Form Approved
OMB No: XXXX-XXXX
Expires: XX/XX/XXXX

Module 2: Nontyphoidal *Salmonella* (except MDR Newport), *Escherichia coli*, and *Vibrio*

FOODS EATEN: Now I have a few questions about the foods that you (the patient) might have eaten in the 7 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, takeout, from a street vendor, or at a catered event. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

In the **7 days** before the illness began, did you (the patient) eat any:	**… in the United States**		***If traveled outside the United States in 7 days before you (the patient) got sick:*** *(Use a separate sheet if more than 1 country)*
AT	Prepared at home	Prepared outside the home	**… in Country 1:** Name:_____
1. Beef?	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know
2. Pork?	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know
3. Chicken?	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know
4. Turkey?	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know
5. Eggs or egg-containing dishes?	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know
6. Unpasteurized milk?	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know
7. Cheese made from unpasteurized or raw milk, including homemade, farm-fresh, and door-to-door cheeses?	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know
8. Fish or fish products?	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know
9. Shellfish or seafood without fins (e.g., shrimp, crab, clams, oysters)?	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know
10. Lettuce or raw spinach?	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know	☐ Yes ☐ No ☐ Maybe ☐ Don't know

Section Comments.

FISH AND SEAFOOD: Now I have some questions about fish and seafood you (the patient) might have eaten in the 7 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, or if you traveled, in another state or country. This does not include canned items, but the fish and seafood could have been fresh, frozen, or could have been eaten alone or as part of a dish, sauce, or dip. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

If the patient traveled outside the United States in the 7 days before they got sick, ask for each country they were in during the 7 days before they got sick. Use a separate sheet if they visited more than 1 country.

Did you (the patient) eat any:

...in the United States?	**...in Country 1: Name: _____?**
1. Raw or undercooked fish or fish products, such as sushi, sashimi, ceviche, or poke? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Raw tuna? ☐ Yes ☐ No ☐ Maybe ☐ Don't know b. Raw salmon? ☐ Yes ☐ No ☐ Maybe ☐ Don't know c. Other raw fish? ☐ Yes ☐ No ☐ Maybe ☐ Don't know d. Specify: _____ e. Describe the dish: _____ f. Where was it purchased? _____ g. Where was it consumed? _____	1. Raw or undercooked fish or fish products, such as sushi, sashimi, ceviche, or poke? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Raw tuna? ☐ Yes ☐ No ☐ Maybe ☐ Don't know b. Raw salmon? ☐ Yes ☐ No ☐ Maybe ☐ Don't know c. Other raw fish? ☐ Yes ☐ No ☐ Maybe ☐ Don't know d. Specify: _____ e. Describe the dish: _____ f. Where was it purchased? _____ g. Where was it consumed? _____
2. Store-bought fish, not including shellfish, prepared <u>at home</u>? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. ☐ Frozen ☐ Fresh ☐ Don't know b. How was it prepared? ☐ Raw ☐ Undercooked ☐ Fully cooked ☐ Don't know c. Type of fish eaten: _____ ☐ Don't know d. Place purchased from (names, locations): _____ ☐ Don't know	2. Store-bought fish, not including shellfish prepared <u>at home</u>? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. ☐ Frozen ☐ Fresh ☐ Don't know b. How was it prepared? ☐ Raw ☐ Undercooked ☐ Fully cooked ☐ Don't know c. Type of fish eaten: _____ ☐ Don't know d. Place purchased from (names, locations): _____ ☐ Don't know
3. Fish, not including shellfish, prepared <u>outside the home</u>? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. How was it prepared? ☐ Raw ☐ Undercooked ☐ Fully cooked b. Type of fish eaten: _____ ☐ Don't know c. Place purchased from (names, locations): _____ ☐ Don't know d. Dish eaten: _____ ☐ Don't know	3. Fish, not including shellfish, prepared <u>outside the home</u>? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. How was it prepared? ☐ Raw ☐ Undercooked ☐ Fully cooked b. Type of fish eaten: _____ ☐ Don't know c. Place purchased from (names, locations): _____ ☐ Don't know d. Dish eaten: _____ ☐ Don't know
4. Smoked or dried fish, like smoked salmon, lox, bonita, fish jerky? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Type, variety, brand:_____ ☐ Don't know	4. Smoked or dried fish, like smoked salmon, lox, bonita, fish jerky? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Type, variety, brand:_____ ☐ Don't know
5. Shrimp or prawns? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. ☐ Frozen ☐ Fresh ☐ Don't know b. Type, variety, brand:_____ ☐ Don't know	5. Shrimp or prawns? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. ☐ Frozen ☐ Fresh ☐ Don't know b. Type, variety, brand:_____ ☐ Don't know
6. Crab, lobster, or crayfish? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Type, variety, brand:_____ ☐ Don't know	6. Crab, lobster, or crayfish? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Type, variety, brand:_____ ☐ Don't know
7. Oysters? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Were the oysters raw? ☐ Yes ☐ No ☐ Maybe ☐ Don't know	7. Oysters? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Were the oysters raw? ☐ Yes ☐ No ☐ Maybe ☐ Don't know
8. Clams, mussels, scallops, or other shellfish? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Type, variety, brand:_____ ☐ Don't know	8. Clams, mussels, scallops, or other shellfish? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Type, variety, brand:_____ ☐ Don't know

9. Any other fish or seafood? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Type, variety, brand:_____ ☐ Don't know	9. Any other fish or seafood? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Type, variety, brand:_____ ☐ Don't know
Section Comments.	

