

**PulseNet Cluster Code**

**Section 1: Interviewer information** (Questions 1-5 to be completed by interviewer prior to questionnaire administration)

1. PulseNet ID #:

2. State/Local/Other ID #:

3. Date of Interview (must enter MM/DD/YYYY)

4. Interviewer Information Name  Contact Phone Number   
Agency or Organization

5. Before this interview how many times has the case been interviewed about their illness?  
 None     Once     Twice     Three Times  
 Other (Specify)      Unknown

6. Respondent was:  Self     Parent     Spouse     Other (Specify)

**Section 2: Demographic Data:** I'd like to begin by asking a few questions about yourself (your child) and your household.

1. What are your state, county, and zip code? State  County  Zip Code



2. Birth month (must enter 1-12)  Birth year (must enter YYYY)  3. Sex  Male     Female     Unknown

4. Hispanic or Latino origin:  Yes     No     Unknown

5. How would you describe your race?  White     Black/African American     American Indian/Alaska Native     Asian  
 Native Hawaiian/Other Pacific Islander     Other (Specify)      Unknown



**Section 3: Clinical Information:** Now I have a few questions about your (your child's) illness.

1. What date did you first feel sick? (must enter MM/DD/YYYY)

YES	Maybe	NO	Don't Know	Did/Were you (your child)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Have any diarrhea (defined as at least 3 loose stools in 24 hours)
				2a. What day did it start? (must enter MM/DD/YYYY) <input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Hospitalized overnight?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Have any close contact with anyone with diarrhea or vomiting?
				4a. When was this person ill <input type="radio"/> less than 24 hours before you <input type="radio"/> ≥ 24 hours before you <input type="radio"/> Unknown

5. How many days total were you sick?  or  Still ill

**Section 4: Travel:** Next I have a couple of questions about any travel you (your child) might have done, either as part of your work or for pleasure.

YES	Maybe	NO	Don't Know	Did/Were you (your child)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Did you spend all, or some, of the 7 days before you were ill outside your home state?
				1a. List all US states where you might have purchased or eaten foods. This would include foods eaten at airports, bus or train stations. Enter 2-letter postal abbrv(s): <input type="text"/> <input type="radio"/> Unknown <input type="radio"/> Did not travel to other US states
				1b. List all countries outside the US where you might have purchased or eaten foods. List countries & travel dates <input type="text"/> <input type="radio"/> Unknown <input type="radio"/> Did not travel outside the US

\* If the case spent **the entire 7 days** before illness onset outside the US, please be sure countries and travel dates are noted and skip to the end of the interview (page 11).  
 \* If the case spent **only part of the 7 days** before illness onset outside the US, please complete the remainder of the interview collecting only foods purchased or eaten in the US.

**Section 4 Comments.** Please fill in any comments/notes from this section in the space provided

**Section 5: Food allergies, special diets, vitamins, & supplements:** Now I have a few questions about food allergies and any special diets you (your child) may follow. I will also ask a few questions about vitamins and supplements you may have taken in the 7 days before your illness began.

<b>YES</b>	Maybe	<b>NO</b>	Don't Know	Did you (your child) have:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Any allergies that prevent you from eating a certain food(s)?
				1a. What foods? <input type="radio"/> milk <input type="radio"/> eggs <input type="radio"/> peanuts <input type="radio"/> tree nuts <input type="radio"/> fish Please check all that apply <input type="radio"/> soy <input type="radio"/> wheat <input type="radio"/> shellfish <input type="radio"/> other (Specify) <input type="text"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Vegetarian or vegan diet?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Special or restricted diet (medical, weight-loss, religious, cultural, etc.)?
				3a. Please describe: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Any commercially bottled water in personal-sized containers?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Any commercially bottled water in large, multi-user tanks or water coolers?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Any vitamins, nutritional or herbal supplements, such as teas, tablets, and pills, etc.?
				6a. Please describe type, variety, brand: <input type="text"/> <input type="radio"/> Unknown

**Section 5 Comments.** Please fill in any comments/notes from this section in the space provided

**For Sections 6 and 7:** Read each type of store, point of purchase, or food outlet in the top section and ask respondent to list names for each category. The lists of store/restaurant types are meant to prompt the respondent. Please list the names of all points of purchase/restaurants mentioned, regardless of category, in the space provided below. **You do not need to record a yes or no response for each category, only record the specific names and approximate locations reported in the space below.**

**Section 6: Sources of food at home:** Now I have a few questions about where the food came from that you ate **at home** in the 7 days before your illness began. This isn't necessarily where you shopped during that week, but where what you actually ate came from. I'm going to list several types of stores, for each type 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	Health food stores or Co-ops
Warehouse stores such as Costco or Sam's Club	Fish or meat specialty shops (butcher's shop, etc.)
Small markets or Mini markets (convenience stores, gas stations, etc.)	Farmer's markets, Roadside stands, Open-air markets, or food purchased directly from a farm
Ethnic specialty markets ( Mexican, Asian, or Indian groceries)	Any other sources of food at home that you ate during the 7 days before your illness began?

