

* CASE ACCESSION NUMBER



SALMONELLA FOOD RECALL QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN DEVELOPED TO INVESTIGATE SALMONELLA INFECTIONS. THE QUESTIONS ARE VERY COMPREHENSIVE AND ARE INTENDED TO HELP IDENTIFY POSSIBLE SOURCES OF YOUR ILLNESS AND PREVENT FURTHER CASES. THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS FORM.

INCUBATION PERIOD – PUBLIC HEALTH TO COMPLETE	DATE YYYY-MM-DD	TIME HH:MM
1. EARLIEST POSSIBLE EXPOSURE (7 days before symptom onset)		
2. LATEST POSSIBLE EXPOSURE (day of symptom onset)		

1. FOOD HISTORY

List all foods eaten on the day of symptom onset and during the 7 days before the illness began. Start with the day symptoms started (day 0), and work backwards for the 7 days. If unable to remember any foods eaten, note as “uk”(unknown)

- For food prepared at-home: list variety/brand, how it was prepared (if relevant), where purchased.
- For food prepared outside the home such as a social gathering or event (ie; wedding, potluck), or at any food establishments (ie: restaurant, deli), provide all details of the food, how it was prepared (if relevant) and location.

DAY 0 (day of symptom onset)	DATE: YYYY-MM-DD					
BREAKFAST at home outside of home	LUNCH at home outside of home		DINNER at home outside of home		OTHER/SNACKS at home outside of home	
DAY 1	DATE: YYYY-MM-DD					
BREAKFAST at home outside of home	LUNCH at home outside of home		DINNER at home outside of home		OTHER/SNACKS at home outside of home	
DAY 2	DATE: YYYY-MM-DD					
BREAKFAST at home outside of home	LUNCH at home outside of home		DINNER at home outside of home		OTHER/SNACKS at home outside of home	

* CASE ACCESSION NUMBER



DAY 3	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH at home outside of home	DINNER at home outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home
DAY 4	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH at home outside of home	DINNER at home outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home
DAY 5	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH at home outside of home	DINNER at home outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home
DAY 6	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH at home outside of home	DINNER at home outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home
DAY 7	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH at home outside of home	DINNER at home outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home

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Page 2 of 7

* CASE ACCESSION NUMBER



2. SOURCES OF FOOD PREPARED AT HOME (FOOD PURCHASE LOCATIONS)

List where the food came from that you prepared and ate at home on the day symptoms developed (day 0) and during the 7 days before. Specify details in the table below and consider the following potential sources:

- grocery stores, food warehouse stores, mini-marts
- ethnic specialty markets
- delicatessens, bakeries
- farmer's markets
- fish or meat shops
- food bank (e.g. Helping Hands, Siloam Mission, Harvest Manitoba)
- home-processed meat (e.g. farm animals, wild game)
- home-grown produce
- private households (friends, family, etc.)
- farm-raised poultry, free-range eggs
- online food kit purchases

STORE/SITE NAME	STORE/SITE LOCATION/ADDRESS	If applicable, can we contact you to collect and use your loyalty card number to verify purchases?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

3. SOURCES OF FOOD PREPARED AT EATING ESTABLISHMENTS INCLUDING TAKEOUT AND DELIVERY

List where any pre-prepared food came from that was eaten the day symptoms developed (day 0) and during the 7 days before. Specify details in the table below and consider the following potential sources:

- fast-food and sit-down restaurants
- grocery store deli
- bakery or coffee shop
- street vendor/food cart/kiosk/food truck
- event concession stands (e.g. at a sporting event or concert)
- gas station or similar mini-mart
- soup kitchen
- free samples (e.g. grocery store, farmer's market) tavern or bar
- cafeteria/dining room/food bought at worksite, hospital, school, long term care home, child care, etc.
- hotel room service
- potluck-type private events (e.g. church, social)
- catered private gatherings (e.g., weddings, parties)
- home delivery services (e.g., meals-on-wheels)
- food served on plane, train, bus or boat

RESTAURANT /VENUE/SITE NAME	RESTAURANT/VENUE/SITE LOCATION/ADDRESS	Was anyone else ill that ate the same prepared meal?
		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:

* CASE ACCESSION NUMBER



4. FOOD ITEM LIST

Review the following list of food items. for each item, mark “yes” or “no”, or “dk” (don’t know) if eaten on the day symptoms developed (day 0) and during the 7 days before. Please try and answer each question individually, even if you think it was already covered. For any “yes” response, please complete as much detail as possible on the product, including the type, variety, brand, and where it was purchased or eaten (please document all locations in section 2).

