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Section 1: CHICKEN: Now I have a few questions about chicken that you (the patient) might have eaten in the X days before your (the patient's) illness began. This does not include canned items, but the chicken could have been fresh, frozen, or could have been eaten as part of dish such as casseroles, soups, burgers, or sandwiches. You (the patient) may have eaten this at home or away from home, such as in a restaurant, takeout, or at a catered event.

Main Question: Did you (the patient) eat any chicken? *If yes, maybe, ate, or likely ate, please proceed to the chicken-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Chicken-specific Food Questions	
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	If yes, maybe, ate, or likely ate to chicken-specific food items, please ask the following questions:	
Yes	Maybe	No	Don't Know			<i>If prepared at home:</i>	
Listeria Responses In the 28 days before the illness began					<ul style="list-style-type: none"> - Whole chicken - Chicken cut into parts or pieces - Chicken breasts - Chicken drumsticks - Chicken thighs - Chicken wings - Ground chicken - Frozen, stuffed chicken products - Breaded chicken - Chicken cordon bleu - Chicken kiev - Chicken broccoli and cheese - Bacon wrapped chicken - Frozen, breaded chicken products like chicken nuggets, strips, or tenders - Rotisserie chicken, roasted chicken or any chicken purchased precooked at a grocery store or deli? - Other chicken products - Chicken sausage - Chicken meatballs - Chicken deli meat - Chicken patties - Chicken livers - Chicken hearts - Chicken feet - Organ meat - Chicken necks - Chicken Intestines 	<ul style="list-style-type: none"> a. How was it purchased? <input type="checkbox"/> Raw, fresh <input type="checkbox"/> Raw, frozen <input type="checkbox"/> Already cooked <input type="checkbox"/> Unknown b. Type, variety: _____ <input type="checkbox"/> Unknown c. Brand: _____ <input type="checkbox"/> Unknown d. Was it organic? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown e. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown f. Purchase date: ___/___/___ <input type="checkbox"/> Unknown g. If known, what was the "Best If Used By/Expiration" date on that package: Best if used by date: ___/___/___ USDA Establishment # P _____ (the establishment # starts with "P") h. Is a receipt available from this purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown i. Is any of the product purchased still in your home? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, Is it in its original packaging? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown j. (Regardless of packaging) Would you be willing to have the leftover product collected by health officials for testing if needed? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown k. Did you handle the product after illness began? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown l. Are others who ate the chicken also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		<i>If prepared outside the home:</i>	
					<ul style="list-style-type: none"> a. List name(s) and location(s): _____ b. Meal date: ___/___/___ <input type="checkbox"/> Unknown c. Describe the dish: _____ d. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No e. Are others who ate the chicken sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown f. What other items were served that you ate? _____ g. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 		

- Chicken Blood
- Chicken gizzards/giblets
- Did you touch, handle, or prepare chicken?
- Any Kosher chicken/chicken product

SECTION 2: BEEF: Now I have a few questions about beef that you (the patient) might have eaten in the X days before your (the patient's) illness began. This does not include canned items, but the beef could have been fresh, frozen, or could have been eaten as part of dish such as casseroles, soups, burgers, or sandwiches. You (the patient) may have eaten this at home or away from home, such as in a restaurant, takeout, or at a catered event.

Main Question: Did you (the patient) eat any beef? *If yes, maybe, ate, or likely ate, please proceed to the beef-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Beef-specific Food Questions
						If yes, maybe, ate, or likely ate to beef-specific food items, please ask the following questions:
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	<i>If prepared at home:</i> a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. How was the ground beef packaged? <input type="checkbox"/> In a tray/bulk <input type="checkbox"/> Bulk tube or chub <input type="checkbox"/> Pre-formed patties <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown c. How was the ground beef purchased? <input type="checkbox"/> Raw, fresh <input type="checkbox"/> Raw, frozen <input type="checkbox"/> Already cooked <input type="checkbox"/> Unknown <i>If fresh, did you freeze the raw ground beef before cooking it?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, did you:</i> <input type="checkbox"/> freeze in original, unopened package <input type="checkbox"/> repackage and then freeze <input type="checkbox"/> Unknown <i>If frozen or frozen at home, how was the ground beef defrosted?</i> <input type="checkbox"/> On counter <input type="checkbox"/> Microwave <input type="checkbox"/> Refrigerator <input type="checkbox"/> Unknown d. Did you freeze the ground beef <u>after</u> cooking it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown e. Brand: _____ <input type="checkbox"/> Unknown f. What size was the package? _____ lbs <input type="checkbox"/> Unknown g. Was it organic? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown h. What was the percent lean/fat? _____% lean <input type="checkbox"/> Unknown i. If known, what was the "Best If Used By/Expiration" date on that package: Best if used by date: ____/____/_____ USDA Establishment # _____ (the establishment number is either located in the USDA mark of inspection or printed on the package and begins with "M" or "EST".) j. Is a receipt or other proof of purchase available from this purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, would you be willing to share a picture of the receipt with health officials?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown k. Purchase date: ____/____/_____ <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know		<ul style="list-style-type: none"> - Ground beef - Hamburger patties - Casseroles - Tacos - Soups - Pasta sauce - Beef steaks - Roasts - Stews - Carne asada - Whole cuts of beef - Carne mechada - Carne menudo (beef tripe) - Cabeza (beef cheeks) - Lengua (beef tongue) - Veal - Raw beef dishes - Kitfo - Tartare - Other beef products - Corned beef - Dried meats - Beef jerky - Organ meat - Liver - Heart - Giblets 	
Listeria Responses In the 28 days before the illness began						
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

	<ul style="list-style-type: none"> - Tongue - Intestines - Blood - Did you handle or prepare any raw beef? 	<p>l. How was the ground beef prepared? <input type="checkbox"/> Hamburger <input type="checkbox"/> Meatballs <input type="checkbox"/> Meatloaf <input type="checkbox"/> Tacos <input type="checkbox"/> In a dish (pasta/casserole) <input type="checkbox"/> Other, specify _____</p> <p>m. How was it consumed? <input type="checkbox"/> Raw <input type="checkbox"/> Pink/red inside <input type="checkbox"/> Well-done, no pink inside <input type="checkbox"/> Unknown</p> <p>n. Is any of the ground beef purchased still in your home? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, Is it in its original packaging?</i> <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>o. <i>(Regardless of packaging)</i> Would you be willing to have the leftover product collected by health officials for testing if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>p. Did you handle the leftover ground beef after illness began? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>a. Are others who ate the ground beef also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If prepared outside the home:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Meal date: ____/____/____ <input type="checkbox"/> Unknown</p> <p>c. What type of beef product was this? <input type="checkbox"/> Steak <input type="checkbox"/> Stew <input type="checkbox"/> Roast <input type="checkbox"/> Hamburger <input type="checkbox"/> Meatballs <input type="checkbox"/> Meatloaf <input type="checkbox"/> Tacos <input type="checkbox"/> In a dish (pasta/casserole) <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown</p> <p>d. Describe dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>e. How was it consumed? <input type="checkbox"/> Raw <input type="checkbox"/> Pink/red inside <input type="checkbox"/> Well-done, no pink inside <input type="checkbox"/> Unknown</p> <p>f. Are others who ate the beef also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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SECTION 3: PORK: Now I have a few questions about pork that you (the patient) might have eaten in the X days before your (the patient's) illness began. This does not include canned items, but the pork could have been fresh, frozen, or could have been eaten as part of dish such as casseroles, soups, burgers, or sandwiches. You (the patient) may have eaten this at home or away from home, such as in a restaurant, takeout, or at a catered event.

Main Question: Did you (the patient) eat any pork? *If yes, maybe, ate, or likely ate, please proceed to the pork-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options	Specific Foods	Pork-specific Food Questions				
Salm/STEC Responses In the 7 days before the illness began	Did you (the patient) eat:	If response is yes, maybe, ate, or likely ate to pork-specific food items, the following will be asked: <i>If prepared at home:</i>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Yes</td> <td style="width:25%;">Maybe</td> <td style="width:25%;">No</td> <td style="width:25%;">Don't Know</td> </tr> </table>	Yes	Maybe	No	Don't Know	<ul style="list-style-type: none"> - Whole pig - Pork chops - Pork Tenderloin - Pork roast - Pork shoulder - Ground pork - Attend a hog/pig roast - Pork carnitas - Chorizo 	<p>a. Type/cut: <input type="checkbox"/> Ground <input type="checkbox"/> Whole pig <input type="checkbox"/> Pork chops <input type="checkbox"/> Pork ribs <input type="checkbox"/> Tenderloin <input type="checkbox"/> Shoulder <input type="checkbox"/> Butt <input type="checkbox"/> Carnitas <input type="checkbox"/> Pulled <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown</p> <p>b. Was it: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen</p> <p>c. Brand(s): _____ <input type="checkbox"/> Unknown</p> <p>d. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>e. Location type: <input type="checkbox"/> Supermarket/grocery store <input type="checkbox"/> Ethnic market <input type="checkbox"/> Live animal market <input type="checkbox"/> Slaughterhouse/butcher shop <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown</p> <p>f. Was the pork: <input type="checkbox"/> Prepackaged <input type="checkbox"/> Bulk</p> <p>g. Purchase date: ____/____/____ <input type="checkbox"/> Unknown</p>
Yes	Maybe	No	Don't Know			
Listeria Responses In the 28 days before the illness began						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Ate</td> <td style="width:25%;">Likely Ate</td> <td style="width:25%;">Likely Did Not Eat</td> <td style="width:25%;">Don't Know</td> </tr> </table>	Ate	Likely Ate	Likely Did Not Eat	Don't Know		
Ate	Likely Ate	Likely Did Not Eat	Don't Know			

	<ul style="list-style-type: none"> - Buche (pork stomach) - Costilla (pork ribs) - Pastor (marinated pork) - Pozole (pork stew) - Chitterlings/Chitlins (pork intestine) - Other meals containing pork such as egg rolls, fried rice, dumplings, tamales, soup, and or pork rinds - Lamb - Goat (birria) - Bison - Game meat - Organ meat - Liver - Heart - Giblets - Tongue - Intestines - Blood - Other pork products 	<p>h. Did you (your child) participate in cooking? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what was the cooking method (ground, spit, oven, etc.)?</i> _____</p> <p>i. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>j. Who purchased/cooked/handled the pork? _____</p> <p>k. Are others who ate the pork sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If prepared outside the home:</i></p> <p>a. Type/cut: <input type="checkbox"/> Ground <input type="checkbox"/> Whole pig <input type="checkbox"/> Pork chops <input type="checkbox"/> Pork ribs <input type="checkbox"/> Tenderloin <input type="checkbox"/> Shoulder <input type="checkbox"/> Butt <input type="checkbox"/> Carnitas <input type="checkbox"/> Pulled <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown</p> <p>b. Where was the pork consumed? (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>c. Dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>d. Did you (your child) participate in cooking? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what was the cooking method (ground, spit, oven, etc.)?</i> _____</p> <p>e. Do you know where the pork was obtained from (store, farm, market, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, name/location: _____ <input type="checkbox"/> Unknown</i> Purchase date: ___/___/___ <input type="checkbox"/> Unknown Is a receipt or invoice available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Are others who ate the pork sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. What other items were served that you ate? _____</p>
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SECTION 4: PROCESSED MEAT AND MEAT ALTERNATIVES: Now I have a few questions about processed meat and meat alternatives (like tofu) that you (the patient) might have eaten in the X days before your (the patient's) illness began. This does not include canned items, but the processed meat and meat alternatives could have been fresh, frozen, or could have been eaten as part of dish such as casseroles, soups, burgers, or sandwiches. You (the patient) may have eaten this at home or away from home, such as in a restaurant, takeout, or at a catered event.

