

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
..... 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

Up until this point, we have been talking about your/your child's health and medications you/your child may have taken. Now I will be asking you question about a certain 7 day period of time.). The period about which I am now going to ask you questions is the seven days from ___/___/___ (SEVEN DAYS BEFORE case's onset) to ___/___/___ (DAY BEFORE case's onset)

PART 1. 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 during the time period of interest. Just a reminder that the 7 days of interest are ___/___/___ (SEVEN DAYS BEFORE case's onset) to ___/___/___ (DAY BEFORE case's onset).

8. Did you/your child go camping during the 7 days of interest?

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

9. Did you/your child travel to another city, but within your state during the 7 days of interest (do not include travel associated with your regular commute to home or school)?

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

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

- Yes..... 1
No..... **Go to Q11**..... 2
 Don't know/Not sure..... **Go to Q11**..... 7
 Refused..... **Go to Q11**..... 9

10a. What cities and states did you/your child visit? _____

10b. When did you/your child leave? ___/___/___

10c. When did you/your child return from your/his/her trip?
____/____/____

11. Did you/your child travel to another country during the 7 days of interest?

- Yes..... 1
- No..... **Go to Q12**..... 2
- Don't know/Not sure..... **Go to Q12**..... 7
- Refused..... **Go to Q12**..... 9

11a. What country(s) did you/your child visit? _____

11b. When did you/your child leave the U.S.? ____/____/____

11c. When did you/your child return from your/his/her trip?
____/____/____

12. **For adult control:** In the 7 days of interest between, ____/____/____ and ____/____/____, 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: In the 7 days of interest, between, ____/____/____ and ____/____/____, 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

13. **If control's age is 5 years of age or older:** Were there any children under five in your household during the 7 days of interest?

If control is under 5 years of age: Were there any other children under five in your child's household during the 7 days of interest?

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

- 13a. Did the child/children attend a childcare setting or center?
Yes..... 1
No..... 2
Don't know/Not sure..... 7
Refused.....9

14. During the 7 days of interest, 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 Q15**..... 2
Don't know/Not sure..... **Go to Q15**..... 7
Refused..... **Go to Q15**..... 9

14a. What type of facility or setting was it?

Specify _____

15. During the 7 days of interest, did you/your child come in contact with anyone else with a diarrheal 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

15a. Where? *Mark all that apply.*

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

PART 2. WATER

If participant traveled, read the following:

During the 7 days of interest, 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. Water outside of the home includes water drank while at school, work, or any other place you were outside of your own home, including _____, _____, _____ which you previously told us you traveled to (*In order to capture all water consumed away*

from home, please prompt participant of all places that he or she reported travelling to in questions 8-10).

If participant did NOT, travel read the following:

During the 7 days of interest, 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. Water outside of the home includes water drank while at school, work, or any other place you were outside of your own home.

Again, the period we are interested in is:

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

Did you drink any		At home	At places other than home
16a	Municipal water, that is, water that is provided by the city or town?	Y N U R	Y N U R
16b	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 Q16f	
16c	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	
16d	Was it treated by some other method, for	Y N U R	

	example, boiled, filtered, UV light, distilled? do not include water softeners.						
16e	Do cattle sometimes go near the well? For example, within 50 feet	Y N U R					
16f	Tap water that came from a spring?	Y	<table border="1"> <tr> <td>N U R</td> <td>Y N U R</td> </tr> <tr> <td colspan="2" style="text-align: center;">If N/U/R to spring water at home Go to Q16j</td> </tr> </table>	N U R	Y N U R	If N/U/R to spring water at home Go to Q16j	
N U R	Y N U R						
If N/U/R to spring water at home Go to Q16j							
16g	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					
16h	Was it treated by some other method, for example, boiled, filtered, UV light, distilled? do not include water softeners.	Y N U R					
16i	Do cattle sometimes go near the spring? For example, within 50	Y N U R					

	feet		
Did you drink any		At home or outside the home	
16j	Bottled water? Specify brand _____	Y N U R	

17. Did you/your child drink any untreated water from a pond, lake, river, stream or another source not already mentioned during the 7 days of interest? Specify _____

