



Confidential Food History Questionnaire

Contact Information

We need **your help** to determine if any food items you ate may have caused your illness. The information you provide is compared with others who have similar illnesses - to identify possible sources. The way this works best is if you can obtain grocery and restaurant receipts, as well as any checkbook entries or credit card statements (if available) - for the past before you became ill. Use these and your best recall to tell us about your activities and what you ate in that period. (Note, If you don't know the answer, please just select "unk" for unknown and go to the next item.)

PERSON ILL

*First Name: _____ MI: _____ *Last Name: _____

Home Address: _____

*City: _____ State: _____ Zip: _____

*Phone: _____ County: _____

Gender: Male Female Other Unknown

Email Address: _____

Are you: the person ill a parent a spouse a caretaker a friend other

If you are not the person ill please enter your name: _____

Phone: _____

Date of Birth: _____

Onset date of your first symptoms: _____

Onset date of vomiting: _____

Onset date of diarrhea: _____

Hospitalized overnight? Yes No Unknown

Was this lab confirmed? Yes No Pending Unknown

Physician Diagnosis: _____

Was anyone else in your household sick with diarrhea or vomiting? Yes No Unknown

When was this person ill? Less than 24 hours before you More than 24 hours before you Unknown

How many days total were you sick? _____

Are you still ill? Yes No Unknown

General Risks for Illness (in the last 10 days before you got sick)

Yes No Unk

Did you spend all, or some, of the 7 days before you were ill outside your home state?

Did you (your child) have any special or restricted diet (medical, weight-loss, religious, cultural, etc.)?

Any allergies that prevent you from eating a certain food(s)?

Vegetarian or vegan diet?

Do you have any underlying medical conditions such as pregnancy, cancer, or diabetes that you have been told might affect your immune system?

Did you (your child) have any vitamins, nutritional or herbal supplements, such as teas, tablets, and pills, etc.?

Any commercially bottled water in personal-sized containers?

Any commercially bottled water in large, multi-user tanks or water coolers?

Did you have any contact with dogs, cats, or other pets?

Did you have any contact with commercial animals (hogs, cattle, horses, sheep, goats, etc.)?

- Did you handle any pet treats like pig ears, rawhide chews - at home or anywhere else?
- Did you have contact with any reptiles, such as snakes, iguanas, or other lizards, and turtles?
- Did you have any contact with baby chicks or other live poultry?

If you answered "Yes" to any of these questions, please describe in this comments section.

Comments:

Eating and Shopping (in the last 10 days before you got sick did you eat any food from..)

- | Yes | No | Unk | | Yes | No | Unk | |
|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any fast-food restaurants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cafeteria/dining room (e.g. worksite, hospital, school) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sit-down restaurants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nursing home or care facility dining |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grocery-store deli or other kind of deli | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hotel room service |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bakery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child care facility |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coffee shop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Potluck-type private event |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Street vendor (wheeled cart or walking tray at events, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Catered private gathering (e.g. wedding, parties) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Event concession stand | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any food at a social event or gathering (church, coffee-hour, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Small markets or Mini markets (convenience stores, gas stations, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food brought in to school, offices or workplace |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tavern or bar | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Free samples anywhere (e.g. grocery store, farmer's market, food event, etc.) | | | | |

If you answered "Yes" to any of these questions, please describe in this comments section.

Comments:

Restaurant Types (if you answered "Yes" to the sit-down restaurants question above)

- | Yes | No | Unk | | Yes | No | Unk | |
|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Barbeque or Home-style | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vietnamese |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Seafood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thai |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Steakhouse or Grill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chinese |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Breakfast or Brunch-style | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Japanese |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diner/neighborhood cafe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Indian/South Asian |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All-you-can-eat buffet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other Asian |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vegetarian or Vegan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jamaican, Cuban, Caribbean |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mexican | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Middle Eastern, Arabic, Lebanese, or African |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Italian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other "international" |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Greek | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other |

If you answered "Yes" to any of these questions, please list store/retail names and locations.

Comments:

Sources of Food at Home In the last 10 days before you became ill, what sources of food at home did you eat from?