Main Question: Did you (the patient) eat any processed meats or meat alternatives? <i>If yes, maybe, ate, or likely ate, please proceed to the processed meat/meat alternative-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.</i>				
Response Options		Specific Foods		Processed Meats/Meat Alternative-specific Food Questions If response is yes, maybe, ate, or likely ate to processed meat/meat alternative-specific food items, the following will be asked:
Salm/STEC Responses In the 7 days before the illness began		Did you (the patient) eat:		<i>If prepared at home:</i>
Yes	Maybe	No	Don't Know	a. Type, variety/style: _____ <input type="checkbox"/> Unknown
Listeria Responses In the 28 days before the illness began		<ul style="list-style-type: none"> - Bacon or Pancetta - Sausage - Polish sausage - Kielbasa - Bratwurst - Breakfast sausage - Italian sausage - Dried sausage - Summer sausage - Chorizo - Other processed 		b. Brand: _____ <input type="checkbox"/> Unknown
Ate	Likely Ate	Likely Did Not Eat	Don't Know	c. Turkey bacon? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
d. Place purchased (name, location): _____ <input type="checkbox"/> Unknown				
e. Purchase date: ___/___/___				
f. Receipt available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
g. Any product leftover? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
h. Use-By/Best-By Date: ___/___/___ Lot code: _____				
i. USDA Establishment Number (may be in a circle seal on the packaging): _____				
j. Was it purchased: <input type="checkbox"/> Raw <input type="checkbox"/> Precooked <input type="checkbox"/> Unknown				
k. Was it made from: <input type="checkbox"/> Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Pork <input type="checkbox"/> Beef <input type="checkbox"/>				

	<ul style="list-style-type: none"> meat products - Hot dogs - Corn dogs - Pepperoni - Antipasto/antipasti - Salami (genoa, parma, peppered) - Prosciutto/speck - Sopressata - Porchetta - Bresaola - Calbrese - Coppa - Capocollo/capicola - Calabrese salami - Mortadella salami - Pistachio di Prato - Amatrice di Cavallo - Charcuterie - Pancetta - Serdelki - Deli ham - Deli turkey - Deli chicken - Deli roast beef - Deli pastrami - Any other deli meats or cold cuts - Liver pate - Foie gras - Plant based meat substitutes - Impossible meat - Beyond meat - Morningstar - Tofu - Tempeh - Seitan - Other meat alternatives 	<p>Other, specify _____</p> <p>l. Was it: <input type="checkbox"/> Cured <input type="checkbox"/> Uncured <input type="checkbox"/> Unknown</p> <p>m. How was it purchased? <input type="checkbox"/> Sliced, in sealed package (size: _____ oz) <input type="checkbox"/> Sliced at deli counter <input type="checkbox"/> On pizza <input type="checkbox"/> Chub/Log <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown</p> <p>n. Any product leftover? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>o. Are others who ate the product sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If prepared outside the home:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Meal date: ____/____/____ <input type="checkbox"/> Unknown</p> <p>c. Describe dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>d. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. What other items were served that you ate? _____</p> <p>g. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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Section 5: SUSHI AND SASHIMI: Now I have some questions about sushi or sashimi you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) 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. The fish and seafood could have been fresh, frozen, or could have been eaten alone or as part of a dish, sauce, or dip.

Main Question: Did you (the patient) eat any sushi/sashimi? *If yes, maybe, ate, or likely ate, please proceed to the sushi/sashimi-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options	Specific Foods	Sushi/sashimi-specific Food Questions
		If response is yes, maybe, ate, or likely ate to sushi/sashimi-specific food items, the following will be asked:

Salm/STEC Responses					Did you (the patient) eat:	a. Place purchased from (names, locations): _____ b. Meal/purchase date: ____/____/____ <input type="checkbox"/> Unknown c. How was it prepared? <input type="checkbox"/> Raw <input type="checkbox"/> Undercooked <input type="checkbox"/> Fully cooked <input type="checkbox"/> Unknown d. What were the types of sushi you ate (Did your meal include:)? <input type="checkbox"/> Special Roll (ex. California or Dragon Roll) : _____ <input type="checkbox"/> Spicy Tuna Roll <input type="checkbox"/> Nigiri (small clump of rice with piece of seafood on top) <input type="checkbox"/> Maki (smaller roll usually with seaweed) <input type="checkbox"/> Inari (pouch of fried tofu filled with rice) <input type="checkbox"/> Sashimi (raw fish without rice) <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown e. What were the types of sushi you ate (Did your meal include:)? <input type="checkbox"/> Special Roll (ex. California or Dragon Roll) : _____ <input type="checkbox"/> Spicy Tuna Roll <input type="checkbox"/> Nigiri (small clump of rice with piece of seafood on top) <input type="checkbox"/> Maki (smaller roll usually with seaweed) <input type="checkbox"/> Inari (pouch of fried tofu filled with rice) <input type="checkbox"/> Sashimi (raw fish without rice) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown f. What were the seafood ingredients in the Sushi/Sashimi? <input type="checkbox"/> Spicy Tuna <input type="checkbox"/> Raw Tuna (Maguro) <input type="checkbox"/> Smoked Tuna <input type="checkbox"/> Yellowtail (Hamachi) <input type="checkbox"/> Raw Salmon <input type="checkbox"/> Smoked Salmon <input type="checkbox"/> Shrimp (Ebi) <input type="checkbox"/> Eel (Unagi) <input type="checkbox"/> Squid (Ika) <input type="checkbox"/> Crab stick (Imitation Crab) <input type="checkbox"/> Alaskan/Real Crab <input type="checkbox"/> Roe/caviar (fish eggs) <input type="checkbox"/> Scallop <input type="checkbox"/> Other White Fish, specify: _____ <input type="checkbox"/> Other Seafood, specify: _____ <input type="checkbox"/> Unknown g. What were the other ingredients in the sushi? <input type="checkbox"/> Rice <input type="checkbox"/> Seaweed (Nori) <input type="checkbox"/> Cucumber <input type="checkbox"/> Avocado <input type="checkbox"/> Egg <input type="checkbox"/> Mushroom <input type="checkbox"/> Sprouts <input type="checkbox"/> Ume (Pickled Plum) <input type="checkbox"/> Asparagus <input type="checkbox"/> Carrots <input type="checkbox"/> Green onions or scallions <input type="checkbox"/> Cream cheese <input type="checkbox"/> Habanero cream cheese <input type="checkbox"/> Tofu <input type="checkbox"/> Spicy aioli <input type="checkbox"/> Black Sesame seeds <input type="checkbox"/> White sesame seeds <input type="checkbox"/> Other Vegetables, specify _____ <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown h. What were the sides/garnishes eaten with your sushi/sashimi? <input type="checkbox"/> Wasabi <input type="checkbox"/> Soy sauce <input type="checkbox"/> White/yellow ginger <input type="checkbox"/> Pink ginger <input type="checkbox"/> Ginger, color unknown <input type="checkbox"/> Eel sauce <input type="checkbox"/> Ponzu sauce <input type="checkbox"/> Mayo <input type="checkbox"/> Tempura flakes <input type="checkbox"/> Spicy mayo <input type="checkbox"/> Sriracha <input type="checkbox"/> Radish sprouts <input type="checkbox"/> Sprouts (other) <input type="checkbox"/> Sesame seeds <input type="checkbox"/> Shiso leaves <input type="checkbox"/> Masago (orange-red, about the size of a pencil tip and a big crunchy) <input type="checkbox"/> Other sauce/side/garnish, specify _____ <input type="checkbox"/> Unknown i. What other food items did you eat during your sushi/sashimi meal? <input type="checkbox"/> Soy beans (Edamame) <input type="checkbox"/> Seaweed salad <input type="checkbox"/> Garden/house salad (if yes, salad dressing: _____) <input type="checkbox"/> Dumplings/potstickers <input type="checkbox"/> Soup (if yes, what kind: _____) <input type="checkbox"/> Deep fried spring/egg roll (if yes, what kind: _____) <input type="checkbox"/> Fresh spring roll (if yes, what kind: _____) <input type="checkbox"/> Ice cream (if yes, what kind: _____) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown j. How did you pay for your sushi/sashimi items? <input type="checkbox"/> Cash <input type="checkbox"/> Credit card <input type="checkbox"/> Check <input type="checkbox"/> Unknown
Listeria Responses						
In the 7 days before the illness began						
Yes	Maybe	No	Don't Know			
In the 28 days before the illness began						
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

k. Do you have a receipt or credit card proof of purchase for your sushi meal/purchase? Yes Maybe No Unknown

Section 6: FISH AND SEAFOOD: Now I have some questions about fish or seafood (not including shellfish) you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) 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. The fish and seafood could have been fresh, frozen, or could have been eaten alone or as part of a dish, sauce, or dip.

Main Question: Did you (the patient) eat any fish or seafood? *If yes, maybe, ate, or likely ate, please proceed to the fish/seafood-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Fish/Seafood-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	If prepared at home:
Yes	Maybe	No	Don't Know			
Listeria Responses In the 28 days before the illness began					<ul style="list-style-type: none"> - Salmon - Sturgeon - Tuna - Tuna Tartare - Halibut - Cod - Yellowtail - Sablefish - Herring - Tilapia - Sprat - Mackerel - Sardines - Turbot - Bullhead - Saury - Kilka - Sea bass - Vobla - Escolar - Butter fish (maslyanaya) - Steelhead (semga) - Capelin (moyvy) - Mahi mahi - Catfish - Anchovies - Snapper - Trout - Haddock - Bass - Swordfish - Flounder - Grouper - Perch - Gefilte fish 	<p>If prepared outside the home:</p> <ul style="list-style-type: none"> a. How was it prepared? <input type="checkbox"/> Raw <input type="checkbox"/> Baked <input type="checkbox"/> Steamed <input type="checkbox"/> Fried <input type="checkbox"/> Sauteed <input type="checkbox"/> Smoked b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown c. Describe dish eaten: _____ <input type="checkbox"/> Unknown d. Meal date: ____/____/____ <input type="checkbox"/> Unknown e. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown f. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. What other items were served that you ate? _____
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

- Stuffed fish products
- Smoked salmon
- Smoked fish
- Dried fish
- Lox
- Bonito flakes
- Fish jerky
- Frozen fish sticks
- Frozen fish nuggets
- Caviar/Roe
- Ceviche
- Other fish or fish products

Section 7: SHELLFISH: Now I have some questions about shellfish you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) 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. The shellfish could have been fresh, frozen, or could have been eaten alone or as part of a dish, sauce, or dip.

Main Question: Did you (the patient) eat any shellfish? *If yes, maybe, ate, or likely ate, please proceed to the shellfish-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Shellfish-specific Food Questions
						If response is yes, maybe, ate, or likely ate to shellfish-specific food items, the following will be asked:
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	<i>If prepared at home:</i> a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ____/____/____ <input type="checkbox"/> Unknown c. How was it purchased? <input type="checkbox"/> Frozen <input type="checkbox"/> Fresh <input type="checkbox"/> Cooked <input type="checkbox"/> Unknown d. How was it eaten? <input type="checkbox"/> Cooked <input type="checkbox"/> Raw <input type="checkbox"/> Unknown e. Was it from the deli/fish counter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown f. Type: _____ <input type="checkbox"/> Unknown g. Variety: _____ <input type="checkbox"/> Unknown h. Brand: _____ <input type="checkbox"/> Unknown i. Do you have any leftovers available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown j. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If prepared outside the home:</i> a. How was it prepared? <input type="checkbox"/> Raw <input type="checkbox"/> Baked <input type="checkbox"/> Steamed <input type="checkbox"/> Fried <input type="checkbox"/> Sauteed <input type="checkbox"/> Smoked b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown c. Dish eaten: _____ <input type="checkbox"/> Unknown d. Meal date: ____/____/____ <input type="checkbox"/> Unknown e. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown f. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No
Yes	Maybe	No	Don't Know		- Shrimp - Prawns - Crab - Lobster - Crayfish/Crawfish - Oysters - Clams - Mussels - Scallops - Squid - Octopus - Abalone - Snail - Sea urchin - Winkles - Barnacles - Other shellfish or shellfish products	
Listeria Responses In the 28 days before the illness began						
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

Unknown
 g. Do you have leftovers? Yes No Unknown

Section 8: Eggs: Now I have a few questions about eggs and egg products you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, such as in a restaurant, take-out, or at a catered event.

