ControlId	ControlType
CaseStatus	CheckBox
StateID	TextBox
DateStoolCollected	Date
TestResult	CheckBox
LabType	CheckBox
Coinfection	TextBox
StateLabID	TextBox
Interviewer	TextBox
IntAgency	TextBox
IntPhone	NumericTextBox
InterviewDate	Date
TimesInt	CheckBox
Respondent	CheckBox
ForCDCUseOnly	GroupBox
EnteredatCDC	CheckBox
UserID	TextBox
State	TextBox
County	TextBox
ZipCode	TextBox
BirthMon	NumericTextBox
BirthYr	NumericTextBox
Age	NumericTextBox
Sex	CheckBox
Ethnicity	CheckBox
Race	CheckBox
OnsetDate	Date
OnsetDateUnknown	CheckBox
OnsetDateApproximate	CheckBox
Diarrhea	CheckBox
DiarrheaDate	Date
DiarrheaStopped	Date
DiarrheaOngoing	CheckBox
WeightLoss	CheckBox
Fever	CheckBox
Fatigue	CheckBox
Anorexia	CheckBox
Nausea	CheckBox
Vomiting	CheckBox
AbdominalCramps	CheckBox
Symptomsstopped	CheckBox
DateSymptomsStop	Date
Hospitalized	CheckBox
NightsHosp	NumericTextBox
DateHospitalized	Date
HospName	TextBox
WithinStateTravel	TextBox
UnkWithinStateTravel	CheckBox
WithinStateDeparted1	Date
WithinStateReturned1	Date

WithinStateFood	TextBox
StateTravel	TextBox
UnknownStateTravel	CheckBox
DateDepartedUS1	Date
DateReturnedUS1	Date
FoodsEatenUS1	TextBox
TravelOutsideUS	TextBox
UnkTravelOutsideUS	CheckBox
NoIntlTravel	CheckBox
CountryTraveled1	TextBox
CountryDateDeparted1	Date
CountryDateReturned1	Date
CountryFoodsEaten1	TextBox
Events	CheckBox
EventsInfo	TextBox
OtherIll	CheckBox
OtherIllInfo	TextBox
OtherIllComments	TextBox
lblFoodHome	Literal
StoreName1	TextBox
StoreAddress1	TextBox
StoreCity1	TextBox
StoreState1	TextBox
DatesShopped1	Date
ItemsPurchased1	TextBox
ShopperCard	TextBox
ShopperCardRefused	CheckBox
lblFoodAway	CheckBox
RestaurantName1	TextBox
RestaurantAddress1	TextBox
RestaurantCity1	TextBox
RestaurantState1	TextBox
DatesPatronized1	Date
FoodsEaten1	TextBox
FoodAwayComments1	TextBox
Cluster	CheckBox
ClusterName	TextBox
Basil	CheckBox
Sweetbasil	CheckBox
PurpleBasil	CheckBox
ThaiBasil	CheckBox
OthUnkBasilType	CheckBox
BasilBrand	TextBox
BasilPlacePurch	TextBox
BasilHomeNotApplicable	CheckBox
grpBasil_Away	GroupBox
BasilAwayName	TextBox

BasilAwayNotApplicable	CheckBox
Cilantro	CheckBox
CilantroBrand	TextBox
CilantroPlacePurch	TextBox
CilantroHomeNotApplicable	CheckBox
CilantroAwayName	TextBox
CilantroAwayNotApplicable	CheckBox
Parsley	CheckBox
Oregano	CheckBox
Thyme	CheckBox
Mint	CheckBox
Dill	CheckBox
Sage	CheckBox
Rosemary	CheckBox
OtherHerb	CheckBox
OtherHerbDesc	TextBox
UnkOtherHerbType	CheckBox
HerbComments	TextBox
RedRasp	CheckBox
RedRaspBrand	TextBox
RedRaspPlacePurch	TextBox
RedRaspHomeNotApplicable	CheckBox
RedRaspAwayName	TextBox
RedRaspAwayLoc	TextBox
RedRaspAwayNotApplicable	CheckBox
Blackberry	CheckBox
BlackberryBrand	TextBox
BlackberryPlacePurch	TextBox
BlackberryHomeNotApplicable	CheckBox
BlackberryAwayName	TextBox
BlackberryAwayLoc	TextBox
BlackberryAwayNotApplicable	CheckBox
BlackRasp	CheckBox
GoldRasp	CheckBox
Strawberry	CheckBox
Blueberry	CheckBox
Boysenberry	CheckBox
OtherBerry	CheckBox
OtherSpecificBerries	TextBox
BerryUnknown	CheckBox
Apple	CheckBox
Grape	CheckBox
Pear	CheckBox
Peach	CheckBox
Nectarine	CheckBox
Plum	CheckBox
Orange	CheckBox
Grapefruit	CheckBox
Tangerine	CheckBox
LemonLime	CheckBox

