

* CASE INVESTIGATION ID

SHIGA TOXIN-PRODUCING E. COLI (STEC) FOOD RECALL QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN DEVELOPED TO INVESTIGATE SHIGA TOXIN-PRODUCING *E. COLI*. THE QUESTIONS ARE COMPREHENSIVE AND ARE INTENDED TO HELP IDENTIFY POSSIBLE FOOD SOURCES OF ILLNESS AND PREVENT FURTHER CASES.

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS FORM.

FOR PUBLIC HEALTH: THIS QUESTIONNAIRE IS TO BE USED IN ADDITION TO THE DATA COLLECTION REQUIREMENTS OUTLINED IN THE GENERAL COMMUNICABLE DISEASE INVESTIGATION FORM.

INCUBATION PERIOD – PUBLIC HEALTH TO COMPLETE	DATE YYYY-MM-DD	TIME HH:MM
EARLIEST POSSIBLE EXPOSURE (10 days before symptom onset)		
LATEST POSSIBLE EXPOSURE (day of symptom onset)		

1. FOOD HISTORY				
<p>List all foods eaten on the day of symptom onset and during the 10 days before. Start with the day symptoms started (day 0) and work backwards for the 10 days. If unable to remember any foods eaten, note as “uk” (unknown)</p> <ul style="list-style-type: none"> 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 (i.e., wedding, potluck), or at any food establishments (i.e.: 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 <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH <input type="checkbox"/> at home <input type="checkbox"/> outside of home	DINNER <input type="checkbox"/> at home <input type="checkbox"/> outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home	
DAY 1	DATE: YYYY-MM-DD			
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH <input type="checkbox"/> at home <input type="checkbox"/> outside of home	DINNER <input type="checkbox"/> at home <input type="checkbox"/> outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home	
DAY 2	DATE: YYYY-MM-DD			
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH <input type="checkbox"/> at home <input type="checkbox"/> outside of home	DINNER <input type="checkbox"/> at home <input type="checkbox"/> outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home	

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



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DAY 8	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH <input type="checkbox"/> at home <input type="checkbox"/> outside of home	DINNER <input type="checkbox"/> at home <input type="checkbox"/> outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home
DAY 9	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH <input type="checkbox"/> at home <input type="checkbox"/> outside of home	DINNER <input type="checkbox"/> at home <input type="checkbox"/> outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home
DAY 10	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH <input type="checkbox"/> at home <input type="checkbox"/> outside of home	DINNER <input type="checkbox"/> at home <input type="checkbox"/> outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home

2. 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 10 days before. Specify details in the table below and consider the following potential sources:

- | | |
|--|---|
| <input type="checkbox"/> fast-food and sit-down restaurants | <input type="checkbox"/> tavern or bar |
| <input type="checkbox"/> grocery store deli | <input type="checkbox"/> cafeteria/dining room/food bought at worksite, hospital, school, |
| <input type="checkbox"/> bakery or coffee shop | <input type="checkbox"/> long term care home, childcare, etc. |
| <input type="checkbox"/> street vendor/food cart/kiosk/food truck | <input type="checkbox"/> hotel room service |
| <input type="checkbox"/> event concession stands (e.g. at a sporting event or concert) | <input type="checkbox"/> potluck-type private events (e.g. church, social) |
| <input type="checkbox"/> gas station or similar mini mart | <input type="checkbox"/> catered private gatherings (e.g., weddings, parties) |
| <input type="checkbox"/> soup kitchen | <input type="checkbox"/> home delivery services (e.g., meals-on-wheels) |
| <input type="checkbox"/> free samples (e.g. grocery store, farmer's market) | <input type="checkbox"/> 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 <i>details:</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>details:</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>details:</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>details:</i>
		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>details:</i>



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

List where the food came from that was prepared and eaten at home on the day symptoms developed (day 0) and during the 10 days before. Specify details in the table below and consider the following potential sources:

- | | |
|---|--|
| <input type="checkbox"/> grocery stores, food warehouse stores, mini mart | <input type="checkbox"/> food bank (e.g. Siloam mission, Manitoba Harvest) |
| <input type="checkbox"/> ethnic specialty markets | <input type="checkbox"/> home-grown produce, home slaughtered meat |
| <input type="checkbox"/> delicatessens, bakeries | <input type="checkbox"/> private households (friends, family, etc.) |
| <input type="checkbox"/> farmer's markets | <input type="checkbox"/> farm raised beef, pork, lamb, goat, bison, poultry, free-range eggs |
| <input type="checkbox"/> fish or meat/butcher shops | <input type="checkbox"/> wild game meat (e.g. deer, elk, moose, pheasant, rabbit) |
| <input type="checkbox"/> online food kit order | |

STORE/ SITE/ COMPANY NAME	STORE/SITE/COMPANY 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

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 10 days before. Please try and answer each question individually, even if it may already been 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 (i.e.: President's choice)	WHERE PURCHASED OR EATEN: SPECIFY LOCATION/SITE AND IF PREPARED AND EATEN AT HOME OR RESTAURANT/FOOD VENUES (i.e.: Superstore- eaten at home)
BEEF – not including deli meat					
Hamburgers from a food establishment					
Hamburgers home-made from ground beef					
Store-bought beef patties <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen					
Ground beef consumed raw or undercooked (e.g. tartare, kibbeh)					
Any other ground beef (e.g. Meatballs, chili, spaghetti, shepherd's pie, tacos)					



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Sliced raw beef (e.g. Carpaccio) Purchased <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> DK					
Steak Purchased <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> DK					
Stewing beef Purchased <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> DK					
Undercooked steak or roast beef (i.e.: pink or red in center)					
Whole-cut beef products (e.g. roasts, ribs) Purchased <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> DK					
Veal Purchased <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> DK					
Other beef (e.g. beef jerky)					
PORK – not including deli meat					
Ham, bacon, ground pork					
Any pork pieces or parts (e.g. pork roasts, ribs, chops, in soups, or as part of a dish, not including deli-meat or ham)					
OTHER MEAT/ANIMAL PRODUCTS					
Deli meats (e.g. ham, bologna, salami, pepperoni, turkey) <input type="checkbox"/> Prepackaged <input type="checkbox"/> Sliced at deli counter					
Hot dogs or corn dogs					
Sausage (beef, turkey, pork, mixed) <input type="checkbox"/> Purchased <input type="checkbox"/> Made at home					
Dried meat products (e.g. Beef jerky, pepperettes)					
Pâté/meat spread					
Lamb or Goat					
Organ meats (e.g. liver, kidney, heart)					
Any kind of game/country food (e.g. venison/deer, pheasant, rabbit, caribou, seal, quail, moose, bison)					



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POULTRY – not including deli meat					
Store bought 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, goose, cornish hen)					
FISH AND SEAFOOD					
Fish (including canned, jarred, frozen, smoked)					
Fish eaten raw (e.g. sushi, sashimi, ceviche)					
Any shellfish (e.g. crab, shrimp, prawns, crayfish, lobster, mussels, clams, oysters) If yes, was it eaten raw? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK					
Other seafood, seaweed, or sushi products					
EGGS AND EGG-CONTAINING DISHES					
Eggs cooked (e.g. Scrambled eggs, omelets, hard boiled)					
Eggs consumed raw or undercooked (e.g. "runny", "over-easy"); anything made with raw eggs that was eaten uncooked (e.g. raw cookie dough, sauces, salad dressing, or in a drink)					
DAIRY AND DAIRY SUBSTITUTES					
Dairy milk, cream, whipping cream; Pasteurized					
Dairy milk, cream, whipping cream; Unpasteurized (raw)					
Ice cream/gelato, or frozen dairy products					
Milk or cream containing desserts (e.g. Cream filled with pies/pastries, pudding If yes, specify					
Powdered milk products (e.g. carnation, Ovaltine)					
Non-dairy milk products (e.g. Soy, almond, coconut, rice)					
Other dairy products (sour cream, butter, yogurt (fresh or frozen)					
CHEESE					
Cheese, including hard or soft; processed products (e.g. slices, strings, cheese in a jar), cottage cheese					



