Appendix I: Foodborne/ Waterborne Illness Investigation Form
Foodborne/Waterborne Illness Investigation Form

SECTION 1.

PATIENT INFORMATION:
Section 1 may be completed prior to contacting the patient, if the information is known. If information is not known, the patient may be asked.

<table>
<thead>
<tr>
<th>NEDSS ID #</th>
<th>Patient Initials</th>
<th>Date of First Attempt to Interview</th>
<th>No. of Attempts</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Date of Interview: / /  Refused Interview: Yes No Unknown Interview Partially Completed: Yes No Unknown

Letter Mailed? Yes No Unknown Lost to Follow-up: Yes No Unknown Earliest Date Reported to County: / / 

Delayed report to County/State resulting in limited exposure recall: Yes No Unknown

Circle one:
Campylobacter, Cryptosporidium, GI Illness/Outbreak of Unknown Etiology, Hemolytic Uremic Syndrome (HUS), Norovirus Outbreak, Salmonella, Shiga toxin-producing E. coli (STEC), Shigella

1. Sex: Male Female
2. DOB / /
3. Age (years/months)

4. County of Residence

5. Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

6. Race: White Black or African American Asian

Native American/Pacific Islander/Alaskan Native Unknown

7. Was patient specimen sent for laboratory testing: Yes No Unknown

Type of Test: _____________________ Specimen Source: _____________________

Collection Date: / / Result: Positive Negative

Name of organism isolated: _____________________ Serotype: _____________________

Isolate sent to the Division of Laboratory Services (State Lab): Yes No

8. Admitted to hospital for illness: Yes No

Admission Date: / / Discharge Date: / /

9. Antibiotic Therapy: Yes No

If yes, name of antibiotic: _____________________ Date initiated: / /

Duration of prescription: _____________________

Antibiotic resistance/susceptibility report available: Yes No Unknown

If yes, please send a copy to the Reportable Diseases Section with this form and the lab report.

SECTION 2.

INTRODUCTION
Hello, my name is ___________ and I am calling from the _______ Health Department in regard to ________. I have some questions that I would like to ask you about the events and exposures prior to your illness. The answers you provide to the following questions may be used to help identify what made you ill. We may use the information you provide to prevent others from becoming ill in the future. All of the information you share will be kept confidential.

1. Are you a: Daycare/school worker Healthcare worker Food service worker Other

If other, what is your current occupation? _____________________

If ill individual is a child, is the child: Daycare attendee/worker School attendee/worker Healthcare Worker Food service worker Other

If other, what is the child’s current occupation? _____________________

2. Who is your employer (name and address)? _____________________

If a child, who is the child’s employer (name and address)? _____________________
3. Please give a brief description of your job: __________________________________________________________

4. Did you (or your child) work or attend daycare/school while sick? ☐ Yes ☐ No
   If a daycare or school, list name of daycare/school and address: ________________________________________

6. If individual’s occupation is in farming, working in a poultry factory, or other high-risk transmission setting, did they wear clothing into the house that they wore on the job? e.g. shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.? ☐ Yes ☐ No

Clinical Information:

7. Date and time of illness onset: _____/_____/_______ AM / PM (circle one)

8. Still ill at time of interview: ☐ Yes ☐ No If no, duration of illness: _______ hours / days (circle one)

9. Did you have any of the following symptoms? If they are unsure if they had a symptom, please leave it blank.
   - Unknown: ☐ Yes ☐ No
   - Fever: ☐ Yes ☐ No
   - *Highest Recorded Temp________
   - Headache: ☐ Yes ☐ No
   - Diarrhea: ☐ Yes ☐ No
   - Bloody Stool: ☐ Yes ☐ No
   - Nausea: ☐ Yes ☐ No
   - Abdominal Cramps: ☐ Yes ☐ No
   - Vomiting: ☐ Yes ☐ No

10. Do you have a weakened Immune System? (e.g. Have you had cancer or are you currently under a doctor’s care for cancer? Are you taking steroids? Have you had any transplants? Are you pregnant?): ☐ Yes ☐ No
    If so, why? (list reason for weakened immune system). ____________________________________________