Yes	No	Unk		Yes	No	Unk	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grocery stores/supermarkets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fish or meat specialty shops (butcher's shop, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food warehouse stores(Costco, Sams, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home delivery services (e.g. Schwan's, Meals-on-Wheels)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mini-marts (e.g. 7-Eleven, Fresh Start, Quick Stop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home-grown produce
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethnic specialty markets (Mexican, Asian, or Indian groceries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home-slaughtered meat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Delicatessens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other private households (friends, family, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bakeries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canned or Frozen Foods (preserved from home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Farmer's markets, Roadside stands, Open-air markets or food purchased directly from a farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health food stores or Co-ops
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other(specify)

If you answered "Yes" to any of these questions, please list store-retail names and locations.

Comments:

Eggs and Dairy (in the last 10 days before you got sick did you eat..)

Yes	No	Unk		Yes	No	Unk	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eggs (anything anywhere from fresh eggs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fresh or flavored store-bought yogurt
			If Yes,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen yogurt
			<input type="checkbox"/> Any eggs at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yogurt drinks
			<input type="checkbox"/> Any eggs away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ice cream or ice cream products
			<input type="checkbox"/> Any eggs anywhere that were raw, runny, or over-easy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ice cream bars or frozen dairy dessert items
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anything made with raw eggs (e.g. cookie dough, cake batter, sauces, homemade ice cream or mayo, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other frozen dessert novelties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any egg substitutes (Egg-Beaters, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any unpasteurized (raw) milk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Butter (real butter, not margarine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goat milk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buttermilk (fluid, not powdered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other milk containing beverage (e.g. Orange Julius)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coffee creamer (fluid, not powdered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any milk substitute (Soy, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any pasteurized ("regular") milk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chip dip				If Yes,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whipped cream from a carton (i.e. fresh)				<input type="checkbox"/> Skim
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whipped cream in spray cans				<input type="checkbox"/> 1%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other imitation dairy topping (e.g. Cool-Whip)				<input type="checkbox"/> 2%
							<input type="checkbox"/> 4% (whole)
							<input type="checkbox"/> half and half
							<input type="checkbox"/> flavored (e.g. chocolate)
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any other dairy product

If you answered "Yes" to any of these questions, please describe briefly in this comments section.

Comments:

Cheese (in the last 10 days before you got sick did you eat..)

Yes No Unk

- Cream cheese
- Cottage cheese
- Ricotta
- String-type cheese
- Cheese curds
- Processed, sliced cheese
- Pre-packaged, shredded cheese
- Block-type cheese (Cheddar, Swiss, Colby, Jack, etc.)
- Any cheese on a deli-type sandwich
- Any cheese on any uncooked food item (e.g. on a salad, appetizer, dessert, etc.)
- Any cheese spread
- American (processed) cheese
- Swiss
- Cheddar
- Colby
- Monterey jack

Yes No Unk

- Pepper jack
- Provolone
- Muenster
- Havarti
- Any cheese made from goat milk or sheep milk
- Uncooked mozzarella (e.g. not cooked on pizza)
- Any fresh Parmesan or Romano
- Dried (powdered) cheese (e.g. Parmesan or Romano)
- Any blue-veined cheese (e.g. Bleu, gorgonzola, etc.)
- Feta cheese (This could have been part of a dish or salad)
- Homemade Mexican-style (e.g. queso fresco, queso blanco, etc.)
- Store-bought Mexican-style (e.g. queso fresco, queso blanco, etc.)
- Any fancy imported cheese
- Any other gourmet or artisanal cheese
- Any cheese made from unpasteurized milk (often homemade or sold off-the-farm or door-to-door)
- Any cheese sold as (or cut from) solid blocks

If you answered "Yes" to any of these questions, please describe briefly in this comments section.

Comments:

Fresh and Frozen Meat & Poultry (in the last 10 days before you got sick did you eat..)

Yes No Unk

- Any chicken prepared at a home (i.e. not take out)
- Anything prepared at a home from a "whole" chicken
If Yes, was that chicken frozen when you got it?
 Yes No Unknown
- Anything prepared at home from pre-cut chicken parts
If Yes, was that chicken frozen when you got it?

Yes No Unk

- Duck, goose, game hen, or squab
- Pre-made or pre-formed hamburger patties eaten at home
If Yes, was pink or red inside when eaten?
 Yes No Unknown
- Beef steaks or roasts
Purchased Frozen?
 Yes No Unknown
Purchased Fresh?
 Yes No Unknown

Yes No Unknown

- Any chicken prepared or eaten away from home (i.e. deli, restaurant, etc.)
- Anything from ground chicken
- Breaded chicken products, such as chicken tenders, strips, or nuggets
- Stuffed, frozen chicken products, such as chicken Kiev or chicken Cordon Bleu
- Any turkey prepared at home (i.e. not take out)
- Anything prepared at a home from a "whole" turkey

If Yes, was that turkey frozen when you got it?