	YES	NO	DK	IMPORTANT. PLEASE COMPLETE IN AS MUCH DETAIL AS POSSIBLE TYPE / VARIETY / BRAND (ie: President’s choice)	WHERE PURCHASED OR EATEN: SPECIFY LOCATION AND IF PREPARED AND EATEN AT HOME OR RESTAURANT/FOOD VENUE. (ie: Superstore- eaten at home)
BEEF					
ANY BEEF (NOT INCLUDING DELI MEAT) IF YES, PLEASE SPECIFY TYPE(S) BELOW					
HAMBURGERS (E.G. HAMBURGER PATTIES FRESH OR FROZEN)					
ANY OTHER GROUND BEEF (E.G. MEATBALLS, CHILI, SPAGHETTI)					
GROUND BEEF CONSUMED RAW OR UNDERCOOKED (E.G. TARTARE OR KIBBEH)					
RAW BEEF (E.G. CARPACCIO) PURCHASED <input type="checkbox"/> FRESH <input type="checkbox"/> FROZEN <input type="checkbox"/> DK					
OTHER BEEF, INCLUDING STEAK/STEWING BEEF, ROASTS, RIBS PURCHASED <input type="checkbox"/> FRESH <input type="checkbox"/> FROZEN <input type="checkbox"/> DK					
PORK					
ANY PORK (NOT INCLUDING DELI MEAT) IF YES, PLEASE SPECIFY TYPE(S) BELOW					
HAM (NOT INCLUDING DELI-MEAT)					
BACON					
GROUND PORK					
SAUSAGE (NOT INCLUDING DELI MEAT)					
OTHER PORK (E.G. ROASTS, CHOPS OR INCLUDED AS PART OF A DISH) PURCHASED <input type="checkbox"/> FRESH <input type="checkbox"/> FROZEN <input type="checkbox"/> DK					
COOKED OR PROCESSED MEATS					
ANY PRE-PACKAGED SLICED DELI MEATS					
ANY OTHER SLICED DELI MEATS (I.E., NOT PRE-PACKAGED)					
OTHER COOKED OR PROCESSED MEATS (E.G. HOT DOGS, SMOKED OR DRIED FISH)					
POULTRY, FRESH OR FROZEN					
ANY CHICKEN (NOT INCLUDING DELI MEAT). IF YES, PLEASE SPECIFY TYPE(S) BELOW					
STORE BOUGHT FROZEN BREADED CHICKEN (E.G. NUGGETS, STRIPS, OR BURGERS)					
ANY CHICKEN PIECES OR PARTS (E.G. ROASTED WHOLE, BREASTS, WINGS, THIGHS, IN SOUPS, OR PART OF A DISH)					
ANY OTHER CHICKEN OR POULTRY MEAT (E.G. GROUND CHICKEN, TURKEY, TURKEY BACON, QUAIL, DUCK, CORNISH HEN)					

* CASE ACCESSION NUMBER

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FISH AND SEAFOOD					
SHELLFISH (E.G. OYSTERS, CLAMS, MUSSELS, SCALLOPS, COCKLES) IF YES, WAS IT EATEN RAW? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK					
CRUSTACEANS (E.G. CRAB, SHRIMP, PRAWNS, CRAYFISH, LOBSTER) IF YES, WAS IT EATEN RAW? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK					
ANY OTHER FISH, SEAFOOD, SEAWEED, SUSHI PRODUCTS					
DAIRY AND DAIRY SUBSTITUTES					
PASTEURIZED DAIRY MILK, CREAM, WHIPPING CREAM					
UNPASTEURIZED (RAW) DAIRY MILK (EXCLUDING CHEESE)					
ICE CREAM/GELATO, OR FROZEN DAIRY PRODUCTS					
YOGURT: FRESH OR FROZEN					
MILK OR CREAM CONTAINING DESSERTS (E.G. CREAM FILLED PIES/PASTRIES, PUDDING)					
NON-DAIRY MILK (E.G. SOY, ALMOND, COCONUT, RICE)					
OTHER DAIRY PRODUCT (E.G. SOUR CREAM)					
CHEESE					
ANY CHEESE, INCLUDING CHEDDAR CHEESE, PROCESSED CHEESE PRODUCTS (E.G. SLICES, STRINGS, CHEESE IN A JAR), SOFT CHEESE, COTTAGE CHEESE					
ANY CHEESE MADE WITH UNPASTEURIZED MILK					
EGGS					
FRESH EGGS					
ANY EGGS EATEN THAT WERE RUNNY OR UNDERCOOKED					
ANYTHING THAT HAD EGGS IN IT THAT WAS STILL RAW, (E.G. DOUGH, SAUCES, HOMEMADE ICE CREAM, MAYONNAISE)					
DID YOU HANDLE EGGS? (E.G. EGG FARM)					
VEGETABLES RAW, CANNED OR COOKED INCLUDING ON SANDWICHES OR BURGERS (EXCLUDE VEGETABLES PURCHASED FROZEN)					
TOMATOES					
ANY LETTUCE OR LEAFY GREENS, INCLUDING IN SALADS AND PRE-PACKAGED					
CABBAGE (INCLUDE COLESLAW) <input type="checkbox"/> PREPACKAGED <input type="checkbox"/> LOOSE/HEAD					
SPROUTS, INCLUDING ON A SANDWICH ETC. (E.G. ALFALFA, BEAN SPROUTS, OTHER)					
CUCUMBERS					
ONIONS (E.G. WHITE, YELLOW, RED, GREEN)					
VEGETABLE JUICES (E.G. TOMATO JUICE, CARROT JUICE)					
OTHER VEGETABLES (CORN, POTATOES, CARROTS, BEANS, PEAS)					