Main Question: Did you (the patient) eat any eggs? *If yes, maybe, ate, or likely ate, please proceed to the egg-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Egg-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	<p><i>If prepared at home:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ____/____/____ <input type="checkbox"/> Unknown</p> <p>c. Type, variety: _____ <input type="checkbox"/> Unknown</p> <p>d. Brand: _____ <input type="checkbox"/> Unknown</p> <p>e. Was it Kosher? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>f. How was it prepared? <input type="checkbox"/> Raw <input type="checkbox"/> Undercooked/runny yoke <input type="checkbox"/> Fully cooked</p> <p>g. <i>If eggs came from chickens you (the patient) owns, how long have you (the patient) owned these chickens?</i> _____ <input type="checkbox"/> Unknown</p> <p>h. Do you have any leftovers available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>i. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If prepared outside the home:</i></p> <p>a. Place purchase from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ____/____/____ <input type="checkbox"/> Unknown</p> <p>c. Describe dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>d. Ingredients included: _____ <input type="checkbox"/> Unknown</p> <p>e. Meal date: ____/____/____ <input type="checkbox"/> Unknown</p> <p>f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
Yes	Maybe	No	Don't Know			
Listeria Responses In the 28 days before the illness began					<ul style="list-style-type: none"> - Store-bought eggs - Farm-fresh eggs - Eggs from backyard flock - Quiche - Hard boiled eggs - Egg sandwiches - Egg salad - Deviled eggs - Egg alternatives - liquid eggs - Vegan egg substitutes - Custard - Challah - Kugel - Other egg types - Other egg containing dishes - Foods made with raw eggs that were not fully cooked (cookie dough, cake batter, sauces, homemade ice cream, homemade mayo, homemade salad dressing) 	
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

SECTION 9: DAIRY: Now I have a few questions about dairy products you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, such as in a restaurant, take-out, or at a catered event.

Main Question: Did you (the patient) eat any dairy? *If yes, maybe, ate, or likely ate, please proceed to the dairy-specific food items. If no, likely*

did not eat, did not eat, or don't know, skip to next section.

Response Options					Specific Foods	Dairy-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	If prepared at home: a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown c. Type: _____ <input type="checkbox"/> Unknown d. Variety or flavor: _____ <input type="checkbox"/> Unknown e. Brand: _____ <input type="checkbox"/> Unknown f. Was it: <input type="checkbox"/> Raw/unpasteurized <input type="checkbox"/> Pasteurized <input type="checkbox"/> Unknown g. Was it Kosher? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Do you have any leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown i. <i>If used as ingredient in dish, describe dish:</i> _____ <input type="checkbox"/> Unknown j. Do you have any leftovers available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown k. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If prepared outside the home: a. Place purchase from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown c. Dish eaten: _____ <input type="checkbox"/> Unknown d. Ingredients included: _____ <input type="checkbox"/> Unknown e. Meal date: ___/___/___ <input type="checkbox"/> Unknown f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know			
Listeria Responses In the 28 days before the illness began					- Cow milk - Whole milk - 1% milk - 2% milk - Skim milk - Chocolate milk - Lactose-free milk - Goat milk - Sheep milk - Buffalo milk - Camel milk - Other milk types - Yogurt - Yogurt drinks - Kefir - Ayran - Than - Doogh - Almond milk - Oat milk - Hemp milk - Coconut milk - Cashew milk - Rice milk - Soy milk - Cream cheese - Sour cream - Butter - Margarine - Heavy cream - Half and half - Coffee creamer - Ghee - Condensed milk - Evaporated milk - Buttermilk - Cottage cheese - Kugel - Custard - Gelato - Ice cream - Other dairy products	
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

SECTION 10: CHEESE: Now I have a few questions about cheese you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, such as in a restaurant, take-out, or at a catered event.

Main Question: Did you (the patient) eat any cheese? *If yes, maybe, ate, or likely ate, please proceed to the cheese-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Cheese-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began Yes Maybe No Don't Know					Did you (the patient) eat: - Brie - Camembert - Bleu cheese - Goat cheese - Feta - Mozzarella - Cheddar - Gouda - Havarti - Jack - Monterey Jack - Swiss - Colby - Cream cheese - Nobulsi/naboulsi - St. Nectaire - Fontaina - Jarlsberg - L'Amulette Danish Estron - Morbier Rippo - Fromage des Burons - Tourree de l'Aubier - Anari - Edam - Bonbel - Torte Loaf cheese - Limburger - Old Heidelberg - Gruyere - Asiago - Parmesan - Teleme - Saint Marcellin - Saint Andre - Schloss - Robiola - Lombardia - Pon-l'Eveque	If prepared at home: a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown c. Type, variety: _____ <input type="checkbox"/> Unknown d. Brand: _____ <input type="checkbox"/> Unknown e. Was the cheese raw/unpasteurized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown f. What type of milk was used in the cheese? <input type="checkbox"/> Cow milk <input type="checkbox"/> Goat milk <input type="checkbox"/> Sheep milk <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown g. Was it purchased from a deli? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. How was it packaged? _____ <input type="checkbox"/> Unknown i. Was the cheese imported from another country? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, name of cheese:</i> _____ <input type="checkbox"/> Unknown <i>If yes, country:</i> _____ <input type="checkbox"/> Unknown j. How often do you usually eat soft cheese, not including cream cheese? <input type="checkbox"/> Never <input type="checkbox"/> Once a month or less <input type="checkbox"/> A few times a month <input type="checkbox"/> A few times a week <input type="checkbox"/> Most days <input type="checkbox"/> Unknown k. When shopping at a store, did you taste/eat any cheese samples at a cheese or deli counter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, please describe:</i> _____ l. Do you have any leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown m. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown n. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If prepared outside the home: a. Place purchase from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown c. Dish eaten: _____ <input type="checkbox"/> Unknown d. Ingredients included: _____ <input type="checkbox"/> Unknown e. Meal date: ___/___/___ <input type="checkbox"/> Unknown f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Listeria Responses In the 28 days before the illness began Ate Likely Ate Likely Did Not Eat Did Not Eat Don't Know						

- Paglietta
- Maroilles
- Manouri
- Mainz
- Livarot
- Leiderkranz
- Kochkase
- Humboldt fog
- Harz
- Hand
- Explorateur
- Excelsior
- Epoisses
- Crascenza
- Crema Danica
- Coulommiers
- Chaource
- Carre de l'est
- Brinza
- Brillat Savarin
- Boursault
- Druzhba
(Friendship)
- Kreiviiias
- Volna
- Emmentaler
- Haloumi
- Kashkaval
- Suluguni
- Madrigal
- Brynza
- Farmer's cheese
- Queso Para Freir
- Adobera
- Añejo
- Chihuahua/
menonita
- Cuajada
- Requeson
- Crema
- Manchego
- Panela
- Oaxaca
- Asadero
- Ranchero
- Cotija
- Queso Casero
- Queso blanco
- Queso fresco
- Ricotta
- Burrata

h. Do you have leftovers? Yes No Unknown

- Gorgonzola
- Stilton
- Clarines
- Reblochon
- Edel de Cleron
- Other prepackaged, shredded, sliced, block, gourmet, or artisanal cheese
- Cheese from cheese platter/plate
- Dairy alternative cheese/Vegan cheese

Section 11: LEAFY GREENS: Now I have some questions about leafy greens you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like 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 not interested in leafy greens grown at home.

Main Question: Did you (the patient) eat any leafy greens? *If yes, maybe, ate, or likely ate, please proceed to the leafy green-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Leafy green-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	If response is yes, maybe, ate, or likely ate to leafy green-specific food items, the following will be asked: If prepared at home: a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Was it purchased: <input type="checkbox"/> Prepackaged <input type="checkbox"/> Whole head/whole hearts <input type="checkbox"/> Bundled/loose <input type="checkbox"/> Unknown <i>If prepackaged, was it in a:</i> <input type="checkbox"/> Bag <input type="checkbox"/> Clamshell <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown c. Type/variety: _____ <input type="checkbox"/> Unknown <i>If Spinach:</i> <input type="checkbox"/> Baby <input type="checkbox"/> Long leaf <input type="checkbox"/> Mixed <input type="checkbox"/> Unknown <i>If Cabbage:</i> <input type="checkbox"/> Red <input type="checkbox"/> Purple <input type="checkbox"/> Green <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown <i>If spring/lettuce mix, what types of lettuce were included? (Describe if name unknown)</i> _____ <i>If prepackaged salad, serving size:</i> <input type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Unknown <i>If prepackaged salad, what ingredients were included?</i> _____ d. Brand: _____ <input type="checkbox"/> Unknown e. Was it organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown f. Purchase date: ___/___/___ <input type="checkbox"/> Unknown g. Date eaten: ___/___/___ <input type="checkbox"/> Unknown h. Do you have the receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown i. Any leftover product or packaging? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown j. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know			
Listeria Responses In the 28 days before the illness began					- Romaine - Iceberg - Green leaf - Red leaf - Spinach - Green cabbage - Red cabbage - Cole slaw - Coleslaw blend (green cabbage, red cabbage, carrots) - Garden salad blend (iceberg, carrots, red cabbage) - Prepackaged salad kits - Kale - Arugula - Spring Mix/Mesclun - Power greens or Super greens - Chard - Mizuna - Radicchio	
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

	<ul style="list-style-type: none"> - Mustard or collard greens - Tatsoi - Endive - Butter lettuce - Lettuce blend - Swiss chard - Mustard greens - Dandelion greens - Watercress - Napa cabbage - Brussel sprouts - Bok choy - Collard greens - Rapini/broccoli raab - Turnip greens - Salad from a salad bar - Salads at a salad bar from a restaurant, grocery store, or institution - Salads from a vending machine - Leafy greens included on a sandwich, burger, or wrap - Other leafy green types 	<p><i>If prepared outside the home:</i></p> <ul style="list-style-type: none"> a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ____/____/____ <input type="checkbox"/> Unknown c. Dish eaten: _____ <input type="checkbox"/> Unknown d. Ingredients included: _____ <input type="checkbox"/> Unknown e. Meal date: ____/____/____ <input type="checkbox"/> Unknown f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Section 12: HERBS: Now I have some questions about herbs you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like 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 not interested in herbs grown at home.

Main Question: Did you (the patient) eat any herbs? <i>If yes, maybe, ate, or likely ate, please proceed to the herb-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.</i>				
Response Options		Specific Foods		Herb-specific Food Questions
				If response is yes, maybe, ate, or likely ate to herb-specific food items, the following will be asked:
Salm/STEC Responses In the 7 days before the illness began		Did you (the patient) eat:		<i>If prepared at home:</i>
Yes	Maybe	No	Don't Know	<ul style="list-style-type: none"> a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Were they purchased <input type="checkbox"/> Fresh <input type="checkbox"/> Dried <input type="checkbox"/> Unknown c. Packaging? <input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged <input type="checkbox"/> Unknown d. Were they organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown e. Brand: _____ <input type="checkbox"/> Unknown
Listeria Responses In the 28 days before the illness began		<ul style="list-style-type: none"> - Sweet Basil - Thai Basil - Cilantro - Terragon - Fennel 		

Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know	<ul style="list-style-type: none"> - Curly Parsley - Italian Parsley - Chives - Dill - Sage - Thyme - Sorrel - Marjoram - Chervil - Mint - Rosemary - Oregano - Bay leaf - Lemongrass - Other fresh herbs - Herbs used as garnish 	<p>f. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>g. Do you still have a receipt or proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. Any leftover product or packaging? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>i. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If prepared outside the home:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>c. Dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>d. Ingredients included: _____ <input type="checkbox"/> Unknown</p> <p>e. Meal date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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Section 13: SPROUTS: Now I have some questions about sprouts you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like 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 not interested in sprouts grown at home.

Main Question: Did you (the patient) eat any sprouts? <i>If yes, maybe, ate, or likely ate, please proceed to the sprout-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.</i>				
Response Options		Specific Foods		Sprout-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began		Did you (the patient) eat:		If response is yes, maybe, ate, or likely ate to sprout-specific food items, the following will be asked:
Yes	Maybe	No	Don't Know	<i>If prepared at home:</i>
Listeria Responses In the 28 days before the illness began		<ul style="list-style-type: none"> - Alfalfa sprouts - Brussel sprouts - Broccoli sprouts - Mung bean sprouts - Soybean sprouts - Clover sprouts - Lentil sprouts - Daikon radish - Microgreens 		<p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Type, variety: _____ <input type="checkbox"/> Unknown</p> <p>c. Brand: _____ <input type="checkbox"/> Unknown</p> <p>d. Were they organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>e. Packaging? <input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged <input type="checkbox"/> Unknown</p> <p>f. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>g. Consumption date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>h. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know

	<ul style="list-style-type: none"> - Buckwheat sprouts - Pea shoots - Garden Cress - Radish sprouts - Buckwheat - Red clover - Wheatgrass - Sunflower sprouts - Mustard sprouts - Other sprouts - Other microgreens 	<p>i. Any leftover product or packaging? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>j. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If prepared outside the home:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>c. Dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>d. Ingredients included: _____ <input type="checkbox"/> Unknown</p> <p>e. Meal date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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Section 14: TOMATOES: Now I have some questions about tomatoes you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like 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 not interested in tomatoes grown at home.