Yes No Unknown

- Anything prepared at home from pre-cut turkey parts

If Yes, was that turkey frozen when you got it?

Yes No Unknown

- Any turkey prepared or eaten away from home (i.e. deli, restaurant, etc.)
- Anything from ground turkey

Was pink or red inside when eaten?

Yes No Unknown

- Fresh hamburger patties eaten at home

If Yes, was pink or red inside when eaten?

Yes No Unknown

- Any dish with ground beef eaten at home, such as casseroles, tacos, soups, or pasta sauces
- Any ground beef eaten outside the home? This could include foods such as hamburger or other dishes such as casseroles, tacos, soups, or pasta sauces
- Any other beef (liver, tongue, brain, etc.) eaten at home
- Veal
- Buffalo or Bison
- Ham
- Ground pork
- Any other fresh pork (e.g. ribs, loin, chops, hocks, chitterlings, etc.)
- Lamb
- Goat

If you answered "Yes" to any of these questions, please describe briefly in this comments section.

Comments:

Cooked or Processed Meats (in the last 10 days before you got sick did you eat..)

Yes No Unk

- Smoked or dried fish (e.g. lox)
- Any pre-packaged sliced deli meats
- Any other sliced deli meats (i.e. not prepackaged)
- Corn dogs
- Hot dogs
- Any other hot dog product
- Any frozen microwavable meat products (e.g. burritos, chimichangas, etc.)

Yes No Unk

- Bologna, pastrami, or corned beef
- Bacon or bacon bits
- Sausage
- Any other sausage (e.g. bratwurst, kielbasa, braunschweiger, etc.)
- Pepperoni (This could have been on a sandwich or pizza)
- Any other Italian-style meats, such as salami or prosciutto
- Store-bought, dried meat strips or jerky
- Any kind of wild game (e.g. venison, pheasant, etc. - either fresh, frozen, smoked or dried)
- Any other meat and/or poultry products, not mentioned already

If you answered "Yes" to any of these questions, please describe briefly in this comments section.

Comments:

Fresh and Frozen Seafood (10 days before sickness..)

Yes No Unk

- Fresh or fresh-frozen fish
- Smoked or dried fish
- Any fish sticks or processed fish products
- Sushi (with raw fish or seafood)
- Any local or self-caught fish (i.e. fresh, frozen, raw or smoked)
- Crab (e.g. whole, legs, or crab-cakes)
- Oysters
- Any raw oysters

Yes No Unk

- Clams, mussels, scallops, or other shellfish
- Shrimp/prawns
- Lobster
- Crawfish
- Calamari (i.e. squid)
- Alligator
- Herring or other pickled fish
- Any kind of seafood salad or appetizer (identify in comments)
- Any other fish or seafood

If you answered "Yes" to any of these questions, please describe briefly in this comments section.

Comments:

Fresh Vegetables (not frozen or cooked) (in the last 10 days before you got sick did you eat..)

Yes No Unk

- Fresh tomatoes
- If eaten at home:
- Red Round
- Yes No Unknown
- Roma
- Yes No Unknown
- Cherry
- Yes No Unknown
- Grape
- Yes No Unknown
- Vine-ripe, sold on the vine
- Yes No Unknown
- Other
- Yes No Unknown
- Fresh tomatoes on sandwich, burger, or salad
- Any homegrown fresh tomatoes (eaten raw)
- Fresh, uncooked, leafy greens (spinach, lettuce, etc.)
- Prepackaged or loose:
- Prepackaged
- Yes No Unknown
- Loose
- Yes No Unknown
- Iceberg Lettuce
- Prepackaged or loose:
- Prepackaged
- Yes No Unknown

