**Cyclosporiasis National Hypothesis Generating Questionnaire**

Form Approved  
OMB No. 0920-1198  
Exp. Date 09/30/2023

**General information** (Questions to be completed by interviewer before the questionnaire is administered.)

1. Classify case based on CDC case definition (**Required**): ⬜ Confirmed ⬜ Probable

**Laboratory information:**

2. Date(s) stool collected for *Cyclospora* testing (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Test results: ⬜ Positive ⬜ Negative ⬜ Indeterminate ⬜ Pending

4. Specify type of testing laboratories and testing method(s) (Check all that apply including confirmatory testing):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | O&P  (e.g. microscopy, stained smears) | GI PCR Panel  (e.g. BioFire FilmArray®) | PCR  (i.e. standalone PCR test, not part of a panel) |  | Other test type |
| Clinical lab | ⬜ | ⬜ | ⬜ |  | ⬜ |
| Commercial lab | ⬜ | ⬜ | ⬜ |  | ⬜ |
| State lab | ⬜ | ⬜ | ⬜ |  | ⬜ |
| CDC lab | ⬜ | ⬜ | ⬜ |  | ⬜ |

5. Was the patient co-infected with another intestinal pathogen? No ⬜ Yes ⬜

5a. If YES, please specify name of lab-confirmed coinfection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interviewer information:**

6. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Agency or organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Contact phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Date of interview: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM DD YYYY

10. Before this interview, how many times has the case-patient been interviewed about his/her illness?

⬜ None ⬜ Once ⬜ Twice ⬜ Three or more times ⬜ Unknown

11. Respondent for the current interview was:

⬜ Self ⬜ Parent ⬜ Spouse ⬜ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For HD use only:** Check if case was lost to follow up ⬜   
If case was lost to follow up, was information extracted from the medical record?No ⬜ Yes ⬜

**Begin Interview:**

**Hello, my name is** [state interviewer name]**. I am from** [INTERVIEWER HEALTH DEPARTMENT]**. We are**

**contacting you because of your (your child’s) recent infection with *Cyclospora*, which is a parasite that**

**causes intestinal illness. We are trying to determine how people become infected with *Cyclospora* so we**

**can prevent others from getting sick.**

**You may have already been contacted by someone at the health department, but I would like to ask you**

**questions in a standard way about your (your child’s) illness, and about any travel you may have had or**

**foods you may have eaten before becoming ill. The interview could take between 25-45 minutes. Your help in**

**the investigation is very important. Your participation is voluntary, and you may refuse to answer any**

**question at any time. All information you give will be kept confidential to the extent permitted by law.**

**No individual names or other identifying information will be used in any official reports about the**

**results of the investigation.**

**Are you willing to participate in this investigation?**

**If yes: The questions relate to the 14-day period before you (your child) became ill. Therefore, it may**

**help to have a calendar, recent restaurant and grocery store receipts, or credit card statements nearby.**

**Do you need a few moments to get this information? [Then proceed to start of interview]**

**If no: Thank you for your time.**

**Section 1: Demographic Data**

**I’d like to begin by asking a few demographic questions.**

1. State: \_\_\_\_\_\_\_\_\_ 2. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Date of birth (MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ 5. Age: \_\_\_\_\_\_\_\_\_\_( years)6. Sex: ⬜ Male ⬜ Female

7. Do you consider yourself of Hispanic or Latino origin?

⬜ Yes

⬜ No

⬜ Unknown

8. How would you describe your race?

|  |  |  |
| --- | --- | --- |
| ⬜ White | ⬜ American Indian/Alaskan Native | ⬜ Black/African American |
| ⬜ Asian | ⬜ Native Hawaiian/Other Pacific Islander | ⬜ Unknown |
| ⬜ Other, specify: | | |

**Section 2: Clinical Information**

**Now I have some questions about your (your child’s) illness.**

9. What date did you (your child) first feel sick? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ⬜ Approximate Date ⬜ Unknown