WATER EXPOSURE: Now I have questions about water exposure in the 7 days before your (the patient's) illness.

In the **7 days** before illness began,	**... in the United States**	***If traveled outside the United States in 7 days before you (your child) got sick:*** *(Use a separate sheet if more than 1 country)* **... in Country 1:** Name:_____
1. Where did the water that you (the patient) drank come from?	☐ Municipal / tap ☐ Well water ☐ Bottled water ☐ Other, specify: _____ ☐ Don't know	☐ Municipal / tap ☐ Well water ☐ Bottled water ☐ Other, specify: _____ ☐ Don't know
2. Did you (the patient) swim in, wade in, or enter a pool, ocean, lake, pond, river, stream, or natural spring?	☐ Yes ☐ Maybe ☐ No ☐ Don't know If yes, specify: _____	☐ Yes ☐ Maybe ☐ No ☐ Don't know If yes, specify: _____
Section Comments.		

ANIMAL CONTACT AND PET FOOD: Now I have some questions about contact with pets or other animals in the 7 days before your (the patient's) illness began. Contact is defined as: you (the patient) or someone in the household handling, touching, petting, or otherwise interacting with an animal or the areas where the animal lives/roams. This could have been at your home or another home, at a pet store, petting zoo, retail store, school, daycare, or other location. As I read each exposure, please answer as yes, no, may have had, or can't remember having contact in the 7 days before you (the patient) got sick.

If the patient traveled outside the United States in the 7 days before they got sick, ask for each country they were in during the 7 days before they got sick. Use a separate sheet if they visited more than 1 country. Additionally, for patients who report contact with poultry, please ask if they had any contact within 30 days <u>after</u> returning to the United States (question 1a on the left).

Did you (the patient) or anyone in the household have contact with any of the following types of animals or the areas where the animal lives/roams

...in the United States?	**...in Country 1: Name: _____?**
1. Chickens/chicks, ducks/ducklings, turkeys, or other backyard poultry? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe, please specify the type of poultry* a. Did contact occur (select all that apply): ☐ In the 7 days <u>before</u> illness ☐ Chickens/Chicks ☐ Ducks/Ducklings ☐ Turkeys ☐ Other, specify: _____ ☐ Don't know ☐ In the 30 days <u>after</u> illness ☐ Chickens/Chicks ☐ Ducks/Ducklings ☐ Turkeys ☐ Other, specify: _____ ☐ Don't know b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify:_____ ☐ Don't know	1. Chickens/chicks, ducks/ducklings, turkeys, or other backyard poultry? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. ☐ Chickens/Chicks ☐ Ducks/Ducklings ☐ Turkeys ☐ Other, specify: _____ ☐ Don't know b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify:_____ ☐ Don't know
2. Turtles or tortoises? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Was the shell <4 inches in diameter (*smaller than the palm of an adult hand*)? ☐ Yes ☐ No ☐ Don't know b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify:_____ ☐ Don't know	2. Turtles or tortoises? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Was the shell <4 inches in diameter (*smaller than the palm of an adult hand*)? ☐ Yes ☐ No ☐ Don't know b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify:_____ ☐ Don't know
3. Other reptiles (such as snakes, lizards, geckos, bearded dragons), amphibians (frogs, toads, salamanders), fish or other aquatic animals? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Please specify the type:_____ ☐ Don't know b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify:_____ ☐ Don't know c. Was it fed: ☐ Live mice/rat ☐ Frozen mice/rat ☐ Live chick ☐ Frozen chick ☐ Other feeder animal, specify: _____ ☐ Not fed feeder animal ☐ Don't know	3. Other reptiles (such as snakes, lizards, geckos, bearded dragons), amphibians (frogs, toads, salamanders), fish or other aquatic animals? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Please specify the type:_____ ☐ Don't know b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify:_____ ☐ Don't know c. Was it fed: ☐ Live mice/rat ☐ Frozen mice/rat ☐ Live chick ☐ Frozen chick ☐ Other feeder animal, specify: _____ ☐ Not fed feeder animal ☐ Don't know
4. Small mammalian household pet, such as hamster, rat, mouse, guinea pig, gerbil, ferret, sugar glider, or hedgehog (excluding feeder rodents used as pet food for reptiles, see #3c)? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Please specify the type:_____ ☐ Don't know b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify:_____ ☐ Don't know	4. Small mammalian household pet, such as hamster, rat, mouse, guinea pig, gerbil, ferret, sugar glider, or hedgehog (excluding feeder rodents used as pet food for reptiles, see #3c)? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe,* a. Please specify the type:_____ ☐ Don't know b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify:_____ ☐ Don't know

