

Cyclosporiasis National Hypothesis Generating Questionnaire (CNHGQ): Crosswalk of non-substantive changes to 2017 CHNGQ to create proposed 2018 CNHGQ

Type of change code: M = Modification, N = New addition, NO = New addition (Optional), D = Deletion, = Highlight of changes

Type of Change	Old Question/Item	New Question / Requested Change
D	<p>1. State/local/other ID: _____</p>	Request deletion of this question as it is repetitive with another data element.
N	N/A	<p>Request addition of the next three questions to capture recent changes in laboratory practices and testing methods that may affect detection, reporting, and classification (e.g., exclusion) of reported cases of cyclosporiasis.</p> <p>4. Specify type of testing laboratories (Check all that apply including confirmatory lab):</p> <ul style="list-style-type: none"> a. Clinical lab (e.g., at a hospital/clinic) b. Commercial lab c. State lab d. CDC lab
N	N/A	<p>Request addition of this question to capture recent changes in laboratory practices and testing methods.</p> <p>5. Specify testing method(s) (Check all that apply including confirmatory test):</p> <ul style="list-style-type: none"> a. O&P (e.g., light microscopy, UV fluorescence microscopy, stained smears) b. GI PCR Panel (e.g., BioFire FilmArray®) c. PCR (Not part of a panel) d. Lab-developed test e. Other, specify:_____
N	N/A	<p>Request addition of this question to capture recent changes in laboratory practices and testing methods.</p> <p>6. Specify name(s) of lab-confirmed coinfection: _____</p>
D	<p>14. Have you (has your child) submitted a stool specimen for <i>Cyclospora</i> testing? a. Yes b. Maybe c. No d. Don't know</p>	Request deletion of this question.

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M/D	<p>7. Before this interview how many times has the case-patient been interviewed about his/her illness?</p> <p>a. None b. Once c. Twice d. Three times e. Other f. Unknown</p> <p>7a. If other, please specify: _____</p>	<p>Recommend deletion of the additional question 7a. (If other, please specify)</p> <p>12. Before this interview how many times has the case-patient been interviewed about his/her illness?</p> <p>a. None b. Once c. Twice d. Three or more times f. Unknown</p>
M	<p><i>The next two questions ask about the case-patient's illness.</i></p> <p>10. Did you (your child) have any diarrhea (defined as loose or watery stools that you do not normally have)? a. Yes b. Maybe c. No d. Don't know</p> <p>10a. What date did it start? _____</p> <p>11. Has you (your child's) diarrhea stopped? a. Yes b. Maybe c. No d. Don't know</p> <p>11a. What date did it stop? _____</p>	<p>Recommend modifying this question set to include additional symptoms to align the CNHGQ with the Cyclosporin Case Report Form (CRF). The CNHGQ is used in lieu of the CRF during outbreak investigations.</p> <p>10. Have you (your child) had any of the following symptoms?</p> <p>a. Diarrhea (loose, watery stools you do not normally have) a. Yes b. Maybe c. No d. Don't know Date diarrhea started: _____ Date diarrhea stopped: _____</p> <p>b. Weight loss a. Yes b. Maybe c. No d. Don't know</p> <p>c. Fever a. Yes b. Maybe c. No d. Don't know</p> <p>d. Fatigue a. Yes b. Maybe c. No d. Don't know</p> <p>e. Anorexia a. Yes b. Maybe c. No d. Don't know</p> <p>f. Nausea a. Yes b. Maybe c. No d. Don't know</p> <p>g. Vomiting a. Yes b. Maybe c. No d. Don't know</p> <p>h. Abdominal Cramps a. Yes b. Maybe c. No d. Don't know</p>

