

Salmonella Questionnaire - General

Report date (YYYY/MM/DD): ____/____/____

This questionnaire has been developed to guide Salmonella case investigations. This questionnaire is very comprehensive and is intended to help to identify possible sources of exposure and detect outbreaks in a timely fashion. This questionnaire is to be used **instead of** the regular Communicable Disease Control Investigation Form (<http://www.gov.mb.ca/health/publichealth/cdc/protocol/form2.pdf>).

PLEASE FAX COMPLETED QUESTIONNAIRE TO THE SURVEILLANCE UNIT AT (204) 948-3044.

A. _____
 Notified By _____ Phone No. _____
 This is a: New Report Update of Previous Report
 Public Health Nurse _____ Region _____ Health Unit/Neighbourhood _____
 Respondent was self parent caretaker other: _____ Interviewed by _____ on (YYYY/MM/DD) ____/____/____

B. _____ Date of birth: ____/____/____
 Patient's Name _____ (YYYY/MM/DD) _____ Age _____
 PHIN _____ MHSC No. _____ Treaty No. _____ Sex: Male Female
 Address _____ Postal Code _____
 Locating Information _____ Rural Municipality _____
 Home Phone No. _____ Business Phone No. _____
 Race/Ethnicity:
 Aboriginal: Status Indian Inuit
 Nonaboriginal: Born in Canada Unknown Immigrant Family
 Foreign Born: Yes No Unknown
 Country of Origin/Birth: _____
 Resident Here: _____ years
 Setting/Facility: Occupation: Animal worker Health care worker
 School: (name) _____ Child care worker Laboratory worker
 Day Care: (name) _____ Farm worker Veterinarian/Vet assistant
 Personal Care Home: (name) _____ Other, specify: _____
 Physician/Clinic _____ Physician/Clinic Phone No. _____ Physician/Clinic Fax No. _____
 Physician/Clinic Address _____ Physician/Clinic Postal Code _____

C. Onset of first symptoms (YYYY/MM/DD) ____/____/____ First vomiting or diarrhea (YYYY/MM/DD) ____/____/____
 Diarrhea: Yes No Maximum number of loose stools: _____ in 24 hrs
 Blood in stool: Yes No
 Nausea: Yes No
 Vomiting: Yes No
 Fever: Yes No
 Other: Yes No
 Specify: _____

Treatment: Yes No Unknown

Drug	Dose	Duration	Date Started



C. (continued)

ER visit: Yes No If yes, name of hospital/ER: _____
 Hospitalized: Yes No If yes, number of days: _____
 Date of admission (YYYY/MM/DD): ____/____/____ Date of discharge (YYYY/MM/DD): ____/____/____
 Sequelae: Yes No If yes, specify: _____
 Permanent: Yes No Unknown Died: Yes No Date of death (YYYY/MM/DD): ____/____/____
 Underlying illness: Yes No If yes, specify: _____
 Outbreak Associated: Confirmed Suspected Outbreak name/CPL code: _____

D. Contact of known case: Yes No Name of case or case code: _____

Contacts (# people in household):

Name	Date ill?	Nature of contact*	Occupation/Details	Contact phone

*Household, sexual, close contacts.

E.

Section 1: Lead in Questions

[1] Y ? N	LEAD-IN QUESTIONS
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Was anyone in your household sick with diarrhea or vomiting in the week before you got sick? <input type="checkbox"/> not applicable
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Are you on any kind of special or limited diet? If yes, describe: _____
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you spend any nights away from home in the 3 days before you got sick? Where? _____
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Do you have any underlying medical conditions such as pregnancy, cancer, or diabetes that you have been told might affect your immune system? If yes, specify: _____

Open-ended Food History

Please try to remember what you may have eaten or drunk in the 3-day period before you started feeling sick.¹ We'll start with the day (or day before) you got sick and work backwards. (If a meal was eaten out, specify where they ate and what was eaten.) **Please ask about: prepared in-home or eaten out; if in-home - variety/brand, how prepared, where bought/eaten, routine meals**

Day 1 _____, (yyyy/mm/dd) ____/____/____

Breakfast (home or out)	Lunch (home or out)	Dinner (home or out)	Other/snacks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Day 2 _____, (yyyy/mm/dd) ____/____/____

Breakfast (home or out)	Lunch (home or out)	Dinner (home or out)	Other/snacks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

¹The incubation period for Salmonella is 6 hours to 3 days.
PLEASE FAX COMPLETED QUESTIONNAIRE TO MH SURVEILLANCE UNIT AT 204-948-3044.
 October 26, 2011

Client Name _____

Day 3 _____, (yyyy/mm/dd) ____/____/____

Breakfast (home or out)	Lunch (home or out)	Dinner (home or out)	Other/snacks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 2: Sources of Food

First I'd like to ask about the kinds of places where you might have eaten food in the 3 days before you got sick. This may help you remember specific food items, which I'll ask you about in a minute. Did you eat anything at any....