5. Any other type of pets (dogs, cats, birds (not poultry, etc.)? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe*, a. Please specify the type:_____ ☐ Don't know b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify:_____ ☐ Don't know	5. Any other type of pets (dogs, cats, birds (not poultry, etc.)? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe*, a. Please specify the type:_____ ☐ Don't know b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify:_____ ☐ Don't know
6. Any other animal (such as farm animals or wildlife)? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe*, a. Please specify the type:_____ ☐ Don't know b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify:_____ ☐ Don't know	6. Any other animal (such as farm animals or wildlife)? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe*, a. Please specify the type:_____ ☐ Don't know b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify:_____ ☐ Don't know
7. Did you (the patient) or anyone in the household have contact with animal food, animal treats, animal feeding bowls or equipment, or the area where animal food/treats are stored or where animals are fed? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe*, a. What type of animal food: ☐ Dry ☐ Canned ☐ Fresh ☐ Raw ☐ Other, specify: _____ ☐ Don't know b. Animal food brand: _____ ☐ Don't know Purchase location: _____ ☐ Don't know c. Animal treat type: ☐ Pig ear ☐ Pizzle/bully stick ☐ Raw hide ☐ Hooves ☐ Jerky-style treat ☐ Biscuit-style treats ☐ Freeze-dried treats ☐ Other, specify: _____ ☐ Don't know d. Animal treat brand: _____ ☐ Don't know Purchase location: _____ ☐ Don't know	7. Did you (the patient) or anyone in the household have contact with animal food, animal treats, animal feeding bowls or equipment, or the area where animal food/treats are stored or where animals are fed? ☐ Yes ☐ No ☐ Maybe ☐ Don't know *If yes or maybe*, a. What type of animal food: ☐ Dry ☐ Canned ☐ Fresh ☐ Raw ☐ Other, specify: _____ ☐ Don't know b. Animal food brand: _____ ☐ Don't know Purchase location: _____ ☐ Don't know c. Animal treat type: ☐ Pig ear ☐ Pizzle/bully stick ☐ Raw hide ☐ Hooves ☐ Jerky-style treat ☐ Biscuit-style treats ☐ Freeze-dried treats ☐ Other, specify: _____ ☐ Don't know d. Animal treat brand: _____ ☐ Don't know Purchase location: _____ ☐ Don't know
Section Comments.	

OTHER EXPOSURES: Now I have a few questions about other exposures you (the patient) might have had in the 7 days before your (the patient's) illness began.

Yes	Maybe	No	Don't Know	In the **7 days** before illness began, did you (the patient):
☐	☐	☐	☐	1. Attend a gathering outside of your home (e.g., wedding, religious, sporting, entertainment, or cultural event)?
				a. What was the gathering? _____ b. Where was the gathering? _____ (If outside the US, specify the country) c. When was the gathering? _____
☐	☐	☐	☐	2. Visit, work, or volunteer in a doctor's office or clinic, urgent care, emergency department, hospital, or other healthcare setting?

a. Doctor's office or clinic? ☐ Yes ☐ No ☐ Maybe ☐ Don't know
   i. *If yes*, did you (the patient) ☐ Visit ☐ Work ☐ Volunteer ☐ Don't know

b. Urgent care? ☐ Yes ☐ No ☐ Maybe ☐ Don't know
   i. *If yes*, did you (the patient) ☐ Visit ☐ Work ☐ Volunteer ☐ Don't know

c. Emergency department? ☐ Yes ☐ No ☐ Maybe ☐ Don't know
   i. *If yes*, did you (the patient) ☐ Visit ☐ Work ☐ Volunteer ☐ Don't know

d. Hospital? ☐ Yes ☐ No ☐ Maybe ☐ Don't know
   i. *If yes*, did you (the patient) ☐ Visit ☐ Work ☐ Volunteer ☐ Don't know
   i. *If visit*, were you (the patient) admitted overnight to the hospital? ☐ Yes ☐ No ☐ Maybe ☐ Don't know
   ii. *If yes*, describe indication, dates, and duration _____

e. Other health care setting? ☐ Yes ☐ No ☐ Maybe ☐ Don't know
   i. *If yes*, specify setting: _____
   ii. *If yes*, did you (the patient) ☐ Visit ☐ Work ☐ Volunteer ☐ Don't know

3. Do you (the patient) have regular contact with any of the following?

☐ Persons experiencing homelessness ☐ Person wearing diapers
☐ Patients in clinics or hospitals ☐ Young children attending daycare or pre-school
If yes, please give further details: _____

4. In the **30 days** before illness began, did you (the patient) experience homelessness? That is, were you living in a shelter, car, park, abandoned building, bus or train station, airport, or camping ground?

☐ Yes ☐ No ☐ Prefer not to answer ☐ Don't know

Yes	Maybe	No	Don't Know
☐	☐	☐	☐

5. Did you (the patient) eat any foods in the 7 days before illness began that you, friends, or family brought back or someone sent to you from another country?

What was the food?	What country was it from?	How was it stored?

Section Comments.