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Page 5 of 7

* CASE ACCESSION NUMBER

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FRUIT, INCLUDE FRESH, CANNED OR COOKED FRUITS (EXCLUDE FRUITS PURCHASED FROZEN)					
MELON (E.G. CANTALOUPE, HONEYDEW, WATERMELON)					
BERRIES (E.G. STRAWBERRIES, RASPBERRIES, BLUEBERRIES)					
CITRUS AND OTHER FRUITS (E.G. ORANGES, GRAPEFRUIT, LEMONS, LIMES, PAPAYA)					
PRE-CUT FRUIT OR PACKAGED FRUIT SALAD					
ANY ORANGE JUICE (CARTON, FROZEN OR FRESHLY SQUEEZED)					
ANY UNPASTEURIZED FRUIT JUICES (E.G. UNPASTEURIZED APPLE CIDER, KOMBUCHA)					
FRESH HERBS					
BASIL					
CILANTRO					
CORIANDER					
PARSLEY					
OTHER FRESH HERBS					
DRIED HERBS					
ANY DRIED HERBS OR SPICES					
STORE BOUGHT PREPARED SALADS AND DIPS					
GREEN SALAD					
COLESLAW					
POTATO SALAD/PASTA SALAD					
FRUIT SALAD/PRE-CUT FRUIT OR FRUIT PLATTER					
ANY OTHER SALAD OR DIPS (E.G. SALSA, HUMMUS, SAUERKRAUT, KIMCHI):					
FROZEN FOODS					
FROZEN VEGETABLES (E.G. PEAS, CORN CARROTS, BEANS)					
FROZEN BERRIES OR OTHER FRUIT					
FROZEN PIZZA					
FROZEN POT PIES, DINNERS/ENTRÉES/MEALS IN A BAG/APPETIZERS ETC.					
OTHER FROZEN FOODS, (E.G. DESSERTS, WAFFLES)					
NUTS AND SEEDS					
ANY NUTS (INCLUDING IN GRANOLA BAR, AS A GARNISH OR AS PART OF A DISH)					
ANY PEANUT BUTTER OR OTHER NUT BUTTER OR SPREAD					
ANY SEEDS (E.G. SUNFLOWER SEEDS, SESAME, CHIA, FLAX, HEMP, SPROUTED SEEDS)					
TAHINI, HALVA, OR OTHER PRODUCTS MADE FROM SESAME SEEDS					

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DRIED/PROCESSED/OTHER FOODS					
CHOCOLATE OR CHOCOLATE-CONTAINING CANDY					
BABY FORMULA BOUGHT AS A LIQUID IN A CAN					
BABY FORMULA BOUGHT AS A POWDER					
STORE BOUGHT PUREED BABY FOODS					
IMPORTED ETHNIC FOODS					
UNPASTEURIZED HONEY					
CREAMY SALAD DRESSING (E.G. RANCH, CAESAR)					
RAW FLOUR USED IN THE HOUSEHOLD					
EAT, TASTE, OR LICK ANY UNCOOKED DOUGH/ BATTER (E.G. COOKIE DOUGH, CAKE BATTER)					
IN THE 7 DAYS PRIOR TO ONSET....	YES	NO	DK	DETAILS (INCLUDE LOCATION, TYPE OR FREQUENCY OF CONTACT)	
DID YOU HAVE CONTACT WITH ANY ANIMALS (E.G. REPTILES, RODENTS, FARM ANIMALS, PETS, COMPANION ANIMALS)?					
DID YOU HAVE CONTACT WITH POULTRY (E.G. CHICKS, GOSLINGS, DUCKLINGS, TURKEYS)?					
DID YOU HAVE CONTACT WITH OTHER ANIMALS INCLUDING WILDLIFE?					
DID YOU HAVE CONTACT WITH OR VISIT A FARM/PETTING ZOO/AGRICULTURAL FACILITY?					
DID YOU HAVE CONTACT WITH ANY RAW PET FOOD OR TREATS DERIVED FROM ANIMAL PARTS (E.G. PIGS EARS, RAWHIDE)?					

THANK YOU FOR YOUR TIME IN COMPLETING THIS FORM AND FOR HELPING TO IDENTIFYING POSSIBLE SOURCES FOR YOUR INFECTION. THE DATA COLLECTED IS KEPT CONFIDENTIAL AND IDENTIFYING INFORMATION WILL NOT BE DISCLOSED FOR ANY OTHER PURPOSE WITHOUT YOUR CONSENT.

IN THE EVENT THAT THE ILLNESS IS LINKED TO A NATIONAL OUTBREAK, CAN WE CONTACT YOU TO BE RE-INTERVIEWED BY THE PUBLIC HEALTH AGENCY OF CANADA IF REQUIRED? YES NO

For investigation forms that have been provided directly to the case, please submit this completed form to:

NAME: _____

CONTACT INFORMATION: _____