



## Salmonellosis Report Form

### INTERVIEW

EpiTrax # \_\_\_\_\_ Interviewer Name: \_\_\_\_\_

Number of Call Attempts: \_\_\_\_\_ Date of Interview (must enter MM/DD/YYYY): \_\_\_\_\_

Follow-up Status:  Interviewed  Refused Interview  Lost to Follow-Up\*  
Respondent was:  Self  Parent  Spouse  Other, *Specify*: \_\_\_\_\_

\*At least three attempts at different times of the day should be made before the considered lost to follow-up.

### DEMOGRAPHICS

Birth Gender:  Male  Female  
Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
Hispanic/Latino Origin:  Yes  No  Unknown  
How would you describe your race?  White  Black/African American  American Indian/Alaska Native  Asian  Native Hawaiian/Other Pacific Islander  Other \_\_\_\_\_  Unknown

### CLINICAL

Did you have any symptoms?  Yes  No  Unknown  
If yes, turn to page 3 and record specific symptoms under Investigation.

What date did you start to have symptoms of illness? \_\_\_\_\_ Onset Date: \_\_\_\_\_ Onset Time: \_\_\_\_\_

Calculate Salmonellosis exposure time frame **7 days** before onset

**Do not read to patient; however, use the information to assess exposure.**

Exposure period: \_\_\_\_\_

Did you recover?  Yes  No  Unknown  
Were you hospitalized?  Yes  No  Unknown

If yes, Recovery Date: \_\_\_\_\_ If yes, Hospital Name: \_\_\_\_\_

Time Recovered: \_\_\_\_\_ Admit date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Died?

Yes  No  Unknown

If yes, Date of Death: \_\_\_\_\_

Are you pregnant?

Yes  No  Unknown

If yes, Expected Delivery Date: \_\_\_\_\_

Did you receive antimicrobial medication for this illness?

Yes  No  Unknown

Medication Name	Date Started	Date Ended

Additional Clinical Notes:

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**EPIDEMIOLOGICAL**

Occupation: \_\_\_\_\_

Check all that apply:  Volunteer  Unemployed  Retired

**Are you a:**

Food handler?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Health care worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Group living resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Day care attendee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Day care worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
School attendee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
School employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Lab employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Attended lab class at school	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**If yes to any, list details for each:**

Facility Name(s):	
Address(es):	
Phone Number(s):	

If yes to any above, did you work or attend while ill?     Yes    No    Unknown

If yes, Dates Worked or Attended/Notes:

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## INVESTIGATION

### A. Clinical Symptoms

Did you experience any of the following signs or symptoms?

- |   |   |   |
|---|---|---|
| Diarrhea (3 loose stool/day)?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | If yes, maximum # of stools/24 hours _____      |
| Bloody in Stool?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| Vomiting?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| Fever?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | If yes, highest measured temperature (°F) _____ |
| Diagnosed or has symptoms of a urinary tract infection? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| Do you have an underlying immunodeficiency?             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | If yes, specify: _____                          |

### B. Exposures - Travel History

Did you travel outside of the USA in the 25 days prior to onset of illness?                       Yes    No    Unknown

Location traveled to (i.e., City/Country Resort Information) and Dates traveled: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you travel outside of Kansas, but inside USA?  Yes  No  Unknown

Location traveled to (i.e., City and State Hotel Information) and Dates traveled: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you travel outside of county, but inside Kansas?  Yes  No  Unknown

Cities traveled to in Kansas and Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Exposures—Risk Factors**

In the 7 days prior to onset of illness, did you attend any large gatherings or group events?  Yes  No  Unknown

Event 1: \_\_\_\_\_ Date: \_\_\_\_\_

Event 2: \_\_\_\_\_ Date: \_\_\_\_\_

Event 3: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide additional details about the events attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you have contact with anyone who had similar symptoms or was diagnosed with Salmonellosis?  Yes  No  Unknown

If yes, list contact, with relationship to case, age, onset date, and predominant symptoms. This information will be reported under “Contacts” in EpiTrax:

<i>Contact Name</i>	<i>Relationship</i>	<i>Age</i>	<i>Onset Date</i>	<i>Predominant Symptoms</i>


