*LISTERIA* **CASE FORM**          Completed by _____ Date completed _____

**BOX 1:  CASE-PATIENT INFORMATION**

**Case-patients = adults and children >1 month of age. For fetal or neonatal infections, the MOTHER is the case-patient.**

**Patient's name:** _____ **Surrogate's name:** _____
**Patient's street address:** _____
**City:** _____ **State:** _____ **Zip:** _____
**Phone numbers: (h)** _____ **(w)** _____ **(m)** _____
**Hospital name(s):** _____ **Hospital contact name(s):** _____
                      _____                      _____
**Hospital contact numbers:** _____ _____ _____

----------------------------------------------------------------------------------------------------------------------------------*detach here to remove personal identifiers if necessary*

**Sex:** ☐ M ☐ F
**State of residence:** ___ ___
**Age:** _____
**DOB:** ____/____/_____

**State or local epi case ID:** _____
**CDC outbreak (EFORS) ID:** _____

**Ethnicity (*check one*):**
☐ Hispanic/Latino
☐ Non-Hispanic/Latino
☐ Unknown

**Race (*check all that apply*):**
☐ African American/Black
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Native American/Alaska Native
☐ White
☐ Unknown

**BOX 2: IS *LISTERIA* CASE ASSOCIATED WITH PREGNANCY? (Illness in pregnant woman, fetus, or neonate ≤1 month)**

☐ Yes        *If yes, skip to Box 4.*
☐ No         *If no, continue with Box 3.*
☐ Unknown    *If unknown, continue with Box 3.*

**BOX 3: CASES NOT ASSOCIATED WITH PREGNANCY (Illness in non-pregnant adults and children > 1 month of age)**

| Type(s) of specimen(s) that grew *Listeria* (*check all that apply*) | Specimen collection date | Submitting Lab (state, city, county) | State Public Health Lab Isolate ID Number (*important: must have at least one*) |
|---|---|---|---|
| ☐ Blood | ____/____/____ | | |
| ☐ CSF | ____/____/____ | | |
| ☐ Stool | ____/____/____ | | |
| ☐ Other _____ | ____/____/____ | | |
| ☐ Other _____ | ____/____/____ | | |

| Type(s) of illness (*check all that apply*) | Was patient hospitalized for listeriosis? | Patient's outcome |
|---|---|---|
| ☐ Bacteremia/sepsis | ☐ Yes **If yes:** | ☐ Survived |
| ☐ Meningitis |    Admit date: ____/____/____ | ☐ Died |
| ☐ Febrile gastroenteritis |    Discharge date: ____/____/____ | ☐ Unknown |
| ☐ Other _____ |    ☐ Still hospitalized | |
| ☐ Unknown | ☐ No | |
| | ☐ Unknown | |

*Please send completed forms to:* Enteric Diseases Epidemiology Branch, Centers for Disease Control and Prevention, Mailstop A-38, Atlanta, GA 30333.  Fax (404) 639-2205.

| BOX 4: CASES ASSOCIATED WITH PREGNANCY (Illness in pregnant woman, fetus, or neonate ≤1 month of age) | | | |
|---|---|---|---|
| **Type(s) of specimen(s) that grew *Listeria* (check all that apply)** | **Specimen collection date** | **Submitting Lab (state, city, county)** | **State Public Health Lab Isolate ID Number (*important: must have at least one*)** |
| ☐ Blood from mother | ____/____/____ | | |
| ☐ Blood from neonate | ____/____/____ | | |
| ☐ CSF from mother | ____/____/____ | | |
| ☐ CSF from neonate | ____/____/____ | | |
| ☐ Stool from mother | ____/____/____ | | |
| ☐ Placenta | ____/____/____ | | |
| ☐ Amniotic fluid | ____/____/____ | | |
| ☐ Other _____ | ____/____/____ | | |
| ☐ Other _____ | ____/____/____ | | |

| BOX 4 (CONTINUED): CASES ASSOCIATED WITH PREGNANCY | | | | | |
|---|---|---|---|---|---|
| **Outcome of pregnancy (single gestation or twin 1) (check one)** | **Weeks of gestation** | **Date** | **Outcome of pregnancy (twin 2) (check one)** | **Weeks of gestation** | **Date** |
| ☐ Still pregnant | | ____/____/____ | ☐ Still pregnant as of: __/__/__ | | ____/____/____ |
| ☐ Fetal death (miscarriage or stillbirth) | | ____/____/____ | ☐ Fetal death (miscarriage or stillbirth) | | ____/____/____ |
| ☐ Induced abortion | | ____/____/____ | ☐ Induced abortion | | ____/____/____ |
| ☐ Delivery (live birth) | | ____/____/____ | ☐ Delivery (live birth) | | ____/____/____ |
| ☐ Other _____ | | ____/____/____ | ☐ Other _____ | | ____/____/____ |

