



FoodNet Case Report Form

The FoodNet Case Report Form should be used for Campylobacter, Cryptosporidium, Cyclospora, Listeria, Shigella, STEC, Vibrio and Yersinia. Please fill this form out as complete as possible. Do no forget to complete the appropriate disease-specific supplemental form.

Last Name: _____ First: _____ Middle: _____ DOB: _____
PSN1 _____ TN01 CAS1 _____ TN01 State Lab Accession #: _____

FOR ADMINISTRATIVE USE

FoodNet Case? [] Yes [] No [] Unknown
Was the case found during an audit? [] Yes [] No [] Unknown
Was the case interviewed by public health? [] Yes [] No [] Unknown
Date of first attempt: _____
Date of Interview: _____
Interviewer's Name: _____
Was an exposure history obtained? [] Yes [] No [] Unknown

DEMOGRAPHICS

Reported Age: _____ [] Days [] Months [] Years Sex: [] Male [] Female [] Unknown
Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Did patient immigrate to the US within 7 days of specimen collection? [] Yes [] No [] Unknown
In the past 7 days, has the patient lived/stayed overnight in any of the following locations? (check all that apply)
[] Dormitory [] Long-term Care Facility/Rehabilitation Center [] Homeless Shelter [] Outdoors/Other structure not intended for housing
[] Correctional Facility [] Other Communal Living: _____ [] None of the above [] Unknown
Ethnicity: [] Hispanic [] Not Hispanic Race: [] American Indian / Alaskan [] Asian [] Black / African American [] White
[] Hawaiian / Pacific Islander [] Refused [] Other: _____
Employer/School: _____ Occupation: _____
Is this patient associated with a daycare facility? [] Yes [] No [] Unknown
If yes, specify association: [] Attend daycare [] Work/volunteer at daycare [] Live with daycare attendee
If yes, name of daycare: _____
Is this patient a food handler? [] Yes [] No [] Unknown
If yes, name of restaurant/facility: _____

LAB REPORT

Reporting Facility: _____ Ordering Facility: _____
Ordering Provider: _____ Phone Number: _____
Jurisdiction: [] East Tennessee [] Mid-Cumberland [] Northeast [] South Central [] Southeast
[] West Tennessee [] Upper Cumberland [] Nashville/Davidson [] Chattanooga/Hamilton [] Knox/Knoxville
[] Jackson/Madison [] Memphis/Shelby [] Sullivan [] Out of Tennessee [] Unassigned
Specimen Source: [] Blood [] CSF [] Stool
[] Urine [] Unknown [] Other _____

Lab Report Date: _____
Date Received by Public Health: _____
Date Specimen Collected: _____
ORGANISM IDENTIFIED
[] Campylobacter [] Cryptosporidium [] Shigella
[] Cyclospora [] Listeria [] Yersinia
[] STEC [] Vibrio
TEST TYPE(S) [] Culture [] PCR [] EIA [] Other:
CASE STATUS [] Confirmed [] Probable [] Suspect

OUTBREAK/CLUSTER

Is this case part of an outbreak? [] Yes [] No [] Unknown
Type of Outbreak: [] Animal Contact [] Environmental Contamination Other than Food/Water [] Foodborne
[] Indeterminate [] Person-to-Person [] Waterborne
[] Other: _____
CDC Cluster Code: _____
CDC EFORS/NORS Number: _____

INVESTIGATION

Investigation Start Date: _____

Investigator: _____

Investigation Status: Open Closed

Date Assigned to Investigation: _____

SYMPTOM HISTORY

Date of Illness Onset: _____

First Symptom: _____

Symptoms: Diarrhea Bloody Diarrhea Constipation
 Vomiting Nausea Weight Loss
Check all that apply Fatigue Chills Fever (Max Temp: _____ °F)
 Headache Abdominal Cramps Muscle Aches
 Other: _____

If yes to diarrhea, date of diarrhea onset: _____

If yes to vomiting, date of vomiting onset: _____

As of today, are you still experiencing symptoms? Yes No Unknown

If recovered, date of recovery: _____

Duration of Illness: _____ Minutes Hours Days**CLINICAL INFORMATION/HOSPITALIZATION**

Was the patient hospitalized for this illness?

