

Section 1: INTERVIEWER & PATIENT INFORMATION (Questions 1-10 to be completed by interviewer prior to questionnaire administration)

1. PulseNet ID #: _____ 2. State/Local/Other ID #: _____

3. Date of Interview: ____/____/____ (if unknown, enter 99/99/9999)
M M D D Y Y Y Y

4. Interviewer Information Name: _____ Agency or Organization: _____

5. Before this interview, how many times has the case been interviewed about their illness by a local, state, or federal public health representative?
 None Once Twice Other (specify # times): _____

6. Language interview conducted in English Spanish Other (specify): _____

7. Respondent was: Self Parent Spouse Other (specify): _____

8. State and county of residence? State _____ County _____

9. Birth month and year: ____/____ (if unknown, enter 99/9999)
M M Y Y Y Y

10. Sex: Male Female Unknown

Section 2: CLINICAL INFORMATION: Now I have a few questions about your (your child's) illness.

1. What date did you first feel sick? ____/____/____ (if unknown, enter 99/99/9999)
M M D D Y Y Y Y

2. How many days total were you sick? _____ days (enter 999 if unknown) or Still sick

| Yes | Maybe | No | Don't Know | Did you (your child) |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Have any diarrhea (defined as at least 3 loose stools in 24 hours) <input type="checkbox"/> Refused |
| | | | | a. What day did it start ____/____/____ (if unknown, enter 99/99/9999) M M D D Y Y Y Y |
| | | | | b. What day did it end ____/____/____ (if unknown, enter 99/99/9999) M M D D Y Y Y Y |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have any close contact with anyone with diarrhea or vomiting? |
| | | | | a. When did this person first become ill <input type="checkbox"/> less than 24 hours before you <input type="checkbox"/> ≥ 24 hours before you <input type="checkbox"/> Unknown |

Section 3: 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 | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you spend all, or some, of the 7 days before you were ill outside of your home state? |
| | | | | a. List all US states where you might have purchased or eaten foods. This would include foods eaten at airports, bus or train stations. i. List states : _____ ii. Dates of travel : _____ iii. List hotels/resorts stayed in during travel: _____ <input type="checkbox"/> Did not travel outside state of residence <input type="checkbox"/> Did not purchase or eat food outside state of residence |
| | | | | b. List all countries outside the United States where you might have purchased or eaten foods. This would include foods eaten at airports, bus or train stations. i. List countries : _____ ii. Dates of travel : _____ iii. List hotels/resorts stayed in during travel: _____ <input type="checkbox"/> Did not travel outside of United States <input type="checkbox"/> Did not purchase or eat food outside United States |

Section 3 Comments. Please fill in any comments/notes from this section in the space provided below:

- 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: FOOD ALLERGIES, SPECIAL DIETS, VITAMINS, & SUPPLEMENTS: Now I have a few questions about general food preferences, food allergies, and any special diets you (your child) may follow.

| Yes | Maybe | No | Don't Know | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you make it a point to select organic foods when you shop? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are there foods that you avoid eating or never eat, due to restriction or preference? |

a. If yes, please specify: _____

3. Do you follow any of the following special or restricted diets?

| | | |
|--|---|--|
| <input type="checkbox"/> Kosher | <input type="checkbox"/> Halal | <input type="checkbox"/> Raw foods |
| <input type="checkbox"/> Low carb | <input type="checkbox"/> Paleo (high protein, low carb) | <input type="checkbox"/> Vegetarian/Vegan |
| <input type="checkbox"/> Dairy-free | <input type="checkbox"/> Gluten-free | <input type="checkbox"/> Weight loss/low fat |
| <input type="checkbox"/> Other, please describe: _____ | | |

4. Did you (your child) have any vitamins, nutritional or herbal supplements, such as teas or other liquids, tablets, or pills, etc.?

a. Please describe Type, variety, brand: _____ Unknown

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

For Sections 5 and 6: 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.

