

Gastroenteritis Case Report Form

Maryland Department of Health

INSTRUCTIONS: Complete Section I for all pathogens and also Section II for only *Campylobacter*, *Salmonella*, and STEC cases. See **Interviewer Instructions** for more information. Submit completed forms to MDH FoodNet at fax #410-225-7615 or mdh.FoodNet@maryland.gov (*must be encrypted*).

Use this form for:		Complete Sections
<input type="checkbox"/>	<i>Campylobacter</i>	I and II
<input type="checkbox"/>	<i>Cryptosporidium</i>	I only
<input type="checkbox"/>	<i>Salmonella</i> (non- <i>Typhi</i>)	I and II
<input type="checkbox"/>	Shiga-toxin producing <i>E. coli</i>	I and II
<input type="checkbox"/>	<i>Shigella</i>	I only
<input type="checkbox"/>	<i>Yersinia</i>	I only
<input type="checkbox"/>	Other:	I only

SECTION I (Complete for all pathogens)

Investigation Data

INVESTIGATOR	INVESTIGATOR PHONE	NEDSS CASE ID#	INVESTIGATION ID# CAS
CASE REPORTED BY	LAB REPORT DATE	REPORT RECEIVED DATE	INTERVIEW DATE
CASE STATUS <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspect	<input type="checkbox"/> Probable <input type="checkbox"/> Unknown	CASE INVESTIGATED AS PART OF AN OUTBREAK? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	OUTBREAK/CLUSTER ID
WORK OR SCHOOL RESTRICTIONS? <input type="checkbox"/> Yes, If yes, specify: <input type="checkbox"/> No	ADVISED OF PRECAUTIONS	<input type="checkbox"/> By phone <input type="checkbox"/> Fact sheet	<input type="checkbox"/> In person <input type="checkbox"/> In writing

Patient Data

LAST	FIRST	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
STREET ADDRESS		HOMELESS <input type="checkbox"/> No <input type="checkbox"/> Yes	COUNTY	
CITY	STATE	ZIP	TELEPHONE NUMBER(S)	
ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown	RACE (Check all that apply) <input type="checkbox"/> Am. Indian/Alaskan Native <input type="checkbox"/> Black/African American	<input type="checkbox"/> White <input type="checkbox"/> Asian	<input type="checkbox"/> Other <input type="checkbox"/> Unknown	
OCCUPATION, STUDENT, SITUATION	EMPLOYER, SCHOOL, DAYCARE		HIGH RISK <input type="checkbox"/> Healthcare <input type="checkbox"/> Food <input type="checkbox"/> Daycare	

Clinical Data

SYMPTOMS <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever (°F) <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Bloody diarrhea <input type="checkbox"/> Abdominal cramps	<input type="checkbox"/> Vomiting <input type="checkbox"/> Chills <input type="checkbox"/> Nausea <input type="checkbox"/> Muscle aches	<input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:	
ONSET: DATE	TIME	DURATION <input type="checkbox"/> still ill	OUTCOME <input type="checkbox"/> Died, date: <input type="checkbox"/> Survived <input type="checkbox"/> Unknown
PHYSICIAN VISIT <input type="checkbox"/> No <input type="checkbox"/> Yes →	PHYSICIAN NAME		PHYSICIAN PHONE # <u>STEC ONLY:</u> HAVE HUS? <input type="checkbox"/> No <input type="checkbox"/> Yes
HOSPITALIZED <input type="checkbox"/> No <input type="checkbox"/> Yes →	ADMIT DATE	DISCHARGE DATE	HOSPITAL <icu? </icu? <input type="checkbox"/> No <input type="checkbox"/> Yes
TRANSFERRED <input type="checkbox"/> No <input type="checkbox"/> Yes →	TRANSFER DATE	DISCHARGE DATE	TRANSFER HOSPITAL
TREATED WITH ANTIBIOTICS <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown →		Name(s) of all antibiotics:	

Laboratory Data ELR Epi-linked, no testing done

COLLECTION DATE	STATUS AT COLLECTION <input type="checkbox"/> Hospitalized <input type="checkbox"/> Outpatient <input type="checkbox"/> Unknown	SPECIMEN TESTED <input type="checkbox"/> Stool <input type="checkbox"/> Blood <input type="checkbox"/> Other: <input type="checkbox"/> None	
Test <input type="checkbox"/> Culture <input type="checkbox"/> Non-culture, specify: Type <input type="checkbox"/> Unknown (<input type="checkbox"/> EIA <input type="checkbox"/> PCR <input type="checkbox"/> Other)	LABORATORY NAME		ACCESSION #
AGENT IDENTIFIED	SEROTYPE	ISOLATE SENT TO STATE <input type="checkbox"/> No <input type="checkbox"/> Yes →	STATE ACCESSION #

Cyclosporiasis National Hypothesis Generating Questionnaire

Form Approved
OMB No. 0920-1198
Exp. Date 09/30/2023

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

1. Classify case based on CDC case definition (**Required**): 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 testing):

	O&P (e.g. microscopy, stained smears)	GI PCR Panel (e.g. BioFire FilmArray®)	PCR (not part of a 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 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: ____ / ____ / ____
MM DD YY

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: _____

Public reporting of this collection of information is estimated to average 45 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)

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.

Section 1: Demographic Data

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

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

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

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

- Yes
- No
- Unknown

8. How would you describe your race?

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Unknown
<input type="checkbox"/> 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

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 your home state (outside your 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 your 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 outside the U.S.	Date departed	Date returned	Foods eaten

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, please specify if you (your child) and the other ill person(s):

Live in the same household Attended same event Traveled together
 Other, specify: _____

17b. If yes/maybe, please provide information about the 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	Zip Code	Date shopped	Foods 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	Zip Code	Meal date	Foods 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 the 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 the 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 the 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?
				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 the 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"/>	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. Precut 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?

Yes	Maybe	No	Don't know	Did you (your child) eat:
<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 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, and 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 the 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"/>	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 the 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"/> 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 the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<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 the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<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 the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<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"/>	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
<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: _____
				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 the 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 the 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 the 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 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?