 Yes No Unknown

If yes, Hospital Name: _____

Admission Date: _____

Discharge Date: _____

Was the patient transferred from one hospital to another? Yes No Unknown

If yes, specify the hospital to which the patient was transferred:

Was there a second hospitalization?

 Yes No Unknown

If yes, Hospital Name: _____

Admission Date: _____

Discharge Date: _____

During any part of the hospitalization, did the patient stay in and Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?

 Yes No UnknownIs the patient pregnant? Yes No UnknownDid the patient die from this illness? Yes No Unknown**TRAVEL HISTORY**Did the patient travel prior to the onset of illness? Yes No Unknown

Type	Destination	Date of Arrival	Date of Departure
<input type="checkbox"/> Domestic <input type="checkbox"/> International			
<input type="checkbox"/> Domestic <input type="checkbox"/> International			
<input type="checkbox"/> Domestic <input type="checkbox"/> International			

Notes:

RELATED CASESDoes the patient know of any similarly ill persons (with diarrhea)? Yes No UnknownAre there any other cases related to this one? Yes, household Yes, outbreak No, sporadic Unknown

If yes, did the health department collect contact information about other similarly ill persons to investigate further?

 Yes No Unknown

Provide names, onset dates, contact information and any other details for similarly ill persons or related cases:

Reset Form

General information (Questions to be completed by interviewer before the questionnaire is administered)

1. Classify case based on CDC case definition:
-
- Confirmed
-
- Probable

Laboratory information:2. Date(s) stool collected for *Cyclospora* testing: _____3. Test results: Positive Negative Indeterminate Pending

4. Specify type of testing laboratories and testing method(s) (Check all that apply including confirmatory lab/test):

	O&P (e.g., microscopy, stained smears)	GI PCR Panel (e.g., BioFire FilmArray®)	PCR (Not part of panel)	Lab-developed test	Other
Clinical lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDC lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Specify name(s) of lab-confirmed coinfection: _____ Not applicable

6. State Lab Accession Number: _____

Interviewer information:

7. Name: _____

8. Agency or organization: _____

9. Contact phone number: _____

10. Date of interview: ____ / ____ / ____ (Required)
M M D D Y Y

11. Before this interview, how many times has the case-patient been interviewed about his/her illness?

 None Once Twice Three or more times Unknown

12. Respondent for the current interview was:

 Self Parent Spouse Other, specify: _____**Begin interview**

Hello, my name is [state interviewer name]. I am from INTERVIEWER HEALTH DEPARTMENT. We are contacting you because of your (your child's) recent infection with *Cyclospora*, which is a parasite that causes intestinal illness. We are trying to determine how people become infected with *Cyclospora* so we can prevent others from getting sick.

You may have already been contacted by someone at the health department, but I would like to ask you questions in a standard way about your (your child's) illness, and about any travel you may have had or foods you may have eaten before becoming ill. The interview will take about 21 minutes. Your help in the investigation is very important. Your participation is voluntary, and you may refuse to answer any question at any time. All information you give will be kept confidential to the extent permitted by law. No individual names or other identifying information will be used in any official reports about the results of the investigation.

Are you willing to participate in this investigation?

If yes: The questions relate to the 14-day period before you (your child) became ill. Therefore, it may help to have a calendar, recent restaurant and grocery store receipts, or credit card statements nearby. Do you need a few moments to get this information? [Then proceed to start of interview]

If no: Thank you for your time.

Public reporting of this collection of information is estimated to average 21 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1198)

Section 1: Demographic data

I'd like to begin by asking a few demographic questions.