List Store/Retail Names and Locations:

**Section 7: Sources of food outside the home:** Now I have a few questions about where the food came from that you ate **outside your home** such as restaurants or fast food chains. I'm going to list several types of restaurant, for each type 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?

National fast food chains	Vegetarian or Vegan	All-you-can-eat Buffet
Mexican-style	Barbeque or Home-style	Sandwich shops or Delis
Italian	Steakhouse or Grill	Any take away/ take-out food
Seafood	Diner or Neighborhood Café	Breakfast or Brunch-style
Jamaican, Cuban, or Caribbean	Middle Eastern, Arabic, Lebanese, or African	A school or other institutional setting
Chinese, Indian, Japanese or other Asian-style	An event where food was served, such as a catered event, food festival, church or community meal, etc.	Any other restaurants or places you might have eaten at in the 7 days before your illness began?

List Store/Retail Names and Locations:

**Section 8: Meat and Poultry:** Now I have a few questions about meat and poultry that you (your child) might have eaten in the 7 days before your (your child's) illness began. This does not include canned items, but the meat and poultry could have been fresh, frozen, or could have been eaten as part of dish. You (your child) could have eaten these either in your home or outside the home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.


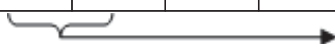
**First, I have questions about CHICKEN & OTHER POULTRY products.**

YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Whole chicken or cut chicken pieces/parts?
				1a. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>at home</u> )
				1b. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>outside the home</u> )
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Ground chicken?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Breaded chicken products, such as chicken tenders, strips, or nuggets?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Stuffed, frozen chicken products, such as chicken Kiev or chicken Cordon Bleu?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Any other frozen chicken products?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Duck, game hen, or squab?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Whole turkey or cut turkey pieces/parts?
				7a. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>at home</u> )
				7b. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>outside the home</u> )
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Ground Turkey?

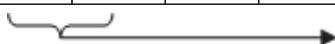
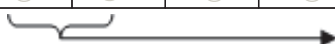
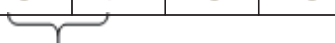

**Section 8 Chicken/Poultry Comments.** Please fill in comments/notes from this section in the space provided

**Now I have questions about BEEF products**

YES	Maybe	NO	Don't Know	In the 7 days before the illness began, did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Beef steaks or roasts?
				9a. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Purchased Frozen <input type="radio"/> Purchased Fresh <input type="radio"/> Was pink or red inside when eaten <input type="radio"/> Not applicable (did not eat <u>at home</u> )
				9b. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>outside the home</u> )
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Pre-made or pre-formed hamburger patties <u>at home</u> ?
				10a. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Was pink or red inside when eaten
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Any fresh hamburger patties <u>at home</u> ?
				11a. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Was pink or red inside when eaten

YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Any dish with ground beef <u>at home</u> , such as casseroles, tacos, soups, or pasta sauces?
				12a. If eaten <u>at home</u> : Please describe the dish: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>at home</u> )
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Any ground beef <u>outside the home</u> ? This could include foods such as hamburger or other dishes such as casseroles, tacos, soups, or pasta sauces.
				13a. Where did you eat this? Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>at home</u> )
<b>Section 8 Beef Comments.</b> <i>Please fill in comments/notes from this section in the space provided</i>				<input type="text"/>

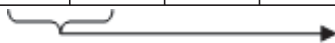
**Now I have questions about PORK, LAMB, & OTHER MEAT products**

YES	Maybe	NO	Don't Know	In the 7 days before the illness began, did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Ground pork?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Any other pork product?
				15a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Lamb?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Bacon?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Sausage?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Hot dogs, corn dogs, polish sausage, kielbasa, or similar product?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Pepperoni? This could have been on a sandwich or pizza.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Any other Italian-style meats, such as salami or prosciutto?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Bologna, pastrami, or corned beef?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Store-bought, dried meat strips or jerky?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Pre-packaged deli meats?
				24a. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>at home</u> )
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Any other deli-sliced meat (not pre-packaged)?
				25a. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>at home</u> )
				25b. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>outside the home</u> )
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Any other meat and/or poultry products, not mentioned already?