Yes No Unk

- Brussel sprouts
- Any other sprouts (clover, mixed, broccoli, etc.)
- Any salad mix from a sealed bag
- Asparagus
- Rhubarb
- Fresh corn
- Baby corn (cobs such as in Chinese food)
- Snow peas (eaten in pod)
- Fresh, raw peas? May be shelled or in the pod
- Any fresh beans
- Eggplant
- Zucchini, yellow or other "soft" squash
- Any "hard"squash (acorn, spaghetti, pumpkin, etc.)
- Raw Onions (white, yellow, or red/purple)
- Raw green onions/scallions
- Leeks
- Fresh garlic (cloves)
- Fresh horseradish (root)
- Avocado (or guacamole)
- Potatoes
- Yams or sweet potatoes

	Loose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other greens (collard, mustard, etc.)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Romaine lettuce				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Radishes
	Prepackaged or loose:				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beets
	Prepackaged	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Turnips, rutabagas or kohlrabi
	Loose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Parsnips
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other leafy lettuce (red, butter, radicchio, baby salad greens, etc.)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatillas
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce on a sandwich, burger, or as garnish				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Jicama
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mesclun lettuce ("spring mix")				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Artichokes
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh spinach				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cactus leaf
	Prepackaged or loose:				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh basil
	Prepackaged	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh oregano
	Loose	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh parsley
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bok Choy				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh cilantro
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cabbage				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh ginger (root)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Celery				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh chives
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	"Mini" carrots (peeled, usually sold in sealed bag)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh rosemary
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other fresh carrots				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh thyme
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cucumbers				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh tarragon
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Broccoli				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh lavender
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cauliflower				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh dill
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bell peppers (green, red, yellow, orange, or purple)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh mint
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Hot Chili/chile peppers (such as jalapenos or serranos)				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other fresh spice or herb
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Bean sprouts				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fresh mushrooms (oyster, portabella, shitake, etc.)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alfalfa sprouts				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Dried mushrooms (any)
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any organic produce (identify in comments)

If you answered "Yes" to any of these questions, please describe briefly in this comments section.

Comments:

Fresh Fruit (not frozen or cooked) (in the last 10 days before you got sick did you eat..)

Yes	No	Unk		Yes	No	Unk	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raspberries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blueberries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blackberries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nectarines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranberries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apricots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other fresh berries (identify in comments)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grapes of any kind (green, red, purple,

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cherries | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bananas |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Figs | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plantains |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kumquat | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cantaloupe or muskmelon |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oranges | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Honeydew |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tangerines | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Watermelon |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tangelos | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Precut melon or melon salad. Sometimes served on salad bars or breakfast buffets |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Grapefruit | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any other melon (identify in comments) |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fresh Lemon. This could include garnishes on a drink, etc. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kiwi |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fresh Lime. This could include garnishes on a drink, etc. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pineapple |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other citrus | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mango |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Strawberries | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Papaya |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coconut (whole or shredded) |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any other tropical fruit (guava, pomegranite, etc.) |

If you answered "Yes" to any of these questions, please describe briefly in this comments section.

Comments:

Pre-Made and Dried Foods (10 days before sickness..)

- | Yes | No | Unk | | Yes | No | Unk | |
|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Store-bought fruit salad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pre-packaged peanut butter crackers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Store-bought pasta salad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peanut butter - containing foods (cookies, candies, ice cream, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Store-bought potato salad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ground nut butter or spread other than peanut butter (Nutella, almond butter) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Store-bought egg salad | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Almonds (whole, sliced, chopped, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Store-bought cole slaw | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Walnuts |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dried buttermilk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cashews |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other powdered milk products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hazelnuts or filberts |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flavored Milk Powder (e.g. chocolate, strawberry, vanilla) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pistachios |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Powdered nutritional supplement products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other whole nuts or mixed nuts |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soup mixes (dehydrated, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sunflower seeds |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bouillon (for gravy or other flavoring) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sesame seeds |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dried beans (e.g. red, pinto, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tahini, halva, or other product made from sesame seeds |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lentils | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hummus |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dried coconut | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Raisins |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dried seaweed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Craisins |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peanuts (loose or in shell) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other dried fruit |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Peanut butter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any pre-made pudding or custard (not from a mix) |
- if eaten at home:
 Creamy
 Yes No Unknown

Crunchy

Yes No Unknown

If you answered "Yes" to any of these questions, please describe briefly in this comments section.

Comments:

Frozen Foods (in the last 10 days before you got sick did you eat..)