<u>Type of Change</u>	<u>Old Question/Item</u>	<u>New Question / Requested Change</u>
D	<p>13. Were you (your child) hospitalized overnight? a. Yes b. Maybe c. No d. Don't know</p> <p>13a. How many nights were you (your child) hospitalized? _ Hospital name: _____ Admission Date: _____ Discharge Date: _____</p>	<p>Request deletion of the data element (discharge date) from this question.</p> <p>12. Were you (your child) hospitalized overnight? a. Yes b. Maybe c. No d. Don't know</p> <p>12a. How many nights were you (your child) hospitalized? _____</p> <p>12b. Admission Date: _____</p> <p>12c. Hospital Name: _____ (Optional)</p>
NO	N/A	<p>Request addition of this (optional) question to capture intrastate travel. While this data is not analyzed at the national level, state public health partners asked to include this question in the CNHGQ to prevent having to create a separate (additional) form.</p> <p>13. *(Optional - for local analysis) List cities, date departed, date returned, and foods eaten in <u>home state</u> where you (your child) might have purchased or eaten foods during the 14 days before onset of illness. a. Did not travel outside the U.S. b. Unknown</p>
D	<p>15. Did you (your child) spend all, or some, of the 14 days before becoming ill outside your home state? a. Yes b. Maybe c. No d. Don't know</p> <p>15c. If you (your child) traveled with others, did any of the travel partners also become ill? a. Yes b. Maybe c. No d. Don't know</p> <p>15d. If yes, please provide information on other ill person(s), including number of ill persons and relations to you (e.g. son, mother, neighbor, friend, etc.).</p>	Request deletion of this question set.
M	<p>15a. List all US states where you (your child) might have purchased or eaten foods. This includes airports, bus or train stations. a. Did not travel outside the U.S. b. Unknown</p>	<p>Recommend modifying this question to capture dates traveled and foods eaten during travel within the U.S. Many states have been reporting this information in the comments section of the CNHGQ.</p> <p>14. List all US states, date departed, date returned, and foods eaten where you (your child) might have purchased or eaten foods during the 14 days before onset of illness. This includes airports, bus or train stations. a. Did not travel outside the U.S. b. Unknown</p>

<u>Type of Change</u>	<u>Old Question/Item</u>	<u>New Question / Requested Change</u>
M	<p>15b. List all countries outside of the U.S. where you (your child) might have purchased or eaten foods.</p> <p>a. Did not travel outside the U.S. b. Unknown</p>	<p>Recommend modifying this question to capture dates traveled and location of stay for persons who traveled internationally. Many states have been reporting this information in the comments section of the CNHGQ.</p> <p>15. List all countries outside of the U.S., date departed, date returned, and hotel/resort stayed in (if applicable) where you (your child) might have purchased or eaten foods during the 14 days before onset of illness</p> <p>a. Did not travel outside the U.S. b. Unknown</p>
D	<p>16b. Do you know of any other ill person(s) who attended the event(s)?</p> <p>a. Yes b. Maybe c. No d. Don't know</p> <p>16c. If yes, please provide information on other ill person(s), including number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.).</p> <p>Additional comments: _____</p>	<p>Request deletion of this question set.</p>
N	<p>N/A</p>	<p>Request addition of this new question to obtain concise, detailed information about other ill person(s) associated with case-patient (previously captured with multiple data elements, now captured with one question).</p> <p>17a. If yes/maybe, specify if you (your child) and the other ill person(s):</p> <p>a. Live in same household b. Attended same event c. Traveled together d. Other, specify: _____</p>
D	<p><u>The next two questions refer to shopper cards or membership cards for grocery stores and wholesale clubs.</u></p> <p>17a. Do you have a shopper card or membership card for any of the grocery stores or wholesale clubs mentioned above?</p> <p>a. Yes b. Maybe c. No d. Don't know</p>	<p>Request deletion of this question.</p>