**D. Exposures - Food History (Section 1)**

In the 7 days before illness began did you or your child:

- Do you make it a point to select organic foods when you shop?  Yes  Maybe  No  Don't Know
- Are there foods that you avoid eating or never eat, due to restriction or preference  Yes  Maybe  No  Don't Know
- Have any allergies that prevent you from eating certain foods?  Yes  Maybe  No  Don't Know
  - If yes, what foods?  Milk  Eggs
  - Peanuts  Tree Nuts
  - Fish  Soy
  - Wheat  Shellfish
  - Other \_\_\_\_\_
- Vegetarian or Vegan Diet?  Yes  Maybe  No  Don't Know
- Special or restricted diet (medical, weight-loss, religious, cultural, etc?):  Yes  Maybe  No  Don't Know
 

If yes, specify: \_\_\_\_\_
- Any vitamins, nutritional or herbal supplements, such as teas, tablets, pills, etc.?  
 Yes  Maybe  No  Don't Know
 

If yes, specify: \_\_\_\_\_
- Any powdered nutritional supplement products such as protein Powders, meal replacement powders or vitamin boosters?  
 Yes  Maybe  No  Don't Know
 

If yes, specify: \_\_\_\_\_
- Powdered green supplements?  
 Yes  Maybe  No  Don't Know
 

If yes, specify: \_\_\_\_\_
- Is this case a child under 1 years old?  Yes  No
  - If yes, does the child eat homemade baby food or solid foods?  Yes (Proceed to section 2)
  - No (Proceed to E. Animal Exposures)

**Other Exposure—Food History (Section 2)**

From what stores was the food that you ate in the home 7 days prior to illness purchased?

- Grocery Stores or Supermarkets?  Yes  Maybe  No  Don't Know

Store Name 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Store Name 2: \_\_\_\_\_ Location 2: \_\_\_\_\_

Store Name 3: \_\_\_\_\_ Location 3: \_\_\_\_\_

Store Name 4: \_\_\_\_\_ Location 4: \_\_\_\_\_

Store Name 5: \_\_\_\_\_ Location 5: \_\_\_\_\_

- Warehouse Stores such as Costco or Sam's Club?  Yes  Maybe  No  Don't Know

Store Name 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Store Name 2: \_\_\_\_\_ Location 2: \_\_\_\_\_

Store Name 3: \_\_\_\_\_ Location 3: \_\_\_\_\_

Store Name 4: \_\_\_\_\_ Location 4: \_\_\_\_\_

Store Name 5: \_\_\_\_\_ Location 5: \_\_\_\_\_

- Small Markets or Mini Markets (gas stations, etc.)?  Yes  Maybe  No  Don't Know

Store Name 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Store Name 2: \_\_\_\_\_ Location 2: \_\_\_\_\_

Store Name 3: \_\_\_\_\_ Location 3: \_\_\_\_\_

Store Name 4: \_\_\_\_\_ Location 4: \_\_\_\_\_

Store Name 5: \_\_\_\_\_ Location 5: \_\_\_\_\_

- Ethnic Specialty Markets (Indian, Mexican, Asian, etc.)?  Yes  Maybe  No  Don't Know

Store Name 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Store Name 2: \_\_\_\_\_ Location 2: \_\_\_\_\_

Store Name 3: \_\_\_\_\_ Location 3: \_\_\_\_\_

Store Name 4: \_\_\_\_\_ Location 4: \_\_\_\_\_

Store Name 5: \_\_\_\_\_ Location 5: \_\_\_\_\_

- Health Food Stores or Co-ops?  Yes  Maybe  No  Don't Know

Store Name 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Store Name 2: \_\_\_\_\_ Location 2: \_\_\_\_\_

Store Name 3: \_\_\_\_\_ Location 3: \_\_\_\_\_

Store Name 4: \_\_\_\_\_ Location 4: \_\_\_\_\_

Store Name 5: \_\_\_\_\_ Location 5: \_\_\_\_\_

- Fish or Meat Specialty Shops (butcher’s shop, etc.)?  Yes  Maybe  No  Don’t Know

Store Name 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Store Name 2: \_\_\_\_\_ Location 2: \_\_\_\_\_