<p>Main Question: Did you (the patient) eat any tomatoes? <i>If yes, maybe, ate, or likely ate, please proceed to the tomato-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.</i></p>					
Response Options		Specific Foods			Tomato-specific Food Questions
<p>If response is yes, maybe, ate, or likely ate to tomato-specific food items, the following will be asked:</p>					
<p>Salm/STEC Responses In the 7 days before the illness began</p>		<p>Did you (the patient) eat:</p>			<p><i>If tomatoes:</i></p> <p><i>If prepared at home</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Brand: _____ <input type="checkbox"/> Unknown</p> <p>c. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>d. Were they organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>e. Were they on the vine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>f. Do you have a receipt or proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>g. Any leftover product or packaging? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If prepared outside the home:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>c. Type of tomato: _____ <input type="checkbox"/> Unknown</p> <p>d. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>e. Ingredients included: _____ <input type="checkbox"/> Unknown</p> <p>f. Meal date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>g. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>i. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
Yes	Maybe	No	<ul style="list-style-type: none"> - Red round tomatoes - Roma tomatoes - Heirloom tomatoes - Beefsteak tomatoes - Green beefsteak tomatoes - Cherry/grape tomatoes - Campari tomatoes - Cocktail tomatoes - San Marzano tomatoes - Tomatoes on the vine - Brandywine tomatoes - Plum tomatoes - Other types of tomatoes - Salsa - Pico de gallo - Homemade tomato-based sauces 		
<p>Listeria Responses In the 28 days before the illness began</p>		Don't Know	<ul style="list-style-type: none"> - Red round tomatoes - Roma tomatoes - Heirloom tomatoes - Beefsteak tomatoes - Green beefsteak tomatoes - Cherry/grape tomatoes - Campari tomatoes - Cocktail tomatoes - San Marzano tomatoes - Tomatoes on the vine - Brandywine tomatoes - Plum tomatoes - Other types of tomatoes - Salsa - Pico de gallo - Homemade tomato-based sauces 		
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know	

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- Tomatoes in a salad, sandwich, burger, wrap, or another dish
- Other tomato types
- Other salsa types

If Salsa or Pico de Gallo:

If prepared at home:

- a. List ingredients included: _____ Unknown
- b. Place purchased from (names, locations): _____ Unknown
- c. Purchase date: ___/___/___ Unknown
- d. Consumption date: ___/___/___ Unknown
- e. What did you eat with your salsa?
 _____ Unknown
- f. Brands of ingredients : _____ Unknown
- g. Flavor (traditional, medium, etc.): _____ Unknown
- h. Best buy date: ___/___/___ Unknown
- i. Lot number: _____ Unknown
- j. Any receipt or other proof of purchase? Yes No Unknown

If prepared outside the home

- a. Place purchased from (names, locations): _____ Unknown
- b. Purchase date: ___/___/___ Unknown
- c. Dish eaten: _____ Unknown
- d. Ingredients included: _____ Unknown
- e. Meal date: ___/___/___ Unknown
- f. Do you have a receipt or other proof of purchase? Yes No Unknown
- g. Are others who ate the product also sick? Yes No Unknown
- h. Do you have leftovers? Yes No Unknown

Section 15: AVOCADOS: Now I have some questions about avocados you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like 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 not interested in avocados grown at home.

Main Question: Did you (the patient) eat any avocados? *If yes, maybe, ate, or likely ate, please proceed to the avocado-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options				Specific Foods	Avocado-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began Yes Maybe No Don't Know				Did you (the patient) eat: - Avocado - Guacamole	If response is yes, maybe, ate, or likely ate to avocado-specific food items, the following will be asked: <i>If Avocado:</i> <i>If prepared at home:</i> a. Type: _____ <input type="checkbox"/> Unknown b. Brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
					Listeria Responses In the 28 days before the illness

began				
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know

--	--	--	--	--

- d. Purchase date: ___/___/___ Unknown
- e. Consumption date: ___/___/___ Unknown
- f. Do you have a receipt or proof of purchase? Yes No Unknown
- g. Any leftover product or packaging? Yes No Unknown

If prepared outside the home:

- a. Place purchased from (names, locations): _____ Unknown
- b. Purchase date: ___/___/___ Unknown
- c. Dish eaten: _____ Unknown
- d. Ingredients included: _____ Unknown
- e. Meal date: ___/___/___ Unknown
- f. Do you have a receipt or other proof of purchase? Yes No Unknown
- g. Are others who ate the product also sick? Yes No Unknown
- h. Do you have leftovers? Yes No Unknown

If Guacamole:

If prepared at home:

- a. Place purchased from (names, locations): _____ Unknown
- b. Purchase date: ___/___/___ Unknown
- c. Consumption date: ___/___/___ Unknown
- d. What did you eat with your guacamole? _____ Unknown
- e. Brands of ingredients: _____ Unknown
- f. Flavor (traditional, medium, etc.): _____ Unknown
- g. Best buy date: ___/___/___ Unknown
- h. Lot numbers of ingredients: _____ Unknown

If prepared outside the home:

- a. Place purchased from (names, locations): _____ Unknown
- b. Purchase date: ___/___/___ Unknown
- c. Dish eaten: _____ Unknown
- d. Ingredients included: _____ Unknown
- e. Meal date: ___/___/___ Unknown
- f. Do you have a receipt or other proof of purchase? Yes No Unknown
- g. Are others who ate the product also sick? Yes No Unknown
- h. Do you have leftovers? Yes No Unknown

Section 16: POTATOES: Now I have some questions about potatoes you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like 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 not interested in potatoes grown at home.

Main Question: Did you (the patient) eat any potatoes? *If yes, maybe, ate, or likely ate, please proceed to the potato-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options	Specific Foods	Potato-specific Food Questions
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							If response is yes, maybe, ate, or likely ate to potato-specific food items, the following will be asked:	
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:		<i>If prepared at home:</i>	
Yes	Maybe	No	Don't Know		<ul style="list-style-type: none"> - Potatoes - Mashed potatoes - Hash browns - Roasted potatoes - Scalloped potatoes - Potato gnocchi - Other premade refrigerated products containing potatoes - Dehydrated potatoes or potato flakes - Potato starch - Potato flour - Other potato products 		<ul style="list-style-type: none"> a. Type: <input type="checkbox"/> Russet <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Yukon Gold <input type="checkbox"/> Purple <input type="checkbox"/> Fingerling <input type="checkbox"/> Sweet potatoes/yams <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown b. Brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown d. How were the potatoes prepared at home? _____ <input type="checkbox"/> Unknown e. Were the potatoes ever consumed raw? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown f. How were the potatoes stored at home? _____ <input type="checkbox"/> Unknown g. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown i. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 	
Listeria Responses In the 28 days before the illness began								
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know			<i>If prepared outside the home:</i>	
							<ul style="list-style-type: none"> a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ____/____/____ <input type="checkbox"/> Unknown c. Dish eaten: _____ <input type="checkbox"/> Unknown d. Ingredients included: _____ <input type="checkbox"/> Unknown e. Meal date: ____/____/____ <input type="checkbox"/> Unknown f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 	

Section 17: ONIONS: Now I have some questions about onions you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like 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 not interested in onions grown at home.

Main Question: Did you (the patient) eat any onions? *If yes, maybe, ate, or likely ate, please proceed to the onion-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods		Onion-specific Food Questions	
							If response is yes, maybe, ate, or likely ate to onion-specific food items, the following will be asked:	
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:		<i>If prepared at home:</i>	
Yes	Maybe	No	Don't Know		<ul style="list-style-type: none"> - Onions in a salad - Onions in salsa or pico de gallo 		<ul style="list-style-type: none"> a. What color were the onions? <input type="checkbox"/> White <input type="checkbox"/> Red/Purple <input type="checkbox"/> Yellow <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown b. Do you usually eat them: <input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Both c. Do you usually purchase them: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen 	
Listeria Responses								

In the 28 days before the illness began					<ul style="list-style-type: none"> - Onions on a sandwich or burger - White onion - Red onion - Yellow onion - Sweet/Vidalia onions - Shallots - Green Onions - Other Onions 	<p>d. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>e. Brand: _____ <input type="checkbox"/> Unknown</p> <p>f. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>g. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If prepared outside the home:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>c. Dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>d. Ingredients included: _____ <input type="checkbox"/> Unknown</p> <p>e. Meal date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

Section 18: MUSHROOMS: Now I have some questions about mushrooms you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like 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 not interested in mushrooms grown at home.

Main Question: Did you (the patient) eat any mushrooms? *If yes, maybe, ate, or likely ate, please proceed to the mushroom-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options				Specific Foods	Mushroom-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began				Did you (the patient) eat: <ul style="list-style-type: none"> - Button/white - Portobello - Shiitake - Enoki - Wood ear (Kikurage) - Cremini/brown - Porcini - Maitake - Oyster - King Oyster - Bunashimeji-Beech - Matsutake/pine - Chanterelle - Hedgehog - Lobster - Morel - Other mushrooms 	If response is yes, maybe, ate, or likely ate to mushroom-specific food items, the following will be asked: <i>If prepared at home</i> <ul style="list-style-type: none"> a. How were the mushrooms purchased? <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen b. How were the mushrooms packaged? <input type="checkbox"/> Loose <input type="checkbox"/> Packaged Whole <input type="checkbox"/> Packaged pre-sliced <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown d. Purchase date: ___/___/___ <input type="checkbox"/> Unknown e. Brand: _____ <input type="checkbox"/> Unknown f. Do you have product leftover for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, could we take this food for testing and/or packaging for product information?</i> <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No g. Date eaten: ___/___/___ <input type="checkbox"/> Unknown h. How were the mushrooms prepared? <input type="checkbox"/> Eaten raw (alone or in salad) <input type="checkbox"/> Cooked, steamed, sauteed <input type="checkbox"/> Cooked into a dish or soup <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown <i>If prepared outside the home:</i> <ul style="list-style-type: none"> a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown c. Dish eaten: _____ <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know		
Listeria Responses In the 28 days before the illness began					
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know	

- d. Ingredients included: _____ Unknown
- e. Meal date: ____/____/____ Unknown
- f. Do you have a receipt or other proof of purchase? Yes
 No Unknown
- g. Are others who ate the product also sick? Yes No
 Unknown
- h. Do you have leftovers? Yes No Unknown

Section 19: OTHER VEGETABLES: Now I have some questions about other vegetables you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like 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 not interested in other vegetables grown at home.

Main Question: Did you (the patient) eat any other vegetables? *If yes, maybe, ate, or likely ate, please proceed to the vegetable-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Other vegetable-specific Food Questions If response is yes, maybe, ate, or likely ate to other vegetable-specific food items, the following will be asked:
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	<i>If prepared at home:</i> a. Were they organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Packaging? <input type="checkbox"/> Loose <input type="checkbox"/> Bagged <input type="checkbox"/> Clamshell <input type="checkbox"/> Crate <input type="checkbox"/> Unknown c. Size of container (1lb, 2lb, snack cup, etc): _____ <input type="checkbox"/> Unknown d. Brand: _____ <input type="checkbox"/> Unknown e. Type, variety: _____ <input type="checkbox"/> Unknown f. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown g. Purchase date: ____/____/____ <input type="checkbox"/> Unknown h. Any receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown i. Any leftover product or packaging? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If prepared outside the home:</i> a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ____/____/____ <input type="checkbox"/> Unknown c. Dish eaten: _____ <input type="checkbox"/> Unknown d. Ingredients included: _____ <input type="checkbox"/> Unknown e. Meal date: ____/____/____ <input type="checkbox"/> Unknown f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know			
Listeria Responses In the 28 days before the illness began						
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know	- Cucumbers - Pickles - Pickled vegetables - Celery - Squash/summer squash - Zucchini - Sweet or bell peppers - Hot peppers - Snack peppers - Carrots - Snap peas/pea pods - Peas - Green beans - Broccoli - Cauliflower - Green onions/scallions - Fermented vegetables (kimchi, sauerkraut) - Prepackaged vegetable mix - Artichoke - Radish - Beet - Turnip - Other vegetables	

Section 20: STONE FRUITS: Now I have some questions about stone fruits, not canned, cooked, or frozen, that you (the patient) might have eaten in the X days before your (the patient's) illness began. I will ask you (the patient) about frozen fruits later. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. I am not interested in stone fruits grown at home.