Cherry	CheckBox
Cantaloupe	CheckBox
Honeydew	CheckBox
Watermelon	CheckBox
PreCutMelon	CheckBox
OtherMelon	CheckBox
Pineapple	CheckBox
Mango	CheckBox
Coconut	CheckBox
OtherFruit	CheckBox
FreshFruitComments	TextBox
PremadeSalad	CheckBox
PremadeSaladIngredients	TextBox
PremadeSaladBrand	TextBox
PremadeSaladPlacePurch	TextBox
Iceberg	CheckBox
PrepackagedIceberg	CheckBox
HeadLooseIceberg	CheckBox
ToppinggarnishIceberg	CheckBox
UnkIcebergType	CheckBox
IcebergBrand	TextBox
IcebergPlacePurch	TextBox
IcebergHomeNotApplicable	CheckBox
IcebergAway	TextBox
IcebergAwayNotApplicable	CheckBox
Romaine	CheckBox
RomaineTypeGroup	CheckBox
PrepackagedRomaine	CheckBox
HeadLooseRomaine	CheckBox
ToppinggarnishRomaine	CheckBox
UnkRomaineType	CheckBox
RomaineHomeBrand	TextBox
RomainePlacePurch	TextBox
RomaineHomeNotApplicable	CheckBox
RomaineAway	TextBox
RomaineAwayNotApplicable	CheckBox
Mesclun	CheckBox
MesclunBrand	TextBox
MesclunPlacePurch	TextBox
UnkMesclunPlacePurch	CheckBox
MesclunAwayName	TextBox
MesclunAwayNotApplicable	CheckBox
Cabbage	CheckBox
RedCabbage	CheckBox
GreenCabbage	CheckBox
SavoyCabbage	CheckBox
NapaCabbage	CheckBox
Bokchoy	CheckBox
BrusselsSprouts	CheckBox
OthUnkCabbageType	CheckBox

CabbageBrand	TextBox
CabbagePlacePurch	TextBox
CabbageHomeNotApplicable	CheckBox
CabbageAwayName	TextBox
CabbageAwayNotApplicable	CheckBox
Spinach	CheckBox
PrepackagedSpinach	CheckBox
HeadLooseSpinach	CheckBox
ToppinggarnishSpinach	CheckBox
UnkSpinachType	CheckBox
SpinachHomeBrand	TextBox
SpinachHomePlacePurch	TextBox
SpinachHomeNotApplicable	CheckBox
SpinachAwayPlaceName	TextBox
SpinachAwayNotApplicable	CheckBox
OtherGreens	CheckBox
Arugula	CheckBox
Kale	CheckBox
Endive	CheckBox
mustardgreens	CheckBox
radicchio	CheckBox
UnkLeafyGreenType	CheckBox
OtherLeafyGreens	CheckBox
OtherLeafySpecify	TextBox
LettuceLeafyComments	TextBox
Prepkgdsalad	CheckBox
Prepkgdsaladingredients	TextBox
Prepkgdsaladbrand	TextBox
PrepkgdsaladPlacePurch	TextBox
LeafyGreensComments	TextBox
Cucumber	CheckBox
Zucchini	CheckBox
Squash	CheckBox
BellPepper	CheckBox
RedBellPepper	CheckBox
GreenBellPepper	CheckBox
OrangeBellPepper	CheckBox
YellowBellPepper	CheckBox
UnkBellPepper	CheckBox
HotPepper	CheckBox
Celery	CheckBox
MiniCarrot	CheckBox
OtherCarrot	CheckBox
RootVeg	CheckBox
Radish	CheckBox
Beets	CheckBox
Turnips	CheckBox
RootVegUnk	CheckBox
RootVegOther	CheckBox
RootVegOtherSpecify	TextBox