Section 5: 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:

| | | |
|---|---|---|
| <input type="checkbox"/> Grocery stores or supermarkets | <input type="checkbox"/> Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc) | <input type="checkbox"/> Fish or meat specialty shops (butcher shop, etc) |
| <input type="checkbox"/> Warehouse stores (Costco, Sam's Club, etc) | <input type="checkbox"/> Meal delivery services (Blue Apron, Meals on Wheels, Schwan's, NutriSystem, etc) | <input type="checkbox"/> Live animal market, custom slaughter facility |
| <input type="checkbox"/> Small markets/Mini markets (convenience stores, gas stations, etc) | <input type="checkbox"/> Health food stores or co-ops | <input type="checkbox"/> Any others? |
| <input type="checkbox"/> Ethnic specialty markets (Mexican, Asian, Indian) | <input type="checkbox"/> Farmers' markets, roadside stands, open-air markets, food purchased directly from a farm | |

Please list store names, address/location, and shopper card # (if applicable) mentioned by the interviewee below:

| Store/Supermarket Name | Address/Location | Shopper Card # |
|------------------------|------------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2. May we have permission to retrieve purchases based on your member card information? This information will be kept confidential
 Yes No
3. May we share this information with other public health officials to help with this outbreak investigation? This information will be kept confidential
 Yes No

Section 5: Additional Store/Retail Names and Locations.

Section 6: 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:

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

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

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

Section 6: List Additional Restaurant/Retail Names and Locations.

Section 7: POULTRY, MEAT, AND MEAT ALTERNATIVES: Now I have a few questions about meat, poultry, and meat alternatives (like tofu) 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Whole chicken, including rotisserie or roasted chicken? a. If eaten <u>at home</u> , what was the: Type, variety, brand: _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Did not eat whole chicken at home b. If eaten <u>outside the home</u> , where? List name(s) and location(s): _____ <input type="checkbox"/> Did not eat whole chicken outside the home |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Pre-cut chicken parts or pieces, such as just breasts, drumsticks, thighs, wings? a. If eaten <u>at home</u> , what was the: Type, variety, brand: _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Did not eat chicken parts at home b. If eaten <u>outside the home</u> , where? List name(s) and location(s): _____ <input type="checkbox"/> Did not eat chicken parts outside the home |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Ground chicken? a. If eaten <u>at home</u> , what was the: Type, variety, brand: _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Did not eat ground chicken at home b. If eaten <u>outside the home</u> , where? List name(s) and location(s): _____ <input type="checkbox"/> Did not eat ground chicken outside the home |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Whole turkey or cut turkey pieces/parts, not including turkey deli meats or other processed meat? |

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>a. If eaten <u>at home</u>, what was the: Type, variety, brand: _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Did not eat turkey at home</p> <p>b. If eaten <u>outside the home</u>, where? List name(s) and location(s): _____ <input type="checkbox"/> Did not turkey eat outside the home</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>5. Ground turkey?</p> <p>a. If eaten <u>at home</u>, what was the: Type, variety, brand: _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Did not eat ground turkey at home</p> <p>b. If eaten <u>outside the home</u>, where? List name(s) and location(s): _____ <input type="checkbox"/> Did not eat ground turkey outside the home</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>6. Other poultry, like duck, game hen, or squab?</p> |

Section 7: Chicken/Poultry Comments. Please fill in any comments/notes from this section in the space provided below:

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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>7. Beef steaks, roasts, or other whole cuts of beef?</p> <p>a. If eaten <u>at home</u>, what was the: Type, variety, brand: _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Purchased Frozen <input type="checkbox"/> Purchased Fresh <input type="checkbox"/> Was pink or red inside when eaten <input type="checkbox"/> Not applicable (did not eat at home)</p> <p>b. If eaten <u>outside the home</u>, where? List name(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>8. Fresh or frozen pre-made or pre-formed hamburger patties <u>at home</u>?</p> <p>a. If eaten <u>at home</u>, what was the: Type, variety, brand: _____ What percentage fat/lean? _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Was pink or red inside when eaten</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>9. Any dish with ground beef <u>at home</u>, such as hamburger patties, casseroles, tacos, soups, or pasta sauces?</p> <p>a. If eaten <u>at home</u>, what was the: Dish (please describe): _____ Place ground beef purchased from (names, locations): _____ What percentage fat/lean? _____ <input type="checkbox"/> Was pink or red inside when eaten</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>10. 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.</p> <p>a. Where did you eat this? List name(s) and location(s): _____ <input type="checkbox"/> Was pink or red inside when eaten</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>11. Any veal?</p> |

Section 7: Beef Comments. Please fill in any comments/notes from this section in the space provided below:

Now I have questions about PORK, LAMB, PROCESSED MEAT PRODUCTS, & MEAT ALTERNATIVES.

| Yes | Maybe | No | Don't Know | In the 7 days before the illness began, did you (your child) eat any: |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>12. Pork prepared <u>at home</u> (like, whole pig, chops, tenderloin, roast, shoulder, ground, etc)?</p> |

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Type/cut: <input type="checkbox"/> Ground <input type="checkbox"/> Whole pig <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown b. Brand(s): _____ <input type="checkbox"/> Unknown c. Place purchased: _____ d. Type of market: <input type="checkbox"/> Ethnic market (Asian, Hispanic, etc.) <input type="checkbox"/> Other grocery store / supermarkets <input type="checkbox"/> Custom slaughter / local butcher <input type="checkbox"/> Live animal market <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Pork prepared <u>outside the home</u> ? This would include pig roasts, sit-down restaurants, fast food restaurants, take-out, food trucks, and delivery from restaurants, cafeterias, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Place name(s): _____ <input type="checkbox"/> Unknown b. Dish(es): _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Any other pork product, excluding deli meats or cured meats like ham or bacon? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. What was the : Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Bacon? |
| | | | | a. What was the : Type (beef, pork, turkey, etc), variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Lamb? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Goat? |

Now I have questions about PROCESSED MEAT products.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Sausage, like Polish sausage, kielbasa, Bratwurst, or other similar product? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Hot dogs or corn dogs? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Pepperoni? This could have been on a sandwich or pizza. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Store-bought, dried meat strips or jerky? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Deli meat or cold cuts purchased in a commercially sealed package, like Oscar Mayer or Hillshire Farms? |
| | | | | a. If eaten <u>at home</u> , what was the: b. Type: <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Beef (like pastrami, roast beef) <input type="checkbox"/> Italian meats (like salami, prosciutto) <input type="checkbox"/> Other (specify) _____ c. Variety, brand: _____ d. Place purchased from (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat <u>at home</u>) |
| | | | | b. If eaten <u>outside the home</u> , where? List type, variety, brand and location(s): _____ <input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Deli meat or cold cuts sliced at the deli counter? |
| | | | | e. If eaten <u>at home</u> , what was the: f. Type: <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Beef (like pastrami, roast beef) <input type="checkbox"/> Italian meats (like salami, prosciutto) <input type="checkbox"/> Other (specify) _____ g. Variety, brand: _____ h. Place purchased from (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat <u>at home</u>) |
| | | | | b. If eaten <u>outside the home</u> , where? List type, variety, brand and location(s): _____ <input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Any other meat and/or poultry products, including organ meats (wild game, bison, or parts like heart, giblets, tongue, intestines, blood), not mentioned already? Please describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Liver pâté? (specify type: chicken, beef, duck, pork, etc) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Pink or undercooked liver or liver pâté? (specify type: chicken, beef, pork, etc) _____ |

Now I have a question about MEAT ALTERNATIVES.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Any tofu, tempeh, seitan, or other meat alternatives? a. Type, variety, brand: _____ |
|--------------------------|--------------------------|--------------------------|--------------------------|---|