Main Question: Did you (the patient) eat any stone fruits? *If yes, maybe, ate, or likely ate, please proceed to the stone fruit-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Stone Fruit-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began Yes Maybe No Don't Know					Did you (the patient) eat: - Peaches - Nectarines - Apricots - Persimmons - Pluots - Plums - Plumcots - Cherries - Mangoes - Coconuts - Lychees - Olives - Prepackaged fruit cups - Other stone fruits	If prepared at home: a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Type: _____ <input type="checkbox"/> Unknown c. Brand: _____ <input type="checkbox"/> Unknown d. Purchase date: ____/____/____ <input type="checkbox"/> Unknown e. Were they organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown f. Packaging? <input type="checkbox"/> Loose <input type="checkbox"/> Bagged <input type="checkbox"/> Clamshell <input type="checkbox"/> Crate <input type="checkbox"/> Unknown g. Size of container (1lb, 2lb, snack cup, etc): _____ <input type="checkbox"/> Unknown h. Was it purchased as: <input type="checkbox"/> Whole <input type="checkbox"/> Cut <input type="checkbox"/> Unknown i. Any receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If prepared outside the home: a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ____/____/____ <input type="checkbox"/> Unknown c. Dish eaten: _____ <input type="checkbox"/> Unknown d. Ingredients included: _____ <input type="checkbox"/> Unknown e. Meal date: ____/____/____ <input type="checkbox"/> Unknown f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Listeria Responses In the 28 days before the illness began Ate Likely Ate Likely Did Not Eat Did Not Eat Don't Know						

Section 21: CITRUS FRUITS: Now I have some questions about citrus fruits, not canned, cooked, or frozen, that you (the patient) might have eaten in the X days before your (the patient's) illness began. I will ask you (the patient) about frozen fruits later. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. I am not interested in citrus fruits grown at home.

Main Question: Did you (the patient) eat any citrus fruits? *If yes, maybe, ate, or likely ate, please proceed to the citrus fruit-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Citrus Fruit-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	If prepared at home: a. Place purchased from (names, locations):

Yes	Maybe	No	Don't Know		<ul style="list-style-type: none"> - Orange - Lemon - Lime - Grapefruit - Kumquat - Prepackaged fruit cups - Other citrus fruits 	<p>_____ <input type="checkbox"/> Unknown</p> <p>b. Brand: _____ <input type="checkbox"/> Unknown</p> <p>c. Type, variety: _____ <input type="checkbox"/> Unknown</p> <p>d. <i>If orange:</i> <input type="checkbox"/> Navel <input type="checkbox"/> Blood <input type="checkbox"/> Tangerine <input type="checkbox"/> Clementine <input type="checkbox"/> Unknown</p> <p>e. Were they organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>f. Packaging? <input type="checkbox"/> Loose <input type="checkbox"/> Bagged <input type="checkbox"/> Clamshell <input type="checkbox"/> Crate <input type="checkbox"/> Unknown</p> <p>g. Size of container (1lb, 2lb, snack cup, etc.): _____ <input type="checkbox"/> Unknown</p> <p>h. Purchase date: ____/____/____ <input type="checkbox"/> Unknown</p> <p>i. Was it purchased as: <input type="checkbox"/> Whole <input type="checkbox"/> Cut <input type="checkbox"/> Unknown</p> <p>j. Any receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If prepared outside the home:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ____/____/____ <input type="checkbox"/> Unknown</p> <p>c. Dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>d. Ingredients included: _____ <input type="checkbox"/> Unknown</p> <p>e. Meal date: ____/____/____ <input type="checkbox"/> Unknown</p> <p>f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
Listeria Responses In the 28 days before the illness began						
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

Section 22: BERRIES: Now I have some questions about berries, not canned, cooked, or frozen, that you (the patient) might have eaten in the X days before your (the patient's) illness began. I will ask you (the patient) about frozen fruits later. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. I am not interested in berries grown at home.

Main Question: Did you (the patient) eat any berries? <i>If yes, maybe, ate, or likely ate, please proceed to the berry-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.</i>					
Response Options		Specific Foods		Berry-specific Questions If response is yes, maybe, ate, or likely ate to berry-specific food items, the following will be asked:	
Salm/STEC Responses In the 7 days before the illness began		Did you (the patient) eat:		<i>If prepared at home:</i>	
Yes	Maybe	No	Don't Know	<ul style="list-style-type: none"> a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Brand: _____ <input type="checkbox"/> Unknown c. Were they organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown d. Packaging? <input type="checkbox"/> Loose <input type="checkbox"/> Bagged <input type="checkbox"/> Clamshell <input type="checkbox"/> Crated <input type="checkbox"/> Unknown e. Size of container (1lb, 2lb, snack cup, etc.): _____ <input type="checkbox"/> Unknown f. Purchase date: ____/____/____ <input type="checkbox"/> Unknown g. Was it purchased as: <input type="checkbox"/> Whole <input type="checkbox"/> Cut <input type="checkbox"/> Unknown h. Do you have a receipt or proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown i. Do you have any left over? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 	
Listeria Responses In the 28 days before the illness began					
Ate	Likely Ate	Likely Did Not Eat	Don't Know		
		<ul style="list-style-type: none"> - Strawberries - Blackberries - Raspberries - Blueberries - Cranberries - Elderberries - Goji berries - Boysenberries - Grapes - Prepackaged fruit cups - Other berries 			

j. Do you still have any of the packaging? Yes No
 Unknown

If prepared outside the home:

- a. Place purchased from (names, locations): _____ Unknown
- b. Purchase date: ____/____/____ Unknown
- c. Dish eaten: _____ Unknown
- d. Ingredients included: _____ Unknown
- e. Meal date: ____/____/____ Unknown
- f. Do you have a receipt or other proof of purchase? Yes
 No Unknown
- g. Are others who ate the product also sick? Yes No
 Unknown
- h. Do you have leftovers? Yes No Unknown

Section 23: MELONS: Now I have some questions about melons, not canned, cooked, or frozen, that you (the patient) might have eaten in the X days before your (the patient's) illness began. I will ask you (the patient) about frozen fruits later. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. I am not interested in melons grown at home.

Main Question: Did you (the patient) eat any melons? *If yes, maybe, ate, or likely ate, please proceed to the melon-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Melon-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat: - Cantaloupe - Watermelon - Honeydew - Winter melon - Sprite melon - Rock melon - Musk melon - Korean melon - Bitter melon - Athena melon - Precut melon - Prepackaged fruit cups - Other melons	<i>If prepared at home:</i> a. Precut? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Was it organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown c. Variety: <input type="checkbox"/> Seeded <input type="checkbox"/> Seedless <input type="checkbox"/> Unknown d. Type, brand: _____ <input type="checkbox"/> Unknown e. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown f. Purchase date: ____/____/____ <input type="checkbox"/> Unknown g. Is there any leftover in the house, including in the freezer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Did you use this melon to make juice (using a type of juicer)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, did you place the fruit in the juicer with the rind attached?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown k. Do you have a receipt or proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown l. Do you have any left over? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Do you still have any of the packaging? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If prepared outside the home:</i> a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ____/____/____ <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know			
Listeria Responses In the 28 days before the illness began						
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

- c. Dish eaten: _____ Unknown
- d. Ingredients included: _____ Unknown
- e. Meal date: ____/____/____ Unknown
- f. Do you have a receipt or other proof of purchase? Yes
 No Unknown
- g. Are others who ate the product also sick? Yes No
 Unknown
- h. Do you have leftovers? Yes No Unknown

Section 24: TROPICAL FRUITS: Now I have some questions about tropical fruits, not canned, cooked, or frozen, that you (the patient) might have eaten in the X days before your (the patient's) illness began. I will ask you (the patient) about frozen fruits later. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. I am not interested in tropical fruits grown at home.

Main Question: Did you (the patient) eat any tropical fruits? *If yes, maybe, ate, or likely ate, please proceed to the tropical fruit-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Tropical Fruit-specific Food Questions	
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat: - Pineapple - Banana - Kiwi - Guava - Pomegranate - Dragon Fruit - Papaya - Jujube - Mangosteen - Prepackaged fruit cups - Other tropical fruits	If response is yes, maybe, ate, or likely ate to tropical fruit-specific food items, the following will be asked:	
Yes	Maybe	No	Don't Know			<i>If prepared at home:</i>	
Listeria Responses In the 28 days before the illness began						a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Type: _____ <input type="checkbox"/> Unknown c. Variety: _____ <input type="checkbox"/> Unknown d. Brand: _____ <input type="checkbox"/> Unknown e. Precut? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown f. Was it organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Purchase date: ____/____/____ <input type="checkbox"/> Unknown h. Is there any leftover in the house, including in the freezer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown i. Did you use this product to make juice (using a type of juicer)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown j. Do you have a receipt or proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown k. Do you have any left over? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown l. Do you still have any of the packaging? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know	<i>If eaten outside the home</i>		
					a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ____/____/____ <input type="checkbox"/> Unknown c. Dish eaten: _____ <input type="checkbox"/> Unknown d. Ingredients included: _____ <input type="checkbox"/> Unknown e. Meal date: ____/____/____ <input type="checkbox"/> Unknown f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

Section 25: JUICES, CIDERS, OR SMOOTHIES: Now I have some questions about juices, ciders, or smoothies, not canned, cooked, or frozen, that you (the patient) might have eaten in the X days before your (the patient's) illness began. I will ask you (the patient) about frozen fruits later. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event.

Main Question: Did you (the patient) eat any juices, ciders, or smoothies? *If yes, maybe, ate, or likely ate, please proceed to the juices, ciders, and smoothies-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods		Juices, Ciders, and Smoothies-specific Food Questions	
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:		If prepared at home: a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Raw or unpasteurized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown c. Type: _____ <input type="checkbox"/> Unknown d. Variety: _____ <input type="checkbox"/> Unknown e. Brand: _____ <input type="checkbox"/> Unknown a. Ingredients in juice or smoothie: _____ <input type="checkbox"/> Unknown f. Was it organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Purchase date: ____/____/____ <input type="checkbox"/> Unknown h. Is there any leftover in the house, including in the freezer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown i. Do you have a receipt or proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown j. Do you have any left over? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown k. Do you still have any of the packaging? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If prepared outside the home: a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ____/____/____ <input type="checkbox"/> Unknown c. Dish eaten: _____ <input type="checkbox"/> Unknown d. Ingredients included: _____ <input type="checkbox"/> Unknown e. Meal date: ____/____/____ <input type="checkbox"/> Unknown f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Yes	Maybe	No	Don't Know		- Juice - Cider - Smoothies			
Listeria Responses In the 28 days before the illness began								
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know				

Section 26: POME FRUITS: Now I have some questions about pome fruits, not canned, cooked, or frozen, that you (the patient) might have eaten in the X days before your (the patient's) illness began. I will ask you (the patient) about frozen fruits later. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. I am not interested in pome fruits grown at home.