General Exposures

1. Do you have any family, friends, or co-workers with similar illness: ☐ Yes ☐ No ☐ Unknown
   If so, please specify:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to Patient</th>
<th>Symptoms</th>
<th>Occupation</th>
<th>Employer / Facility</th>
<th>Recommendations/Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

2. Usual source(s) of drinking water? ☐ Tap water ☐ Bottled water ☐ Water from refrigerator (filtered by your refrigerator)

3. Usual source(s) of ice? ☐ Tap water ☐ Bottled water ☐ Store-bought ☐ Ice from refrigerator (ice made from water filtered by your refrigerator)

4. Type of water supply in your home? ☐ Public (e.g. city) ☐ Private (e.g. well) ☐ Unknown

5. What type of sewage system does your home have? ☐ Public (e.g. city sewer) ☐ Private (e.g. septic) ☐ Unknown
6. In the month prior to illness onset, have you had any problems with your water supply or sewage system at home or work? (e.g. boil water advisories, septic system back-up, water shut off, etc.) □ Yes □ No □ Unknown
If yes, please describe: ____________________________________________________________

7. In month prior to illness onset, have you participated in any recreational water activities? (e.g. swimming, hot tub use, water-skiing, boating, attending a water park, or a therapy pool) □ Yes □ No □ Unknown
If yes, What/Where (location): _____________________________________________________ When: ______/____/____
Number of people in the pool (estimated)? ______ Any children or infants? □ Yes □ No □ Unknown

8. Have you been around any recent construction or soil disturbances? (e.g. gardening, farming, excavation for a house, home remodeling, potting soil, mulch or fertilizer, etc.)
□ Yes □ No □ Unknown

9. Have you had any indoor animal exposure? □ Yes □ No □ Unknown

10. Have you had any outdoor animal exposure? □ Yes □ No □ Unknown
If answered “no” to questions 9 and 10, skip to question 13.

11. Have you been exposed to any of the following animals in the month preceding your illness?

<table>
<thead>
<tr>
<th>Animal</th>
<th>□ Yes</th>
<th>□ No</th>
<th>□ Unknown</th>
<th>If yes (circle appropriate choice):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dog</td>
<td></td>
<td></td>
<td></td>
<td>adult/puppy indoor/outdoor</td>
</tr>
<tr>
<td>Cat</td>
<td></td>
<td></td>
<td></td>
<td>adult/kitten indoor/outdoor</td>
</tr>
<tr>
<td>Cattle</td>
<td></td>
<td></td>
<td></td>
<td>adult/calf</td>
</tr>
<tr>
<td>Swine</td>
<td></td>
<td></td>
<td></td>
<td>adult/piglet</td>
</tr>
<tr>
<td>Poultry (chicken/turkey)</td>
<td></td>
<td></td>
<td></td>
<td>chicken/turkey adult/chick type</td>
</tr>
<tr>
<td>Bird</td>
<td></td>
<td></td>
<td></td>
<td>adult/chick indoor/outdoor</td>
</tr>
<tr>
<td>Goat</td>
<td></td>
<td></td>
<td></td>
<td>adult/kid</td>
</tr>
<tr>
<td>Sheep</td>
<td></td>
<td></td>
<td></td>
<td>adult/lamb</td>
</tr>
<tr>
<td>Equine (donkey, horse)</td>
<td></td>
<td></td>
<td></td>
<td>adult/colt</td>
</tr>
<tr>
<td>Reptile (bearded dragon, lizard, snake, turtle)</td>
<td></td>
<td></td>
<td></td>
<td>If yes, type______________________</td>
</tr>
<tr>
<td>Amphibian (frog, salamander, toad)</td>
<td></td>
<td></td>
<td></td>
<td>If yes, type______________________</td>
</tr>
<tr>
<td>Rodent (gerbil, guinea pig, hamster, mouse, prairie dog, rat, squirrel, etc.)</td>
<td></td>
<td></td>
<td></td>
<td>If yes, type______________________</td>
</tr>
<tr>
<td>Other animal(s) (hedgehog, rabbit, etc.)</td>
<td></td>
<td></td>
<td></td>
<td>If yes, type______________________</td>
</tr>
</tbody>
</table>