Section 7: Pork, Lamb, other Meats, and Meat Alternatives Comments. Please fill in any comments/notes from this section in the space provided below:

Section 8: FISH AND SEAFOOD: Now I have some questions about fresh fish and seafood you (your child) might have eaten in the 7 days before your (your child's) illness began. I will ask you about frozen seafood later. You (your child) may have eaten this at home or away from home, such as in a restaurant, take-out, or at a catered event. 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Store-bought fresh fish, not including shellfish? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Raw fish or fish products, such as sushi, sashimi, ceviche, or poke? a. Raw tuna? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know b. Other raw fish, specify: _____ c. Describe the dish: _____ d. Where was it purchased/consumed? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Smoked or dried fish, like smoked salmon, lox, bonita, fish jerky? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Shrimp or prawns? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Crab, lobster, or crayfish? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Oysters? a. Were the oysters raw? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Clams, mussels, scallops, or other shellfish? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Any other fish or seafood? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |

Section 8 Comments. Please fill in any comments/notes from this section in the space provided below:

Section 9: 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, such as in a restaurant, take-out, or at a catered event. 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Eggs or egg-containing dishes eaten <u>at home</u> ? a. Type, variety, brand: _____ Place purchased from (names, locations): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Eggs or egg-containing dishes eaten <u>outside the home</u> ? a. List name(s) and location(s): _____ Describe the type of dish: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Anything made with raw eggs (cookie dough, cake batter, sauces, homemade ice cream, mayo, salad dressing etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Dairy milk from a cow or other animal source? a. What was the: Type (cow, goat, etc), variety, brand: _____ b. Raw or unpasteurized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Dairy milk alternatives, such as almond, hemp, coconut, cashew, rice, or soy milk? a. What was the type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Any yogurt? a. What was the type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Any other yogurt product, like kefir? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Cheese made from pasteurized milk? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Cheese made from unpasteurized or raw milk, including homemade, farm-fresh, and door-to-door cheeses? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Non-dairy cheese alternative? a. What was the type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Mexican- or Latin-style cheese such as queso fresco or queso blanco? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Blue-veined cheese such as Bleu or gorgonzola? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Feta? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Goat cheese? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Brie or Camembert? |

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Any other soft cheese? a. What was the: Type (cow, goat, etc), variety, brand: _____ b. Raw or unpasteurized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Any other gourmet or artisanal cheese? These are often cheeses that are cut and packaged on-site at cheese shops, cheese counters at grocery stores, and farmers markets. a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Any other dairy or dairy-alternative products? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |

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

Section 10: 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, such as in a restaurant, take-out, or at a catered event. 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 you've purchased from a store or farm stand, and 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 that are not homegrown.

| Yes | Maybe | No | Don't Know | Did you (your child) eat any: |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Fresh tomatoes? a. If eaten <u>at home</u> , what was the: Type: <input type="checkbox"/> Red Round <input type="checkbox"/> Roma (oval-shaped) <input type="checkbox"/> small, bite-sized tomato, like grape or cherry <input type="checkbox"/> Other, (specify) _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat <u>at home</u>) b. If eaten <u>outside the home</u> , where? List name(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Fresh tomatoes on sandwich, burger, or salad? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Fresh salsa or pico de gallo (not from a jar or can)? a. If eaten <u>at home</u> , what was the: Type, variety (red, green, etc.): _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Prepared from fresh ingredients at home <input type="checkbox"/> Not applicable (did not eat <u>at home</u>) b. If eaten <u>outside the home</u> , where? List name(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Avocado or guacamole? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Fresh, uncooked leafy greens (such as lettuce, spinach, or kale) in a salad, on a sandwich, or burger? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Iceberg lettuce? a. Prepackaged or whole head/loose? <input type="checkbox"/> Prepackaged <input type="checkbox"/> Whole head/Loose <input type="checkbox"/> Unknown b. If eaten <u>at home</u> , what was the: Type, variety, brand: _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home) c. If eaten <u>outside the home</u> , where? List name(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Romaine lettuce? a. Prepackaged or whole head/loose? <input type="checkbox"/> Prepackaged <input type="checkbox"/> Whole head/loose <input type="checkbox"/> Unknown b. If eaten <u>at home</u> , what was the: Type, variety, brand: _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat <u>at home</u>) |

c. If eaten outside the home, where?