Main Question: Did you (the patient) eat any pome fruits? *If yes, maybe, ate, or likely ate, please proceed to the pome fruit-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Salm/STEC Responses				Did you (the patient) eat:		If Apple/Caramel Apple:	
In the 7 days before the illness began				Did you (the patient) eat:		If prepared at home:	
Yes	Maybe	No	Don't Know		- Red delicious apples - Golden delicious		a. How often? <input type="checkbox"/> ~1-2x/month <input type="checkbox"/> ~1x/week <input type="checkbox"/> ~2-4x/week <input type="checkbox"/> ~5-7x/week <input type="checkbox"/> Unknown

Listeria Responses				
In the 28 days before the illness began				
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know

- apples
- Granny smith apples
- Honeycrisp apples
- Gala apples
- Fuji apples
- Pink lady apples
- McIntosh apples
- Other apples
- Anjou pears
- Bartlett pears
- Bosc pears
- Fragrant pears
- Hosui pears
- Nijusseki pears
- Shinseiki pears
- Ya Li pears
- Other pears
- Caramel Apples
- Prepackaged fruit cups

- b. Place purchased from (names, locations): _____ Unknown
- c. Purchase date: ___/___/___ Unknown
- d. Type, variety, brand: _____ Unknown
- e. Were the apples eaten: Alone Part of a dish
If part of a dish, describe dish:

- f. Were apples sold: Loose In a package/bag Unknown
If packaged, was it: Plastic bag Plastic container Paper bag Other, specify _____ Unknown

If prepared outside the home:

- g. Place purchased from (names, locations): _____ Unknown
- h. Purchase date: ___/___/___ Unknown
- i. Dish eaten: _____ Unknown
- j. Ingredients included: _____ Unknown
- k. Meal date: ___/___/___ Unknown
- l. Do you have a receipt or other proof of purchase? Yes No Unknown
- m. Are others who ate the product also sick? Yes No Unknown
- n. Do you have leftovers? Yes No Unknown

If Caramel Apple:

- o. Any toppings? Nuts Chocolate Other, specify _____ Unknown
- p. Place purchased from (names, locations): _____ Unknown
- q. What day would you have eaten any caramel apple? ___/___/___ Unknown
- r. Any receipt or other proof of purchase? Yes No Unknown
- s. Do you have any product or packaging leftover for testing? Yes No Unknown
If yes, could we take this food for testing and/or packaging for product information? Yes Maybe No

If Pears:

- If prepared at home:*
- a. Were they organic? Yes No Unknown
- b. Type: _____ Unknown
If type unknown was the pear:
 - Round or flat fruit with green to yellow skin
 - Round or flat fruit with bronze colored skin and a light brown russet
 - Pear shaped fruit with green or russet skin
- c. Packaging? Loose Bagged Clamshell Crated Unknown
- d. Were the pear(s) consumed: Cooked Fresh Whole Cut or sliced Other specify: _____ Unknown
- e. Size of container (1lb, 2lb, snack cup, etc.): _____

Unknown

- f. Brand: _____ Unknown
- g. Place purchased from (names, locations): _____ Unknown
- h. Purchase date: ___/___/___ Unknown
- i. Was it purchased as: Whole Cut Unknown
- t. Do you have a receipt or proof of purchase? Yes No Unknown
- u. Do you have any left over? Yes No Unknown
- v. Do you still have any of the packaging? Yes No Unknown

If prepared outside the home:

- a. Place purchased from (names, locations): _____ Unknown
- b. Purchase date: ___/___/___ Unknown
- c. Dish eaten: _____ Unknown
- d. Ingredients included: _____ Unknown
- e. Meal date: ___/___/___ Unknown
- f. Do you have a receipt or other proof of purchase? Yes No Unknown
- g. Are others who ate the product also sick? Yes No Unknown
- h. Do you have leftovers? Yes No Unknown

Section 27: FROZEN VEGETABLES: Now I have a few questions about frozen vegetables you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) may have purchased the food frozen (from a grocery store, restaurant, or specialty market) and prepared it at home.

Section 28: FROZEN FRUITS: Now I have a few questions about frozen fruits you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) may have purchased the food frozen (from a grocery store, restaurant, or specialty market) and prepared it at home.

Main Question: Did you (the patient) eat any frozen fruits? *If yes, maybe, ate, or likely ate, please proceed to the frozen fruit-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Frozen Fruit-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	If prepared at home: a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Type, variety: _____ <input type="checkbox"/> Unknown c. Brand: _____ <input type="checkbox"/> Unknown d. Were they organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown e. Size of container (1lb, 2lb, etc): _____ <input type="checkbox"/> Unknown f. Was it purchased as: <input type="checkbox"/> Whole <input type="checkbox"/> Cut/sliced <input type="checkbox"/> Cubed <input type="checkbox"/> Medley/blend, specify: _____ <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown g. Any receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Do you have any product or packaging leftover for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown i. Any receipts or proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know			
Listeria Responses In the 28 days before the illness began						
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know	- Strawberry - Blueberry - Blackberry - Raspberry - Mixed berries - Peaches - Mango - Cherries - Pineapple - Banana - Dragon fruit - Avocado - Acai - Fruit medley/blend - Smoothie mixes	

Section 29: FROZEN BREAKFAST ITEMS: Now I have a few questions about frozen breakfast items you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) may have purchased the food frozen (from a grocery store, restaurant, or specialty market) and prepared it at home.

Main Question: Did you (the patient) eat any frozen breakfast items? *If yes, maybe, ate, or likely ate, please proceed to the frozen breakfast-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Frozen Breakfast-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	If response is yes, maybe, ate, or likely ate to frozen breakfast-specific food items, the following will be asked: a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Type: _____ <input type="checkbox"/> Unknown c. Do you usually like any of the following flavors? <input type="checkbox"/> Blueberry <input type="checkbox"/> Strawberry <input type="checkbox"/> Chocolate Chip <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown d. Brand: _____ <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know			
Listeria Responses In the 28 days before the illness began						
					- Pancakes - Waffles - Breakfast sandwiches - Breakfast burritos	

Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know	<ul style="list-style-type: none"> - Breakfast bowls - French toast - French toast sticks - Breakfast wraps - Sausage - Bacon 	<ul style="list-style-type: none"> e. Purchase date: ___/___/___ <input type="checkbox"/> Unknown f. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Do you have any product or packaging leftover for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. <i>If burrito, bowl, or wrap</i>, list ingredients included in item: _____ <input type="checkbox"/> Unknown
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Section 30: FROZEN ENTREES: Now I have a few questions about frozen entrees items you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) may have purchased the food frozen (from a grocery store, restaurant, or specialty market) and prepared it at home.

Main Question: Did you (the patient) eat any frozen entrees? *If yes, maybe, ate, or likely ate, please proceed to the frozen entree-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Frozen Entrée-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	If response is yes, maybe, ate, or likely ate to frozen entrée-specific food items, the following will be asked:
Yes	Maybe	No	Don't Know			
Listeria Responses In the 28 days before the illness began					<ul style="list-style-type: none"> - Stir fry - Pasta - Lasagna - Box/bagged entrees (Hungry Man, Healthy Choice, Stouffer's, etc) - Pot pies - Pizza - Fish sticks - Fish nuggets - Chicken nuggets - Dumplings or pierogies - Vegetarian/Veggie burgers - Hot pockets - Other frozen entrees or meals 	<p><i>If boxed/bagged entrée:</i></p> <ul style="list-style-type: none"> a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown c. Specify ingredients: _____ <input type="checkbox"/> Unknown d. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown e. Do you have any product or packaging leftover for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <p><i>If frozen pastas:</i></p> <ul style="list-style-type: none"> a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown c. Type: <input type="checkbox"/> Gnocchi <input type="checkbox"/> Ravioli <input type="checkbox"/> Stuffed shells <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown d. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown e. Do you have any product or packaging leftover for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

Section 31: FROZEN APPETIZERS/SNACKS: Now I have a few questions about frozen appetizers/snacks you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) may have purchased the food frozen (from a grocery store, restaurant, or specialty market) and prepared it at home.

Main Question: Did you (the patient) eat any frozen appetizers/snacks? *If yes, maybe, ate, or likely ate, please proceed to the frozen appetizer/snack-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Frozen Appetizer/Snack-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began Yes Maybe No Don't Know					Did you (the patient) eat: - Mozzarella sticks - Jalapeno poppers - Burritos - Egg rolls - Spring rolls - Onion rings - Mini burgers - Hot pockets - Pizza rolls - Pizza bagels - Burger sliders - Taquitos - Mini tacos - Quesadillas - Corn dogs - French fries - Crinkle fries - Curly fries - Waffle fries - Potato wedges - Tater tots/crowns - Hashbrown patties - Shredded hashbrowns - Diced/cubed hashbrowns - Croquettes - Mashed potatoes - Hashbrown O'brien	If response is yes, maybe, ate, or likely ate to frozen appetizer/snack-specific food items, the following will be asked: a. Brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown c. How were the frozen foods prepared? - _____ <input type="checkbox"/> Unknown d. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown e. Do you have any product or packaging leftover for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Listeria Responses In the 28 days before the illness began Ate Likely Ate Likely Did Not Eat Did Not Eat Don't Know						

Section 32: ICE CREAM AND FROZEN YOGURT: Now I have a few questions about ice cream and frozen yogurt you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) may have purchased the food frozen (from a grocery store, restaurant, or specialty market) and prepared it at home or from a restaurant or specialty ice cream shop.

Main Question: Did you (the patient) eat any ice cream/frozen yogurt? *If yes, maybe, ate, or likely ate, please proceed to the ice cream/frozen yogurt-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Ice Cream/Frozen Yogurt-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	If response is yes, maybe, ate, or likely ate to ice cream/frozen yogurt-specific food items, the following will be asked: <i>If prepared at home:</i> a. Brand: _____ <input type="checkbox"/> Unknown

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0XXX-XXXX

Yes	Maybe	No	Don't Know		<ul style="list-style-type: none"> - Ice cream - Ice cream bars - Soft serve - Ice cream sandwiches - Ice cream cones - Novelty ice cream - Ice cream pints - Frozen yogurt - Frozen yogurt bars - Non-dairy ice cream - Custard - Gelato 	<p>f. Flavor: _____ <input type="checkbox"/> Unknown</p> <p>g. Size/type of container: <input type="checkbox"/> Tub <input type="checkbox"/> Carton <input type="checkbox"/> Box <input type="checkbox"/> Pint <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown</p> <p>h. Was it soft serve? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>i. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>j. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>k. Do you have any product or packaging leftover for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If prepared outside the home:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Describe the type of dish: _____ <input type="checkbox"/> Unknown</p> <p>c. Flavor: _____ <input type="checkbox"/> Unknown</p> <p>d. Any add-ins/mix-ins? _____ <input type="checkbox"/> Unknown</p> <p>e. Was it soft-serve? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>f. Name of menu item containing item: _____ <input type="checkbox"/> Unknown</p> <p>g. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
Listeria Responses						
In the 28 days before the illness began						
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

Section 33: PEANUT BUTTER AND NUT BUTTERS: Now I have some questions about peanut butter and other nut butters you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event.

Main Question: Did you (the patient) eat any peanut butter or other nut butters? <i>If yes, maybe, ate, or likely ate, please proceed to the peanut butter/nut butter-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.</i>							
Response Options		Specific Foods		Peanut Butter/Nut Butter-specific Food Questions			
Salm/STEC Responses		Did you (the patient) eat:		If response is yes, maybe, ate, or likely ate to peanut butter/nut butter-specific food items, the following will be asked:			
In the 7 days before the illness began		<ul style="list-style-type: none"> - Peanut butter (PB) - PB cookies - PB crackers - Candy containing PB - PB flavored ice cream or frozen yogurt - Prepackaged premade PB sandwiches - PB pies - PB cream puffs - PB cheesecakes or other deserts - PB nutrition bars 		<i>If prepared at home:</i>			
Yes	Maybe			No	Don't Know	<p>a. Brand: _____ <input type="checkbox"/> Unknown</p> <p>b. Type: <input type="checkbox"/> Natural <input type="checkbox"/> Creamy <input type="checkbox"/> Chunky <input type="checkbox"/> Low fat <input type="checkbox"/> Low sodium <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown</p> <p>c. What size jar? <input type="checkbox"/> 16 oz <input type="checkbox"/> 28 oz <input type="checkbox"/> 40 oz <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown</p> <p>d. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>e. Any receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>f. If left over product is available, would you be able to send us pictures of the product/tell us the lot code? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, Lot code: _____</i> <input type="checkbox"/> Unknown</p> <p>g. Would you be willing to have the product tested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Listeria Responses				In the 28 days before the illness began		<i>If prepared outside the home:</i>	
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know	<p>a. Place purchased from (names, locations): _____</p>		

	<ul style="list-style-type: none"> - PB granola bars - PB protein bars - Other PB containing foods - Almond butter - Cashew butter - Hazelnut spread - Nutella - Sunflower butter - Cookie butter/speculoos - Other nut butters 	<p>_____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>c. Dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>d. Ingredients included: _____ <input type="checkbox"/> Unknown</p> <p>e. Meal date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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Section 34: DRIED FRUITS, NUTS, AND SEEDS: Now I have some questions about dried fruits, nuts, and seeds you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event.