YYYY DD MM

10. Have you (your child) had any of the following symptoms?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** | **Maybe** | **No** | **Don’t know** |  |
| ⬜ | ⬜ | ⬜ | ⬜ | a. Diarrhea (loose, watery stools you do not normally have)? |
|  | | | | 1. Date diarrhea started: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Date diarrhea stopped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ Ongoing |
| ⬜ | ⬜ | ⬜ | ⬜ | b. Weight loss? |
| ⬜ | ⬜ | ⬜ | ⬜ | c. Fever? |
| ⬜ | ⬜ | ⬜ | ⬜ | d. Fatigue? |
| ⬜ | ⬜ | ⬜ | ⬜ | e. Anorexia? ( loss of appetite)e.g. |
| ⬜ | ⬜ | ⬜ | ⬜ | f. Nausea? |
| ⬜ | ⬜ | ⬜ | ⬜ | g. Vomiting? |
| ⬜ | ⬜ | ⬜ | ⬜ | h. Abdominal cramps? |
|  | | | | |
| ⬜ | ⬜ | ⬜ | ⬜ | 11. Have your (your child’s) symptoms stopped? |
|  | | | | 1. If yes, date symptoms stopped: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   ⬜ Unknown |
|  |  |  |  |  |
|  | | | |  |

12. Were you (your child) hospitalized overnight? No⬜ Yes ⬜  
12a. How many nights were you (your child) hospitalized? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
12b. Admission date (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
12c. Hospital name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Travel, events, and ill contacts**

**Now I have some questions about any travel you (your child) might have had or events you (your child) might have attended during the 14 days before onset of illness. The travel or events could have been part of your work or for pleasure. I also have some questions about other persons you know who have been sick with a similar illness.**

**13. Did you (your child) travel to another state or country during the 14 days before onset of illness?**

⬜ Yes, traveled (continue to Question 14) No, did not travel (skip to Question ⬜17)

14. **\*(Optional – for local analysis)** List counties in your home state (outside your county of residence) where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness.

⬜ Did not travel to other counties within home state ⬜ Unknown

|  |  |  |  |
| --- | --- | --- | --- |
| Counties within home state | Date departed (MM/DD/YYYY) | Date returned (MM/DD/YYYY) | Foods eaten |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

15. List all states and U.S. cities outside of your home state where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness. **This includes airports and bus or train stations.**

⬜ Did not travel to other U.S. states ⬜ Unknown

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| U.S. States | U.S. Cities | Date departed (MM/DD/YYYY) | Date returned (MM/DD/YYYY) | Foods eaten |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

16. List all countries outside the U.S. where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness.

⬜ Did not travel outside the U.S. ⬜ Unknown

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Countries outside the U.S. | Cities outside U.S. | Date departed (MM/DD/YYYY) | Date returned (MM/DD/YYYY) | Foods eaten |
|  |  |  |  |  |
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|  |  |  |  |  |

at Question 17

17. During the 14 days before onset of illness, did you (your child) attend any events where fresh food was served (e.g. parties, fairs, concerts, tournaments, conventions)?

⬜ Yes ⬜ Maybe ⬜ No ⬜ Unknown

17a. Please list the name of the event(s), date(s), and location(s).

|  |  |  |  |
| --- | --- | --- | --- |
| Event ( wedding, fairs, concertse.g., )etc | Date attended event (MM/DD/YYYY) | Location of event (City, State) | Foods eaten |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

18. Do you know of any other person(s) (e.g. a family member, friend, travel companion, co-worker, neighbor, church/temple/mosque member, health club, or other club member) who has been sick recently with a similar illness?

⬜ Yes ⬜ Maybe ⬜ No ⬜ Unknown

18a. If yes/maybe, please specify if you (your child) and the other ill person(s):

⬜ Live in the same household ⬜ Attended same event ⬜ Traveled together

⬜ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18b. If yes/maybe, please provide information about the other ill person(s), including number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.). ***\*Please include the STATE ID of the ill contact(s), if available/applicable.* Do not enter names or other personally identifiable information.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Sources of produce at home**

**Now I have some questions about where the fresh produce came from that you ate at home during the 14 days before your illness began. This isn't necessarily where you shopped during that 14-day period, but where what you actually ate during that time came from. I'm going to list several types of stores; for each type, please tell me the names of each store from which you would have eaten food from during the 14 days before you became sick. Please refer to your grocery store receipts, grocery order invoices, or credit card statements to provide a more detailed description.**