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M	<p>17b. If “Yes”, may we have your shopper card number(s)?</p>	<p>Recommend modifying the question to provide further explanation of potential usage of the shopping card number and creating refusal option.</p> <p>18. *Shopper card #: _____</p> <p>*By giving your shopper card number, you are permitting retrieval of information regarding your purchases. This information may be shared with other public health officials to help with outbreak investigations. <input type="checkbox"/> (refused to give shopper card #)</p>
M	<p><i>The next two questions list fresh berries eaten at home and/or outside the home 14 days before case-patient illness began.</i></p> <p>19. Did you (your child) eat any fresh red raspberries? a. Yes b. Maybe c. No d. Don’t know</p> <p>If eaten at home, what was the:</p> <p>19a. Brand(s): _____</p> <p>19b. Place(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>If eaten outside the home, what was the:</p> <p>19c. List name(s) of establishment(s): _____</p> <p>19d. List location(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>	<p>Recommend modifying this question set to exclude the date(s) of purchase to prevent redundancy in the CNHGQ and reduce the number of additional questions. Information regarding dates is already collected in Section 4 of the questionnaire.</p> <p>30. Did you (your child) eat fresh red raspberries? a. Yes b. Maybe c. No d. Don’t know</p> <p>30a. If eaten at home, what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>30b. If eaten outside the home, what was the: List name of establishment(s) and locations(s): _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>
M	<p>20. Did you (your child) eat any fresh blackberries? a. Yes b. Maybe c. No d. Don’t know</p> <p>If eaten at home, what was the:</p> <p>20a. Brand(s): _____</p> <p>20b. Place(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>If eaten outside the home, what was the:</p> <p>20c. List name(s) of establishment(s): _____</p> <p>20d. List location(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>	<p>Recommend modifying this question set to exclude the date(s) of purchase to prevent redundancy in the CNHGQ and reduce the number of additional questions. Information regarding dates is already collected in Section 4 of the questionnaire.</p> <p>31. Did you (your child) eat fresh blackberries? a. Yes b. Maybe c. No d. Don’t know</p> <p>31a. If eaten at home, what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>31b. If eaten outside the home, what was the: List name of establishment(s) and locations(s): _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>

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M	<p><i>The next seven questions list leafy greens eaten at home and/or outside the home 14 days before case-patient illness began.</i></p> <p>47. Did you (your child) eat any prepackaged salad mix? a. Yes b. Maybe c. No d. Don't know</p> <p>If eaten at home, what was the: 47a. Brand(s), store(s), and date(s) purchased: _____ 47b. What were the ingredients (lettuce, cabbage, carrots, etc): _____</p>	<p>Recommend modifying this question set to exclude the date(s) of purchase to prevent redundancy in the CNHGQ and reduce the number of additional questions. Information regarding dates is already collected in Section 4 of the questionnaire.</p> <p>65. Did you (your child) eat other prepackaged salad mix (not previously identified above)?? a. Yes b. Maybe c. No d. Don't know</p> <p>65a. What were the: Ingredients (lettuce, cabbage, carrots, etc): _____ Brand(s): _____ Place(s) purchased (names, locations): _____</p>
M	<p>48. Did you (your child) eat any iceberg lettuce? a. Yes b. Maybe c. No d. Don't know</p> <p>If eaten at home, what was the: a. Prepackaged b. Loose c. Topping/Garnish d. Unknown</p> <p>48a. Brand(s): _____ 48b. Place(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>If eaten outside the home, what was the: 48c. List name(s) of establishment(s): _____ 48d. List location(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>	<p>Recommend modifying this question set to exclude the date(s) of purchase to prevent redundancy in the CNHGQ and reduce the number of additional questions. Information regarding dates is already collected in Section 4 of the questionnaire.</p> <p>59. Did you (your child) eat iceberg lettuce? a. Yes b. Maybe c. No d. Don't know</p> <p>59a. If eaten at home, what was the: Type(s): a. Prepackaged b. Loose c. Topping/Garnish d. Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>59b. If eaten outside the home, what was the: List name of establishment(s) and locations(s): _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>