Store Name 3: \_\_\_\_\_ Location 3: \_\_\_\_\_

Store Name 4: \_\_\_\_\_ Location 4: \_\_\_\_\_

Store Name 5: \_\_\_\_\_ Location 5: \_\_\_\_\_

- Farmer’s Markets, Roadside Markets, Food Purchased Directly from Farm?  Yes  Maybe  No  Don’t Know

Store Name 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Store Name 2: \_\_\_\_\_ Location 2: \_\_\_\_\_

Store Name 3: \_\_\_\_\_ Location 3: \_\_\_\_\_

Store Name 4: \_\_\_\_\_ Location 4: \_\_\_\_\_

Store Name 5: \_\_\_\_\_ Location 5: \_\_\_\_\_

- Any Custom slaughter facility, meat locker or live animal market?  Yes  Maybe  No  Don’t Know

Store Name 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Store Name 2: \_\_\_\_\_ Location 2: \_\_\_\_\_

Store Name 3: \_\_\_\_\_ Location 3: \_\_\_\_\_

Store Name 4: \_\_\_\_\_ Location 4: \_\_\_\_\_

Store Name 5: \_\_\_\_\_ Location 5: \_\_\_\_\_

- Home delivery services such as grocery delivery, Meals on Wheels, Blue Apron, or Schwan’s Delivery Service 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Delivery Service 2: \_\_\_\_\_ Location 2: \_\_\_\_\_

Delivery Service 3: \_\_\_\_\_ Location 3: \_\_\_\_\_

Delivery Service 4: \_\_\_\_\_ Location 4: \_\_\_\_\_

Delivery Service 5: \_\_\_\_\_ Location 5: \_\_\_\_\_

- Any Other Sources of Food at Home in the 7 days prior?  Yes  Maybe  No  Don't Know

Store Name 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Store Name 2: \_\_\_\_\_ Location 2: \_\_\_\_\_

Store Name 3: \_\_\_\_\_ Location 3: \_\_\_\_\_

Store Name 4: \_\_\_\_\_ Location 4: \_\_\_\_\_

Store Name 5: \_\_\_\_\_ Location 5: \_\_\_\_\_

### Other Exposure—Food History (Section 3)

From what restaurants was food that you ate outside the home 7 days prior to illness purchased?

- Any take out?  Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_ Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_ Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_ Location 4: \_\_\_\_\_

- Fast casual restaurants such as Panera or Chipotle  Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_ Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_ Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_ Location 4: \_\_\_\_\_

- National Fast Food Chain?  Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_ Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_ Location 2: \_\_\_\_\_



Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

• Mexican?

Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_

Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_

Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

• Italian?

Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_

Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_

Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

• Seafood?

Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_

Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_

Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

• Chinese, Japanese, Indian, other Asian-style?

Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_

Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_

Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

- BBQ or Homestyle?

Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_

Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_

Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

- Steakhouse or Grill?

Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_

Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_

Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

- Breakfast or Pancake House?

Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_

Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_

Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

- All-you-can-eat Buffet?

Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_

Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_

Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

- School, hospital, or any institutional setting?

Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_

Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_

Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

- Sandwich shop or deli?

Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_

Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_

Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

- Any Event that was catered?

Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_

Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_

Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

- Any Other Food Away from Home?

Yes  Maybe  No  Don't Know

Restaurant Name 1: \_\_\_\_\_

Location 1: \_\_\_\_\_

Restaurant Name 2: \_\_\_\_\_

Location 2: \_\_\_\_\_

Restaurant Name 3: \_\_\_\_\_

Location 3: \_\_\_\_\_

Restaurant Name 4: \_\_\_\_\_

Location 4: \_\_\_\_\_

Restaurant Name 5: \_\_\_\_\_

Location 5: \_\_\_\_\_

Please provide additional comments for sections 2 and 3:

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**Other Exposure—Food History (Section 4 – Meat and Poultry)**

Now I have a few questions about meat and poultry that you (your child) might have eaten in the 7 days before your (your child's) illness began. This does not include canned items, but the meat and poultry could have been fresh, frozen, or could have been eaten as part of dish. You (your child) could have eaten these either in your home or outside the home. As I read each food, please answer yes, no, may have eaten, or can't remember.