19. Did you (your child) eat fresh produce from: grocery stores or supermarkets, warehouse stores, small markets (such as gas stations), ethnic specialty markets, health food stores, co-ops, farmer's markets or food directly from a farm, home delivery grocery services (e.g. CSA, Amazon Fresh, Instacart), meal delivery services (e.g. Blue Apron, Meals on Wheels), or any other sources?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Store name** | **Address** | **City** | **State** | **Zip Code** | **Date shopped (MM/DD/YYYY) or range** | **Foods purchased** | **\*Shopper card #** |
|  |  |  |  |  |  |  |  |
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\*Many stores use a customer’s phone number as their shopper card number. If your phone number is your shopper card number, may we use your phone number to look up purchase histories at the stores you’ve listed?No ⬜ Yes ⬜

\*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.

⬜ Refused to give shopper card # or permission to use phone number to look up purchase history.

Additional comments about grocery store purchases: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5: Sources of produce outside the home**

**Now I have some questions about where you ate produce outside your home, such as at restaurants or fast-food chains during the 14 days before your illness began. I'm going to list several types of restaurants and commercial food establishments; for each type, please tell me the names of each place. Please refer to your restaurant receipts or credit card statements to provide a more detailed description.**

20. Did you (your child) eat foods from: national fast-food chains, Mexican-style, Italian, Jamaican/Cuban/Caribbean, Chinese/Indian/Japanese/Asian, Middle Eastern/Arabic/Lebanese/African, vegetarian or vegan, barbecue or home-style, steakhouse or grill, seafood, all-you-can-eat buffet, sandwich shop or deli, diner, salad bar, take-out, breakfast or brunch, school or institution, food truck, restaurants at airports or other restaurants or commercial food establishments?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Restaurant name** | **Address** | **City** | **State** | **Zip Code** | **Meal date**  **(MM/DD/YYYY) or range** | **Foods eaten** |
|  |  |  |  |  |  |  |
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Additional comments about restaurant meals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions to be completed by interviewer:**

**Is the case associated with a cluster?** ⬜ **Yes** ⬜ **No Unknown** ⬜

**If yes, what is the cluster name?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 6: Fresh herbs**

**Now I have some questions about fresh herbs (not canned, cooked, frozen, or dried) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these herbs either in your home or away from home. I am only interested in fresh herbs that were not grown at home. Please remember that fresh herbs are often served as garnishes on drinks, entrees, desserts, or as part of a dish such as pesto, salsa, or a sauce. As I mention each food item, please answer yes, maybe, no, or don’t know as to whether you remember having eaten the food during the 14 days before you became ill.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** | **Maybe** | **No** | **Don’t know** | Did you (your child) eat: |
| ⬜ | ⬜ | ⬜ | ⬜ | 21. Fresh basil? |
|  | | | | a. Type(s): ⬜ Sweet basil ⬜ Purple basil (i.e. purple leaves and stems) ⬜ Thai basil (i.e. green leaves and purple stems  ⬜ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. If eaten at home, what was the:  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat at home) |
| c. If eaten outside the home:  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat outside the home) |
| ⬜ | ⬜ | ⬜ | ⬜ | 22. Fresh cilantro? |
|  | | | | a. If eaten at home, what was the:  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat at home) |
| b. If eaten outside the home:  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat outside the home) |
| ⬜ | ⬜ | ⬜ | ⬜ | 23. Fresh parsley? |
| ⬜ | ⬜ | ⬜ | ⬜ | 24. Fresh oregano? |
| ⬜ | ⬜ | ⬜ | ⬜ | 25. Fresh thyme? |
| ⬜ | ⬜ | ⬜ | ⬜ | 26. Fresh mint? |
| ⬜ | ⬜ | ⬜ | ⬜ | 27. Fresh dill? |
| ⬜ | ⬜ | ⬜ | ⬜ | 28. Fresh sage? |
| ⬜ | ⬜ | ⬜ | ⬜ | 29. Fresh rosemary? |
| ⬜ | ⬜ | ⬜ | ⬜ | 30. Other fresh herbs? |
|  | | | | a. Type(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ Unknown |

Additional comments about fresh herbs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 7: Fresh berries and fruit**