| **Type(s) of illness in mother (check all that apply)** | **Type(s) of illness in neonate (twin 1) (check all that apply)** | **Type(s) of illness in neonate 2 (twin 2) (check all that apply)** |
|---|---|---|
| ☐ Bacteremia/sepsis | ☐ Bacteremia/sepsis | ☐ Bacteremia/sepsis |
| ☐ Meningitis | ☐ Meningitis | ☐ Meningitis |
| ☐ Febrile gastroenteritis | ☐ Pneumonia | ☐ Pneumonia |
| ☐ Amnionitis | ☐ Granulomatosis infantisepticum | ☐ Granulomatosis infantisepticum |
| ☐ Non-specific "flu-like" illness | ☐ None | ☐ None |
| ☐ None | ☐ Other _____ | ☐ Other _____ |
| ☐ Other _____ | ☐ Unknown | ☐ Unknown |
| ☐ Unknown | | |

| **Was mother hospitalized for listeriosis?** | **Was neonate (twin 1) hospitalized for listeriosis?** | **Was neonate 2 (twin 2) hospitalized for listeriosis?** |
|---|---|---|
| ☐ Yes *If yes:* <br>   Admit date: ____/____/____ <br>   Discharge date: ____/____/____ <br>   ☐ Still hospitalized | ☐ Yes *If yes:* <br>   Admit date: ____/____/____ <br>   Discharge date: ____/____/____ <br>   ☐ Still hospitalized | ☐ Yes *If yes:* <br>   Admit date: ____/____/____ <br>   Discharge date: ____/____/____ <br>   ☐ Still hospitalized |
| ☐ No | ☐ No | ☐ No |
| ☐ Unknown | ☐ Unknown | ☐ Unknown |

| **Mother's outcome** | **Neonate's (twin 1's) outcome** | **Neonate 2's (twin 2's) outcome** |
|---|---|---|
| ☐ Survived | ☐ Survived | ☐ Survived |
| ☐ Died | ☐ Died | ☐ Died |
| ☐ Unknown | ☐ Unknown | ☐ Unknown |

*Listeria* **Case Form**          **Patient State Laboratory ID No._____**

| CASE-PATIENT INTERVIEW |
|---|

Date of interview(mm/dd/yyyy):   ___/___/_____          Initials of interviewer: _____

Interviewee: ☐ Case-patient ☐ Surrogate ☐ Unknown

    *If surrogate*, relationship to patient: ☐ Parent ☐ Child ☐ Sibling ☐ Spouse ☐ Other, Specify _____

---

When did your illness begin? (Onset of illness) (mm/dd/yyyy): ___/___/_____  ☐ Not applicable (e.g. pregnant woman without clinical illness)

During the 4 weeks before your illness (*delivery date*), were you admitted to a hospital (≥overnight)?   ☐ Yes   ☐ No   ☐ Don't know

During the 4 weeks before your illness (*delivery date*), were you a resident in a nursing home

or other long term care facility?   ☐ Yes   ☐ No   ☐ Don't know

    If yes, Date of admission (mm/dd/yyyy) ___/___/___

        Date of discharge (mm/dd/yyyy) ___/___/___  or  ☐ Still hospitalized or residing in facility

During the 4 weeks before your illness (*delivery date*), did you travel to a state outside your state of residence?   ☐ Yes   ☐ No   ☐ Don't know

    If yes,  please list states visited: _____

During the 4 weeks before your illness (*delivery date*), did you travel outside the U.S.?   ☐ Yes   ☐ No   ☐ Don't know

    If yes, name of country visited _____

    If yes, Date of departure from U.S. (mm/dd/yyyy) ___/___/___

        Date of return to U. S.      (mm/dd/yyyy) ___/___/___

---

Which of the following symptoms were associated with illness? *(read each)*

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Fever | ☐ Yes | ☐ No | ☐ Don't know | Diarrhea (≥3 loose stools/day) ☐ Yes | ☐ No | ☐ Don't know |
| Chills | ☐ Yes | ☐ No | ☐ Don't know | Vomiting | ☐ Yes | ☐ No | ☐ Don't know |
| Headache | ☐ Yes | ☐ No | ☐ Don't know | Preterm labor | ☐ Yes | ☐ No | ☐ Don't know |
| Muscle Aches | ☐ Yes | ☐ No | ☐ Don't know | Other _____ | ☐ Yes | ☐ No | ☐ Don't know |
| Stiff Neck | ☐ Yes | ☐ No | ☐ Don't know | Other _____ | ☐ Yes | ☐ No | ☐ Don't know |

---

| *FOOD HISTORY* |
|---|

*INSTRUCTIONS FOR INTERVIEWER: Ask case-patient about the food he/she consumed during the 4 weeks before his/her Listeria SPECIMEN COLLECTION DATE. Please list venues and food exposures form U.S. locations only.  In the event of a fetal death or neonatal infection (<1 month of age), the MOTHER is the case-patient, and she should be asked about her food history during the 4 weeks before DELIVERY. Please refer to patient as "you" if interviewing the case-patient directly; if interviewing a surrogate, please use "he" or "she."*

---

| *INSTRUCTIONS TO READ TO CASE-PATIENT (OR SURROGATE):* |
|---|

I am interested in the foods you ate during the 4 weeks before your illness *(delivery)*.  I see that you had a positive test for listeriosis *(delivered)* on ____/____/____. For most of the interview, I will be asking you questions about the 4 weeks before this date, that is, from ____/____/____ (date 4 weeks before) through ____/____/____ (specimen collection/delivery date). *(Have patient get calendar for reference if possible.)* First I'd like to ask you about where the foods you ate were purchased.  I am going to read you a list of places where food can be purchased. For each, please tell me if you ate food purchased from that type of place in the four week time period. I know that it can be difficult to remember that far back, but please do the best you can.  If you're not sure, please tell me whether it's likely or unlikely that you ate food purchased from that location.

| I. FOOD PURCHASE HISTORY |
|---|

*A. Grocery stores:*  Did you eat food purchased from any grocery stores during the 4 week time period?  *(Please read all options.)*

☐ Yes   ☐ It's likely   ☐ It's unlikely   ☐ No       ***If yes or likely,***

| Store Name | Street Address | City | County | State |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

**B. *Delis, small markets, farmers' markets:*** Did you eat food purchased from any delicatessens, small local markets, other small shops, or farmers' markets during the 4 week period? ☐ Yes ☐ It's likely ☐ It's unlikely ☐ No ***If yes or likely,***

| Store Name | Street Address | City | County | State |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| | | | | |

**C. *Restaurants:*** Did you eat food from any restaurants, including sit-down, fast-food, and take-out restaurants during the 4 week period?
☐ Yes ☐ It's likely ☐ It's unlikely ☐ No ***If yes or likely,***

| Restaurant Name | Street Address | City | County | State | Dining dates (mm/dd/yyy) |
|---|---|---|---|---|---|
| 1. | | | | | __/__/__ |
| 2. | | | | | __/__/__ |
| 3. | | | | | __/__/__ |
| 4. | | | | | __/__/__ |
| 5. | | | | | __/__/__ |
| 6. | | | | | __/__/__ |
| 7. | | | | | __/__/__ |
| | | | | | __/__/__ |

**D. *Other venues: cafeterias, concession stands, institutions*:** Did you eat food purchased or obtained from any other venues, such as school cafeterias, concession stands, street vendors, institutions (e.g. hospital food), local farms, or private vendors during the 4 week period?
☐ Yes ☐ It's likely ☐ It's unlikely ☐ No ***If yes or likely,***

| Name | Street Address | City | County | State | Dining dates (mm/dd/yyy) |
|---|---|---|---|---|---|
| 1. | | | | | __/__/__ |

| | | | | | |
|---|---|---|---|---|---|
| 2. | | | | | ___/___/___ |
| 3. | | | | | ___/___/___ |
| 4. | | | | | ___/___/___ |
| 5. | | | | | ___/___/___ |
| 6. | | | | | ___/___/___ |
| 7. | | | | | ___/___/___ |

*Listeria* **Case Form**        **Patient State Laboratory ID No._____**

| **II. FOOD CONSUMPTION HISTORY** |
| --- |
| *INSTRUCTIONS FOR INTERVIEWER: Please read all options to case-patient in each category. For the names of purchase sites, it is preferable to use codes from Section I above, e.g. A1 for first grocery store, A3 for third grocery store, C5 for fifth restaurant. A DELI COUNTER serves portions or helpings of salads, cheeses, and meats sliced ON-SITE at a specified counter within a grocery store, food market, or delicatessen. Foods sliced and packaged AT the FACTORY and sold as pre-packaged containers in self-serve refrigerated display cases are NOT considered to be from a deli counter* |

| *INSTRUCTIONS TO READ TO CASE-PATIENT (OR SURROGATE):* |
| --- |
| Now I'd like to ask you about the foods that you ate between ____/____/____ (date 4 weeks before) through ____/____/____ (specimen collection/delivery date). For each food item, please give me your best guess as to whether you ATE the food, you're not sure but you LIKELY ATE the food, you're not sure but you LIKELY DID NOT EAT the food, or you DID NOT EAT the food. |
| *MEATS:* In the 4 week period, did you eat any of the following COLD CUT, DELI MEAT, OR LUNCHEON MEAT items? |

| | Ate (=1) | Likely Ate (=2) | Likely did NOT eat (=3) | Did NOT eat (=4) | *If ate or likely ate, How often?* | *If ate or likely ate, Where was it purchased? (choose all types that apply)* | Name(s) of store/restaurant/venue: *(all names that apply)* | **Types or brands:** *(all that apply)* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ham | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____<br>☐ Deli/small market _____<br>☐ Restaurant _____<br>☐ Other venue _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes ☐ No ☐ Don't know | | ____<br>____<br>____<br>____ |
| Bologna | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____<br>☐ Deli/small market _____<br>☐ Restaurant _____<br>☐ Other venue _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes ☐ No ☐ Don't know | | ____<br>____<br>____<br>____ |
| Turkey breast | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____<br>☐ Deli/small market _____<br>☐ Restaurant _____<br>☐ Other venue _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes ☐ No ☐ Don't know | | ____<br>____<br>____<br>____ |
| Other turkey deli meat (e.g. turkey ham) | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____<br>☐ Deli/small market _____<br>☐ Restaurant _____<br>☐ Other venue _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes ☐ No ☐ Don't know | | ____<br>____<br>____<br>____ |

*Listeria* **Case Form**     **Patient State Laboratory ID No._____**

| | Ate (=1) | Likely Ate (=2) | Likely did NOT eat (=3) | Did NOT eat (=4) | If ate or likely ate, How often? | If ate or likely ate, Where was it purchased? (choose all types that apply) | Name(s) of store/restaurant/venue: (all names that apply) | Types or brands: (all that apply) |
|---|---|---|---|---|---|---|---|---|
| Chicken deli meat (*NOT fresh chicken or rotisserie chicken*) | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____<br>☐ Deli/small market _____<br>☐ Restaurant _____<br>☐ Other venue _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | | _____<br>_____<br>_____<br>_____ |
| Pastrami/ Corned beef | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____<br>☐ Deli/small market _____<br>☐ Restaurant _____<br>☐ Other venue _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | | _____<br>_____<br>_____<br>_____ |
| Other deli/ luncheon meat (*specify*)___ _____ ___ | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____<br>☐ Deli/small market _____<br>☐ Restaurant _____<br>☐ Other venue _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | | _____<br>_____<br>_____<br>_____ |
| Patè or meat spread that was not canned | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____<br>☐ Deli/small market _____<br>☐ Restaurant _____<br>☐ Other venue _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | | _____<br>_____<br>_____<br>_____ |
| Hot dogs | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____<br>☐ Deli/small market _____<br>☐ Restaurant _____<br>☐ Other venue _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | | _____<br>_____<br>_____<br>_____ |

*If Yes*, were the hot dogs:  ☐ Heated before consumption
☐ Not heated before consumption (eaten directly out of package)

**CHEESES**: In the 4 weeks between ____/____/____ (date 4 weeks before) through ____/____/____ (specimen collection/delivery date), did you eat any of the following CHEESES?

| | Ate (=1) | Likely Ate (=2) | Likely did NOT eat (=3) | Did NOT eat (=4) | *If ate or likely ate,* How often? | *If ate or likely ate,* Where was it purchased? *(choose all types that apply)* | Name(s) of store/restaurant/venue: *(all names that apply)* | Types or brands: *(all that apply)* |
|---|---|---|---|---|---|---|---|---|
| Brie | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes ☐ No ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| Feta | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes ☐ No ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| Camembert | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes ☐ No ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| Goat | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes ☐ No ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| Blue or gorgonzola | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes ☐ No ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |

**Listeria Case Form**  **Patient State Laboratory ID No.**_____

| | Ate (=1) | Likely Ate (=2) | Likely did NOT eat (=3) | Did NOT eat (=4) | *If ate or likely ate, How often?* | *If ate or likely ate, Where was it purchased? (choose all types that apply)*    Name(s) of store/restaurant/venue: *(all names that apply)* | Types or brands: *(all that apply)* |
|---|---|---|---|---|---|---|---|
| Mexican-style cheese (Queso fresco, queso blanco) | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure | ☐ Grocery store _____ ☐ Deli/small market _____ ☐ Restaurant _____ ☐ Other venue _____ ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know | _____ _____ _____ _____ |
| Farmer's cheese | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure | ☐ Grocery store _____ ☐ Deli/small market _____ ☐ Restaurant _____ ☐ Other venue _____ ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know | _____ _____ _____ _____ |
| Raw (Unpast-eurized milk) cheese | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure | ☐ Grocery store _____ ☐ Deli/small market _____ ☐ Restaurant _____ ☐ Other venue _____ ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know | _____ _____ _____ _____ |
| Other soft white cheese (*not cream, cottage, or ricotta – specify)*____ _____ | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure | ☐ Grocery store _____ ☐ Deli/small market _____ ☐ Restaurant _____ ☐ Other venue _____ ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know | _____ _____ _____ _____ |

*READY-TO-EAT SALADS*:  In the 4 week period, did you eat any of the following ready-to-eat, deli-style salads (that were NOT PREPARED AT HOME)?

| | Ate (=1) | Likely Ate (=2) | Likely did NOT eat (=3) | Did NOT eat (=4) | *If ate or likely ate,* How often? | *If ate or likely ate,* Where was it purchased? *(choose all types that apply)* — Name(s) of store/restaurant/venue: *(all names that apply)* | Types or brands: *(all that apply)* |
|---|---|---|---|---|---|---|---|
| Potato salad | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure | ☐ Grocery store _____ ☐ Deli/small market _____ ☐ Restaurant _____ ☐ Other venue _____ ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know | _____ _____ _____ _____ |
| Pasta salad | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure | ☐ Grocery store _____ ☐ Deli/small market _____ ☐ Restaurant _____ ☐ Other venue _____ ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know | _____ _____ _____ _____ |
| Tuna salad | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure | ☐ Grocery store _____ ☐ Deli/small market _____ ☐ Restaurant _____ ☐ Other venue _____ ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know | _____ _____ _____ _____ |
| Bean salad | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure | ☐ Grocery store _____ ☐ Deli/small market _____ ☐ Restaurant _____ ☐ Other venue _____ ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know | _____ _____ _____ _____ |
| Hummus | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure | ☐ Grocery store _____ ☐ Deli/small market _____ ☐ Restaurant _____ ☐ Other venue _____ ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know | _____ _____ _____ _____ |

*Listeria* **Case Form**   **Patient State Laboratory ID No.**_____

| | Ate (=1) | Likely Ate (=2) | Likely did NOT eat (=3) | Did NOT eat (=4) | *If ate or likely ate,* How often? | *If ate or likely ate,* **Where was it purchased?** *(choose all types that apply)* | **Name(s) of store/restaurant/venue:** *(all names that apply)* | **Types or brands:** *(all that apply)* |
|---|---|---|---|---|---|---|---|---|
| Cole slaw | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____ |
| Seafood salad | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____ |
| Fruit salad (*including pre-cut cubes of a single fruit*) | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐No  ☐Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____ |
| Sprouts (*Specify, e.g., alfalfa, clover, bean ….*) _____ _____ | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____ |
| Other ready-to-eat meat, vegetable or fruit salad not made at home (*Specify*) _____ | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____ |

**_Listeria_ Case Form**     **Patient State Laboratory ID No.**_____

_SEAFOOD_:  In the 4 weeks between ____/____/____ (date 4 weeks before) through ____/____/____ (specimen collection/delivery date), did you eat any of the following ready-to-eat fish or seafood items or fruit items?