Since [insert exposure date] did you (your child) eat any:

**Poultry**

- Whole chicken or cut chicken pieces/parts?

- If yes, was the chicken eaten **at home**?

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

Name where purchased and location:

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- If yes, was the chicken eaten **outside the home**?

Yes  Maybe  No  Don't Know

Name where purchased and location:

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- Pre-cut chicken parts or pieces, such as breasts, drumsticks,

- thighs or wings?

- If yes, was the chicken eaten **at home**?

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

Name where purchased and location:

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- If yes, was the chicken eaten **outside the home**?

Yes  Maybe  No  Don't Know

Name where purchased and location:

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- Ground chicken?
- Breaded chicken products, such as tenders, strips or nuggets?
- Stuffed, frozen chicken products such as chicken Kiev or chicken Cordon Bleu?
- Any other frozen chicken products?
- Duck, game hen, or squab?
- Whole turkey or cut turkey pieces/parts?
  - If yes, was the turkey eaten **at home**?

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

Name where purchased and location: \_\_\_\_\_

- If yes, was the turkey eaten **outside the home**?

Yes  Maybe  No  Don't Know

Name where purchased and location: \_\_\_\_\_

- Ground turkey?

Yes  Maybe  No  Don't Know

Since [insert exposure date] did you (your child) eat any:

**Beef**

- Beef steaks or roasts?
  - If yes, was the beef eaten **at home**?

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

Name where purchased and location: \_\_\_\_\_

- If yes, was the beef eaten **outside the home**?

Purchased frozen?

Purchased fresh?

Was pink or red inside when eaten?

Yes  Maybe  No  Don't Know

Name where purchased and location: \_\_\_\_\_

- Pre-made or pre-formed hamburger patties **at home**?

Was pink or red inside when eaten?

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

Name where purchased and location: \_\_\_\_\_

- Fresh hamburger patties **at home**?

Was pink or red inside when eaten?

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

Name where purchased and location:  
\_\_\_\_\_  
\_\_\_\_\_

Was pink or red inside when eaten?

Yes  Maybe  No  Don't Know

Dish Description: \_\_\_\_\_  
\_\_\_\_\_

Name where purchased and location:  
\_\_\_\_\_  
\_\_\_\_\_

Yes  Maybe  No  Don't Know

Names where purchased and location:  
\_\_\_\_\_  
\_\_\_\_\_

Yes  Maybe  No  Don't Know

Name where purchased and location:  
\_\_\_\_\_  
\_\_\_\_\_

- Any dish with ground beef **at home**, such as casseroles, tacos, soups, or pasta sauces?

- Veal?

- Any ground beef **outside the home**? This could include foods such as hamburger or other dishes such as casseroles, tacos, soups or pasta sauces.

Since [insert exposure date] did you (your child) eat any:

**Pork, Lamb, & Other Meats**

- Ground pork?

Yes  Maybe  No  Don't Know

- Any other pork product?

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

- Goat?

Yes  Maybe  No  Don't Know

- Lamb?

Yes  Maybe  No  Don't Know

- Liver pate, including chicken, duck beef or pork?

Yes  Maybe  No  Don't Know

- Bacon?

Yes  Maybe  No  Don't Know

- Any organ meats such as giblets, tongue, heart, intestines or blood?

Yes  Maybe  No  Don't Know

- Sausage?

Yes  Maybe  No  Don't Know

- Hot dogs, corn dogs, polish sausage, kielbasa or similar?

Yes  Maybe  No  Don't Know

- Pepperoni?

Yes  Maybe  No  Don't Know

- Any other Italian style meats, such as salami or prosciutto?

Yes  Maybe  No  Don't Know

- Bologna, pastrami, or corned beef?

Yes  Maybe  No  Don't Know

- Store-bought, dried meat strips or jerky?

Yes  Maybe  No  Don't Know

- Pre-packaged deli meats?
  - Was the pre-packaged deli meats eaten **at home**?
 

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

Name where purchased and location: \_\_\_\_\_

\_\_\_\_\_
  
- Any other deli-sliced meat (not pre-packaged)?
  - Was the deli-sliced meats eaten **at home**?
 