1. State: _____ 2. County: _____ 3. Zip Code: _____

4. Date of birth: / / 5. Age: _____ 6. Sex: Male Female
MM YY YY

7. Do you consider yourself of Hispanic or Latino Origin?

- Yes
- No
- Unknown

8. How would you describe your race?

- White
- American Indian/Alaska Native
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- Unknown
- Other, specify: _____

Section 2: Clinical information

Now I have some questions about your (your child's) illness.

9. What date did you (your child) first feel sick? / / Approximate date Unknown
MM DD YY

Yes	Maybe	No	Don't know	10. Have you (your child) had any of the following symptoms?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Diarrhea (loose, watery stools you do not normally have)?
				a. Date diarrhea started: _____ b. Date diarrhea stopped: _____ <input type="checkbox"/> Ongoing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Weight Loss?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Fever?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Fatigue?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Anorexia?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Nausea?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Vomiting?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Abdominal Cramps?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Have your (your child's) symptoms stopped?
				a. If yes, date symptoms stopped: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Were you (your child) hospitalized overnight?
				a. How many nights were you (your child) hospitalized? _____ b. Admission Date: _____ c. Hospital Name: _____ (Optional)

Section 3: Travel, events, and ill contacts

Now I have some questions about any travel you (your child) might have had or events you (your child) might have attended during the 14 days before onset of illness. The travel or events could have been part of your work or for pleasure. I also have some questions about other persons you know who have been sick with a similar illness.

13. *(Optional - for local analysis) List counties in home state (outside county of residence) where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness.

Did not travel to other counties within home state Unknown

Counties within home state	Date departed	Date returned	Foods eaten

14. List all states and U.S. cities outside of home state where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness. This includes airports and bus or train stations.

Did not travel to other U.S. states Unknown

U.S. states	U.S. cities	Date departed	Date returned	Foods eaten

15. List all countries outside the U.S. where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness.

Did not travel outside the U.S. Unknown

Countries	Date departed	Date returned	Hotel/resort stayed in (if applicable)

16. During the 14 days before onset of illness, did you (your child) attend any events where fresh food was served (e.g., parties, fairs, concerts, tournaments, conventions)? Yes Maybe No Unknown

16a. Please list the name of the event(s), date(s), and location(s).

17. Do you know of any other person(s) (e.g., a family member, friend, travel companion, co-worker, neighbor, church/temple/mosque member, health club or other club member) who has been sick recently with a similar illness?

Yes Maybe No Unknown

17a. If yes/maybe, specify if you (your child) and the other ill person(s):

Live in same household Attended same event Traveled together

Other, specify: _____

17b. If yes/maybe, please provide information about other ill person(s), including number of ill persons and relationship to you (e.g., son, mother, neighbor, friend, etc.). ***Please include the STATE ID of the ill contact(s), if available/applicable. (Do not enter names or other personally identifiable information.)**

***Note to Interviewer: To help determine if the interviewee meets the case definition, did the interviewee report international travel outside the U.S. or Canada during the 14 days before onset of illness?**

If yes, thank the interviewee for his/her time and end the interview.
If no, continue with interview on next page.

Section 4: Sources of produce at home

Now I have some questions about where the fresh produce came from that you ate at home during the 14 days before your illness began. This isn't necessarily where you shopped during that 14-day period, but where what you actually ate then came from. I'm going to list several types of stores; for each type, please tell me the names of each store from which you would have eaten food from during the 14 days before you became sick. Please refer to your grocery store receipts or credit card statements to provide a more detailed description.

18. Did you (your child) eat foods from: grocery stores or supermarkets, warehouse stores, small markets (such as gas stations), ethnic specialty markets, health food stores, co-ops, fish or meat specialty shops, farmer's markets or food directly from a farm, home delivery grocery services (e.g., CSA, Amazon Fresh), meal delivery services (e.g., Blue Apron, Meals on Wheels), or any other sources?