[2]Y ? N EATING AND SHOPPING VENUES	[3]Y ? N RESTAURANT TYPES
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fast-food restaurants (specify) _____	A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chinese _____
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> sit-down restaurants (if yes, specify type(s) in box at right)	B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vietnamese _____
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> grocery-store deli or other kind of deli _____	C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Thai _____
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> bakery _____	D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Japanese _____
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> coffee shop (e.g., Starbucks) _____	E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Indian/South Asian _____
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> street vendor/push cart/kiosk?	F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other Asian _____
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> event concession stands (like at a sporting event or a concert)	G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mexican _____
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> gas station or similar mini-mart	H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Italian _____
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> tavern or bar	I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cuban/Caribbean _____
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> free samples anywhere (e.g. grocery store/Costco, farmer's market)	J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Greek _____
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cafeteria/dining room (e.g., worksite, hospital, school)	K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other "international" _____
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> nursing home/ALC dining facility	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vegetarian _____
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hotel room service	M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Barbeque _____
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> child-care facility	N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seafood _____
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> potluck-type private events	O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> breakfast place _____
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> catered private gatherings (e.g., weddings, parties)	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> diner/neighbourhood café _____
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any food at a church social or similar gathering or "coffee" hour	Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> all-you-can-eat buffet _____
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> food brought in to school classes, offices, or work place	R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other _____
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> soup kitchen	

Now I'd like to ask about where the food came from that you ate at home in the 3 days before you got sick. In other words, this isn't necessarily where you shopped in those days, but where the food that you ate during that time came from. OK? Did any of it come from...

[4]Y ? N SOURCES OF FOOD AT HOME
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> grocery stores/supermarkets (specify) _____
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> food warehouse stores (Costco, Sams, etc.) _____
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mini-marts (e.g., 7-11, AM/PM)
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ethnic specialty markets
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> delicatessens
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> bakeries
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> farmer's markets
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fish or meat shops
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> take-out foods (e.g. pizza, Chinese, chicken -KFC)
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> food bank (e.g. Helping Hands, Mission, Winnipeg Harvest)
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> home delivery services (e.g., Meals-on-Wheels)
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> home-grown produce
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> home-slaughtered meat
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other private households (friends, family, etc.)
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other, particularly farm-raised poultry, free-range eggs, food alerts or recalls (specify) _____

Section 3: Food Exposures

Now I'd like to ask you about a long list of food items, and for each one my question will be "Did you eat it in the past 3 days before you got sick?" The lists are organized into categories, like eggs and dairy foods, vegetables and fruits, and so on. For each item, give me a "yes" or "no" if you remember eating or even tasting it in the past 3 days. Some of the questions might seem a little repetitive, but please try and answer each question individually, even if you think it was already covered. Unless I specify otherwise, I'm interested in whether you ate these items at home or away from home—either one, OK?