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

Name where purchased and location: \_\_\_\_\_

\_\_\_\_\_
  
  - Was the deli-sliced meats eaten **outside the home**?
 

Yes  Maybe  No  Don't Know

Name where purchased and location: \_\_\_\_\_

\_\_\_\_\_
  
- Tofu, tempeh, seitan, or other meat alternatives?
- Any other meat and or poultry products not mentioned?
 

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Description: \_\_\_\_\_

\_\_\_\_\_

**Other Exposure—Food History (Section 5 – Fish and Seafood)**

**Fish and Seafood**

Now I have some questions about fish and seafood you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) may have eaten this at home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish, sauce, or dip. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.

**Since [insert exposure date] did you (your child) eat any:**

- Fresh or frozen fish?  Yes  Maybe  No  Don't Know
  - Smoked or dried fish?  Yes  Maybe  No  Don't Know
  - Shrimp or prawns?  Yes  Maybe  No  Don't Know
  - Crab, lobster, or crayfish?  Yes  Maybe  No  Don't Know
  - Oysters?  Yes  Maybe  No  Don't Know
  - Clams, mussels, scallops, or other shellfish?  Yes  Maybe  No  Don't Know
  - Sushi (with raw fish or seafood)?  Yes  Maybe  No  Don't Know
  - Frozen fish products (fish sticks, nuggets, etc.)?  Yes  Maybe  No  Don't Know
  - Any other fish or seafood?  Yes  Maybe  No  Don't Know
- Type/Brand: \_\_\_\_\_

**Other Exposure—Food History (Section 6 – Eggs, Dairy, and Cheese)**

**Eggs, Dairy, and Cheese**

Now I have some questions about fish and seafood you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) may have eaten this at home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish, sauce, or dip. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.

**Since [insert exposure date] did you (your child) eat any:**

- Eggs or egg-containing dishes?
  - If yes, were they raw, “runny”, or “over easy”?  
 Yes  Maybe  No  Don't Know
  - Were the eggs eaten **at home**?  
 Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_  
Description of dish: \_\_\_\_\_  
\_\_\_\_\_
  - Were the eggs eaten **outside of the home**?  
 Yes  Maybe  No  Don't Know  
Name where purchased and location:  
\_\_\_\_\_  
\_\_\_\_\_  
Description of dish: \_\_\_\_\_  
\_\_\_\_\_
  
- Anything made with raw eggs (cookie dough, cake batter, sauces, homemade ice cream, or mayo, etc)?  Yes  Maybe  No  Don't Know
- Milk?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_  
 Type Unknown
  - If yes, was the milk unpasteurized?  Yes  Maybe  No  Don't Know
- Goat's milk?  Yes  Maybe  No  Don't Know
- Dairy alternatives, such as almond, hemp coconut or soy milk?  Yes  Maybe  No  Don't Know
- Flavored milk powder such as chocolate, vanilla, carnation or Ovaltine?  Yes  Maybe  No  Don't Know
- Ice cream or ice cream products?  
 Yes  Maybe  No  Don't Know
  - If the ice cream was eaten **at home**, what was the:  
Type/Brand: \_\_\_\_\_  
\_\_\_\_\_  
Variety/Flavor: \_\_\_\_\_  
 Variety/Flavor Unknown
  
- Frozen yogurt?  Yes  Maybe  No  Don't Know
- Yogurt drinks?  Yes  Maybe  No  Don't Know
- Kefir or any other yogurt product?  Yes  Maybe  No  Don't Know



- Pre-packaged, shredded cheese?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_
- Processed, sliced cheese?  Type Unknown  
 Yes  Maybe  No  Don't Know
- Block-type cheese (cheddar, swiss, Colby, etc.)?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_
- String-type cheese?  Type Unknown  
 Yes  Maybe  No  Don't Know
- Cottage cheese?  Yes  Maybe  No  Don't Know
- Cheese curds?  Yes  Maybe  No  Don't Know
- Feta cheese (this could have been as part of a dish or salad)?  Yes  Maybe  No  Don't Know
- Blue veined cheese (gorgonzola or bleu)?  Yes  Maybe  No  Don't Know
- Fresh or dried parmesan, romano, or similar?  Yes  Maybe  No  Don't Know
- Cheese from raw/unpasteurized milk?  Yes  Maybe  No  Don't Know
- Mexican-style soft cheese (queso fresco, queso blanco)?  Yes  Maybe  No  Don't Know
  - If yes, was it homemade?  Yes  Maybe  No  Don't Know
- Dairy cheese alternatives such as cashew cheese or vegan cheese?  Yes  Maybe  No  Don't Know
- Any other gourmet or artisanal cheese?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_
- Any other dairy products?  Type Unknown  
 Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_
- Type Unknown