Yes No Unk

- Frozen dinners or box entrees
- Frozen vegetables in a box
- Frozen vegetables in a bag
- Frozen berries
- Frozen other fruit
- Frozen baked desserts (e.g. pies)
- Frozen vegetarian items (e.g. Gardenburgers, etc.)
- Frozen pot pies
- Frozen fish product (fish sticks, nuggets, etc.)
- Frozen snack foods (mozzarella sticks, jalapeno poppers, potato skins, hot pockets, etc.)

Yes No Unk

- Frozen breakfast items (waffles, breakfast sandwiches, etc.)
- Frozen pre-mixed meals in a bag or box (stir fry, pasta meals, etc.)
- Frozen chicken strips or nuggets (cooked at home)
- Stuffed, frozen chicken products (Chicken Kiev, Cordon bleu, etc.)
- Other frozen chicken products (e.g. microwaveable or other)
- Frozen pizza
- Frozen Mexican-style items
- Frozen shrimp, frog legs, lobster, crab or other packaged seafood
- Other frozen, prepackaged product not mentioned previously

If you answered "Yes" to any of these questions, please describe briefly in this comments section.

Comments:

Miscellaneous Foods (in the last 10 days before you got sick did you eat..)

Yes No Unk

- Chips (potato, corn, etc.) or pretzels
- Pre-packaged crackers (club, cheese, graham, Saltines, etc.), cookies, or snack cakes
- Fresh salsa or pico de gallo (not from a jar or can)
- Other kinds of store-bought, packaged dip
- Taco shells
- Tortillas
- Any sub sandwiches
- Any wrap-style sandwiches
- Any fresh-ground "natural" peanut butter
- Chocolate or chocolate-containing candy
- Bulk chocolate (not wrapped candy)
- Apple juice (not from concentrate) or cider

Yes No Unk

- Powdered baby formula
- Store-bought pureed baby food (e.g. Gerbers)
- Any spices bought in bulk (e.g. from a bin or jar)
- Any spices (e.g. pepper, cinnamon) at home that were first opened in the 2 weeks before illness onset
- Any foods bought in bulk (where you filled a bag or container from a larger bin)
- Breakfast bars in sealed wrappers
- Cold breakfast cereals (e.g. Cheerios, Raisin Bran, etc.)
- Hot breakfast cereals (oatmeal, cream of wheat, etc.)
- Granola bars, breakfast, power, or protein bars
- Any tea

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Orange juice (not from concentrate) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any coffee (grounds) |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Orange Juice from frozen concentrate | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any coffee (instant) |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any other juice (not from concentrate) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any cookies |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any unpasteurized or raw juices (often from farms but might be commercial), or cider | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any other bakery desert items |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Juice from frozen concentrate | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trail mix (or similar product) |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sauerkraut (homemade) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fruit roll-ups or similar product |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sauerkraut (packaged) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tofu |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Liquid baby formula | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Olives |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any other imported ethnic specialty foods |

If you answered "Yes" to any of these questions, please describe briefly in this comments section.

Comments:

Other Foods (in the last 10 days before you got sick did you eat..)

Were any other foods eaten that are not represented here? (If so, please list or describe in this comments section)

Comments:

Animal Contact (in the last 10 days before you got sick did you have any contact with the following...)

- | Yes | No | Unk | | Yes | No | Unk | |
|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Buffalo or Bison | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other reptiles (lizards, geckos, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dogs or puppies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Amphibians (frogs, toads, salamanders, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cats or Kittens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water pets in an aquarium (goldfish, aquatic frogs, snails, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Baby chicks, ducklings, or other baby poultry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rats, mice, gerbils, or hamsters |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Live Chickens, Turkeys, ducks, or other adult poultry | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pocket or "exotic" pets (ferrets, pygmy hedgehogs, rabbits, guinea pigs, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Turtles or tortoises | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pre-packaged pet food (canned or dry) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Snakes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dried animal droppings or pellets (e.g., owl pellets for science project) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Frozen mice, rats, or similar pet food for snakes | | | | |

Did you (your child) visit or go to:

- Petting zoo or farm with livestock like cattle, sheep, goats, etc.
- Agricultural "Farm and Feed" stores
- Pet store, swap meets, other places where animals/birds sold or shown
- County/State fairs, 4-H events, or similar events where animals were present
- School event, birthday party, or similar events with animals/pets
- Pet treats or chews (pig ears, pizzles, rawhide, hooves, etc.)

If you answered "Yes" to any of these questions, please describe in this comments section.

Comments: