

**COLD STONE ICE CREAM (S. Typhimurium, 2005)**

Case's Name \_\_\_\_\_

State \_\_\_\_\_ County of Residence \_\_\_\_\_

Phone(s) \_\_\_\_\_

Age \_\_\_\_\_ date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (m/d/y) Sex  M  F

Interviewed by \_\_\_\_\_ on \_\_\_\_\_

[For non-confirmed cases] Let me read you a list of symptoms. For each one, give me a "yes" or "no." Did you have any...

Y	?	N	SIGNS AND SYMPTOMS	Y	?	N	
H	<input type="checkbox"/>	<input type="checkbox"/>	headache	L	<input type="checkbox"/>	<input type="checkbox"/>	shaking chills
N	<input type="checkbox"/>	<input type="checkbox"/>	nausea	D	<input type="checkbox"/>	<input type="checkbox"/>	any diarrhea or loose stools
V	<input type="checkbox"/>	<input type="checkbox"/>	vomiting	3	<input type="checkbox"/>	<input type="checkbox"/>	if yes to diarrhea, did you have 3 or more loose stools in any 24-hour period?
M	<input type="checkbox"/>	<input type="checkbox"/>	myalgia (muscle aches)	B	<input type="checkbox"/>	<input type="checkbox"/>	any blood in stools
C	<input type="checkbox"/>	<input type="checkbox"/>	abdominal (stomach, belly) cramps	Z	<input type="checkbox"/>	<input type="checkbox"/>	other _____
T	<input type="checkbox"/>	<input type="checkbox"/>	unusual fatigue (feeling tired)				
F	<input type="checkbox"/>	<input type="checkbox"/>	fever (if yes, <input type="checkbox"/> subjective or _____ ° (max.)				

**ONSET AND DURATION**

Try to get precise answers for both exposure and onset time—we are trying to calculate incubation periods to the closest hour. If necessary, get their best guess. Prompt as needed: "What is your best guess of the time?" Don't let them get away with vague stuff like "morning" or "after midnight." Be careful with times such as "midnight" or early morning hours—which day do they mean? By "2 am Friday night," for example, do they really mean Saturday morning? Keep probing until it is unambiguous. Midnight exactly will be graphed as 11:59 pm; count midnight as the END of a day.

May 2005

S	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

On what date did you first feel sick? \_\_\_\_\_ (m/d)

At what time did you first feel sick?  \_\_\_\_ am  noon  \_\_\_\_ pm  midnight

[If applicable] On what date did you start having the vomiting or diarrhea? \_\_\_\_\_ (m/d)

The point is to capture the onset time of some "hard" symptom, in case they had a "soft" prodrome.

[If applicable] At what time did the vomiting/diarrhea begin? [BE SPECIFIC!!]

\_\_\_\_ am  noon  \_\_\_\_ pm  midnight (end of day)

Are you still having any vomiting or diarrhea now?  yes  no

If no, Overall, how long did the vomiting/diarrhea last? \_\_\_ minutes \_\_\_ hours \_\_\_ days

June 2005

S	M	Tu	W	Th	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2

July 2005

S	M	Tu	W	Th	F	S
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16

Did you... (Check all that apply; provide details [names, dates, phone numbers, etc.] at right.)

Y	?	N	MISCELLANY
W	<input type="checkbox"/>	<input type="checkbox"/>	miss any work or school? if yes, how many days? _____
P	<input type="checkbox"/>	<input type="checkbox"/>	see any clinician? if yes, whom?
E	<input type="checkbox"/>	<input type="checkbox"/>	visit an ER? if yes, specify
S	<input type="checkbox"/>	<input type="checkbox"/>	give a stool specimen? if yes, when/to whom <input type="checkbox"/> PHL
H	<input type="checkbox"/>	<input type="checkbox"/>	get admitted to hospital overnight? if yes, how many nights? _____

[1] **Y ? N ICE CREAM CONSUMPTION**

A    In the week before you got sick, did you eat any ice cream from a "Cold Stone Creamery" outlet?  
if yes, how many times did you eat Cold Stone ice cream that week?  once  \_\_\_\_\_ times

B    Did you eat any Cold Stone ice cream cakes?

C    Specifically, did you eat any of the following flavors or ice cream mixes? (If yes, specify.)

D    Cake Batter

E    Birthday Cake Remix

F    Candy Land

G    Cherry Cake Double Take

Add details about each purchase on the following page(s).

Details for Purchase # \_\_\_\_ of \_\_\_\_ during the week before onset.