Type of Change	Old Question/Item	New Question / Requested Change
M	<p>49. Did you (your child) eat any romaine lettuce? a. Yes b. Maybe c. No d. Don't know</p> <p>If eaten at home, what was the: a. Prepackaged b. Loose c. Topping/Garnish d. Unknown</p> <p>49a. Brand(s): _____</p> <p>49b. Place(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>If eaten outside the home, what was the: 49c. List name(s) of establishment(s): _____</p> <p>49d. List location(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>	<p>Recommend modifying this question set to exclude the date(s) of purchase to prevent redundancy in the CNHGQ and reduce the number of additional questions. Information regarding dates is already collected in Section 4 of the questionnaire.</p> <p>60. Did you (your child) eat romaine lettuce? a. Yes b. Maybe c. No d. Don't know</p> <p>60a. If eaten at home, what was the: Type(s): a. Prepackaged b. Loose c. Topping/Garnish d. Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>60b. If eaten outside the home, what was the: List name of establishment(s) and locations(s): _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>
M/N	<p>50. Did you (your child) eat any mesclun lettuce (aka, spring mix, field greens, baby greens, gourmet salad)? a. Yes b. Maybe c. No d. Don't know</p> <p>If eaten at home, what was the: 50a. Brand(s): _____</p> <p>50b. Place(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>If eaten outside the home, what was the: 50c. List name(s) of establishment(s): _____</p> <p>50d. List location(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>	<p>Recommend modifying this question set to exclude the date(s) of purchase, reduce the number of additional questions, and add types(s) of mesclun lettuce to provide additional exposure information on fresh produce.</p> <p>61. Did you (your child) eat mesclun lettuce (aka, spring mix, field greens, baby greens, gourmet salad)? a. Yes b. Maybe c. No d. Don't know</p> <p>61a. If eaten at home, what was the: Type(s): a. Prepackaged b. Loose c. Topping/Garnish Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>61b. If eaten outside the home, what was the: List name of establishment(s) and locations(s): _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>

Type of Change	Old Question/Item	New Question / Requested Change
M	<p>51. Did you (your child) eat any fresh cabbage? a. Yes b. Maybe c. No d. Don't know If eaten at home, what was the: a. Red b. Green c. Savoy (aka, curly) d. Napa e. Bok choy f. Brussels sprouts e. Other/Unknown 51a. Brand(s): _____ 51b. Place(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat at home) If eaten outside the home, what was the: 51c. List name(s) of establishment(s): _____ 51d. List location(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>	<p>Recommend modifying this question set to exclude the date(s) of purchase to prevent redundancy in the CNHGQ and reduce the number of additional questions. Information regarding dates is already collected in Section 4 of the questionnaire.</p> <p>62. Did you (your child) eat fresh cabbage? a. Yes b. Maybe c. No d. Don't know 62a. If eaten at home, what was the: a. Red b. Green c. Savoy (aka, curly) d. Napa e. Bok choy f. Brussels sprouts e. Other, specify _____ Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> not applicable (did not eat at home) 62b. If eaten outside the home, what was the: List name of establishment(s) and locations(s): _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>
M	<p>52. Did you (your child) eat any fresh spinach? a. Yes b. Maybe c. No d. Don't know</p>	<p>Request addition of supplemental questions to this question to capture the brand of spinach and the location spinach was purchased/consumed in.</p> <p>63. Did you (your child) eat fresh spinach? a. Yes b. Maybe c. No d. Don't know 63a. If eaten at home, what was the: Type(s): a. Prepackaged b. Head/ Loose c. Topping/ Garnish d. Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ 63b. If eaten outside the home, what was the: List name of establishment(s) and locations(s): _____</p>
N	N/A	<p>Request addition of this new question to capture additional exposure to fresh produce. This produce type was reported in section 4 and in the comments section during previous outbreak season.</p> <p>65. Did you (your child) eat pre-made, single serving salad (e.g., ready to eat salads with toppings, meats, dressing)? a. Yes b. Maybe c. No d. Don't know 65a. What were the: Ingredients (lettuce, cabbage, carrots, etc.): _____ Brand(s): _____ Place(s) purchased (names, locations): _____</p>