12. What type of pet food do you use? □ Wet □ Dry □ Unknown Brand: ___________________________ Treats? □ Yes □ No □ Unknown Brand: ___________________________

13. Who is responsible for feeding the animals you own? _______________________________________

14. Who is responsible for cleaning the animal’s area (cage, aquarium, kennel, etc.)? ______________________

15. Have you been exposed to any ill pets or other sick animals? □ Yes □ No □ Unknown

End of Page Notes___________________________________________________________________________
16. Did you visit a farm/petting zoo/fair/animal exhibit in the month preceding your illness?  □ Yes □ No □ Unknown
   Where: __________________ When: ___/___/___ Type of animal(s): __________________________

17. Did you travel in the month preceding illness? (e.g. visited friends/family, day trips to other counties/states, vacation):  □ Yes □ No □ Unknown
   If yes:  Travel in the U.S:  Where: __________________ When: ___/___/___
   Travel outside of the U.S: Where: __________________ When: ___/___/___
   Mode of Travel:  □ Airplane □ Bus □ Car □ Cruise □ Train □ Other
   Identifier, such as flight no. airline, etc. ____________________________
   Did you travel alone, with family, or with a tour group?  □ Alone □ Family □ Group
   If with a group, what is the name of the organization/group you traveled with? __________________________

18. Did you attend any social events seven days preceding illness?  (e.g. parties, church functions, picnics, weddings, etc.):  □ Yes □ No □ Unknown When: ___/___/___
   If yes:  What: __________________ Where: __________________
   Were others ill?  □ Yes □ No If yes, please list: __________________________________________
   Was food prepared onsite or catered?  □ Onsite □ Catered
   If catered, name and address of Caterer: ________________________________________________
   Foods consumed:  ________________________________________________________________
   Activities (e.g. canoeing, petting zoo, etc.):
   Foods consumed: ________________________________________________________________

PART 3

The next group of questions that I am going to ask you will address the different food(s) that you (or your child) may have eaten during the 5 days before your illness onset. If you have a calendar nearby it may help to look at it while answering these questions, as it may prompt your recollection of activities/events you may have attended. Also, you may want to review receipts, your check book register, and credit/debit card statements for that time period to give you clues to restaurant or grocery store purchases. For children, you may want to review their school/daycare menu for that time period if it is available.

1. What grocery store(s) did you purchase the food(s) you may have eaten in the 5 days before your illness?
   Grocery Store (Name and Address/Cross Street/Landmark): ____________________________
   When: ___/___/___  Do you have a shoppers card/reward card?  □ Yes □ No □ Unknown
   If yes, number/alternate ID: ____________________________

   Grocery Store (Name and Address/Cross Street/Landmark): ____________________________
   When: ___/___/___  Do you have a shoppers card/reward card?  □ Yes □ No □ Unknown
   If yes, number/alternate ID: ____________________________

   Grocery Store (Name and Address/Cross Street/Landmark): ____________________________
   When: ___/___/___  Do you have a shoppers card/reward card?  □ Yes □ No □ Unknown
   If yes, number/alternate ID: ____________________________

2. Did you eat at any restaurants or have take-out food in the 5 days before your illness?  □ Yes □ No □ Unknown
   If yes, were they (choose all that apply):  □ Fast Food □ Sit-down □ Other __________________________
   Where (Name and Address/Cross Street/Landmark): ____________________________
   Foods consumed: ________________________________________________________________
   Activities (e.g. canoeing, petting zoo, etc.):
   Foods consumed: ________________________________________________________________

End of Page Notes______________________________________________________________
When: ___/____/____  Time: ______  Foods Eaten: _____________________________________________

Where (Name and Address/Cross Street/Landmark):
When: ___/____/____  Time: ______  Foods Eaten: _____________________________________________

Where (Name and Address/Cross Street/Landmark):
When: ___/____/____  Time: ______  Foods Eaten: _____________________________________________

Where (Name and Address/Cross Street/Landmark):
When: ___/____/____  Time: ______  Foods Eaten: _____________________________________________

3. Now I am going to ask you about the specific foods and beverages you may have consumed at home or away from home in the 5 days before your illness.
We are specifically talking about meals consumed on the following days (date range): ______________________