Peas	CheckBox
GardenPeas	CheckBox
SnowPeas	CheckBox
SugarSnapPeas	CheckBox
OthUnkPeas	CheckBox
OthUnkPeasSpecify	TextBox
PeasBrand	TextBox
PeasPlacePurch	TextBox
PeasHomeNotApplicable	CheckBox
PeasAwayName	TextBox
PeasAwayNotApplicable	CheckBox
Broccoli	CheckBox
Cauliflower	CheckBox
Sprouts	CheckBox
Onion	CheckBox
WhiteOnion	CheckBox
YellowOnion	CheckBox
RedPurpleOnion	CheckBox
UnkOnion	CheckBox
OtherOnion	CheckBox
OtherOnionSpecify	TextBox
Scallion	CheckBox
Tomato	CheckBox
RedRoundTomato	CheckBox
RomaTomato	CheckBox
GrapeCherryTomato	CheckBox
UnkTomato	CheckBox
OtherTomato	CheckBox
OtherTomatoSpecify	TextBox
Pico	CheckBox
PicoBrand	TextBox
PicoPlacePurch	TextBox
PicoHomeNotApplicable	CheckBox
PicoAwayName	TextBox
PicoAwayNotApplicable	CheckBox
Guacamole	CheckBox
GuacBrand	TextBox
GuacPlacePurch	TextBox
GuacHomeNotApplicable	TextBox
GuacAway	CheckBox
GuacAwayNotApplicable	TextBox
FreshVegComments	TextBox

ControlPrompt
Classify case based on CDC case definition [Confirmed/Probable]
State/NNDSS ID#
Date stool collected for Cyclospora testing
Test results [Positive/Negative/Indeterminate/Pending]
Specify type of testing laboratories and testing method [table with test type (O&P, GI PCR Panel, PCR, Lab-developed te
Specify name of lab-confirmed coinfection
State Lab accession number
Name
Agency or Organization
Contact phone number
Date of Interview
Before this interview how many times has the case-patient been interviewed about his/her illness?
Respondent for current interview was [Self/Parent/Spouse/Other (specify)]
For CDC Use Only
Entered at CDC
UserID
State
County
Zip Code
Birth month
Birth year
Age
Sex
Do you consider yourself of Hispanic or Latino origin [Yes/No/Unknown]
How would you describe your race? [White, American Indian/Alaska Native, Black/African American, Asian, Native Hawa
What date did you (your child) first feel sick?
Unknown
Approximate date
Did you (your child) have any diarrhea (defined as loose or watery stools that you do not normally have)?
Date diarrhea started
Date diarrhea stopped?
Ongoing
Weight Loss
Fever
Fatigue
Anorexia
Nausea
Vomiting
Abdominal Cramps
Have your (your child's) other symptoms stopped?
If yes, date symptoms stopped [text/unknown]
Were you (your child) hospitalized overnight?
How many nights were you (your child) hospitalized?
Admission date
Hospital name:
List Counties in home state (outside county of residence) where you (your child) might have purchased or eaten foods d
Unknown
Date Departed
Date Returned

Foods Eaten

List all US cities and states (outside of home state) where you (your child) might have purchased or eaten foods. This inc

Unknown

Date Departed

Date Returned

Foods Eaten

List all countries outside the US and dates or travel where you (your child) might have purchased or eaten foods.

Unknown

Did not travel Outside US

Countries Traveled

DateDeparted

Date Returned

Foods Eaten

Did you (your child) attend any events where food was served (e.g., parties, fairs, concerts, tournaments, conventions)?

Please list the name of event, date, and location

Do you know of any other person(s) who has been sick recently with a similar illness?

If yes, please provide information for other ill person(s) including number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.)*.

Please provide information about the other ill persons and their relationship to you (include the STATE ID, do not enter stations), ethnic specialty markets, health food stores, co-ops, fish or meat specialty shops, farmer's markets or food directly from a farm, or any other sources?