**Now I have some questions about fresh berries and other fruit (not canned, cooked, frozen, or dried) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten this fruit either in your home or away from home. I am only interested in fresh fruits that were not grown at home. Please remember that fruit and berries are often used in smoothies or as garnishes on top of or on the sides of salads and in desserts.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** | **Maybe** | **No** | **Don’t know** | Did you (your child) eat: |
| ⬜ | ⬜ | ⬜ | ⬜ | 31. Fresh red raspberries? |
|  | | | | a. If eaten at home, what was the:  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat at home) |
| b. If eaten outside the home:  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat outside the home) |
| ⬜ | ⬜ | ⬜ | ⬜ | 32. Fresh blackberries? |
|  | | | | a. If eaten at home, what was the:  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat at home) |
| b. If eaten outside the home:  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat outside the home) |
|  |  |  |  |  |
|  |  |  |  |  |
| ⬜ | ⬜ | ⬜ | ⬜ | 33. Fresh strawberries? |
|  | | | | a. If eaten , what was the:at home  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not applicable (did not eat at home)⬜ |
| b. If eaten :outside the home  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not applicable (did not eat outside the home)⬜ |
| ⬜ | ⬜ | ⬜ | ⬜ | 34. Fresh blueberries? |
|  | | | | a. If eaten , what was the:at home  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not applicable (did not eat at home)⬜ |
| b. If eaten :outside the home  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not applicable (did not eat outside the home)⬜ |
|  |  |  |  |  |
| ⬜ | ⬜ | ⬜ | ⬜ | 35. Other fresh berries |
|  | | | | a. Types: Boysenberries ⬜ Golden raspberries ⬜ Black raspberries⬜  b. Other type(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Unknown |
| ⬜ | ⬜ | ⬜ | ⬜ | 36. Apples? |
| ⬜ | ⬜ | ⬜ | ⬜ | 37. Grapes? |
| ⬜ | ⬜ | ⬜ | ⬜ | 38. Pears? |
| ⬜ | ⬜ | ⬜ | ⬜ | 39. Peaches? |
| ⬜ | ⬜ | ⬜ | ⬜ | 40. Nectarines? |
| ⬜ | ⬜ | ⬜ | ⬜ | 41. Plums? |
| ⬜ | ⬜ | ⬜ | ⬜ | 42. Oranges? |
| ⬜ | ⬜ | ⬜ | ⬜ | 43. Tangerines or “Cuties”)e.g.? (clementines |
| ⬜ | ⬜ | ⬜ | ⬜ | 44. Grapefruit? |
| ⬜ | ⬜ | ⬜ | ⬜ | 45. Fresh lemon or lime? This could include a garnish on a drink. |
| ⬜ | ⬜ | ⬜ | ⬜ | 46. Cherries? |
| ⬜ | ⬜ | ⬜ | ⬜ | 47. Cantaloupe? |
| ⬜ | ⬜ | ⬜ | ⬜ | 48. Honeydew melon? |
| ⬜ | ⬜ | ⬜ | ⬜ | 49. Watermelon? |
| ⬜ | ⬜ | ⬜ | ⬜ | 50. Precut melon or melon salad? ( premade, in a container)E.g. This could also include melon in a fruit cup or fruit salad. |
| ⬜ | ⬜ | ⬜ | ⬜ | 51. Other melon? |
| ⬜ | ⬜ | ⬜ | ⬜ | 52. Pineapple? |
| ⬜ | ⬜ | ⬜ | ⬜ | 53. Mango? |
|  |  |  |  |  |
|  |  |  |  |  |
| ⬜ | ⬜ | ⬜ | ⬜ | 54. Other fruit? |
|  | | | | a. Types: ⬜ Bananas⬜ Kiwi ⬜ Papaya ⬜ Guava ⬜ Pomegranate Coconut (whole or shre⬜dded)  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Additional comments about fresh fruit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 8: Leafy greens (e.g. iceberg, romaine, mesclun, cabbage, spinach)**