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

18. Did you/your child go swimming or play in water during the 7 days of interest?

- Yes..... 1
- No..... **Go to Part 3**..... 2
- Don't know/Not sure..... **Go to Part 3**..... 7
- Refused..... **Go to Part 3**..... 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?
18a	The ocean?	Y N U R		Y N U R
18b	A swimming pool?	Y N U R		Y N U R
18c	A wading pool?	Y N U R		Y N U R
18d	A splash pad or fountain?	Y N U R		Y N U R
18e	A water park?	Y N U R		Y N U R
18f	An irrigation ditch?	Y N U R Go to		Y N U R

		Q18h			
18g	Were there cattle nearby? For example, within 50 feet	Y	N U R		
18h	In a lake, river, or stream (body of fresh water)?	Y	N U R		Y N U R
		Go to Part 3			
18i	Were there cattle nearby? For example, within 50 feet	Y	N U R		

PART 3. ANIMALS

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

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

19. During the 7 days of interest, did you/your child have contact with any pets or backyard animals, including fish or reptiles?

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

19a. 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?
19b	A dog	Y N U R Go to Q19d		Y N U R
19c	Did you/your child feed the dog(s) animal-based products such as rawhides, pig's ears or cow hooves?	Y N U R		
19d	A cat	Y N U R		Y N U R
19e	A bird	Y N U R		Y N U R
19f	Reptiles or amphibians like a turtle, snake, iguana or frog	Y N U R Go to Q19h		Y N U R
19g	What type of reptile or amphibian?	Specify: _____ -		
19h	Fish	Y N U R		Y N U R
19i	Chickens	Y N U R		Y N U R
19j	A goat	Y N U R		Y N U R
19k	Another pet or backyard animal	Y N U R Go to Q20		Y N U R
19l	What type of animal?	Specify _____ -		

20. During the 7 days of interest, did you/your child **live** on a farm?
- Yes..... 1
- No..... **Go to Q21**..... 2
- Don't know/Not sure..... **Go to Q21**.....
- 7
- Refused..... **Go to Q21**.....
- 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?
20a	Cattle/Cows	Y N U R		Y N U R	Y N U R	Y N U R
20b	Calves	Y N U R		Y N U R	Y N U R	Y N U R
20c	Chickens	Y N U R		Y N U R	Y N U R	Y N U R
20d	Turkeys	Y N U R		Y N U R	Y N U R	Y N U R
20e	Pigs	Y N U R		Y N U R	Y N U R	Y N U R
20f	Goats	Y N U R		Y N U R	Y N U R	Y N U R
20g	Sheep/lambs	Y N U R		Y N U R	Y N U R	Y N U R
20h	Horse	Y N U R		Y N U R	Y N U R	Y N U R
20i	Deer or elk	Y N U R		Y N U R	Y N U R	Y N U R
20j	Other?_____	Y N U R		Y N U R	Y N U R	Y N U R
20k	Other?_____	Y N U R		Y N U R	Y N U R	Y N U R

21. During the 7 days of interest, did you/your child **work** on a farm?

Yes..... 1

No..... **Go to Q22**..... 2

Don't know/Not sure..... **Go to Q22**.....

7

Refused..... **Go to Q22**.....

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?
21a	Cattle/Cows	Y N U R		Y N U R	Y N U R	Y N U R
21b	Calves	Y N U R		Y N U R	Y N U R	Y N U R
21c	Chickens	Y N U R		Y N U R	Y N U R	Y N U R
21d	Turkeys	Y N U R		Y N U R	Y N U R	Y N U R
21e	Pigs	Y N U R		Y N U R	Y N U R	Y N U R
21f	Goats	Y N U R		Y N U R	Y N U R	Y N U R
21g	Sheep/lambs	Y N U R		Y N U R	Y N U R	Y N U R
21h	Horse	Y N U R		Y N U R	Y N U R	Y N U R
21i	Deer or elk	Y N U R		Y N U R	Y N U R	Y N U R
21j	Other?_____	Y N U R		Y N U R	Y N U R	Y N U R
21k	Other?_____	Y N U R		Y N U R	Y N U R	Y N U R

22. During the 7 days of interest, did you/your child **visit** a farm?

Yes..... 1

No..... **Go to Q23**..... 2

7 Don't know/Not sure..... **Go to Q23**.....

9 Refused..... **Go to Q23**.....

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?
22a	Cattle/Cows	Y N U R		Y N U R	Y N U R	Y N U R
22b	Calves	Y N U R		Y N U R	Y N U R	Y N U R