Store Name

Address

City

State

Date shopped

Items purchased

Shopper card #

Refused to give shopper card #
bar, take-out, breakfast or brunch, school or institution, food truck, or other restaurants or commercial food establishments?

Restaurant Name

Address

City

State

Meal date

Foods eaten

Additional Comments

Is this case associated with a cluster [Yes/No]

What is the cluster name?

Did you (your child) eat any fresh basil?

Sweet

Purple (i.e., purple leaves and stems)

Thai (i.e., green leaves and purple stems)

Other/Unknown

If eaten at home, what was the: Brand(s) purchased:

If eaten at home, what was the: Place(s) purchased:

Not Applicable (did not eat at home)

If eaten outside the home

If eaten outside the home: List name(s) of establishment(s) and locations:

Not Applicable (did not eat outside the home)
Did you (your child) eat any fresh cilantro?
If eaten at home, what was the: Brand(s):
If eaten at home, what was the: Place(s) purchased (names, locations):
Not Applicable (did not eat at home)
If eaten outside the home: List name(s) of establishments:
Not Applicable (did not eat outside the home)
Fresh parsley
Fresh oregano
fresh thyme
Fresh mint
Fresh dill
Fresh sage
Fresh rosemary
Other fresh herbs?
Type(s)
Unknown
Additional Comments
Did you (your child) eat any fresh red raspberries?
If eaten at home, what was the: Brand(s):
If eaten at home, what was the: Place(s) of purchase:
Not Applicable (did not eat at home)
If eaten outside the home: List name(s) of establishment(s):
If eaten outside the home: List location(s):
Not Applicable (did not eat outside the home)
Did you (your child) eat any fresh blackberries?
If eaten at home, what was the: Brand(s):
If eaten at home, what was the: Place(s) of purchase:
Not Applicable (did not eat at home)
If eaten outside the home: List name(s) of establishment(s):
If eaten outside the home: List location(s):
Not Applicable (did not eat outside the home)
Did you (your child) eat any black raspberries?
Did you (your child) eat any golden raspberries?
Did you (your child) eat any strawberries?
Did you (your child) eat any blueberries?
Did you (your child) eat any boysenberries?
Did you (your child) eat any other fresh berries?
If yes, please specify:
Unknown
Did you (your child) eat any apples?
Did you (your child) eat any grapes?
Did you (your child) eat any pears?
Did you (your child) eat any peaches?
Did you (your child) eat any nectarines?
Did you (your child) eat any plums?
Did you (your child) eat any oranges?
Did you (your child) eat any grapefruit?
Did you (your child) eat any tangerines?
Did you (your child) eat any fresh lemon or lime? This could include a garnish on a drink.

Did you (your child) eat any cherries?

Did you (your child) eat any cantaloupe?

Did you (your child) eat any honeydew melon?

Did you (your child) eat any watermelon?

Did you (your child) eat any precut melon or melon salad?

Did you (your child) eat any other melon?

Did you (your child) eat any pineapple?

Did you (your child) eat any mango?

Did you (your child) eat any coconut (whole or shredded)?

Did you (your child) eat any other fruit (e.g., kiwi, papaya, guava, pomegranate, other [specify])?

Additional Comments

Did you (your child) eat any pre-made, single serving salads (e.g., ready to eat salads with toppings, meats, dressing)?

Ingredients (lettuce, cabbage, carrots, etc.)

Brand(s):

Place(s) purchased (names, locations):

Did you (your child) eat any iceberg lettuce?

Prepackaged

Head/Loose

Topping/garnish

Unknown

If eaten at home, what was the: Brand(s):

If eaten at home, what was the: Place(s) purchased (names, locations):

Not Applicable (did not eat at home)

If eaten outside the home: List name(s) of establishment(s) and locations:

Not Applicable (did not eat outside the home)

Did you (your child) eat any romaine lettuce?

If eaten at home: What was the type?