List name(s) and location(s): _____

Not applicable (did not eat outside the home)

8. Fresh spinach?

a. Prepackaged or loose/bundled? Prepackaged Loose/bundled Unknown

b. If eaten at home, what was the:

Type, variety, brand: _____

Place purchased from (names, locations): _____

Not applicable (did not eat at home)

c. If eaten outside the home, where?

List name(s) and location(s): _____

Not applicable (did not eat outside the home)

9. Cabbage?

10. Kale?

a. What was the: Type, variety, brand: _____ Unknown

11. Arugula?

12. Spring mix/mesclun mix or other lettuce blend?

a. What was the: Type, variety, brand: _____ Unknown

13. Other leafy greens, like Swiss chard, mustard greens, dandelion, watercress?

a. What was the: Type, variety, brand: _____ Unknown

14. Other pre-packaged leafy greens or salad kits?

a. What was the: Type, variety, brand: _____ Unknown

15. Pre-made, single-serving salads (these are ready-to-eat, single-serve salads with toppings, meats, dressing)?

a. What was the: Type, variety, brand: _____ Unknown

Section 10 - Tomatoes/Leafy Greens Comments. Please fill in any comments/notes from this section in the space provided below:

Now I have questions about herbs and sprouts you (your child) might have eaten in the 7 days before your (your child's) 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.

In the 7 days before the illness began, did you (your child) eat any:

16. Fresh basil, sometimes in pesto or as a garnish?

17. Fresh cilantro, sometimes in salsa, Mexican food, Asian food, or as a garnish?

18. Other fresh herbs (parsley, chives, dill, sage, thyme, etc.)?

a. What was the: Type, variety: _____ Unknown

19. Bean sprouts, such as mung bean or soy bean, usually served in stir fries or Asian salads or soups

a. If eaten at home, what was the:

Type, variety, brand: _____

Place purchased from (names, locations): _____

Not applicable (did not eat at home)

b. If eaten outside the home, where?

List name(s) and location(s): _____

Not applicable (did not eat outside the home)

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Alfalfa sprouts, sometimes served on sandwiches or salads? a. If eaten <u>at home</u> , what was the: Type, variety, brand: _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat <u>at home</u>) b. If eaten <u>outside the home</u> , where? List name(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Other sprouts (clover, daikon radish, microgreens, etc.)? a. If eaten <u>at home</u> , what was the: Type, variety, brand: _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home) b. If eaten <u>outside the home</u> , where? List name(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>) |

Section 10 - Herbs/Sprouts Comments. Please fill in any comments/notes from this section in the space provided below:

Next I have a few questions about other fresh vegetables, eaten raw, that are not homegrown that you (your child) may have eaten in the 7 days before your illness.