<p>[5] Y ? N DAIRY AND EGGS</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> eggs {anything anywhere from fresh eggs} <i>If yes, ...</i></p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any eggs at home</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any eggs away from home</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any eggs anywhere that were runny</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anything that had eggs that were still raw in it {e.g., dough, sauces, homemade ice cream, mayo}</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any egg substitutes {Egg-Beaters, etc.} <i>Where did you get the eggs? _____</i></p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> butter {real butter; not margarine}</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> buttermilk {fluid, not powdered}</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> sour cream</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> whipped cream</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh or flavored store-bought yogurt</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen yogurt</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ice cream</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ice cream bars or frozen dairy dessert items</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any pasteurized {"regular"} milk.</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any unpasteurized {raw} milk</p>	<p>[6] Y ? N MEAT & POULTRY</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any raw chicken prepared at home {i.e., not take-out}</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anything prepared at home from a raw "whole" chicken <i>if yes, was that chicken frozen when you got it?</i></p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anything prepared at home from raw pre-cut chicken parts <i>if yes, was that chicken frozen when you got it?</i></p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-roasted chicken</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any chicken prepared or eaten <i>away</i> from home</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anything from ground chicken <i>Where did you get the chicken? _____</i></p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ground turkey</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other turkey {whole or parts}</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> duck or game hen</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pre-frozen hamburger patties eaten at home <i>if yes, were any patties pink on the inside when eaten?</i></p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh {not store-frozen} hamburger patties at home <i>if yes, was it pink on the inside when eaten?</i></p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anything else made with ground beef at home</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other beef {steak, roasts, etc.} at home</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> veal</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pork</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ham</p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> lamb</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any kind of game {venison, pheasant, etc.—fresh, frozen, or dried}</p> <p>W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pate, Type: _____</p> <p>X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Donair, Type : _____</p>
<p>[7] Y ? N CHEESE</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cream cheese</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cottage cheese</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ricotta</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any "string" cheese</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any cheese sold as or cut from solid blocks {"typical"}</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any cheese on a deli-type sandwich</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any cheese spread</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> processed cheese slices</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cheddar</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Swiss</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> uncooked mozzarella {e.g., <i>not</i> cooked on pizza}</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any Parmesan or Romano</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any blue-veined cheese {Bleu, gorgonzola,...}</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> feta</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any cheese made from goat or sheep milk</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any fancy imported cheese</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> boccocini cheese</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any cheese made from unpasteurized milk {often homemade or sold off-the-farm or door-to-door}</p>	<p>[8] Y ? N COOKED OR PROCESSED MEATS</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> smoked or dried fish {e.g., lox}</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any pre-packaged sliced deli meats</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other sliced deli meats {i.e., <i>not</i> pre-packaged}</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> corn dogs</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hot dogs</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> bologna</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> bacon</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> breakfast sausage</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other sausage/bratwurst etc.</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pepperoni/salami</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought beef sticks/jerky</p> <p>[9] Y ? N SEAFOOD</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> {store-bought} fresh fish</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> crab</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> shrimp/prawns</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> oysters</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>if yes, were the oysters raw when eaten?</i></p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other shellfish</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>if yes, were the shellfish raw when eaten?</i></p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> sushi, sashimi, or ceviche made with raw fish or shellfish</p>

<p>[10]Y ? N FRESH VEGETABLES {Not frozen}</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> celery</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mini-carrots in sealed bag</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> loose or bagged carrots {full size}</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cucumbers</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> broccoli</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cauliflower</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> green bell peppers</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> red bell peppers</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other peppers</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> asparagus</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh corn</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> snow peas {eaten in pod}</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh peas</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh beans</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> brussel sprouts</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> eggplant</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> zucchini or other "soft" squash</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any "hard" squash {pumpkin, acorn, etc.}</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> white or yellow onions</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> green onions {scallions}</p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> leeks</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> avocado {or guacamole}</p>	<p>[11]Y ? N FRESH VEGETABLES {Not frozen}</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cabbage</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> potatoes</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> yams or sweet potatoes</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> alfalfa sprouts</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> bean sprouts</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other sprouts {clover, mixed, broccoli, etc}</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any salad mix that came in a sealed bag</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mesclun lettuce {"spring mix"}</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other iceberg lettuce</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any romaine lettuce</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other leaf lettuce</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any lettuce on sandwiches or burgers</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any store-bought fresh tomatoes eaten at home {raw}</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any tomatoes on sandwiches or burgers</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any homegrown fresh tomatoes {eaten raw}</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh spinach {not frozen}</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other greens {collard, mustard, etc}</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh basil</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh parsley</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh cilantro</p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other fresh herbs</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh garlic</p> <p>W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh mushrooms</p> <p>X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> beets, turnips, or radishes</p> <p>Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any "organic" produce</p>
<p>[12]Y ? N FRESH FRUIT {Not frozen or cooked}</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> apples</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pears</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> peaches</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> nectarines</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> apricots</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> oranges</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> tangerines</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> grapefruit</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> lemon</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> lime</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> strawberries</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> raspberries</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> blueberries</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> blackberries</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other fresh berries</p>	<p>[13]Y ? N FRESH FRUIT {Not frozen or cooked}</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cherries</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> plums</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any kind of grapes <i>if yes...</i></p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> green grapes</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> red grapes</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> bananas</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> plantains</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cantaloupe</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> honeydew</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> watermelon</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other melon, type: _____</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> kiwi</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pineapple</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mango</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> papaya</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other exotic fruit, type: _____</p>
<p>[14]Y ? N PREMADE AND DRIED FOODS</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought fruit salad</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought pasta salad</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought potato salad</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought egg salad</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought cole slaw</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> peanuts {loose or in shell}</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> peanut butter</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any fresh-ground "natural" peanut butter</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> almonds</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> walnuts</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cashews</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> sesame seeds</p>	<p>[15]Y ? N MISCELLANY</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> chips {potato, corn, Fritos, etc.}</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pretzels</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any <i>fresh</i> salsa</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> taco shells</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> tortillas</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> bulk chocolate {not wrapped candy}</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any apple juice/cider</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any apple juice/cider that is freshly pressed and not pasteurized</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any orange juice</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any fresh squeezed orange juice {not from a carton or concentrate}</p>