Prepackaged

Head/Loose

Topping/garnish

Unknown

If eaten at home, what was the: Brand(s):

If eaten at home, what was the: Place(s) purchased (names, locations):

Not Applicable (did not eat at home)

If eaten outside the home: List name(s) of establishment(s) and locations:

Not Applicable (did not eat outside the home)

Did you (your child) eat any mesclun lettuce (e.g., spring mix, field greens, baby greens)?

If eaten at home, what was the: Brand(s) purchased:

If eaten at home, what was the: Place(s) purchased (names, locations):

Not Applicable (did not eat at home)

If eaten outside the home: List name(s) of establishment(s) and location(s):

Not Applicable (did not eat outside the home)

Did you (your child) eat any fresh cabbage?

Red

Green

Savoy (aka, curly)

Napa

Bok choy

Brussels sprouts

Other/Unknown

If eaten at home, what was the: Brand(s) purchased:

If eaten at home, what was the: Place(s) purchased (names, locations):

Not Applicable (did not eat at home)

If eaten outside the home: List name(s) of establishment(s) and location(s):

Not Applicable (did not eat outside the home)

Did you (your child) eat any fresh spinach?

Prepackaged

Head/Loose

Topping/garnish

Unknown

If eaten at home, what was the: Brand(s):

If eaten at home, what was the: Place(s) purchased (names, locations):

Not Applicable (did not eat at home)

If eaten outside the home: List name(s) of establishment(s) and locations:

Not Applicable (did not eat outside the home)

53. Did you (your child) eat any other lettuce or leafy greens?

Arugula

Kale

Endive

Mustard greens

Radicchio

Unknown

Other

Please specify:

Additional Comments

Did you (your child) eat any other prepackaged salad mix (not previously identified above)?

Ingredients (lettuce, cabbage, carrots, etc.)

Brand(s):

Place(s) purchased (names, locations):

Additional Comments

Did you (your child) eat any cucumbers?

Did you (your child) eat any zucchini?

Did you (your child) eat any squash?

Did you (your child) eat any bell peppers?

Red

Green

Orange

Yellow

Unknown

Did you (your child) eat any hot chili/chile peppers?

Did you (your child) eat any celery?

Did you (your child) eat any "mini" carrots? These are often peeled and sold in a sealed bag.

Did you (your child) eat any other fresh carrots?

Did you (your child) eat any other raw root vegetables?

Radish

Beets

Turnips

Unknown

Other [specify]

Specify

Did you (your child) eat any fresh, raw peas? May be shelled or in the pod.

Garden peas

Snow peas (i.e., flat, shiny pods containing tiny peas)

Sugar snap peas (i.e, plump, crisp, edible pods)

Other/Unknown

Specify

If eaten at home, what was the: Brand(s) purchased:

If eaten at home, what was the: Place(s) purchased (names, locations):

Not Applicable (did not eat at home)

If eaten outside the home: List name(s) of establishments and locations:

Not Applicable (did not eat outside the home)

Did you (your child) eat any broccoli?

Did you (your child) eat any cauliflower?

Did you (your child) eat any sprouts?

Did you (your child) eat any raw onions?

White

Yellow

Red/Purple

Unknown

Other

Other specify

Did you (your child) eat any raw green onions/scallions?

Did you (your child) eat any fresh tomatoes?

Red round

Roma (oval-shaped)

Grape/Cherry (bite-sized)

Unknown

Other

Other specify

Did you (your child) eat any fresh salsa or pico de gallo (not from a jar)?

If eaten at home what was the: Brand(s) purchased:

If eaten at home, what was the: Place(s) purchased (names, locations):

Not Applicable (did not eat at home)

If eaten outside the home: List name(s) of establishment(s) and locations:

Not Applicable (did not eat outside the home)

Did you (your child) eat any fresh guacamole (not from a jar)?

If eaten at home what was the: Brand(s) purchased:

If eaten at home, what was the: Place(s) purchased (names, locations):

Not Applicable (did not eat at home)

If eaten outside the home: List name(s) of establishment(s) and locations:

Not Applicable (did not eat outside the home)

Additional Comments

st, Other) in columns and laboratory type (Clinical, Commercial, State, CDC) in rows]

aiian/Pacific Islander, Unknown, Other (Specify)]

during the 14 days before onset of illness.

:ludes airports, bus or train stations.

names or other personally identifiable information)