| | Ate (=1) | Likely Ate (=2) | Likely did NOT eat (=3) | Did NOT eat (=4) | _If ate or likely ate,_ How often? | _If ate or likely ate,_ Where was it purchased? _(choose all types that apply)_    Name(s) of store/restaurant/venue: _(all names that apply)_ | Types or brands: _(all that apply)_ |
|---|---|---|---|---|---|---|---|
| Precooked shrimp | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____<br>☐ Deli/small market _____<br>☐ Restaurant _____<br>☐ Other venue _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | _____<br>_____<br>_____<br>_____ |
| Precooked crab (_including imitation crab meat_) | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____<br>☐ Deli/small market _____<br>☐ Restaurant _____<br>☐ Other venue _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | _____<br>_____<br>_____<br>_____ |
| Smoked or cured fish that was not from a can (e.g. smoked salmon or lox) | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____<br>☐ Deli/small market _____<br>☐ Restaurant _____<br>☐ Other venue _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | _____<br>_____<br>_____<br>_____ |

*Fruit*:  In the 4 weeks between ____/____/____ (date 4 weeks before) through ____/____/____ (specimen collection/delivery date), did you eat any of the following fruit items?

| | | | | | |
|---|---|---|---|---|---|
| Honeydew melon | 1   2   3   4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____  _____<br>☐ Deli/small market _____  _____<br>☐ Restaurant _____  _____<br>☐ Other venue _____  _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | | |
| Cantaloupe | 1   2   3   4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____  _____<br>☐ Deli/small market _____  _____<br>☐ Restaurant _____  _____<br>☐ Other venue _____  _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | | |
| Watermelon | 1   2   3   4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store _____  _____<br>☐ Deli/small market _____  _____<br>☐ Restaurant _____  _____<br>☐ Other venue _____  _____<br>☐ Don't know<br>**Was this item purchased from a deli counter at any of the sites?**<br>☐ Yes  ☐ No  ☐ Don't know | | |

**_Listeria_ Case Form**     **Patient State Laboratory ID No._____**

**_MILK_**: In the 4 weeks between ____/____/____ (date 4 weeks before) through ____/____/____ (specimen collection/delivery date), did you drink any of the following types of milk?

| | Drank (=1) | Likely drank (=2) | Likely did NOT drink (=3) | Did NOT drink (=4) | _If ate or likely ate,_ **How often?** | _If ate or likely ate,_ **Where was it purchased?** _(choose all types that apply)_ | **Name(s) of store/restaurant/venue:** _(all names that apply)_ | **Types or brands:** _(all that apply)_ |
|---|---|---|---|---|---|---|---|---|
| Whole milk | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was any of this milk unpasteurized (raw)?**<br>☐ Yes ☐ No ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| 2% milk | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was any of this milk unpasteurized (raw)?**<br>☐ Yes ☐ No ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| 1% milk | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was any of this milk unpasteurized (raw)?**<br>☐ Yes ☐ No ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| Skim milk | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was any of this milk unpasteurized (raw)?**<br>☐ Yes ☐ No ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| Other milk – chocolate, buttermilk, etc. (_Specify_)___ _____ | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know<br>**Was any of this milk unpasteurized (raw)?**<br>☐ Yes ☐ No ☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |

**_Listeria_ Case Form**     **Patient State Laboratory ID No._____**

_OTHER DAIRY_: In the 4 week period, did you eat any of the following other dairy items?

| | Ate (=1) | Likely Ate (=2) | Likely did NOT eat (=3) | Did NOT eat (=4) | _If ate or likely ate, How often?_ | _If ate or likely ate, Where was it purchased? (choose all types that apply)_ | **Name(s) of store/restaurant/venue:** _(all names that apply)_ | **Types or brands:** _(all that apply)_ |
|---|---|---|---|---|---|---|---|---|
| Butter (_not margarine or other butter substitute_) | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| Cream | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| Ice cream | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| Sour cream | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |
| Yogurt | 1 | 2 | 3 | 4 | ☐ ~ 1-2 x/month<br>☐ ~ 1x/week<br>☐ ~ 2-4x/week<br>☐ ~ 5-7x/week<br>☐ not sure | ☐ Grocery store<br>☐ Deli/small market<br>☐ Restaurant<br>☐ Other venue<br>☐ Don't know | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |

**That is all. Thank you very much!**