Client Name _____

<p>[14]Y ? N PREMADE AND DRIED FOODS (continued)</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pistachios</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> sunflower seeds</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> raisins</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other dried fruit</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any pre-made pudding or custard {not a mix}</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> powdered milk</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> flavoured powdered milk</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> dried beans</p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> lentils</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pastries with cream filling</p> <p>W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> icing</p> <p>X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> dips</p> <p>Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hummus</p>	<p>[15]Y ? N MISCELLANY (continued)</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any juice that is not pasteurized and not from a concentrate {often bought from farms or orchards, but may be sold commercially}</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> tofu</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> baby formula bought as a liquid in a can</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> baby formula bought as a powder</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought puréed baby food {e.g., Gerbers}</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> commercially bottled water</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cold breakfast cereals {e.g., Cheerios, Raisin Bran}</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> granola</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hot breakfast cereals {oatmeal, etc.}</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> imported ethnic food, type: _____</p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any food bought in bulk, type: _____</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any spices that were opened 2 weeks before illness, type: _____</p> <p>W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> breakfast or granola bars</p> <p>X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> creamy salad dressing (e.g. ranch, caesar)</p> <p>Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> tahini</p> <p>Z <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> honey</p>
<p>[16]Y ? N FROZEN FOODS</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen dinners/entrees</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen vegetables in a box</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen vegetables in a bag</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen berries</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen vegetarian stuff {e.g., Gardenburgers}</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen fish products</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen chicken strips or nuggets {at home}</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other frozen chicken products</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen pizza</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen shrimp, frog legs, lobster, crab, other seafood</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen appetizers</p>	<p>[17]Y ? N SPECIFIC FOODS EATEN OUT <i>These refer to food eaten or prepared away from home</i></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any burgers or ground beef at a fast-food place</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other burger/ground beef away from home</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other beef away from home</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any deli-type sandwich</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any sandwich with sprouts on it</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any sandwich or burger garnished with lettuce</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any sandwich or burger garnished with tomato</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anything from a salad bar</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any kind of salad made with lettuce or greens</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anything with raw tomatoes</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pizza from a pizzeria {not frozen}</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any kind of burrito or "wrap"</p>

Section 4: Sources of Water

IN THE PAST 3 DAYS BEFORE YOU GOT SICK, did {you/your child} have any contact with any of the following?

[18]Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	Water ingested from suspect or unusual source
B	<input type="checkbox"/>	<input type="checkbox"/>	Water contacted during recreation
			What is the water source? <input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Hot tub <input type="checkbox"/> Other, specify: _____
			<input type="checkbox"/> Pool <input type="checkbox"/> Ocean <input type="checkbox"/> Well

Section 5: Animal Contact

IN THE PAST 3 DAYS BEFORE YOU GOT SICK, did {you/your child} have any contact with any of the following?

[19]Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	Bird
B	<input type="checkbox"/>	<input type="checkbox"/>	Kitten
C	<input type="checkbox"/>	<input type="checkbox"/>	Cat
D	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
E	<input type="checkbox"/>	<input type="checkbox"/>	Baby chicks
F	<input type="checkbox"/>	<input type="checkbox"/>	Cow/bull/steer
G	<input type="checkbox"/>	<input type="checkbox"/>	Calf

H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Puppy (<6 months old)
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dog
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goat, Sheep, or Lamb
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horse
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pig
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reptile {including snakes, iguanas or other lizards, and turtles}
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amphibian {such as frogs}
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turkey
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tropical fish
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rodents/rodent droppings
[20] Y ? N				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN THE PAST 3 DAYS before you got sick, did {you/your child} handle any pet treats like pig ears, rawhide chews – at home or anywhere else?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN THE PAST 3 DAYS before you got sick, did {you/your child} visit a petting zoo or farm?
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN THE PAST 3 DAYS before you got sick, did {you/your child} visit a fair at which there were animals?
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN THE PAST 3 DAYS before you got sick, did {you/your child} visit any other events at which there were animals present such as festivals, animal shows, exhibits, swap meets, sales, etc.?

F.

Travel ExposureIn the 3 days before you became ill, did you travel out of the province? Yes No

Which province, country? _____ City/town/resort? _____

Date of departure (YYYY/MM/DD): ____/____/____ Date of return (YYYY/MM/DD): ____/____/____

Mode of travel: Airplane
 Automobile
 Bus
 Ship
 Train
 Other, specify: _____

Foods brought back? Dairy
 Eggs
 Fish
 Fruits
 Meat
 Poultry
 Vegetables
 Other, specify: _____