Type of Change	Old Question/Item	New Question / Requested Change
M	<p><u>The next three questions list fresh herbs eaten at home and/or outside the home 14 days before case-patient illness began.</u></p> <p>54. Did you (your child) eat any fresh basil? a. Yes b. Maybe c. No d. Don't know</p> <p>If eaten at home, what was the: a. Sweet basil b. Purple basil (i.e., purple leaves and stems) c. Thai basil (i.e., green leaves and purple stems) d. Other/Unknown</p> <p>54a. Brand(s): _____</p> <p>54b. Place(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>If eaten outside the home, what was the: 54c. List name(s) of establishment(s): _____</p> <p>54d. List location(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>	<p>Recommend modifying this question set to exclude the date(s) of purchase to prevent redundancy in the CNHGQ and reduce the number of additional questions. Information regarding dates is already collected in Section 4 of the questionnaire.</p> <p>20. Did you (your child) eat fresh basil? a. Yes b. Maybe c. No d. Don't know</p> <p>20a. If eaten at home, what was the: Type(s): a. Sweet basil b. Purple basil (i.e., purple leaves and stems) c. Thai basil (i.e., green leaves and purple stems) d. Other, specify: _____</p> <p>Brand(s): _____</p> <p>Place(s) purchased (names, locations): _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>20b. If eaten outside the home, what was the: List name of establishment(s) and locations(s): _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>
M	<p>55. Did you (your child) eat any fresh cilantro? a. Yes b. Maybe c. No d. Don't know</p> <p>If eaten at home, what was the: a. Prepackaged b. Loose c. Topping/Garnish d. Unknown</p> <p>55a. Brand(s): _____</p> <p>55b. Place(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>If eaten outside the home, what was the: 55c. List name(s) of establishment(s): _____</p> <p>55d. List location(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>	<p>Recommend modifying this question set to exclude the date(s) of purchase to prevent redundancy in the CNHGQ and reduce the number of additional questions. Information regarding dates is already collected in Section 4 of the questionnaire.</p> <p>21. Did you (your child) eat fresh cilantro? a. Yes b. Maybe c. No d. Don't know</p> <p>21a. If eaten at home, what was the: Brand(s): _____</p> <p>Place(s) purchased (names, locations): _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>21b. If eaten outside the home, what was the: List name of establishment(s) and locations(s): _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>

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M	<p>57. Did you (your child) eat any other fresh herbs (sage, thyme, dill, rosemary, etc)? a. Yes b. Maybe c. No d. Don't know</p> <p>57a. Type(s), variety(-ies), brands(s)? _____</p>	<p>Recommend modifying this question set to be formatted into separate exposure questions instead of a free text question; this will better capture specific herb exposures and align with the CRF.</p> <p>Did you (your child) eat:</p> <p>23. Fresh oregano? a. Yes b. Maybe c. No d. Don't know</p> <p>24. Fresh thyme? a. Yes b. Maybe c. No d. Don't know</p> <p>25. Fresh mint? a. Yes b. Maybe c. No d. Don't know</p> <p>26. Fresh dill? a. Yes b. Maybe c. No d. Don't know</p> <p>27. Fresh sage? a. Yes b. Maybe c. No d. Don't know</p> <p>28. Fresh rosemary? a. Yes b. Maybe c. No d. Don't know</p> <p>29. Other fresh herbs? a. Yes b. Maybe c. No d. Don't know a. Type(s): _____</p>