☐ Limited Food Recall

Meat, Poultry, Fish, Dairy, and Eggs,

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ham</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pork (Not ham or bacon)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beef (not ground)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ground Beef</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turkey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deli Meats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot dogs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seafood (besides oysters)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fish</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oysters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wild Game (deer, pheasant, rabbit, fish)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you eat any other Meat Products?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block cheese</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If you ate ground beef in the 5 days prior to illness onset:
Date of Purchase: __/__/____
Location of purchase:
Type and Brand of Beef (e.g. package size, percent lean)

*If you ate chicken in the 5 days prior to illness onset:
Date of Purchase: __/__/____
Location of purchase:
Type and brand of chicken (e.g. breast, whole, ground, grilled)

*If you ate turkey in the 5 days prior to illness onset:
Date of Purchase: __/__/____
Location of purchase:
Type and brand of turkey (e.g. breast, whole, ground, grilled)

*If you ate seafood in the 5 days prior to illness onset:
Date of Purchase: __/__/____
Location of purchase:
Type and brand of seafood (e.g. lobster, shrimp, calamari, etc.):

*If you ate fish in the 5 days prior to illness onset:
Date of Fish Purchase: __/__/____
Location of Purchase:
Type and preparation of fish (e.g. canned, smoked, grilled, etc.):

*If you ate oysters:
Date Eaten: __/__/____
Location of purchase:
Type and brand of oysters (e.g. raw, cooked, etc.):

*If you ate any wild game in the 5 days prior to illness onset:
What type was it?
Where did you acquire it?
How was it prepared?

*If you ate any other meat products in the 5 days prior to illness onset:
Date Eaten: __/__/____
Location of purchase:
Type and brand of meat (e.g. lamb, goat, etc.):

End of Page Notes _____________________________________________________________
### Mexican Style Cheese (Queso Fresco, Queso Blanco)
- ☐ Yes
- ☐ No
- ☐ Unknown

### Pre sliced Cheeses
- ☐ Yes
- ☐ No
- ☐ Unknown

### Ricotta
- ☐ Yes
- ☐ No
- ☐ Unknown

### Cheese made with raw or unpasteurized milk
- ☐ Yes
- ☐ No
- ☐ Unknown

### Other cheeses (e.g. soft cheeses)
- ☐ Yes
- ☐ No
- ☐ Unknown

### Eggs
- ☐ Yes
- ☐ No
- ☐ Unknown

### Cottage Cheese
- ☐ Yes
- ☐ No
- ☐ Unknown

### Ice Cream
- ☐ Yes
- ☐ No
- ☐ Unknown

### Milk
- ☐ Yes
- ☐ No
- ☐ Unknown

*If you drank any milk in the 5 days prior to illness onset:
- Date of Purchase: __/__/____
- Location of purchase
- Type and brand of milk (e.g. whole milk, 2% milk, skim milk):

### Soy Milk
- ☐ Yes
- ☐ No
- ☐ Unknown

### Unpasteurized (Raw) Milk
- ☐ Yes
- ☐ No
- ☐ Unknown

*If you drank any unpasteurized milk in the 5 days prior to illness onset:
- Date of Purchase: __/__/____
- Location of purchase:
- Type and brand of milk

### Yogurt
- ☐ Yes
- ☐ No
- ☐ Unknown

### Raw Foods from Animal Origin (raw eggs, raw meat, raw shellfish)
- ☐ Yes
- ☐ No
- ☐ Unknown

*If you ate any raw food from animal origin in the 5 days prior to illness:
- Date of Purchase: __/__/____
- Location of purchase:
- Type and brand of raw food

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### Juice/Fruit

<table>
<thead>
<tr>
<th>Fruit</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Fruit</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Apple Juice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Apple Juice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Bananas</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Blackberries</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Blueberries</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cantaloupe</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Frozen fruit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Grapes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Honeydew</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Orange Juice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Pomegranate Seeds</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pomegranate Juice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Frozen Berries</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Frozen Berry Blends/Mixtures</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Salad (leafy greens)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pineapple</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Tomatoes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Raspberries</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Sprouts</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Strawberries</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Other Fresh Vegetable</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Unpasteurized Juice/Cider</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Other Leafy Greens (kale, collards, swiss chard)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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### Vegetables