Main Question: Did you (the patient) eat any dried fruits, nuts, seeds? *If yes, maybe, ate, or likely ate, please proceed to the dried fruit, nut, seed-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Dried Fruit, Nuts, Seeds-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat: <ul style="list-style-type: none"> - Peanuts - Almonds - Cashews - Walnuts - Pecans - Pistachios - Hazelnuts - Filberts - Pine nuts (including pesto) - Brazil nuts - Macadamia nuts - Chestnuts - Other nuts - Trail mix - Dried Mango - Dried Peaches - Dried Bananas - Dried Apricots - Prunes - Raisins - Dates - Dried cranberries/crasins - Sun dried tomatoes - Fruit leather - Other dried fruits - Chia seeds 	If response is yes, maybe, ate, or likely ate to dried fruit, nuts, or seed-specific food items, the following will be asked: <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>c. Type, variety, brand: _____ <input type="checkbox"/> Unknown</p> <p>d. Were they eaten: <input type="checkbox"/> Alone <input type="checkbox"/> Part of a Dish <i>If part of a dish, what dish did you eat that contained this item?</i></p> <p>_____</p> <p>e. <i>If packaged</i>, were they packaged in a <input type="checkbox"/> Plastic container <input type="checkbox"/> Jar <input type="checkbox"/> Plastic bag <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown</p> <p><i>If nuts:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>c. Type, variety, brand: _____ <input type="checkbox"/> Unknown</p> <p>d. Were they eaten: <input type="checkbox"/> Alone <input type="checkbox"/> Part of a Dish <i>If part of a dish, what dish did you eat that contained this item?</i></p> <p>_____</p> <p>e. Were they eaten: <input type="checkbox"/> Crushed <input type="checkbox"/> Whole <input type="checkbox"/> Chopped</p> <p>f. Were they: <input type="checkbox"/> Shelled <input type="checkbox"/> Unshelled <input type="checkbox"/> Pieces</p> <p><i>If seeds/powder:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Type, variety, brand: _____ <input type="checkbox"/> Unknown</p> <p>c. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>d. Were they eaten: <input type="checkbox"/> Alone <input type="checkbox"/> Part of a Dish</p> <p>e. What kind of packaging were they in? <input type="checkbox"/> Bulk/self-bagged <input type="checkbox"/> Bottled/jarred <input type="checkbox"/> Bagged <input type="checkbox"/> Unknown</p>
Yes	Maybe	No	Don't Know			
Listeria Responses In the 28 days before the illness began						
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		

	<ul style="list-style-type: none"> - Chia seed powder - Flaxseed - Flaxseed powder - Sesame seeds - Other seeds 	<p>f. Describe packaging: _____ <input type="checkbox"/> Unknown</p> <p><i>If chia seeds</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>c. Type, variety, brand: _____ <input type="checkbox"/> Unknown</p> <p>d. Were they eaten: <input type="checkbox"/> Alone <input type="checkbox"/> Part of a Dish <i>If part of a dish, what dish did you eat that contained this item?</i> _____</p> <p>e. Type: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown</p> <p><i>If eaten outside the home:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>c. Dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>d. Ingredients included: _____ <input type="checkbox"/> Unknown</p> <p>e. Meal date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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Section 35: DIPS AND SPREADS: Now I have some questions about dips and spreads you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event.

Main Question: Did you (the patient) eat any dips or spreads? <i>If yes, maybe, ate, or likely ate, please proceed to the dip and spread-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.</i>				
Response Options		Specific Foods		Dip and Spread-specific Food Questions
				If response is yes, maybe, ate, or likely ate to dip and spread-specific food items, the following will be asked:
Salm/STEC Responses In the 7 days before the illness began		Did you (the patient) eat:		<i>If prepared at home:</i> a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown c. Consumption date: ___/___/___ <input type="checkbox"/> Unknown d. What did you eat with your [<i>insert dip/spread</i>]? _____ <input type="checkbox"/> Unknown
Yes	Maybe	No	Don't Know	
Listeria Responses In the 28 days before the illness began		<ul style="list-style-type: none"> - Hummus - Baba ghanoush - Tzatziki - Greek yogurt dip - Moroccan 		

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0XXX-XXXX

Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know	<ul style="list-style-type: none"> - Matbucha - Caponata - Spinach and artichoke dip - Buffalo chicken dip - Bean dips - Spanish eggplant salad - Muhammara - Other dips or spreads 	<ul style="list-style-type: none"> e. Brand: _____ <input type="checkbox"/> Unknown f. Flavor, variety: _____ <input type="checkbox"/> Unknown g. Best buy date: ___/___/___ <input type="checkbox"/> Unknown h. Lot number: _____ <input type="checkbox"/> Unknown i. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <p><i>If prepared outside the home:</i></p> <ul style="list-style-type: none"> a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown c. Dish eaten: _____ <input type="checkbox"/> Unknown d. Ingredients included: _____ <input type="checkbox"/> Unknown e. Meal date: ___/___/___ <input type="checkbox"/> Unknown f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Section 36: FLOUR AND DOUGH: Now I have some questions about flour and dough you (the patient) might have eaten or come into contact with in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event.

Main Question: Did you (the patient) eat any flour or dough? *If yes, maybe, ate, or likely ate, please proceed to the flour and dough-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Flour and Dough-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began					Did you (the patient) eat:	<ul style="list-style-type: none"> a. <input type="checkbox"/> From scratch? <ul style="list-style-type: none"> a. Type, variety: _____ <input type="checkbox"/> Unknown b. Brand: _____ <input type="checkbox"/> Unknown b. <input type="checkbox"/> Premade dough? <ul style="list-style-type: none"> a. Type, variety: _____ <input type="checkbox"/> Unknown b. Brand: _____ <input type="checkbox"/> Unknown c. <input type="checkbox"/> Prepackaged dry mix (cake mix, pancake mix, etc.) <ul style="list-style-type: none"> a. Type, variety: _____ <input type="checkbox"/> Unknown b. Brand: _____ <input type="checkbox"/> Unknown d. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown e. Purchase date: ___/___/___ <input type="checkbox"/> Unknown f. Best by date: ___/___/___ <input type="checkbox"/> Unknown g. Lot number: _____ <input type="checkbox"/> Unknown h. Do you still have the flour you used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <p><i>If yes: May we collect the flour for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</i></p> i. Can you take a picture of the front of the bag and another of the best buy date? <input type="checkbox"/> Yes <input type="checkbox"/> No
Yes	Maybe	No	Don't Know	<ul style="list-style-type: none"> - Flour - Cornstarch - Almond flour - Potato flour - Pizza flour - Whole wheat flour - Semolina flour - Gluten free flour - Cookie dough - Bread dough - Pasta dough - Pizza dough - Other uncooked dough - Cake batter/mix - Brownie batter/mix - Biscuit batter/mix - Muffin batter/mix - Pancake batter/mix - Waffle batter/mix 		
Listeria Responses In the 28 days before the illness began						
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know		<p><i>If baking food with flour:</i></p> <ul style="list-style-type: none"> a. What did you bake/cook? _____ <input type="checkbox"/> Unknown

	<ul style="list-style-type: none"> - Other batter/mix - Bake or make food containing flour - Dough you play with - Other dough types or products 	<p>b. Brand of flour: _____ <input type="checkbox"/> Unknown</p> <p>c. Type of flour: <input type="checkbox"/> Bleached, all-purpose <input type="checkbox"/> Unbleached, all purpose <input type="checkbox"/> Organic, all purpose <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Unknown</p> <p>d. Brand of baking soda: _____ <input type="checkbox"/> Unknown</p> <p>e. What other ingredients did you use, such as nuts, sugar, butter, extracts, baking chips, etc? _____</p> <p>f. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>g. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>h. Best by date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>i. Lot number: _____ <input type="checkbox"/> Unknown</p> <p>j. Do you still have the flour you used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes:</i> May we collect the flour for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>k. Can you take a picture of the front of the bag and another of the best buy date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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Section 37: CEREALS AND GRANOLA: Now I have some questions about cereal and granola you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event.

Main Question: Did you (the patient) eat any cereals or granola? <i>If yes, maybe, ate, or likely ate, please proceed to the cereal and granola-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.</i>				
Response Options		Specific Foods		Cereal and Granola-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began		Did you (the patient) eat:		<i>If prepared at home:</i>
Yes	Maybe	No	Don't Know	<p>a. Type: _____ <input type="checkbox"/> Unknown</p> <p>b. Variety: _____ <input type="checkbox"/> Unknown</p> <p>c. Brand: _____ <input type="checkbox"/> Unknown</p> <p>d. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>e. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>f. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
Listeria Responses In the 28 days before the illness began		<ul style="list-style-type: none"> - Boxed breakfast cereals - Oatmeal - Cream of wheat - Overnight oats - Rolled oats - Grits - Granola - Granola bars - Other cereals and granola 		<i>If prepared outside the home:</i>
Ate	Likely Ate			Likely Did Not Eat

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Section 38: SNACKS: Now I have some questions about snacks you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, vending machine, or at a catered event.

Main Question: Did you (the patient) eat any snacks? *If yes, maybe, ate, or likely ate, please proceed to the snack-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Snack-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began Yes Maybe No Don't Know					Did you (the patient) eat: - Potato chips - Corn puffs - Crackers - Pretzels - Stuffed pretzels - Seaweed snacks - Cookies - Snack cakes - Chocolate - Chocolate chips/chunks - Caramel	If prepared at home: a. Type: _____ <input type="checkbox"/> Unknown b. Variety: _____ <input type="checkbox"/> Unknown c. Brand: _____ <input type="checkbox"/> Unknown d. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown e. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If prepared outside the home: a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown c. Dish eaten: _____ <input type="checkbox"/> Unknown d. Ingredients included: _____ <input type="checkbox"/> Unknown e. Meal date: ___/___/___ <input type="checkbox"/> Unknown f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Listeria Responses In the 28 days before the illness began Ate Likely Ate Likely Did Not Eat Did Not Eat Don't Know						

Section 39: NUTRITIONAL POWDERS AND SUPPLEMENTS: Now I have some questions about nutritional powders and supplements you (the patient) might have eaten in the X days before your (the patient's) illness began. This could include things like vitamins, protein powders, and probiotics.

Main Question: Did you (the patient) eat any nutritional powders or supplements? *If yes, maybe, ate, or likely ate, please proceed to the nutritional powder and supplement-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.*

Response Options					Specific Foods	Nutritional Powder and Supplement-specific Food Questions
Salm/STEC Responses In the 7 days before the illness began Yes Maybe No Don't Know					Did you (the patient) eat: - Protein powder - Milk powder - Whey - Protein shakes - Probiotics	If prepared at home: a. Type: _____ <input type="checkbox"/> Unknown b. Variety: _____ <input type="checkbox"/> Unknown c. Brand: _____ <input type="checkbox"/> Unknown d. Purchase date: ___/___/___ <input type="checkbox"/> Unknown e. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
Listeria Responses In the 28 days before the illness began						

Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	Don't Know	<ul style="list-style-type: none"> - Prebiotics - Vitamin boosters - Multivitamins - Kratom - Nutrition powder - Meal replacement powder - Greens/superfood smoothie powder - Other nutritional powders and supplements 	<p>f. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>If prepared outside the home:</i></p> <p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>c. Dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>d. Ingredients included: _____ <input type="checkbox"/> Unknown</p> <p>e. Meal date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
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Section 40: DELI SALADS: Now I have some questions about deli salads you (the patient) might have eaten in the X days before your (the patient's) illness began. You (the patient) may have eaten these items from a grocery store (purchased at the deli section) or from a restaurant.