Type of Change	Old Question/Item	New Question / Requested Change
M	<p><i>The next seven questions list fresh vegetables eaten 14 days before case-patient illness began.</i></p> <p>65. Did you (your child) eat any fresh, raw peas? (May be shelled or in the pod) a. Yes b. Maybe c. No d. Don't know</p> <p>If eaten at home, what was the: a. Garden peas b. Snow peas (i.e., flat, shiny pods containing peas) c. Sugar snap peas (i.e., plump, crisp, edible pods) d. Unknown e. Other, specify: _____</p> <p>65a. Brand(s): _____</p> <p>65b. Place(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>If eaten outside the home, what was the: 65c. List name(s) of establishment(s): _____</p> <p>65d. List location(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>	<p>Recommend modifying this question set to exclude the date(s) of purchase to prevent redundancy in the CNHGQ and reduce the number of additional questions. Information regarding dates is already collected in Section 4 of the questionnaire.</p> <p>75. Did you (your child) eat fresh, raw peas? (May be shelled or in the pod) a. Yes b. Maybe c. No d. Don't know</p> <p>75a. If eaten at home, what was the: Type(s): a. Garden peas b. Snow peas (i.e., flat, shiny pods containing peas) c. Sugar snap peas (i.e., plump, crisp, edible pods) d. Unknown e. Other, specify: _____</p> <p>Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> not applicable (did not eat at home)</p> <p>75b. If eaten outside the home, what was the: List name of establishment(s) and locations(s): _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>
M	<p>58. Did you (your child) eat any cucumbers, zucchini, squash? a. Yes b. Maybe c. No d. Don't know</p>	<p>Recommend modification of this question to be divided into 3 separate exposure questions to facilitate data collection and analysis.</p> <p>Did you (your child) eat: 66. Cucumbers? a. Yes b. Maybe c. No d. Don't know 67. Zucchini? a. Yes b. Maybe c. No d. Don't know 68. Squash? a. Yes b. Maybe c. No d. Don't know</p>
M	<p>59. Did you (your child) eat any bell peppers (green, red, orange, or yellow)? a. Yes b. Maybe c. No d. Don't know</p>	<p>Request addition of this additional question (69a) to obtain details about type(s) of bell peppers to provide additional exposure information.</p> <p>69. Did you (your child) eat bell peppers? a. Yes b. Maybe c. No d. Don't know</p> <p>69a. Type(s): a. Red b. Green c. Orange d. Yellow e. Unknown</p>

Type of Change	Old Question/Item	New Question / Requested Change
M	<p>69. Did you (your child) eat any raw onions (white, yellow, or red/purple)? a. Yes b. Maybe c. No d. Don't know</p>	<p>Request addition of this additional question (79a) to obtain details about type(s) of raw onion to provide additional exposure information. 79. Did you (your child) eat raw onions? (Of note: green onions/scallions are addressed in the next question) a. Yes b. Maybe c. No d. Don't know 79a. Type(s): a. White b. Yellow c. Red/Purple d. Unknown e. Other, specify: _____</p>
M	<p>71. Did you (your child) eat any fresh tomatoes? a. Yes b. Maybe c. No d. Don't know</p>	<p>Request addition of this additional question (81a) to obtain details about type(s) of fresh tomatoes to provide additional exposure information. 81. Did you (your child) eat fresh tomatoes? a. Yes b. Maybe c. No d. Don't know 81a. Type(s): a. Red round b. Roma (oval-shaped) c. Grape/Cherry (bite-sized) d. Unknown e. Other, specify: _____</p>
M	<p>72. Did you (your child) eat any fresh salsa? a. Yes b. Maybe c. No d. Don't know If eaten at home, what was the: 72a. Brand(s): _____ 72b. Place(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat at home) If eaten outside the home, what was the: 72c. List name(s) of establishment(s): _____ 72d. List location(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>	<p>Recommend modifying this question set to exclude the date(s) of purchase and reduce the number of additional questions. 82. Did you (your child) eat fresh salsa? a. Yes b. Maybe c. No d. Don't know If eaten at home, what was the: 82a. Brands: _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> not applicable (did not eat at home) If eaten outside the home, what was the: 82b. List name of establishment(s) and locations(s): _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>

<u>Type of Change</u>	<u>Old Question/Item</u>	<u>New Question / Requested Change</u>
M	<p>73. Did you (your child) eat any fresh guacamole? a. Yes b. Maybe c. No d. Don't know If eaten at home, what was the: 73a. Brand(s): _____ 73b. Place(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat at home) If eaten outside the home, what was the: 73c. List name(s) of establishment(s): _____ 73d. List location(s) and date(s) of purchase _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>	<p>Recommend modifying this question set to exclude the date(s) of purchase and reduce the number of additional questions. 83. Did you (your child) eat fresh guacamole? a. Yes b. Maybe c. No d. Don't know If eaten at home, what was the: 83a. Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> not applicable (did not eat at home) If eaten outside the home, what was the: 83b. List name of establishment(s) and locations(s): _____ <input type="checkbox"/> not applicable (did not eat outside the home)</p>