**Section 8 Pork, Lamb, Other Meats Comments.** *Please fill in comments/notes from this section in the space provided*



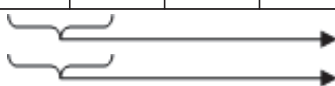

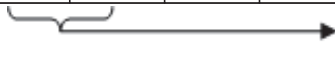

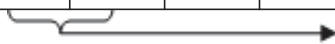
**Section 9: Fish and Seafood:** Now I have some questions about fish and seafood you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) may have eaten this at home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish, sauce, or dip. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.

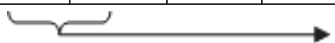
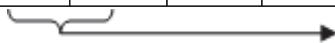
YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Fresh or fresh-frozen fish?

YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Smoked or dried fish?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Shrimp or prawns?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Crab, lobster, or crayfish?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Oysters?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Clams, mussels, scallops, or other shellfish?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Sushi (with raw fish or seafood)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Frozen fish product (fish sticks, nuggets, etc.)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Any other fish or seafood?
				9a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown

**Section 9 Comments.** Please fill in comments/notes from this section in the space provided

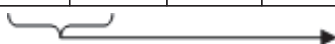

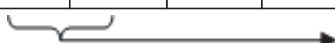
**Section 10: Eggs, Dairy, and Cheese:** Now I have a few questions about eggs, dairy, and cheese products you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or away from home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.

YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Eggs or egg-containing dishes?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1a. Were they raw, "runny", or "over-easy"?
				1b. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>at home</u> )
				1c. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> Describe the dish: <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>outside the home</u> )
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Anything made with raw eggs (cookie dough, cake batter, sauces, homemade ice cream or mayo, etc.)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Milk?
				3a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
				3b. Raw or unpasteurized? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Maybe <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Ice cream or ice cream products?
				4a. If eaten <u>at home</u> , what was the: Type or brand (bar, tub, carton, etc.) <input type="text"/> Variety or flavor? <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Frozen yogurt?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Yogurt drinks?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Any other yogurt?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Prepackaged, shredded cheese?
				8a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Processed, sliced cheese?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Block-type cheese (cheddar, Swiss, Colby, Jack, etc.)?
				10a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. String-type cheese?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Cottage cheese?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Cheese curds?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Feta cheese? This could have been part of a dish or salad.

YES	Maybe	NO	Don't Know	In the 7 days before the illness began, did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Blue veined cheese (gorgonzola, bleu)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Fresh or dried Parmesan, Romano, or similar cheese?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Cheese from raw/unpasteurized milk (homemade, farm-fresh, door-to-door cheeses)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Mexican-style soft cheese (queso fresco, queso blanco)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18b. Was it homemade?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Any other gourmet or artisanal cheese?
				19a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Any other dairy product?
				20a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown

**Section 10 Comments.** Please fill in comments/notes from this section in the space provided

**Section 11: Fresh fruits:** Now I have some questions about fresh fruits, not canned, cooked, or frozen, you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or away from home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.

YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Apples?
				1a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Grapes?
				2a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Pears?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Peaches?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Nectarines?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Apricots?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Plums?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Oranges?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Grapefruit?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Tangerines?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Fresh lemon or lime? This could include garnishes on a drink, etc.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Strawberries?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Raspberries?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Blueberries?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Blackberries?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Cherries?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Any other fresh berries?
				17a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Cantaloupe?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Honeydew melon?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Watermelon?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Precut melon or melon salad? Sometimes served on salad bars or breakfast buffets
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Any other melon?

YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Pineapple?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Mango?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Coconut (whole or shredded)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Any other tropical fruit (kiwi, papaya, guava, pomegranate, etc.)?
				26a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
				27. Frozen berries?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. Other frozen fruit?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. Raisins?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30. Other dried fruit?
				30a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
				31. Apple juice (not from concentrate)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32. Orange juice (not from concentrate)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33. Any other juice (not from concentrate)?
				33a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
				34. Juice from frozen concentrate?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35. Any unpasteurized or raw juices or ciders?

**Section 11 Comments.** Please fill in comments/notes from this section in the space provided

**Section 12: Fresh Vegetable:** Now I have some questions about fresh vegetables you (your child) might have eaten raw or uncooked in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am only interested in vegetables that are not grown at home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 day before you (your child) got sick.