22c	Chickens	Y N U R		Y N U R	Y N U R	Y N U R
22d	Turkeys	Y N U R		Y N U R	Y N U R	Y N U R
22e	Pigs	Y N U R		Y N U R	Y N U R	Y N U R
22f	Goats	Y N U R		Y N U R	Y N U R	Y N U R
22g	Sheep/lambs	Y N U R		Y N U R	Y N U R	Y N U R
22h	Horse	Y N U R		Y N U R	Y N U R	Y N U R
22i	Deer or elk	Y N U R		Y N U R	Y N U R	Y N U R
22j	Other?_____	Y N U R		Y N U R	Y N U R	Y N U R
22k	Other?_____	Y N U R		Y N U R	Y N U R	Y N U R

23. During the 7 days of interest, 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 Q24**..... 2

Don't know/Not sure..... **Go to Q24**..... 7

7

Refused..... **Go to Q24**..... 9

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?
23a	Cattle/Cows	Y N U R		Y N U R	Y N U R	Y N U R
23b	Calves	Y N U R		Y N U R	Y N U R	Y N U R
23c	Chickens	Y N U R		Y N U R	Y N U R	Y N U R
23d	Turkeys	Y N U R		Y N U R	Y N U R	Y N U R
23e	Pigs	Y N U R		Y N U R	Y N U R	Y N U R

23f	Goats	Y N U R		Y N U R	Y N U R	Y N U R
23g	Sheep/lambs	Y N U R		Y N U R	Y N U R	Y N U R
23h	Horse	Y N U R		Y N U R	Y N U R	Y N U R
23i	Deer or elk	Y N U R		Y N U R	Y N U R	Y N U R
23j	Other?_____	Y N U R		Y N U R	Y N U R	Y N U R
23k	Other?_____	Y N U R		Y N U R	Y N U R	Y N U R

- 23l. Was that place a
 Petting zoo?..... 1
 Camp?..... 2
 Birthday party with animals?..... 3
 Other, specify_____ 4

24. Did you/your child visit a state or county fair, during the 7 days of interest?
 Yes..... 1
 No..... **Go to Q25**..... 2
 Don't know/Not sure..... **Go to Q25**..... 7
 Refused..... **Go to Q25**..... 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?
24a	Cattle/Cows	Y N U R		Y N U R	Y N U R	Y N U R
24b	Calves	Y N U R		Y N U R	Y N U R	Y N U R
24c	Chickens	Y N U R		Y N U R	Y N U R	Y N U R
24d	Turkeys	Y N U R		Y N U R	Y N U R	Y N U R
24e	Pigs	Y N U R		Y N U R	Y N U R	Y N U R
24f	Goats	Y N U R		Y N U R	Y N U R	Y N U R

24g	Sheep/ lambs	Y N U R		Y N U R	Y N U R	Y N U R
24h	Horse	Y N U R		Y N U R	Y N U R	Y N U R
24i	Deer or elk	Y N U R		Y N U R	Y N U R	Y N U R
24j	Other?_____	Y N U R		Y N U R	Y N U R	Y N U R
24k	Other?_____	Y N U R		Y N U R	Y N U R	Y N U R

25. Aside from anything you already may have mentioned, does your/your child's work during the 7 days of interest, result in contact with live animals or animal carcasses (e.g., veterinarian, food production, slaughter, rendering, or other work)?

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

25a. What type of work do you do? _____

25b. What type of animal? _____

26. During the 7 days of interest, 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 Q27**..... 2
- Don't know/Not sure..... **Go to Q27**..... 7
- Refused..... **Go to Q27**..... 9

26a. What type of activity, setting or work? _____

26b. Were any of the following animals present?

26 c	Cattle, cows or calves	Y N U R
26 d	Goats	Y N U R
26	Sheep or lambs	Y N U

e		R
26 f	Other, specify _____ —	Y N U R

27. 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 during the 7 days of interest?

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

27a. Did you/your child have contact with deer, elk or their droppings or feces during the 7 days of interest?

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

27b. During the 7 days of interest, did you/your child have contact with any other wild animal or wild animal droppings or feces?

