any of the following animals present?

20	Cattle, cows or calves	Y N U
a		R
20	Goats	Y N U

b		R
20	Sheep or lambs	Y N U
c		R
20	Other,	Y N U
d	specify _____ —	R

21. 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 Q22**..... 2
 Don't know/Not sure..... **Go to Q22**..... 7
 Refused..... **Go to Q22**..... 9

21a. 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

21b. During those 7 days, did you/your child have contact with any other wild animal or wild animal droppings or feces?

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

21c.what type of wild animal or wild animal droppings or feces?

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

22. **For adult cases:** Did you garden during those 7 days?

For pediatric cases: Did your child play or help in the garden during those 7 days?

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

23. 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

23a. Compost

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

23b. Manure

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

23c. Type of manure (cow, sheep, etc.) _____

23d. When did you apply the compost or manure?

23e. 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. Again, I will be asking you about a specific time period.

→The following questions refer to the 1 week time period from:

___/___/___ (Date seven days before CASE'S SYMPTOMS began) to ___/___/___
(Date one day before CASE'S SYMPTOMS began).

24 Did you/your child travel out-of-state, but within the United States during those 7 days?

- Yes..... 1
- No..... **Go to Q25**..... 2
- 7 Don't know/Not sure..... **Go to Q25**.....
- 9 Refused..... **Go to Q25**.....

24a. What cities and states did you/your child visit? _____

24b. When did you/your child leave? ___/___/___

24c. When did you/your child return from your/his/her trip?
___/___/___

25. Did you/your child travel to another country during those 7 days?

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

25a. What country(s) did you/your child visit? _____

25b. When did you/your child leave the U.S.? ___/___/___

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

26. **For adult control:** During those 7 days, 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 control: During those 7 days, 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

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

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

- Yes..... 1
- No..... **Go to Q28**..... 2
- Don't know/Not sure..... **Go to Q28**..... 7
- Refused..... **Go to Q28**..... 9

27a. Did the child/children attend a childcare setting or center?

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

28 During those 7 days, 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 Q29**..... 2
- Don't know/Not sure..... **Go to Q29**..... 7
- Refused..... **Go to Q29**..... 9

28a. What type of facility or setting was it?

Specify _____

29. During those 7 days, 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

29a. 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. 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 control is younger than 12 months, go to Q30; otherwise, go to Q31:

30. 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

31. 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:

32. 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>
32 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 _____
32 b	Pre-made, frozen hamburger patties?	Y N U R		Y N U R	1 2 3 4 5 6 7 8 UR _____
32 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 _____
32 d	Any steak?	Y N U R		Y N U R	1 2 3 4 5 6 7 8 UR _____
32 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 _____

33. Did you/your child handle any raw ground beef in your home?
 Yes..... 1
 No..... 2
 Don't know/Not sure..... 7
 Refused.....9

34. 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

35. 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

36. Did you/your child eat at a fast food restaurant during those 7 days? 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 Q38**..... 2

Don't know/Not sure..... **Go to Q38**..... 7

7

Refused..... **Go to Q38**..... 9

9

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

			If YES →	Was any of it pink when you ate it?
37 a	Hamburgers made from ground beef?	Y N U R		Y N U R
37 b	Any other forms of ground beef (tacos)?	Y N U R		Y N U R

38. Did you/your child eat at a sit down or table service restaurant during those 7 days?

Yes..... 1

No..... **Go to OTHER MEAT**..... 2

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

Refused..... **Go to OTHER MEAT**..... 9

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

			If YES →	Was any of it pink when you ate it?
39 a	Hamburgers made from ground beef?	Y N U R		Y N U R
39 b	Any other foods that contained ground beef as an ingredient like tacos, or lasagna?	Y N U R		Y N U R

39 c	Any steaks?	Y N U R		Y N U R
39 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.