**Now I have some questions about leafy greens (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these leafy greens either in your home or away from home. I am only interested in leafy greens that were not grown at home. Please remember to include greens you might have eaten on sandwiches or burgers or as a garnish.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** | **Maybe** | **No** | **Don’t know** | Did you (your child) eat: |
| ⬜ | ⬜ | ⬜ | ⬜ | 55. Bagged salad kits ( bagged leafy greens with dre.g.essing or other toppings like nuts, seeds, , or cheese that need to be mixed in).courtons |
|  | | | | a. What were the:  Ingredients (lettuce, cabbage, carrots, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\*If multiple types of bagged salad kits are reported, please enter the additional types in the “Additional comments” section below. about leafy greens* |
| ⬜ | ⬜ | ⬜ | ⬜ | 56. Pre-made, single serving salads (e.g. ready to eat salads with toppings, meats, and dressing, in a hard plastic container)?  \*These are “grab-and-” type items that you might find in the deli section of a grocery storego. |
|  | | | | a. What were the:  Ingredients (lettuce, cabbage, carrots, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\*If multiple types of pre-made single serving salads are reported, please enter the additional types in the “Additional comments about leafy greens” section below.* |
| ⬜ | ⬜ | ⬜ | ⬜ | 57. Iceberg lettuce? |
|  | | | | a. If eaten at home, what was the:  Type(s): ⬜ Prepackaged, precut/shredded in a bag ⬜ Head/Loose (not prepackaged) ⬜ Topping/Garnish  ⬜ Part of a pre-made salad or bagged salad kit? ⬜ Unknown  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat at home) |
| b. If eaten outside the home:  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat outside the home) |
| ⬜ | ⬜ | ⬜ | ⬜ | 58. Romaine lettuce? |
|  | | | | a. If eaten at home, what was the:  Type(s): ⬜ Prepackaged, precut/shredded in a bag  ⬜ Head (prepackaged, in a bag) ⬜ Head/Loose (not prepackaged)  ⬜ Topping/Garnish  ⬜ Part of a pre-made salad or bagged salad kit?  ⬜ Unknown  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat at home) |
| b. If eaten outside the home:  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat outside the home) |
| ⬜ | ⬜ | ⬜ | ⬜ | 59. Mesclun lettuce (e.g. spring mix, field greens, baby greens)? |
|  | | | | a. If eaten at home, what was the:  Type(s): ⬜ Prepackaged in a hard plastic container  ⬜ Prepackaged in a bag ⬜ Head/Loose (not prepackaged)  ⬜ Topping/Garnish Part of a pre-made salad or bagged salad kit?⬜    ⬜ Unknown  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat at home) |
| b. If eaten outside the home:  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat outside the home) |
| ⬜ | ⬜ | ⬜ | ⬜ | 60. Butter lettuce (also called Boston or Bibb lettuce) |
|  | | | | a. Type(s): ⬜ Mixed⬜ Green ⬜ Red  b. Packaging:  ⬜ Prepackaged in a bag ⬜ Prepackaged in a hard plastic container  ⬜ Head/loose (not prepackaged) ⬜ Part of a pre-made salad or bagged salad kit? |
| c. If eaten , what was the:at home  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not applicable (did not eat at home)⬜ |
| d. If eaten :outside the home  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not applicable (did not eat outside the home)⬜ |
| ⬜ | ⬜ | ⬜ | ⬜ | 61. Fresh cabbage? |
|  | | | | a. Type(s): ⬜ Red, head/loose (not prepackaged) ⬜ Green, head/loose (not prepackaged) ⬜ Precut/shredded, prepackaged in a bag (e.g. coleslaw mix) Part of a pre-made salad or bagged salad kit?⬜  ⬜ Savoy (aka curly) ⬜ Napa  ⬜ Bok choy ⬜ Brussel sprouts  ⬜ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| b. If eaten at home, what was the:  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat at home) |
| c. If eaten outside the home:  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat outside the home) |
| ⬜ | ⬜ | ⬜ | ⬜ | 62. Fresh spinach? |
|  | | | | a. If eaten at home, what was the:  Type(s): ⬜ Prepackaged, in a bag ⬜ Prepackaged, in a hard plastic container  ⬜ Head/Loose (not prepackaged) ⬜ Topping/Garnish ⬜ Part of a pre-made salad or bagged salad kit?  ⬜ Unknown  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat at home) |
| b. If eaten outside the home:  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat outside the home) |
| ⬜ | ⬜ | ⬜ | ⬜ | 63. Other lettuce or leafy greens? |
|  | | | | a. Type(s): ⬜ Arugula ⬜ Endive ⬜ Mustard greens ⬜ Radicchio  ⬜ Kale ⬜ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ⬜ | ⬜ | ⬜ | ⬜ | 64. Other prepackaged salad mix (not previously identified)? |
|  | | | | a. What were the:  Ingredients (lettuce, cabbage, carrots, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Additional comments about leafy greens: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 9: Other fresh vegetables**