Main Question: Did you (the patient) eat any deli salads? <i>If yes, maybe, ate, or likely ate, please proceed to the deli salad-specific food items. If no, likely did not eat, did not eat, or don't know, skip to next section.</i>				
Response Options		Specific Foods		Deli Salad-specific Food Questions If response is yes, maybe, ate, or likely ate to deli salad-specific food items, the following will be asked:
Salm/STEC Responses In the 7 days before the illness began		Did you (the patient) eat:		<i>If prepared at home:</i>
Yes	Maybe	No	Don't Know	<p>a. Type: _____ <input type="checkbox"/> Unknown</p> <p>b. Variety: _____ <input type="checkbox"/> Unknown</p> <p>c. Brand: _____ <input type="checkbox"/> Unknown</p> <p>d. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>e. Ingredients: _____ <input type="checkbox"/> Unknown</p> <p>f. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>g. Was this purchased from the deli section of a grocery store? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. Any receipts or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
Listeria Responses In the 28 days before the illness began		<ul style="list-style-type: none"> - Pasta salad - Potato salad - Chicken salad - Tuna salad - Coleslaw - Seafood salad - Bean salad - Other deli salads 		<i>If prepared outside the home:</i>
Ate	Likely Ate	Likely Did Not Eat	Did Not Eat	<p>a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown</p> <p>b. Purchase date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>c. Dish eaten: _____ <input type="checkbox"/> Unknown</p> <p>d. Ingredients included: _____ <input type="checkbox"/> Unknown</p> <p>e. Meal date: ___/___/___ <input type="checkbox"/> Unknown</p> <p>f. Do you have a receipt or other proof of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>g. Are others who ate the product also sick? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>h. Do you have leftovers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>

Section 41: Food Preparation Habits: Now I have a few questions about how you typically prepare and handle Meat (such as chicken, beef, and turkey).

Meat (such as chicken, beef, turkey)

1. Do you ever cook [insert meat item]? " Yes " Maybe " No " Unknown
2. How often do you eat [insert meat item]? " >Once per week " Once per month " <Once per month " Never " Unknown
3. Do you wash or rinse your raw [insert meat item] before cooking it? Always Sometimes Never Don't Know
 Water rinse Other _____
4. How do you store your raw [insert meat item] before cooking? Freeze in original packaging Freeze in zip lock bags or storage containers
 Refrigerate Other _____
5. How do you defrost your frozen raw [insert meat item]? In refrigerator On countertop In a sink with water In the microwave Don't defrost it - cook from frozen Don't freeze chicken- cook it fresh Other _____
6. What methods do you use to tell if your [insert meat item] is fully cooked? Taste Appearance Cooking time Smell Temperature measured by a Meat Thermometer Touch Other _____
7. How long do you wait to store leftover meals containing [insert meat item], after it has been cooked? Less than 2 hours 2 hours or more Don't know
8. When cooking raw [insert meat item] do you read any cooking or safe handling instructions on the original packaging?
 Always Sometimes Never Prefer not to answer
 Cooking Instructions only Safe handling Instructions Only Both Other _____
9. While preparing meals with raw [insert meat item] do you ever taste it before it is completely cooked (For example making sure the spice mix is right?)
 Always Sometimes Never Prefer not to answer
10. What do you use to cook raw [insert meat item] (Select all that apply)? Microwave Oven Toaster Oven Stove Top Other _____
11. After handling [raw/cooked] [insert meat item], what do you usually do? Continue cooking Wipe hands Rinse hands with water
 Wash hands with soap and water Don't know
12. How often do you use a separate cutting board for raw [insert meat item] and other foods during meal preparation? Always Sometimes Never Don't Know

Section 42: Food Preparation Habits: Now I have a few questions about how you typically prepare and handle Vegetables (such as root/allium, leafy greens, cruciferous, stem, etc.)

Vegetables (such as root/allium, leafy greens, cruciferous, stem, etc.)

1. Do you wash or rinse your raw [insert vegetable item] before preparing them?
" Always " Sometimes " Never " Don't Know
" Water rinse " Other _____
2. How do you typically eat [insert vegetable item]? " Raw " Cooked " Both " Other _____
3. How do you store your [insert vegetable item] before cooking them or using in a dish?
" Chop and Freeze " Chop and Refrigerate " Refrigerate whole " Store at room temperature " Other _____
4. After handling raw [insert vegetable item], what do you usually do?
" Continue cooking " Wipe hands " Rinse hands with water " Wash hands with soap and water " Don't know
5. After preparing [insert vegetable item], what do you usually do?
" Wash the cutting board and knife before using them to prepare other vegetables " Rinse the cutting board and knife before using them to prepare other vegetables " Continue to use the cutting board and knife to prepare any other vegetables " Use a different cutting board to prepare any other vegetables " Don't Know

Section 43: Food Preparation Habits: Now I have a few questions about how you typically prepare and handle Fruit (such as stone fruits, berries, melons, etc.)

Fruit (such as stone fruits, berries, melons, etc.)

1. When bringing home [insert fruit item] and before eating it, where was it stored?
 Kitchen counter Refrigerator Other, specify _____ Unknown

2. How many days do you store your *[insert fruit item]* before first eating it?
 None, eat right away 1-2 days 3-4 days 5-6 days 7 days or more Unknown
3. If you purchase a *[insert fruit item]* as a whole or half, do you normally wash the outside before cutting into the fruit?
 Yes No (skip to question 5)
- a. When washing *[insert fruit item]*, would you say that you normally:
 Scrub the outside of the *[insert fruit item]* (with wash cloth, sponge, or hand) with **water and soap**?
How long do you wash the *[insert fruit item]* under water?
 less than 5 seconds
 5-10 seconds
 more than 10 seconds
- Scrub the outside of the *[insert fruit item]* (with wash cloth, sponge, or hand) with **water only**?
How long do you wash the *[insert fruit item]* under water?
 less than 5 seconds
 5-10 seconds
 more than 10 seconds
- Only rinse it under water (no scrubbing)
How long do you wash the *[insert fruit item]* under water?
 less than 5 seconds
 5-10 seconds
 more than 10 seconds
- Use a type of fruit/vegetable rinse
 Other: _____
4. When cutting whole or half *[insert fruit item]*, do you cut the rind off completely or leave it on?
 Cut the rind off completely Leave the rind on and eat the fruit (with hands or utensils) Varies
5. When cutting whole or half *[insert fruit item]*, do you cut up the entire *[insert fruit item]* at one time (even if you save some for later), or cut just part of the *[insert fruit item]*?
 Cut up the entire *[insert fruit item]* at one time, even if I don't eat it all at once
 Cut up only part of the *[insert fruit item]* (what you are going to eat at that time)
 Varies
6. When cutting the entire whole/half *[insert fruit item]* and planning to save some, do you cut all the rind off before storing it, or leave the rind on when storing the remainder?
 Cut off the entire rind before storing it Leave the rind on when storing it Varies
7. If you cut up the entire whole/half *[insert fruit item]* and save pieces to eat at a different time, how do you store the remaining pieces?
 The bag the *[insert fruit item]* was purchased in Tupperware container ZipLock plastic bag Bowl/plate, covered Bowl/plate, uncovered
 Other, specify _____
8. Where do you store the remaining *[insert fruit item]*?
 Refrigerator Unrefrigerated (kitchen counter, pantry, etc.) Other, specify _____
9. How long do you normally store the leftover *[insert fruit item]* before you finish eating the remainder?
 1-2 days 3-4 days 5-6 days 7 days or more
10. When you eat *[insert fruit item]*, what other foods do you typically eat with it? (e.g. cottage cheese, prosciutto, other fruits)

Section 44: Food Preparation Habits: Now I have a few questions about how you typically prepare and handle Frozen Foods (such as microwave dinners, frozen entrees, frozen pizza, etc.)

Frozen Foods (such as microwave dinners, frozen entrees, frozen pizza, etc.)

1. How do you typically heat up your frozen foods? Oven Microwave Toaster oven Air fryer Other, specify _____
 Unknown
2. Do you use a food thermometer to check the internal temperature when heating frozen foods? Yes Maybe No Unknown
3. Do you ever eat frozen foods with cold spots? Yes Maybe No Unknown
4. Do you follow the exact instructions when heating frozen foods? Yes Maybe No Unknown

Section 45: Laboratory Exposures. Now I will ask you some questions about whether you visited a laboratory or lab in the X days before you (the patient) got sick.

Yes	Maybe	No	Don't know	Did you (the patient):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Visit a microbiology laboratory (one that uses or runs tests on bacteria) such as at a university, hospital, or other place?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Attend university/college? a. Name of university/college: _____ Location: _____ b. Did you attend a microbiology or biology laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, name of lab course: _____</i> Day(s) (circle all that apply): M T W R F Sa Su Time of lab section: ___:___ to ___:___ Are you aware of anyone else who was sick who also attended this laboratory section? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you work or were you employed in a microbiology laboratory? a. Name of laboratory/workplace: _____ Location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you come into close contact with anyone who worked or was a student in a microbiology laboratory? b. What is their role in the microbiology lab? _____ c. What is their relationship to you? _____ d. Name of their laboratory/workplace: _____ Location: _____ e. Do they work with <i>Escherichia/E. coli</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If yes, do they know the Escherichia specimen strain number that was used in the lab?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, Strain number: _____</i>

Section 46. Lab Practices. Now I will ask you some questions about some of the laboratory practices you were taught or conducted while in lab in the X days before you got sick. If patient did not report laboratory exposure, please skip following section.

Yes	Maybe	No	Don't Know	Did you (the patient):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Wear gloves while working with bacteria?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Wash your hands with soap and water after taking off gloves?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Wear your lab coat when in the lab? a. Was there a place to store your lab coat in the laboratory building after the laboratory session? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Did you wash your lab coat at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Use the same pen or pencil that you used in lab for other things outside of the laboratory class?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Use the same laboratory notebook for other things outside of the laboratory class?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Carry food or drink with you into the laboratory?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Was there a place away from the lab benches to store backpacks, books, and other materials not related to your laboratory session? a. Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Receive any education in the lab orientation/from your instructor/in training about the importance of washing your hands, wearing gloves, wearing your lab coat to prevent illness from organisms you are working with in the lab?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Sniff the plates to smell for the type of bacteria during your laboratory session?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Were you ever instructed to sniff the plates to smell for the type of bacteria during your laboratory session?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. What kind of tests did you perform with live bacteria? <input type="checkbox"/> Streaking plates/slant tubes <input type="checkbox"/> Inoculating broth <input type="checkbox"/> Biochemical tests <input type="checkbox"/> Gram stain <input type="checkbox"/> Antimicrobial susceptibility (plate or disc) <input type="checkbox"/> Other, describe: _____ <input type="checkbox"/> Unknown

Section 47: RACE, ETHNICITY, AND SEX: In this section, we will ask questions about your (the patient's) race, ethnicity, and sex. We are collecting this information from all ill people. By knowing more about your (the patient's) race, ethnicity, and sex we can get a better idea of health risks you (the patient) may have and foods you might eat, that might help us identify what caused you to become sick. You (the patient) may belong to more than just one race or ethnicity; please check all that apply to you (the patient). These questions are optional, and you may choose not to answer them.

1. What is your race and/or ethnicity? (*Select all that apply and enter additional details in the spaces below*)

	<input type="checkbox"/> American Indian or Alaska Native <i>Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</i> <hr/>	<input type="checkbox"/> Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <i>Enter, for example, Pakistani, Hmong, Afghan, etc.</i> <hr/>	<input type="checkbox"/> Black or African American <input type="checkbox"/> African American <input type="checkbox"/> Jamaican <input type="checkbox"/> Haitian <input type="checkbox"/> Nigerian <input type="checkbox"/> Ethiopian <input type="checkbox"/> Somali <i>Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congalese, etc.</i> <hr/>
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Salvadoran <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Guatemalan <i>Enter, for example, Colombian, Honduran, Spaniard, etc.</i> <hr/>	<input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Lebanese <input type="checkbox"/> Iranian <input type="checkbox"/> Egyptian <input type="checkbox"/> Syrian <input type="checkbox"/> Iraqi <input type="checkbox"/> Israeli <i>Enter, for example, Moroccan, Yemeni, Kurdish, etc.</i> <hr/>	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Chamorro <input type="checkbox"/> Tongan <input type="checkbox"/> Fijian <input type="checkbox"/> Marshallese <i>Enter, for example, Chuukese, Palauan, Tahitian, etc.</i> <hr/>
	<input type="checkbox"/> White <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Irish <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Scottish <i>Enter, for example, French, Swedish, Norwegian, etc.</i> <hr/>		
2. What languages are spoken at home? _____ <input type="checkbox"/> Declined to answer			
3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			