CASE ID \_\_\_\_\_

Use a separate copy of this page for each different ice cream purchase event. Unless they ate ice cream from multiple purchases during that week, they need only one page.

Date of purchase \_\_\_\_\_ (m/d) Store location \_\_\_\_\_

1st consumption time Date \_\_\_\_\_ (m/d) Time  \_\_\_\_ am  noon  \_\_\_\_ pm  midnight

2nd consumption time Date \_\_\_\_\_ (m/d) Time  \_\_\_\_ am  noon  \_\_\_\_ pm  midnight  N.A.

Place(s) of consumption  at shop or immediate vicinity  at home  \_\_\_\_\_

Enter as much detail as possible about what they ate, prompting as indicated. Ask specifically about at least the first 4 items. Otherwise, don't feel obligated to read the entire list.

**ICE CREAM FLAVORS AND STANDARD MIXES**

<p>[2] Y ? N <b>CAKE BATTER VARIANTS</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cake Batter</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Birthday Cake Remix</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Candy Land</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cherry Cake Double Take</p> <p>*****</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>BASIC FLAVORS</b></p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Banana</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cheesecake</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chocolate</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coffee</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> French Vanilla</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Italian Sorbet</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mint</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sinless</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Strawberry</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sweet Cream</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sweet Cream Yogurt</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> White Chocolate</p> <p><b>SEASONAL FLAVORS</b></p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Amaretto</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Black Cherry</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Butter Pecan</p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chocolate Yogurt</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cinnamon</p>	<p>[3] Y ? N <b>SEASONALS (Cont'd)</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coconut</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coffee Yogurt</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eggnog</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lemon Sorbet</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mocha</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Orange Dreamcicle</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Peanut Butter</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pecan Praline</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Peppermint</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pistachio</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pumpkin</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Raspberry Sorbet</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vanilla Bean</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p> <p><b>STANDARD MIXES</b></p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Apple Pie A La Cold Stone</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> At The Cocoa Banana Cabana</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Banana Caramel Crunch</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Banana Split Decision</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Berry Berry Berry Good</p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Black Forest Dream</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Breathless Boston Cream Pie</p> <p>W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Caramel Turtle Temptation</p> <p>Z <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cheesecake Fantasy</p>	<p>[4] Y ? N <b>STANDARD MIXES (Cont'd)</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cherry Loves Cheesecake</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chocolate Devotion</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coconut Cream Pie</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coffee Lovers Only</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cookie Dough't You Want Some</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cookie Minster</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Founder's Favorite</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Germanchökolätekäke</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Health Nut</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mint Mint Chocolate Choc. Chip</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Monkey Bites</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mud Pie Mojo</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nights in White Chocolate</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oreo Overload</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Our Strawberry Blonde</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Paradise Found</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Peanut Butter Cup Perfection</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pecan and Cream Passion</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rocky Road Trip</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sinless Island</p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Strawberry Banana Rendezvous</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Strawberry Shortcake Serenade</p> <p>W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Very Berry Good</p> <p>Z <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p>
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**MIX-INS**

Did you add any mix-ins to your ice cream?  yes  no  don't remember *If yes, try to specify...*

<p>[5] Y ? N <b>CANDY</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Butterfinger</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chocolate Chips</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Crunch Bar</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gummi Bears</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heath</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kit Kat</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M&amp;M's</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reese's Peanut Butter Cup</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Snickers</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sprinkles</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> White Chocolate Chips</p>	<p>[6] Y ? N <b>BAKED GOODS</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brownies</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Graham Cracker Pie Crust</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oreo Cookies</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Yellow Cake</p> <p><b>NUTS</b></p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Macadamias</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pecan Pralines</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pecans</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Almonds (Roasted or Sliced)</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Walnuts</p> <p>Z <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p>	<p>[7] Y ? N <b>FRUITS</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Apple Pie Filling</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Banana</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Black Cherries</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Blackberries</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Blueberries</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cherry Pie Filling</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coconut</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pineapple</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Raspberries</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Strawberries</p> <p>Z <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p>
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**SERVINGS**

[8]

How was your ice cream served? A  dish B  waffle cone C  waffle bowl D  chocolate dipped (for waffle cone/bowl)

What was the portion size? F  "like it" (small) G  "love it" (medium) H  "gotta have it" (large) I  take home (bulk)

How much of your cone/dish did you finish? K  all of it L  about half M  less than half N  \_\_\_\_\_

If purchased for take out, what was the container size? P  pint Q  quart R  half-gallon S  \_\_\_\_\_

Do you have any leftovers from this purchase? U  yes V  no