

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

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

<p>9. Any other fish or seafood?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know  If yes or maybe,  a. Type, variety, brand: _____ <input type="checkbox"/> Don't know</p>	<p>9. Any other fish or seafood?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know  If yes or maybe,  a. Type, variety, brand: _____ <input type="checkbox"/> Don't know</p>
<p><b>Section Comments.</b></p>	

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

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

**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 after 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: _____?
<p>1. Chickens/chicks, ducks/ducklings, turkeys, or other backyard poultry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p>If yes or maybe, please specify the type of poultry</p> <p>a. Did contact occur (select all that apply):</p> <p><input type="checkbox"/> In the 7 days <u>before</u> illness</p> <p><input type="checkbox"/> Chickens/Chicks <input type="checkbox"/> Ducks/Ducklings <input type="checkbox"/> Turkeys</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> In the 30 days <u>after</u> illness</p> <p><input type="checkbox"/> Chickens/Chicks <input type="checkbox"/> Ducks/Ducklings <input type="checkbox"/> Turkeys</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Don't know</p> <p>b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)?</p> <p>Specify: _____ <input type="checkbox"/> Don't know</p>	<p>1. Chickens/chicks, ducks/ducklings, turkeys, or other backyard poultry? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p>If yes or maybe,</p> <p>a. <input type="checkbox"/> Chickens/Chicks <input type="checkbox"/> Ducks/Ducklings <input type="checkbox"/> Turkeys</p> <p><input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Don't know</p> <p>b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)?</p> <p>Specify: _____ <input type="checkbox"/> Don't know</p>
<p>2. Turtles or tortoises? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p>If yes or maybe,</p> <p>a. Was the shell &lt;4 inches in diameter (<i>smaller than the palm of an adult hand</i>)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)?</p> <p>Specify: _____ <input type="checkbox"/> Don't know</p>	<p>2. Turtles or tortoises? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p>If yes or maybe,</p> <p>a. Was the shell &lt;4 inches in diameter (<i>smaller than the palm of an adult hand</i>)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)?</p> <p>Specify: _____ <input type="checkbox"/> Don't know</p>
<p>3. Other reptiles (such as snakes, lizards, geckos, bearded dragons), amphibians (frogs, toads, salamanders), fish or other aquatic animals?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p>If yes or maybe,</p> <p>a. Please specify the type: _____ <input type="checkbox"/> Don't know</p> <p>b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)?</p> <p>Specify: _____ <input type="checkbox"/> Don't know</p> <p>c. Was it fed: <input type="checkbox"/> Live mice/rat <input type="checkbox"/> Frozen mice/rat <input type="checkbox"/> Live chick <input type="checkbox"/> Frozen chick <input type="checkbox"/> Other feeder animal, specify: _____</p> <p><input type="checkbox"/> Not fed feeder animal <input type="checkbox"/> Don't know</p>	<p>3. Other reptiles (such as snakes, lizards, geckos, bearded dragons), amphibians (frogs, toads, salamanders), fish or other aquatic animals?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p>If yes or maybe,</p> <p>a. Please specify the type: _____ <input type="checkbox"/> Don't know</p> <p>b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)?</p> <p>Specify: _____ <input type="checkbox"/> Don't know</p> <p>c. Was it fed: <input type="checkbox"/> Live mice/rat <input type="checkbox"/> Frozen mice/rat <input type="checkbox"/> Live chick <input type="checkbox"/> Frozen chick <input type="checkbox"/> Other feeder animal, specify: _____</p> <p><input type="checkbox"/> Not fed feeder animal <input type="checkbox"/> Don't know</p>
<p>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)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p>If yes or maybe,</p> <p>a. Please specify the type: _____ <input type="checkbox"/> Don't know</p> <p>b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)?</p> <p>Specify: _____ <input type="checkbox"/> Don't know</p>	<p>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)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p>If yes or maybe,</p> <p>a. Please specify the type: _____ <input type="checkbox"/> Don't know</p> <p>b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)?</p> <p>Specify: _____ <input type="checkbox"/> Don't know</p>

