

Module 3: *Salmonella Newport* (REPJP01)

OTHER SOURCES OF FOOD: Now I have some questions about any other food you (the patient) ate in the 7 days before your illness began that was prepared outside your (the patient's) home, but not at a restaurant or fast-food restaurant. This includes food from family or friends (like, a neighbor brings over a meal, or a potluck) or food bought from individuals online (like on Facebook).

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Food prepared by neighbors, relatives, friends, or acquaintances, like a pre-made meal that you reheat and serve at home or at an event or party?
				a. What was the food? _____
				b. Where/who did you get it from? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Foods sold by private persons (not a store or a business), like a person selling food from their home, car, street cart or table, or at a swap meet?
				a. What was the food? _____
				b. Where/who did you get it from? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Foods that you, friends, or family brought back, or someone sent to you from Mexico or another country?
				a. What was the food? _____
				b. Where/who did you get it from? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Foods bought online (not from a grocery store), like from Facebook or Instagram?
				a. What was the food? _____
				b. Where/who did you get it from? _____
Section Comments.				

MEAT: Now I have a few questions about meat that you (the patient) might have eaten in the **7 days** before your (the patient's) illness began. The meat could have been eaten as part of dish. You (the patient) could have eaten these either in your home or outside the home, or if you traveled, in another country. 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.

Yes	Maybe	No	Don't Know	Did you (the patient):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Eat any ground beef prepared at home? This could include foods such as hamburger patties, casseroles, tacos, soups, or pasta sauces
				a. Was it purchased: <input type="checkbox"/> In a tray <input type="checkbox"/> As a chub <input type="checkbox"/> Pre-formed patties <input type="checkbox"/> Other, specify _____ b. Type, variety, brand: _____ c. Place purchased from (names, locations): _____ d. Shopper card number: _____ e. Date purchased: ___/___/_____ f. 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"/> Don't know g. Did you purchase the ground beef fresh or frozen? <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Don't know h. How did you store your raw ground beef before cooking? <input type="checkbox"/> Frozen in original packaging <input type="checkbox"/> Frozen in zip lock bags or storage containers <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other _____ i. If purchased or stored frozen, how did you defrost your frozen raw ground beef? <input type="checkbox"/> In refrigerator <input type="checkbox"/> On countertop <input type="checkbox"/> In a sink with water <input type="checkbox"/> In the microwave <input type="checkbox"/> Didn't defrost it - cooked from frozen <input type="checkbox"/> Other _____ i. What was the size of the beef package you purchased? ___ lbs <input type="checkbox"/> Don't know j. What was the percent lean/fat? ___% lean <input type="checkbox"/> Don't Know k. 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") l. Is a receipt or other proof of purchase available from this purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know i. If yes, would you be willing to share a picture of the receipt with health officials? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't know m. Can we collect any leftover ground beef for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None leftover i. If yes, did you handle the ground beef after illness? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Eat any ground beef prepared <u>outside the home</u> ?
				a. Place purchased from (names, locations): _____ Dish eaten: _____ Date: ___/___/_____ b. 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"/> Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Even if you didn't eat it yourself, did you touch, handle, or prepare any raw ground beef?

- a. Is this the same ground beef described in question 1 of this section?
 Yes (skip to question 4) No (Continue with b.- m.)
- b. Was it purchased: In a tray As a chub Pre-formed patties Other, specify _____
- c. Type, variety, brand: _____
- d. Place purchased from (names, locations): _____
- e. Shopper card number: _____
- f. Date purchased: ___/___/_____
- g. Did you purchase the ground beef fresh or frozen? Fresh Frozen Don't know
- h. How did you store your raw ground beef before cooking?
 Frozen in original packaging Frozen in zip lock bags or storage containers Refrigerated
 Other _____
- a. If purchased or stored frozen, how did you defrost your frozen raw ground beef?
 In refrigerator On countertop In a sink with water In the microwave
 Didn't defrost it - cooked from frozen Other _____
- i. What was the size of the beef package you purchased? ___ lbs Don't know
- j. What was the percent lean/fat? ___% lean Don't know
- k. 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")
- l. Is a receipt or other proof of purchase available from this purchase?
 Yes No Don't know
- a. If yes, would you be willing to share a picture of the receipt with health officials?
 Yes Maybe No Don't know
- m. Can we collect any leftover ground beef for testing? Yes No None leftover
- a. If yes, did you handle the ground beef after illness? Yes No

4. Eat any steaks, stews, roasts, carne asada, carne mechada, menudo, cabeza, lengua, or other beef items prepared at home?

- a. What type of beef product?
 Steak Stew Roast Carne asada Carne mechada (shredded beef)
 Menudo (beef tripe stew) Cabeza (beef cheeks) Lengua (beef tongue)
 Other, specify _____ Don't Know
- b. How was it consumed? Raw Pink/red inside Well-done, no pink inside Don't know
- c. Type, variety, brand, or if no brand, how packaged:

- d. Place purchased from (names, locations):

- e. Date purchased: ___/___/_____

5. Eat any steaks, stews, roasts, carne asada, carne mechada, menudo, cabeza, lengua, or other beef items prepared outside the home?