| Yes | Maybe | No | Don't Know | In the 7 days before the illness began, did you (your child) eat any: |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Cucumbers? a. If eaten <u>at home</u> , what was the: Type, variety: <input type="checkbox"/> Mini (like Persian) <input type="checkbox"/> large, wrapped in plastic (like English or European) <input type="checkbox"/> "Regular" sold loose, not wrapped in plastic <input type="checkbox"/> Other (specify): _____ Place purchased from (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat <u>at home</u>) b. If eaten <u>outside the home</u> , where? List name(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Zucchini or other "soft" or summer squash? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Sweet or bell peppers (green, red, orange, or yellow)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Mini or snack-sized sweet peppers, usually sold in a bag or clamshell? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Fresh hot, spicy peppers, such as jalapenos or serranos? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Celery? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Carrots? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. "Mini" carrots? These are often peeled and sold in a sealed bag |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Other raw root vegetables (radishes, beets, turnips, fennel, etc.)? a. What was the: Type, variety: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Fresh, raw pea pods, snap peas, or snow peas? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. Broccoli or cauliflower? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Raw onions (white, yellow, or red/purple)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. Raw green onions/scallions? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. Fresh mushrooms? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36. Fermented vegetables (like kimchi, sauerkraut)? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Was this homemade? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |

Section 10 Other Vegetable Comments. Please fill in any comments/notes from this section in the space provided below:

Section 11: FRESH FRUITS & BERRIES: Now I have some questions about fresh fruits, not canned or cooked, that you (your child) might have eaten in the 7 days before your (your child's) illness began. I will ask you about frozen fruits later. You (your child) could have eaten these either in your home or away from home, such as in a restaurant, take-out, or at a catered event. I am only interested in fruits and berries that you've purchased from a store or farm stand, and 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 days before you (your child) got sick.

| Yes | Maybe | No | Don't Know | Did you (your child) eat any: |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Any fruit that was already cut? a. Did you eat any of the following: <input type="checkbox"/> Pre-cut melon (sometimes sold halved & wrapped in plastic or cut into pieces) <input type="checkbox"/> Pre-cut apples <input type="checkbox"/> Pre-cut fresh fruit salad <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Apples? a. What was the: Type, variety: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Grapes? a. What was the: Type, variety: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Pears? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Peaches or nectarines? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Apricots? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Plums? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Cherries? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Oranges, tangerines, grapefruit, mandarins, or clementines? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Strawberries? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Raspberries? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Blueberries? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Blackberries? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Any other fresh berries? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Cantaloupe? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Honeydew melon? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Watermelon? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Any other melon? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Pineapple? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Mango? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Papaya? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Any other tropical fruit (kiwi, guava, pomegranate, coconut, etc.)? a. What was the: Type, variety: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Any unpasteurized or raw juices or ciders? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Smoothies made with fresh or frozen fruit or produce, usually made at home or purchased, fresh-made from a store, restaurant, or café? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Bottled, pre-made smoothie? |

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

Section 12:

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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Ice cream, ice cream products, frozen yogurt, or non-dairy frozen desserts? a. If eaten <u>at home</u> , what was the: Type or brand (bar, tub, carton, etc.): _____ Variety or flavor: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Frozen vegetables (in bag or box)? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Frozen pot pies? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Frozen pizza? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Frozen, breaded chicken products, such as chicken tenders, strips, or nuggets? |

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Frozen, stuffed chicken products, such as chicken Kiev or chicken Cordon Bleu? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Frozen fish product (fish sticks, nuggets, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Frozen Mexican-style foods (burritos, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Frozen snack foods like mozzarella sticks, jalapeno poppers, potato skins, or hot pockets? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Frozen breakfast items (waffles, breakfast sandwiches, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Frozen vegetarian foods such as a veggie burger? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Frozen pre-mixed meals in a bag or box (stir fry, pasta meals, etc.)? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Frozen dinners or box entrees? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Other frozen, prepackaged product not mentioned previously? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Frozen berries, including those used in a smoothie? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Other frozen fruit, including those used in a smoothie? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| Section 12 Comments. Please fill in any comments/notes from this section in the space provided below: | | | | |