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Cheese made with unpasteurized (raw) milk					
VEGETABLES (RAW, COOKED OR FROZEN) - EXCLUDE VEGETABLES PURCHASED CANNED					
Lettuce or leafy greens, including in sandwiches, salads, and pre-packaged salad kits					
Cabbage (include if eaten as coleslaw) <input type="checkbox"/> Prepackaged <input type="checkbox"/> Loose/Head					
Sprouts including on a sandwich or salad (e.g. alfalfa, bean sprouts)					
Cucumber, carrot, celery, tomatoes					
Peppers including bell and hot (e.g. red, green, yellow peppers, jalapeno)					
Onions (red, white, yellow, green) including leeks, shallots					
Other vegetables (corn, potatoes, beans, peas, mushrooms, carrots, garlic etc.)					
Vegetable juices (e.g. tomato, carrot)					
Fermented vegetables (e.g. kimchi, sauerkraut)					
FRUIT (RAW, COOKED OR FROZEN) - EXCLUDE FRUITS PURCHASED CANNED					
Melon (e.g. cantaloup, honeydew, watermelon)					
Citrus and other fruits (e.g. oranges, grapefruit, apple, peach, pear, banana)					
Berries (e.g. strawberries, blueberries, raspberries)					
Other fruit (e.g. coconut, avocado, olives)					
Fruit juice, smoothie, or beverage					
Any unpasteurized fruit juices (e.g. unpasteurized apple cider, kombucha)					
HERBS AND SPICES					
Fresh herbs (e.g. basil, parsley, cilantro, dill, mint)					
Dried herbs or spices					



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NUTS AND SEEDS					
Any nuts (including in granola bar, as a garnish or as part of a dish)					
Peanut butter or other nut butter or spread					
Any seeds or products made from seeds (e.g. sunflower seeds, sesame, chia, flax, hemp, tahini, halva)					
STORE BOUGHT PREPARED SALADS AND DIPS					
Potato salad or pasta salad					
Fruit salad/pre-cut fruit or fruit platter					
Any other salad or dip (e.g. hummus, salsa)					
FROZEN FOODS					
Frozen pizza, pot pies or any meals in a bag or box (e.g. stir fry, frozen dinners)					
Frozen snack foods/appetizers (e.g. mozzarella sticks, jalapeno poppers, fries) <i>If yes, specify</i>					
Other frozen foods (e.g. frozen cakes, frozen cookie dough, tarts, pies, cream puffs, waffles) <i>If yes, specify</i>					
DRIED/PROCESSED/OTHER FOODS					
Eat, taste, or lick any uncooked dough/ batter or raw flour used in the household (e.g., cookie dough, cake or muffin batter)					
Any plant-based meat substitutes (tofu, soy burgers, veggie burgers or hotdogs) <i>If yes, specify</i>					
Dried fruits (e.g. raisins, cranberries, apricots) <i>If yes, specify</i>					
Snack foods (e.g. granola bars, power bars or other protein bars, chips, pretzels, crackers, cookies, snack cakes) <i>If yes, specify</i>					
Chocolate or chocolate containing candy					
Breakfast cereals cold or hot (e.g. porridge, cream of wheat)					

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Any food or drinks containing cannabis as an ingredient (e.g. brownies or other baked goods, gummies or candies, chocolate, oils, teas, juices or sodas, etc) <i>If yes, specify</i>					
IN THE 10 DAYS PRIOR TO SYMPTOM ONSET...	YES	NO	DK	DETAILS (INCLUDE LOCATION, TYPE OR FREQUENCY OF CONTACT	
Did you use any of the following sources of drinking water? <input type="checkbox"/> bottled water <input type="checkbox"/> municipal <input type="checkbox"/> well/private water source <input type="checkbox"/> other					
Did you swim in/go into the ocean, lake, river, pool, or hot tub?					
Did you have any contact with any dry, wet and/or raw pet food or treats including those derived from animal parts (e.g. pig's ears, rawhide)?					
Are there any other potential sources or additional information that you would like to share?					

Thank you for your assistance in completing this form and for helping to identify possible sources of the 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 completed form to:

Name: _____

Contact information: _____