<table>
<thead>
<tr>
<th>Vegetables</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basil, Parsley or Cilantro</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Broccoli</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cabbage</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Carrot</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cucumber/zucchini/squash</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Frozen Vegetables</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lettuce on sandwich</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mushrooms</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Onion/Garlic</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Potatoes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pepper (sweet, green, hot)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Type of Pepper:

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End of Page Notes_______________________________
<table>
<thead>
<tr>
<th><strong>Other Juice</strong></th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Unknown</th>
<th><strong>Any Prepackaged fresh foods? (precut apples, salad kits)</strong></th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Unknown</th>
</tr>
</thead>
</table>

**Premade/Processed Foods**

<table>
<thead>
<tr>
<th>Item</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby food (including taste testing for child)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beans</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Cereal</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Cole slaw within 24 hours of illness?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

*If you ate cole slaw in the past 24 hours before illness onset:
  - Date and time of Consumption: __/__/__
  - Where was it eaten?
  - Was it catered and by whom?
  - Type and brand of cole slaw:

<table>
<thead>
<tr>
<th>Item</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dried fruit</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Frozen Dinners</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Lentils</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Nuts (e.g. walnuts, almonds, peanuts)</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Peanut butter</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Tofu</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Potato Salad within 24 hours of illness? (store bought or homemade)</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

*If you ate Potato Salad in the past 24 hours before illness onset:
  - Date and time of Consumption: __/__/__
  - Where was it eaten?
  - Was it catered and by whom?
  - Type and brand of potato salad:

<table>
<thead>
<tr>
<th>Item</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-made dinner requiring reheat</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Rice within 24 hours of illness?</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

*If you ate Rice in the past 24 hours before illness onset:
  - Date and time of Consumption: __/__/__
  - Where was it eaten?
  - Was it catered and by whom?
  - Type and brand of rice:

<table>
<thead>
<tr>
<th>Item</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salsa</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Store-bought egg salad</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Store-bought pasta salad</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Other store-bought premade salads (e.g. ham salad, chicken salad, seafood salad)</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

Specify type: __________________________

<table>
<thead>
<tr>
<th>Item</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spices purchased at an ethnic food store or imported spices (e.g. Chinese spices, Indian spices, Mexican spices, etc.)</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home canned foods</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

  - Date and time of Consumption: __/__/__
  - Type of food:
  - Is there any unused canned food available for testing? ☐ Yes ☐ No ☐ Unknown

**Interview Comments/Notes:**
Counseling (initial once completed):
____ Educate on pathogen and source (e.g. animal, human)
____ Mode of transmission/prevention/control
____ Proper hand washing and personal hygiene
____ Avoid sharing personal hygiene products
____ Washing all fruits and vegetables; proper food storage and thorough cooking of meats
____ Avoiding cross contamination (surfaces, cutting boards, utensils, stored food in refrigerator)
____ Avoid direct contact with reptiles (lizards, snakes, iguanas, turtles)
____ Risks associated with unpasteurized dairy products, milk/ juice
____ Avoid preparation of food for others
____ Disinfecting surfaces
____ Unrecognized foods (raw eggs in homemade ice cream, homemade salad dressings/sauces, raw cookie dough)
____ High risk circumstances for transmission identified.
____ Counseled to avoid activities that put others at risk of catching disease.
____ Directed individual to website for education: ____________________________ or Mailed educational information to (address) ________________________________

That is the end of our questionnaire. If I need any other information in the future, may I call you back? Please keep all receipts or other documents that you may have referred to during our interview today, we may have more questions related to those items.

If you think of anything else that you would like to report, please feel free to call me back. My contact information is ______. Again, thank you so much for your time and have a wonderful day.

Childcare Health Consultant Notified (if appropriate): ☐ Yes ☐ No ☐ N/A
If yes, whom? Name: _______________________________

Environmentalist Notified: ☐ Yes ☐ No ☐ N/A
If yes, whom? Name: _______________________________

Interviewer Name and Agency: __________________________________________________________

Enter completed questionnaire into NEDSS and retain a copy at the Local Health Department along with pertinent case information.
Fax laboratory reports to the Reportable Disease Section secure fax 502-696-3803.