**Now I have some questions about fresh vegetables (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these vegetables either in your home or away from home. I am only interested in vegetables that were not grown at home. Please include vegetables that were eaten alone or as part of a dish.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** | **Maybe** | **No** | **Don’t know** | Did you (your child) eat: |
| ⬜ | ⬜ | ⬜ | ⬜ | 65. Cucumbers? |
| ⬜ | ⬜ | ⬜ | ⬜ | 66. Raw, uncooked zucchini? |
| ⬜ | ⬜ | ⬜ | ⬜ | 67. Raw, uncooked squash? ( yellow squash)e.g. |
| ⬜ | ⬜ | ⬜ | ⬜ | 68. Raw, uncooked bell peppers? |
|  | | | | a. Type(s): ⬜ Red ⬜ Green ⬜ Orange ⬜ Yellow ⬜ Unknown |
| ⬜ | ⬜ | ⬜ | ⬜ | 69. Hot peppers or chili peppers (e.g. jalapenos or serranos)? |
| ⬜ | ⬜ | ⬜ | ⬜ | 70. Celery? |
| ⬜ | ⬜ | ⬜ | ⬜ | 71. Raw carrots? |
|  |  |  |  | a. Type(s): “Mini” or “baby” carrots ⬜  ⬜ Other raw carrots, \_\_\_\_\_\_\_specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| ⬜ | ⬜ | ⬜ | ⬜ | 72. Other raw, uncooked root vegetables? |
|  | | | | a. Type(s): ⬜ Radishes ⬜ Beets ⬜ Turnips ⬜ Unknown  ⬜ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ⬜ | ⬜ | ⬜ | ⬜ | 73. Fresh, raw peas? (May be shelled or in the pod) |
|  | | | | a. Type(s): ⬜ Garden peas ⬜ Snow peas (i.e. flat, shiny pods containing peas) ⬜ Sugar snap peas (i.e. plump, crisp, edible pods) ⬜ Unknown  ⬜ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| a. If eaten at home, what was the:  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat at home) |
| b. If eaten outside the home:  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat outside the home) |
| ⬜ | ⬜ | ⬜ | ⬜ | 74. Broccoli? |
| ⬜ | ⬜ | ⬜ | ⬜ | 75. Cauliflower? |
| ⬜ | ⬜ | ⬜ | ⬜ | 76. Sprouts? |
| ⬜ | ⬜ | ⬜ | ⬜ | 77. Raw, uncooked onions? |
|  | | | | a. Type(s): ⬜ White ⬜ Yellow ⬜ Red/Purple ⬜ Green onion/scallion ⬜ Unknown  ⬜ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| ⬜ | ⬜ | ⬜ | ⬜ | 78. Fresh tomatoes? |
|  | | | | a. Type(s): ⬜ Red round ⬜ Roma (oval-shaped) ⬜ Grape/Cherry (bite-sized) ⬜ Unknown ⬜ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ⬜ | ⬜ | ⬜ | ⬜ | 79. Fresh made salsa or pico de gallo (i.e. not from a vacuum-sealed jar)? |
|  | | | | a. If eaten at home, what was the:  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat at home) |
| b. If eaten outside the home:  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat outside the home) |
| ⬜ | ⬜ | ⬜ | ⬜ | 80. Fresh made guacamole (i.e. not from a vacuum-sealed jar)? |
|  | | | | a. If eaten at home, what was the:  Brand(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place(s) purchased (names, locations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat at home) |
| b. If eaten outside the home:  List the name(s) of establishment(s) and location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ Not applicable (did not eat outside the home) |

Additional comments, including other types of fresh vegetables: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This completes the interview. Thank you very much for your time. Depending on what we find when we put these interviews together, we may need to talk to you again about a few details. Would you like to provide any additional thoughts about anything we’ve discussed or about this outbreak investigation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_