All food questions are in regards to the specific one week time period between ___/___/___ and ___/___/___ (One week period before the matched CASE'S SYMPTOMS began)

40. I'm going start with questions about other meat poultry or fish. During those 7 days, did you/your child eat_____

* Interviewer: Take-out is considered outside
 as prepared the home

If YES →	Where was it prepared*? at H ome (any private home), O utside
----------------	--

				(restaurant or commercial food establishment), or Both
40a	Chicken?	Y N U R		H O B U R
40b	Turkey?	Y N U R		H O B U R
40c	Pork?	Y N U R		H O B U R
40d	Lamb?	Y N U R		H O B U R
40e	Veal?	Y N U R		H O B U R
40f	Jerky? What type of jerky? Specify: _____ _____	Y N U R		H O B U R
40g	Venison (deer meat)?	Y N U R		H O B U R
40h	Elk?	Y N U R		H O B U R
40i	Goat?	Y N U R		H O B U R
40j	Bison?	Y N U R		H O B U R
40k	Salami?	Y N U R		H O B U R
40l	Pepperoni?	Y N U R		H O B U R
40m	Summer sausage?	Y N U R		H O B U R
40n	Other Sausage? What type of sausage? Specify: _____ _____	Y N U R		H O B U R
40o	Shrimp?	Y N U R		H O B U R
40p	Other Shellfish?	Y N U R		H O B U R
40q	Raw Fish/sushi?	Y N U R		H O B U R
40r	Other meat, poultry, or fish? Specify _____ _____	Y N U R		H O B U R

41. 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

- 41a. 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 eaten **between** __/__/__ **and** __/__/__ (7-day period before the matched CASE'S SYMPTOMS began). Please include any vegetables that you consumed as a smoothie or blended or puréed.

42. Did you/your child eat any lettuce?
 Yes..... 1
 No..... **Go to Q44**..... 2
 Don't know/Not sure..... **Go to Q44**.....
 7
 Refused..... **Go to Q44**.....
 9

43. 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.
43 a	Iceberg?	Y N U R		H O B U R		Y N U R
43 b	Romaine?	Y N U R		H O B U R		Y N U R
43c	Other	Y N U		H O B U		Y N U R

	lettuce? specify_____	R		R		
--	--------------------------	---	--	---	--	--

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

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

45. The following questions refer to **RAW** vegetables that you/your child were prepared at your/your child's home, someone else's home, or outside the home during the one week time period between ___/___/___ **and** ___/___/___ (One week period before the matched CASE'S SYMPTOMS began)

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
45a	Did you eat raw cabbage (including cole slaw)?	Y N U R		H O B U R
45b	Tomatoes?	Y N U R		H O B U R
45c	Cucumbers?	Y N U R		H O B U R
45d	Peppers? Specify_____	Y N U R		H O B U R
45e	Celery?	Y N U		H O B U R

		R		
45f	Carrots?	Y N U R		H O B U R
45g	Radishes?	Y N U R		H O B U R
45h	Pea pods?	Y N U R		H O B U R
45i	Green onions/ scallions?	Y N U R		H O B U R
45j	Other onions (white, red)? Specify: _____ –	Y N U R		H O B U R
45k	Broccoli?	Y N U R		H O B U R
45l	Alfalfa sprouts?	Y N U R		H O B U R
45m	Bean sprouts?	Y N U R		H O B U R
45n	Other sprouts? Specify: _____	Y N U R		H O B U R
45o	Parsley?	Y N U R		H O B U R
45p	Cilantro?	Y N U R		H O B U R
45q	Any other fresh herbs? Specify: _____ –	Y N U R		H O B U R
45r	Fresh salsa?	Y N U R		H O B U R

FRUITS:

46. The following questions refer to **RAW** fruits. Please remember to include any fruits that you ate from a salad bar, as a smoothie, blended, puréed or in home-squeezed juice during the time period between ___/___/___ **and** ___/___/___ (One week period before the matched CASE'S SYMPTOMS began)