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

27c. what type of wild animal or wild animal droppings or feces?

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

28. **For adult cases:** Did you garden during the 7 days of interest?

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

Yes..... 1
 No..... **Go to Part 4**.....2

Don't know/Not sure..... **Go to Part**
4..... 7
Refused..... **Go to Part**
4..... 9

29. Was animal manure or compost applied to your garden anytime in the 12 months before ___/___/___ (DAY BEFORE case's onset)?

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. Compost

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

29b. Manure

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

29c. Type of manure (cow, sheep, etc.) _____

29d. When did you apply the compost or manure?

29e. Was the compost or manure pre-packaged?

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

PART 4. FOOD SECTION

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

I am now going to ask you about foods you/your child may have eaten during the 7 days of interest. As a reminder, I am referring to the 7 days of interest are:

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

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 U R _____

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 the 7 days of interest? 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

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

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 the 7 days of interest?

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 7 days of interest 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 the 7 days of interest, did you/your child eat _____

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

			If YES →	Where was it prepared*? at H ome (any private home), O utside (restaurant or commercial food establishment), or B oth
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

- 42a. Which meats were organic? *Mark all that apply*
- Ground beef..... 1
 - Other beef..... 2
 - Pork 3
 - Poultry..... 4
 - Fish..... 5

VEGETABLES:

I am now going to ask you about foods you/your child may have eaten in the seven days of interest. 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).

I'm going to ask you about **RAW** vegetables that you/your child may have eaten **during the 7 days of interest**. 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.
44 a	Iceberg?	Y N U R		H O B U R		Y N U R
44 b	Romaine?	Y N U R		H O B U R		Y N U 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 prepared 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 that you/your child were prepared at your/your child's home, someone else's home, or outside the home during the 7 days of interest. Please include any vegetables that you/your child ate from a salad bar, as a smoothie, blended, puréed or in home-squeezed juice.

			If YE 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)?	Y N U		H O B U R

	Specify: _____ -	Y	N	U		
46k	Broccoli?	Y	N	U		H O B U R
		R				
46l	Alfalfa sprouts?	Y	N	U		H O B U R
		R				
46m	Bean sprouts?	Y	N	U		H O B U R
		R				
46n	Other sprouts? Specify: _____	Y	N	U		H O B U R
		R				
46o	Parsley?	Y	N	U		H O B U R
		R				
46p	Cilantro?	Y	N	U		H O B U R
		R				
46q	Any other fresh herbs? Specify: _____ -	Y	N	U		H O B U R
		R				
46r	Fresh salsa?	Y	N	U		H O B U R
		R				

FRUITS:

47. 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 7 days of interest, between ___/___/___ and ___/___/___ (One week period before the matched CASE'S SYMPTOMS began) (One week period before the matched CASE'S SYMPTOMS began)

					If YES →	Where was it prepared? H ome, O utside, or B oth
47a	Oranges?	Y	N	U		H O B U R
						R
47b	Other citrus?	Y	N	U		H O B U R
						R

	Specify: _____			
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

7 Don't know/Not sure..... **Go to Q49**.....

9 Refused..... **Go to Q49**.....

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
- 7 Don't know/Not sure..... **Go to Q50**.....
- 9 Refused..... **Go to Q50**.....

49a. Which ones were home grown?

50. During the 7 days of interest 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

51. 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

51a. What type of juice? _____

DAIRY:

52. The following questions refer to dairy products that you may have eaten during the 7 days interest, between ___/___/___ and ___/___/___ (One week period before the matched CASE'S SYMPTOMS began) (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	Where was it served or

			YES →	consumed? H ome, O utside, or B oth
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:*

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. 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 race? *Read only if necessary, respondent may choose more than one race*

American Indian or Alaskan Native 1

Asian..... 2

Black or African American3

White.....4

Native Hawaiian or Other Pacific Islander.....5

Do not read

Don't know/Not

sure.....6

Do not read

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: Control/Interviewer Information

60. 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 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 Norflo	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

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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 2
Famotidine	1 7	Proton-pump inhibitor (PPI)	5 3
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	Rolaid (all varieties)	6 0
Losec	2 6	Sodium bicarbonate	6 1
Maalox (all varieties)	2	Sucralfate	6

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