<p>5. Any other type of pets (dogs, cats, birds (not poultry, etc.)?)  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p><i>If yes or maybe,</i></p> <p>a. Please specify the type: _____ <input type="checkbox"/> Don't know</p> <p>b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)?  Specify: _____ <input type="checkbox"/> Don't know</p>	<p>5. Any other type of pets (dogs, cats, birds (not poultry, etc.)?)  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p><i>If yes or maybe,</i></p> <p>a. Please specify the type: _____ <input type="checkbox"/> Don't know</p> <p>b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)?  Specify: _____ <input type="checkbox"/> Don't know</p>
<p>6. Any other animal (such as farm animals or wildlife)?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p><i>If yes or maybe,</i></p> <p>a. Please specify the type: _____ <input type="checkbox"/> Don't know</p> <p>b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)?  Specify: _____ <input type="checkbox"/> Don't know</p>	<p>6. Any other animal (such as farm animals or wildlife)?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p><i>If yes or maybe,</i></p> <p>a. Please specify the type: _____ <input type="checkbox"/> Don't know</p> <p>b. Where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)?  Specify: _____ <input type="checkbox"/> Don't know</p>
<p>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?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p><i>If yes or maybe,</i></p> <p>a. What type of animal food: <input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Fresh <input type="checkbox"/> Raw  <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Don't know</p> <p>b. Animal food brand: _____ <input type="checkbox"/> Don't know  Purchase location: _____ <input type="checkbox"/> Don't know</p> <p>c. Animal treat type: <input type="checkbox"/> Pig ear <input type="checkbox"/> Pizzle/bully stick <input type="checkbox"/> Raw hide <input type="checkbox"/>  Hooves <input type="checkbox"/> Jerky-style treat <input type="checkbox"/> Biscuit-style treats  <input type="checkbox"/> Freeze-dried treats <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/>  Don't know</p> <p>d. Animal treat brand: _____ <input type="checkbox"/> Don't know  Purchase location: _____ <input type="checkbox"/> Don't know</p>	<p>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?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know</p> <p><i>If yes or maybe,</i></p> <p>a. What type of animal food: <input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Fresh <input type="checkbox"/> Raw  <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Don't know</p> <p>b. Animal food brand: _____ <input type="checkbox"/> Don't know  Purchase location: _____ <input type="checkbox"/> Don't know</p> <p>c. Animal treat type: <input type="checkbox"/> Pig ear <input type="checkbox"/> Pizzle/bully stick <input type="checkbox"/> Raw hide  <input type="checkbox"/> Hooves <input type="checkbox"/> Jerky-style treat <input type="checkbox"/> Biscuit-style treats  <input type="checkbox"/> Freeze-dried treats <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/>  <input type="checkbox"/> Don't know</p> <p>d. Animal treat brand: _____ <input type="checkbox"/> Don't know  Purchase location: _____ <input type="checkbox"/> Don't know</p>
<p><b>Section Comments.</b></p>	

**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):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Attend a gathering outside of your home (e.g., wedding, religious, sporting, entertainment, or cultural event)?
				<p>a. What was the gathering? _____</p> <p>b. Where was the gathering? _____ (If outside the US, specify the country)</p> <p>c. When was the gathering? _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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

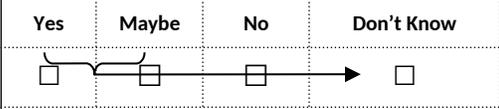
c. Emergency department?  Yes  No  Maybe  Don't know  
 i. If yes, did you (the patient)  Visit  Work  Volunteer  Don't know

d. Hospital?  Yes  No  Maybe  Don't know  
 i. If yes, did you (the patient)  Visit  Work  Volunteer  Don't know  
 ii. If visit, were you (the patient) admitted overnight to the hospital?  Yes  No  Maybe  Don't know  
 iii. 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



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.**