Store name	Address	City	State	Date shopped	Food purchased	*Shopper card #

*By giving your shopper card number, you are permitting retrieval of information regarding your purchases. This information may be shared with other public health officials to help with outbreak investigations. (refused to give shopper card#)

Section 5: Sources of produce outside the home

Now I have some questions about where you ate produce outside your home, such as at restaurants or fast food chains during the 14 days before your illness began. I'm going to list several types of restaurants and commercial food establishments; for each type, please tell me the names of each place. Please refer to your restaurant receipts or credit card statements to provide a more detailed description.

19. Did you (your child) eat foods from: national fast food chains, Mexican-style, Italian, seafood, Jamaican/Cuban/Caribbean, Chinese/Indian/Japanese/Asian, Middle Eastern/Arabic/Lebanese/African vegetarian or vegan, barbecue or home-style, steakhouse or grill, all-you-can-eat buffet, sandwich shop or deli, diner, salad bar, take-out, breakfast or brunch, school or institution, food truck, or other restaurants or commercial food establishments?

Restaurant name	Address	City	State	Meal date	Food eaten

Additional comments: _____

Questions to be completed by interviewer.

Is the case associated with a cluster? Yes No

If yes, what is the cluster name? _____

Section 6: Fresh herbs

Now I have some questions about fresh herbs (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these herbs either in your home or away from home. I am only interested in fresh herbs that were not grown at home. Please remember that fresh herbs are often served as garnishes on drinks, entrees, desserts, or as part of a dish such as pesto, salsa, or a sauce. As I mention each food item, please answer yes, maybe, no, or don't know as to whether you remember having eaten the food during the 14 days before you became ill.

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Fresh basil?
				a. Type(s): <input type="checkbox"/> Sweet basil <input type="checkbox"/> Purple basil (i.e., purple leaves and stems) <input type="checkbox"/> Thai basil (i.e., green leaves and purple stems) <input type="checkbox"/> Other, specify: _____
				b. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				c. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Fresh cilantro?
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Fresh parsley?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Fresh oregano?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Fresh thyme?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Fresh mint?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Fresh dill?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Fresh sage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Fresh rosemary?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Other fresh herbs?
				a. Type(s): _____ <input type="checkbox"/> Unknown

Additional comments about fresh herbs: _____

Section 7: Fresh berries and fruit

Now I have some questions about fresh berries and other fruit (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten this fruit either in your home or away from home. I am only interested in fresh fruits that were not grown at home. Please remember that fruit and berries are often used in smoothies or as garnishes on top of or on the sides of salads and desserts.

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Fresh red raspberries?
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Fresh blackberries?

Yes	Maybe	No	Don't Know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Fresh black raspberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Fresh golden raspberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Fresh strawberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Fresh blueberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Fresh boysenberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Other fresh berries
				a. Type(s): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Apples?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Grapes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Pears?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Peaches?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Nectarines?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Plums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Oranges?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Grapefruit?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Tangerines?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Fresh lemon or lime? This could include a garnish on a drink.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Cherries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Cantaloupe?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Honeydew melon?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Watermelon?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Pre-cut melon or melon salad?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Other melon?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Pineapple?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. Mango?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56. Coconut (whole or shredded)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57. Other fruit?
				a. Types: <input type="checkbox"/> Kiwi <input type="checkbox"/> Papaya <input type="checkbox"/> Guava <input type="checkbox"/> Pomegranate <input type="checkbox"/> Other, specify: _____

Additional comments about fresh fruit: _____

Section 8: Leafy greens (e.g., iceberg, romaine, mesclun, cabbage, spinach)

Now I have some questions about leafy greens (**not** canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these leafy greens either in your home or away from home. I am only interested in leafy greens that were **not** grown at home. Please remember to include greens you might have eaten on sandwiches or burgers or as a garnish.