**First, I have questions about TOMATOES & LEAFY GREENS**

YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Fresh tomatoes?
				1a. If eaten <u>at home</u> , what was the type, variety: <input type="radio"/> Red Round <input type="radio"/> Roma <input type="radio"/> Cherry <input type="radio"/> Grape <input type="radio"/> 'Vine-ripe', sold on the vine <input type="radio"/> Other (Specify) <input type="text"/> <input type="radio"/> Unknown Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat at home)
				1b. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat outside the home)
				2. Fresh tomatoes on sandwich, burger, or salad?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Fresh salsa or pico de gallo (not from a jar or can)?
				3a. If eaten <u>at home</u> , what was the: Type, variety (red, green): <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat at home)
				3b. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat at home)
				4. Guacamole?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Fresh, uncooked leafy greens such as spinach, lettuce, etc.?
				5a. Prepackaged or loose? <input type="radio"/> Prepackaged <input type="radio"/> Loose <input type="radio"/> Unknown
				5b. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat at home)
				5c. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat outside the home)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Lettuce on a sandwich, burger, or as garnish?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Iceberg lettuce?
				7a. Prepackaged or head/loose? <input type="radio"/> Prepackaged <input type="radio"/> Head/Loose <input type="radio"/> Unknown
				7b. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>at home</u> )
				7c. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>outside the home</u> )
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Romaine lettuce?
				8a. Prepackaged or loose? <input type="radio"/> Prepackaged <input type="radio"/> Loose <input type="radio"/> Unknown
				8b. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>at home</u> )
				8c. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>outside the home</u> )
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Fresh spinach?
				9a. Prepackaged or loose? <input type="radio"/> Prepackaged <input type="radio"/> Loose <input type="radio"/> Unknown
				9b. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>at home</u> )
				9c. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>outside the home</u> )
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Cabbage?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Other leafy lettuce (red, butter, radicchio, "spring mix", "baby" salad greens, etc.?)

**Section 12 Tomato & Leafy Greens**

**Comments.** Please fill in comments/notes from this section in the space provided

**Now I have questions about herbs & sprouts you (your child) may have eaten in the 7 days before illness began. Remember, these could have been part of a dish such as pesto, salsa, sauces, etc. We are interested in fresh herbs, not dried or bottled herbs.**


YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Fresh Basil?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Fresh cilantro?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Other fresh herbs (parsley, sage, thyme, dill, etc.)?
				14a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Alfalfa sprouts?
				15a. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>at home</u> )
				15b. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>outside the home</u> )
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Other sprouts (bean, clover, broccoli, daikon radish, etc.)?
				16a. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="text"/> Place purchased from (names, locations): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>at home</u> )
				16b. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>outside the home</u> )

**Section 12 Herbs & Sprouts**

**Comments.** Please fill in comments/notes from this section in the space provided



**Next I have a few questions about other fresh vegetables you (your child) may have eaten in the 7 days before your illness began.**

YES	Maybe	NO	Don't Know	In the 7 days before the illness began, did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Cucumbers, zucchini, squash?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Bell peppers (green, red, orange, or yellow)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Hot chili/chile peppers (such as jalapenos or serranos)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Celery?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. "Mini" carrots? These are often peeled and sold in a sealed bag.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Other fresh carrots?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Other raw root vegetables (radishes, beets, turnips, etc.)?
				23a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Fresh, raw peas? May be shelled or in the pod
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Broccoli?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Cauliflower?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27. Raw onions (white, yellow, or red/purple)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. Raw green onions/scallions?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. Fresh or dried mushrooms?

**Section 12 Other Vegetable**

**Comments.** Please fill in comments/notes from this section in the space provided



**Section 13: Frozen Foods:** Now I have a few questions about frozen foods you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or outside the home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.


YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Frozen vegetables (in bag or box)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Frozen pot pies?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Frozen pizza?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Frozen Mexican-style foods (burritos, etc.)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Frozen snack foods like mozzarella sticks, jalapeno poppers, potato skins, or hot pockets?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Frozen breakfast items (waffles, breakfast sandwiches, etc.)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Frozen vegetarian foods such as a garden burger?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Frozen pre-mixed meals in a bag or box (stir fry, pasta meals, etc.)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Frozen dinners or box entrees?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Other frozen, prepackaged product not mentioned previously?

	10a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
--	--

**Section 13 Comments.** Please fill in comments/notes from this section in the space provided

**Section 14: Nuts, Cereal, Processed, and Dried Foods:** Now I have some questions about nuts, cereals, and processed foods you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or away from home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food.

YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. Pre-packaged peanut butter crackers?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Any peanut butter?
				2a. If eaten <u>at home</u> , what was the brand, type/variety: Brand <input type="text"/> <input type="radio"/> Creamy <input type="radio"/> Crunchy <input type="radio"/> Unknown <input type="radio"/> Not applicable (did not eat <u>at home</u> )
				2b. If eaten <u>outside the home</u> , where? List name(s) and location(s): <input type="text"/> <input type="radio"/> Not applicable (did not eat <u>outside the home</u> )





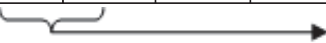

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Peanut butter containing foods (cookies, candies, ice cream, etc.)?
				3a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. Ground nut butter or spread other than peanut butter (Nutella, almond butter)?

**Next I have questions about nuts and seeds you (your child) might have eaten. Remember that these may be used as toppings or mixed into many foods. If you (your child) ate any of the nuts below as part of another food please answer "yes". Did you (your child) eat any of the following:**

YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. Peanuts?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Almonds (whole, sliced, chopped, etc.)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Walnuts?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Cashews?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Pistachios?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Hazelnuts or filberts?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Other whole nuts or mixed nuts?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Sunflower seeds?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Sesame seeds?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Tahini, halva, or other product made from sesame seeds?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Hummus?

**Section 14 Peanut butter/Nuts/Seeds Comments.** Please fill in comments/notes from this section in the space provided

**Now I have questions about pre-packaged snack foods and cereals you (your child) might have had in the 7 days before your (your child's) illness began.**

YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Granola bars, breakfast, power, or protein bars?
				16a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Trail mix (or similar product)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Fruit roll-ups (or similar product)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Chips or pretzels?
				19a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Pre-packaged crackers, cookies, or snack cakes?
				20a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Chocolate or chocolate-containing candy?
				21a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Cold breakfast cereal?
				22a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Hot breakfast cereals like oatmeal, cream of wheat, etc.?
				23a. What was the type, variety, brand: <input type="text"/> <input type="radio"/> Unknown

**Section 14 Snack foods/Cereal Comments.** Please fill in comments/notes from this section in the space provided

**And finally I have questions about dried, powdered products and supplements you (your child) might have had in the 7 days before your (your child's) illness began.**

YES	Maybe	NO	Don't Know	Did you (your child) eat any:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Dried buttermilk?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Flavored milk powder (such as chocolate or vanilla)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Other powdered milk products?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27. Powdered nutritional supplement products?

**Section 14 Dried/Powdered foods Comments.** Please fill in comments/notes from this section in the space provided

**Section 15:** We have covered a wide variety of foods, drinks, etc. After answering all these questions are there any other things you (your child) ate or drank in the 7 days before becoming ill that have not been mentioned?

1. Please describe any other foods, drinks, etc. including as much detail as possible regarding type, variety, or brand.

**Section 16: Animal contact and Pets:** Now I have some questions about contact with pets or other animals in the 7 days before your (your child's) illness began. This could have been at your home or another home, at a pet store, petting zoo, school, or other location.

YES	Maybe	NO	Don't Know	Did you (your child) visit or go to:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. A petting zoo or farm with livestock like cattle, sheep, goats, etc.?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. Agricultural 'Farm and Feed' stores?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. Pet stores, swap meets, other places where animals/birds were sold or shown?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. County/State fairs, 4-H events, or similar event where animals were present?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. School events, birthday parties, or similar events with animals/pets?
				Did you (your child) have any contact with:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Dogs or puppies?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. Cats or kittens?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. Baby chicks, ducklings, or other baby poultry?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. Live chickens, turkeys, ducks or other adult poultry?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Turtles or tortoises?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Snakes?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12. Frozen mice, rats, or similar pet food for snakes?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13. Other reptiles, such as lizards, geckos, etc.?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14. Amphibians, such as frogs, toads, or salamanders?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15. Water pets in an aquarium (goldfish, aquatic frogs, snails, etc.)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Rats, mice, gerbils, or hamsters?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. "Pocket" or "exotic" pets (ferrets, pygmy hedgehogs, rabbits, sugar gliders, guinea pigs, etc.)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Prepackaged pet food?
				18a. What was the type, variety, brand: <input style="width: 250px;" type="text"/> <input type="radio"/> Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Pet treats or chews (pig ears, pizzles, rawhide, hooves, etc.)?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Dried animal droppings or pellets (e.g., owl pellets for science projects)?

**Section 16 Comments.** Please fill in comments/notes from this section in the space provided

That completes the interview, thank you for taking the time to answer all these questions. Your responses may be helpful in preventing others from becoming sick. (refer to closing script as needed)

**Prior to submitting or printing this form, please be sure that all necessary sub-questions (including unknown values for sub-questions) and comments are complete.**

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