Section 13: 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, such as in a restaurant, take-out, or at a catered event. 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Peanut butter? a. Was the peanut butter commercially packaged or fresh-ground? <input type="checkbox"/> Commercial <input type="checkbox"/> Fresh-ground b. If eaten <u>at home</u> , what was the: Type, variety, brand: <input type="checkbox"/> Jif <input type="checkbox"/> Skippy <input type="checkbox"/> Peter Pan <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown brand <input type="checkbox"/> Not applicable (did not eat <u>at home</u>) c. If eaten <u>outside the home</u> , where? List name(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Peanut butter containing foods (cookies, crackers, candies, ice cream, etc.)? a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Ground nut butter or spread other than peanut butter (Nutella, almond butter)? a. Type(s): <input type="checkbox"/> Almond <input type="checkbox"/> Hazelnut <input type="checkbox"/> Sunflower <input type="checkbox"/> Unknown <input type="checkbox"/> Cashew <input type="checkbox"/> Nutella <input type="checkbox"/> Other: _____ |

Next I have questions about dried fruits, 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Dried fruit? a. What was the: Type, variety: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Peanuts? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Almonds (whole, sliced, chopped, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Walnuts? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Cashews? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Pistachios? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Hazelnuts or filberts? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Pecans? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Pine nuts, including in pesto? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Other whole nuts or mixed nuts? |

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Sunflower seeds? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Sesame seeds or other products made from sesame seeds, including tahini or halva? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Other seeds? |
| | | | | a. What was the: Type, variety: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Hummus? |

Section 13: Peanut butter/Nuts/Seeds Comments. Please fill in any comments/notes from this section in the space provided below:

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 | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Did you (your child) eat, taste, or lick any uncooked or unbaked dough or batter (such as cookie, cake, biscuit, muffin batter)? |
| | | | | Did you (your child) eat any: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Granola, breakfast, power, or protein bars? |
| | | | | a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Trail mix (or similar product)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Chips or pretzels? |
| | | | | a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Pre-packaged crackers, cookies, or snack cakes? |
| | | | | a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Chocolate or chocolate-containing candy? |
| | | | | a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Cold breakfast cereal? |
| | | | | a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Hot breakfast cereals like oatmeal, cream of wheat, etc.? |
| | | | | a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |

Section 13: Snack foods/Cereal Comments. Please fill in any comments/notes from this section in the space provided below:

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 | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you (your child) eat any: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Flavored milk powder (such as chocolate, vanilla, Carnation, or Ovaltine)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Powdered nutritional supplement products, such as protein powders, meal replacement powders, vitamin boosters, etc? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Hemp, chia, or flax seed? |
| | | | | a. Was it: <input type="checkbox"/> hemp <input type="checkbox"/> chia <input type="checkbox"/> flax |
| | | | | b. Was it: <input type="checkbox"/> whole seed <input type="checkbox"/> powdered seed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Powdered green supplements? |
| | | | | a. What was the: Type, variety, brand: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Bottled, pre-made health drinks, like Kombucha or coconut water? |

Section 13: Dried/Powdered foods Comments. Please fill in any comments/notes from this section in the space provided below:

Section 14: 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?

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

Section 15: 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, daycare, or other location.

| Yes | Maybe | No | Don't Know | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Did you (your child) visit a petting zoo? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Did you (your child) live/work/visit a farm with livestock like cattle, sheep, goats, etc.? a. Do you <input type="checkbox"/> live on <input type="checkbox"/> work at <input type="checkbox"/> visit a farm? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Did you (your child) visit or work at an agricultural 'Farm and Feed' stores, like Tractor Supply? a. Did you <input type="checkbox"/> work at <input type="checkbox"/> visit a feed store? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Did you (your child) visit or work at a pet store, swap meet, other place where animals/birds were sold or shown? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Did you (your child) visit or work at county/state fairs, 4-H events, or similar event where animals were present? |
| | | | | Did you (your child) have any contact with: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Animals/pets in school or daycare? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Dogs or puppies? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Cats or kittens? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Cow/Bull/Steer? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Pig/piglet? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Live adult or baby chicks, ducklings or other poultry? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Turtles or tortoises? a. Was the shell <4 inches in diameter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Location of purchase: _____ Date of purchase: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. <u>Frozen</u> mice, rats, or similar pet food for reptiles? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Reptiles, such as snakes, lizards, geckos, bearded dragons, etc.? a. What was the: Type: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Amphibians, such as frogs, toads, or salamanders? a. What was the: Type: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Water pets in an aquarium (goldfish, aquatic frogs, snails, etc.)? a. What was the: Type: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Other small mammalian household pet other than dog or cat, such as hamster, rat, mouse, guinea pig, or hedgehog (excluding feeder rodents)? a. What was the: Type: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Prepackaged pet food (canned or dry)? a. What was the: Type, variety: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Raw pet food, like fresh or frozen chubs sold in stores or homemade? a. What was the: Type, variety: _____ <input type="checkbox"/> Unknown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Pet treats or chews (pig ears, pizzles, rawhide, hooves, etc.)? |