			If YES →	Where was it prepared? H ome, O utside, or B oth
46a	Oranges?	Y N U R		H O B U R
46b	Other citrus? Specify: _____	Y N U R		H O B U R
46c	Pears?	Y N U R		H O B U R
46d	Apples?	Y N U R		H O B U R
46e	Other tree fruit, for example: apricot, nectarine, peach, plum?	Y N U R		H O B U R
46f	Strawberries?	Y N U R		H O B U R
46g	Raspberries?	Y N U R		H O B U R
46h	Blueberries?	Y N U R		H O B U R
46i	Grapes?	Y N U R		H O B U R
46j	Bananas?	Y N U R		H O B U R
46k	Cantaloupe?	Y N U R		H O B U R
46l	Watermelon?	Y N U R		H O B U R
46m	Honeydew?	Y N U R		H O B U R
46n	Pineapple?	Y N U R		H O B U R
46o	Exotic fruits like kiwi, avocado, mango? Specify: _____ -	Y N U R		H O B U R
46p	Other fruit? Specify: _____	Y N U R		H O B U R

--	--	--	--	--

47. Were any of the leafy greens, vegetables or fruits that you/your child ate organic?

- Yes..... 1
- No..... **Go to Q48**..... 2
- 7 Don't know/Not sure..... **Go to Q48**.....
- 9 Refused..... **Go to Q48**.....

47a. Which ones were organic?

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

- Yes..... 1
- No..... **Go to Q49**..... 2
- 7 Don't know/Not sure..... **Go to Q49**.....
- 9 Refused..... **Go to Q49**.....

48a. Which ones were home grown?

49. During those 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
- 7 Don't know/Not sure..... 7
- 9 Refused.....9

50. During those seven days did you consume any other unpasteurized juice?

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

50a. What type of juice? _____

DAIRY:

51. The following questions refer to dairy products that you may have eaten within the 7-day time period between ___/___/___ and ___/___/___ (One week period before the matched CASE'S SYMPTOMS began).

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

			If YES →	Where was it served or consumed? H ome, O utside, or B oth
51 a	Unpasteurized or raw milk?	Y N U R		H O B U R
51 b	Pasteurized milk?	Y N U R		H O B U R
51 c	Hard cheese, for example, Gouda, Cheddar? Specify: _____	Y N U R		H O B U R
51 d	Soft cheese, for example, Feta, Brie or Camembert? Specify: _____	Y N U R		H O B U R
51 e	Queso fresco or Mexican style cheese?	Y N U R		H O B U R
51 f	Cheese curds?	Y N U R		H O B U R
51 g	Any other cheese? Specify _____	Y N U R		H O B U R
51 h	Were any of the cheeses you/your child ate unpasteurized? Specify: _____	Y N U R		H O B U R
51i	Ice cream?	Y N U R		H O B U R
51j	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.

52. What is your occupation? Specify _____

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

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 _____

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

Yes.....1

No.....2

Unknown.....7

Refused.....9

55. 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 _____.

56. 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
57. Are you/Is your child of Hispanic or Latino origin?
Yes.....
1
No.....
2
Don't know/Not sure..... 7
Refused..... 9
58. 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: Control/Interviewer Information

59. Who completed the interview?
Control..... 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	Fosfomycin	3
	9		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	Minocycline	4
	0		3
Cefaclor	1	Monurol	4
	1		4
Cefadroxil	1	Moxifloxacin	4
	2		5
Cefdinir	1	Nitrofurantoin	4
	3		6
Cefixime	1	Norfloxacin or Norflox	4
	4		7
Cefprozil	1	Omnicef	4
	5		8
Ceftin	1	Pediazole	4
	6		9
Ceftriaxone	1	Penicillin or Pen VK	5
	7		0
Cefuorixime	1	Rifaximin	5
	8		1
Cefzil	1	Rocephin	5
	9		2
Cephalexin	2	Septra	5
	0		3
Cephradine	2	Suprax	5
	1		4
Ciprofloxacin or Cipro	2	Telithromycin	5
	2		5
Clarithromycin	2	Tetracycline	5
	3		6
Cleocin	2	Trimethoprim/Sulfa	5
	4		7
Clindamycin	2	Trimox	5
	5		8
Dicloxacillin	2	Vibramycin	5
	6		9

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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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