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58. Pre-made, single serving salads (e.g., ready to eat salads with toppings, meats, dressing)?
				a. What were the: Ingredients (lettuce, cabbage, carrots, etc.): _____ Brand(s): _____ Place(s) purchased (names, locations): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59. Iceberg lettuce?
				a. If eaten <u>at home</u> , what was the: Type(s): <input type="checkbox"/> Prepackaged <input type="checkbox"/> Head/Loose <input type="checkbox"/> Topping/Garnish <input type="checkbox"/> Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60. Romaine lettuce?
				a. If eaten <u>at home</u> , what was the: Type(s): <input type="checkbox"/> Prepackaged <input type="checkbox"/> Head/Loose <input type="checkbox"/> Topping/Garnish <input type="checkbox"/> Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61. Mesclun lettuce (e.g., spring mix, field greens, baby greens)?
				a. If eaten <u>at home</u> , what was the: Type(s): <input type="checkbox"/> Prepackaged <input type="checkbox"/> Loose <input type="checkbox"/> Topping/Garnish <input type="checkbox"/> Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62. Fresh cabbage?
				a. Type(s): <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Savoy (aka curly) <input type="checkbox"/> Napa <input type="checkbox"/> Bok choy <input type="checkbox"/> Brussel sprouts <input type="checkbox"/> Other, specify: _____
				b. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				c. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63. Fresh spinach?
				a. If eaten <u>at home</u> , what was the: Type(s): <input type="checkbox"/> Prepackaged <input type="checkbox"/> Head/Loose <input type="checkbox"/> Topping/Garnish <input type="checkbox"/> Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64. Other lettuce or leafy greens?
				a. Type(s): <input type="checkbox"/> Arugula <input type="checkbox"/> Endive <input type="checkbox"/> Mustard greens <input type="checkbox"/> Radicchio <input type="checkbox"/> Kale <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65. Other prepackaged salad mix (not previously identified above)?
				a. What were the: Ingredients (lettuce, cabbage, carrots, etc.): _____ Brand(s): _____ Place(s) purchased (names, locations): _____

Additional comments about leafy greens: _____

Section 9: Other fresh vegetables

Now I have some questions about fresh vegetables (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these vegetables either in your home or away from home. I am only interested in vegetables that were not grown at home. Please include vegetables that were eaten alone or as part of a dish.

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66. Cucumbers?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67. Zucchini?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68. Squash?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69. Bell peppers?
				a. Type(s): <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Yellow <input type="checkbox"/> Unknown

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70. Hot chili/chili peppers (e.g., jalapenos or serranos)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71. Celery?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72. "Mini" carrots?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73. Other fresh carrots?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74. Other raw root vegetables? a. Type(s): <input type="checkbox"/> Radishes <input type="checkbox"/> Beets <input type="checkbox"/> Turnips <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75. Fresh, raw peas? (May be shelled or in the pod) a. Type(s): <input type="checkbox"/> Garden peas <input type="checkbox"/> Snow peas (i.e., flat, shiny pods containing peas) <input type="checkbox"/> Sugar snap peas (i.e., plump, crisp, edible pods) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
				b. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				c. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76. Broccoli?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77. Cauliflower?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78. Sprouts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79. Raw onions? (Of note: green onions/scallions are addressed in the next question) a. Type(s): <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red/Purple <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80. Raw green onions/scallions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81. Fresh tomatoes? a. Type(s): <input type="checkbox"/> Red round <input type="checkbox"/> Roma (oval-shaped) <input type="checkbox"/> Grape/Cherry (bite-sized) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82. Salsa or pico de gallo (not from a jar)? a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83. Fresh guacamole (not from a jar)? a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)

Additional comments, including other types of fresh vegetables _____

This completes the interview. Thank you very much for your time. Depending on what we find out when we put these interviews together, we may need to talk to you again about a few details. Would you like to provide any additional thoughts about anything we've discussed or about this outbreak investigation?