				<p>a. What type of beef product? <input type="checkbox"/> Steak <input type="checkbox"/> Stew <input type="checkbox"/> Roast <input type="checkbox"/> Carne asada <input type="checkbox"/> Carne mechada (shredded beef) <input type="checkbox"/> Menudo (beef tripe stew) <input type="checkbox"/> Cabeza (beef cheeks) <input type="checkbox"/> Lengua (beef tongue) <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Don't Know</p> <p>b. 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"/> Don't know</p> <p>c. Place purchased from (names, locations): _____</p> <p>c. Date purchased: ___/___/_____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Eat any dried meats or beef jerky?
				<p>a. Type of meat _____ <input type="checkbox"/> Don't know</p> <p>b. Brand name (if purchased from a store): _____ <input type="checkbox"/> Don't know</p> <p>c. Where did you get it from (store name, friend, family, online purchase, etc): _____ <input type="checkbox"/> Don't know</p> <p>d. Date purchased: ___/___/_____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Eat any veal? a. Type, variety, brand: _____ <input type="checkbox"/> Don't know b. Place purchased from (names, locations): _____ <input type="checkbox"/> Don't know c. 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"/> Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Eat any pork prepared <u>at home</u> (like whole pig, chops, tenderloin, roast, shoulder, ground, etc.)? 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"/> Other, specify: _____ <input type="checkbox"/> Don't know b. Brand(s): _____ <input type="checkbox"/> Don't know c. Place purchased from (names, locations): _____ <input type="checkbox"/> Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Eat any pork prepared <u>outside the home</u> ? This would include pig roasts, sit-down restaurants, fast food restaurants, take-out, food trucks, cafeterias, delivery from restaurants, etc. a. Place purchased from (names, locations): _____ <input type="checkbox"/> Don't know b. Dish eaten: _____ <input type="checkbox"/> Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Eat any other meat like lamb, goat, bison, or game meat? a. Type, variety, brand: _____ <input type="checkbox"/> Don't know b. Place purchased from (names, locations): _____ <input type="checkbox"/> Don't know
Section Comments.				

MILK AND CHEESE: Now I have a few questions about milk and cheese you (the patient) might have had in the 7 days before your (the patient's) illness began, either in your home or away from home, or if you traveled, in another country. As I read each food, please answer yes, no, maybe, or can't remember eating that food in the 7 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. Drink or use any raw (unpasteurized) milk?
				a. How did you use the raw milk? <input type="checkbox"/> Drink <input type="checkbox"/> Cook <input type="checkbox"/> Other: _____ b. What type of milk (cow, goat, other)? _____ c. Where did you get the raw milk from? (Store name, dairy, farm, relative, friend, online purchase, etc.): _____ d. Location (name, city): _____ e. Date(s) purchased: _____ f. Brand name (if purchased from a store): _____ g. Any leftover milk for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know h. Are you a part of any cow-share program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know i. If yes, please provide details _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Eat any soft cheese, such as queso fresco, blanco, panela, cotija, Oaxaca, etc.?
				a. Type of soft cheese: <input type="checkbox"/> Queso fresco <input type="checkbox"/> Queso blanco <input type="checkbox"/> Quesito Casero <input type="checkbox"/> Asadero <input type="checkbox"/> Cotija <input type="checkbox"/> Panela <input type="checkbox"/> Queso Ranchero <input type="checkbox"/> Requeson <input type="checkbox"/> Crema <input type="checkbox"/> Oaxaca / Quesillo <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know b. Pasteurized or unpasteurized: <input type="checkbox"/> Pasteurized <input type="checkbox"/> Unpasteurized <input type="checkbox"/> Don't remember <input type="checkbox"/> Don't know c. How was the cheese packaged (include weight, shape, color)? _____ Was there a label on the package? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Don't Know - If Yes, brand name: <input type="checkbox"/> El Mexicano <input type="checkbox"/> Cacique <input type="checkbox"/> Jalisco <input type="checkbox"/> Los Altos <input type="checkbox"/> Fud <input type="checkbox"/> Ranchero <input type="checkbox"/> Don Francisco <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unbranded from deli <input type="checkbox"/> Don't know d. Where did you get the soft cheese from? <input type="checkbox"/> Grocery store <input type="checkbox"/> Restaurant <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Street Vendor <input type="checkbox"/> Sidewalk Cart <input type="checkbox"/> <input type="checkbox"/> Farmers Market <input type="checkbox"/> Door-to-Door Salesperson <input type="checkbox"/> Swap meet <input type="checkbox"/> Flea market <input type="checkbox"/> Catering Truck <input type="checkbox"/> <input type="checkbox"/> Website (Craig's List, Facebook, etc.) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know e. Location (name, city): _____ f. Shopper card number: _____ g. Date(s) purchased: _____ h. Any leftover cheese for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.

Yes	Maybe	No	Don't Know	Did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Raw or undercooked fish or fish products, such as sushi, sashimi, ceviche, or poke?



<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>2. Store-bought fish, not including shellfish prepared <u>at home</u>?</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>3. Fish, not including shellfish prepared <u>outside the home</u>?</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>4. Smoked or dried fish, like smoked salmon, lox, bonita, fish jerky?</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>a. Type, variety, brand: _____ <input type="checkbox"/> Don't know</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>5. Shrimp or prawns?</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>6. Crab, lobster, or crayfish?</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>a. Type, variety, brand: _____ <input type="checkbox"/> Don't know</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>7. Oysters?</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>8. Clams, mussels, scallops, or other shellfish?</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>a. Type, variety, brand: _____ <input type="checkbox"/> Don't know</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>9. Any other fish or seafood?</p>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>a. Type, variety, brand: _____ <input type="checkbox"/> Don't know</p>
<p>Section Comments.</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/rooms. 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.

Yes	Maybe	No	Don't Know	Did you (the patient) have contact with:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Any animals or the areas where the animal lives/rooms?

	<p>a. What type(s)? _____ <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>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>2. Animal food, animal treats, animal feeding bowls or equipment, or the area where animal food/treats are stored or where animals are fed?</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>Section Comments.</p>	