Section 15 Comments. Please fill in any comments/notes from this section in the space provided below:

Section 16: RACE/ETHNICITY/ORIGIN INFORMATION: I'd like to end by asking a few questions about yourself (your child) and your household.

| | | | |
|---|--|---|---|
| 1. Hispanic or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined to answer | | | |
| 2. How would you describe your race? | <input type="checkbox"/> African American/Black | <input type="checkbox"/> White | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Native American Indian or Alaska Native | <input type="checkbox"/> Middle Eastern/North African <input type="checkbox"/> Not Middle Eastern/North African | <input type="checkbox"/> Other (specify) ----- |
| | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) ----- | <input type="checkbox"/> Declined to answer |
| 3. What is your country/culture of origin (regardless of country of birth) (specify): _____ | | | <input type="checkbox"/> Declined to answer |
| 4. What is your occupation? (specify): _____ | | | <input type="checkbox"/> Declined to answer |
| 5. Do you reside in any of the following settings: | <input type="checkbox"/> Private home/residence | <input type="checkbox"/> Homeless | <input type="checkbox"/> Non-medical ward |
| | <input type="checkbox"/> Long term care facility | <input type="checkbox"/> Incarcerated | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Long term acute care facility | <input type="checkbox"/> College dormitory | <input type="checkbox"/> Declined to answer |

Section 17: HOSPITALIZATION & TREATMENT INFORMATION: Now I have a few additional questions about your (your child's) illness and course of treatment.

| Yes | Maybe | No | Don't Know | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Were {you/your child} admitted overnight to a hospital for this illness? <input type="checkbox"/> Refused |
| | | | | a. If yes, how many nights did {you/your child} spend in the hospital? _____ |
| | | | | b. If yes, during part of the hospitalization, did {you/your child} stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Did {you/your child} develop other serious problems or complications as a results of this illness, such as a blood stream infection, sepsis, infection of the joints or bones, or meningitis? <input type="checkbox"/> Refused |
| | | | | a. If yes, please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Did {you/your child} take any antibiotics for this illness? <input type="checkbox"/> Refused |
| | | | | a. If yes, please specify: _____ |
| | | | | b. If yes, for how many days did you take them? _____ days |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. In the 30 days before your illness began, did {you/your child} take antibiotics? |
| | | | | a. If yes, please specify: _____ |

Now I have a few other questions for you that ask about exposures you may have had **30 days** before your illness began.

| Yes | Maybe | No | Don't Know | Did you (your child) |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. In the 30 days before {your/your child's} illness began, did {you/your child} travel outside the U.S.? <input type="checkbox"/> Refused |
| | | | | a. If yes, which countries did {you/your child} visit? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. In the 30 days before {your/your child's} illness began, did {you/your child} take a probiotic? <i>Probiotics are live microorganisms (such as certain types of bacteria) that may benefit your health. These can take the form of pills, powders, yogurts, and other fermented dairy products, as well as anything labeled as containing "live and active cultures" or "probiotics".</i> <input type="checkbox"/> Refused |