**Other Exposure—Food History (Section 7 – Fresh Fruits)**

**Fresh fruits**

Now I have some questions about fresh or frozen fruits, not canned or cooked, you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or away from home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7days before you (your child) got sick.

**Since [insert exposure date] did you (your child) eat any:**

- Any precut fruit or fruit salad?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_
- Apples?  Yes  Maybe  No  Don't Know

- Grapes?
- Pears?
- Peaches?
- Nectarines?
- Apricots?
- Plums?
- Oranges, or clementine's?
- Grapefruit?
- Tangerines?
- Fresh lemon or lime (this could include drink garnishes)?
- Strawberries?
- Raspberries?
- Blueberries?
- Blackberries?
- Cherries?
- Any other fresh berries?

Type/Brand: \_\_\_\_\_

- Type Unknown
- Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

- Type Unknown
- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

- Type Unknown
- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

- Type Unknown
- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

- Raisins?  Yes  Maybe  No  Don't Know
- Other dried fruit?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_  
\_\_\_\_\_
- Apple juice (not from concentrate)?  Yes  Maybe  No  Don't Know
- Orange juice (not from concentrate)?  Yes  Maybe  No  Don't Know
- Any other juice (not from concentrate)?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_  
\_\_\_\_\_
- Juice from frozen concentrate?  Yes  Maybe  No  Don't Know
- Bottled, premade smoothies?  Yes  Maybe  No  Don't Know
- Bottled premade health drinks such as Kombucha?  Yes  Maybe  No  Don't Know
- Smoothies made with fresh or frozen fruit or produce?  Yes  Maybe  No  Don't Know
- Any unpasteurized or raw juices or ciders?  Yes  Maybe  No  Don't Know

**Other Exposure—Food History (Section 8 – Fresh Vegetables)**

**Tomatoes & Leafy Greens**

Now I have some questions about fresh vegetables you (your child) might have eaten raw or uncooked in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am only interested in vegetables that are not grown at home. As I read each food, please answer as yes, no, may have eaten, or can't remember.

**Since [insert exposure date] did you (your child) eat any:**

- Fresh tomatoes?  Yes  Maybe  No  Don't Know
  - Were tomatoes eaten **at home**?  Yes  Maybe  No  Don't Know

Name where purchased and location:

\_\_\_\_\_  
\_\_\_\_\_

Type of Tomato:

- Red Round  Roma
- Cherry  Grape
- 'Vine-ripe', sold on the vine
- Unknown  Other, \_\_\_\_\_

Name where purchased and location:

- Were tomatoes eaten **outside the home**?

- Fresh tomatoes on sandwich, burger, or salad?
- Fresh salsa or pico de gallo (not from a jar or can)?
  - Was the salsa eaten **at home**?

- Yes  Maybe  No  Don't Know
- Yes  Maybe  No  Don't Know
- Yes  Maybe  No  Don't Know

Name where purchased and location:

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- Avocado or Guacamole?  
Don't Know
- Fresh, uncooked leafy greens such as spinach, lettuce, etc?

Type of Salsa:

- Red Salsa  Green

Other: \_\_\_\_\_

- Yes  Maybe  No

- Yes  Maybe  No  Don't Know

Prepackaged or Loose?

- Prepackaged  Loose  Don't Know

- Yes  Maybe  No  Don't Know

Name where purchased and location:

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Type/Brand: \_\_\_\_\_

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- Were the greens eaten **at home**?
- Were the greens eaten **outside the home**?

- Yes  Maybe  No  Don't Know

Name where purchased and location:

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- Lettuce on a sandwich, burger, or salad?
- Iceberg lettuce?

- Yes  Maybe  No  Don't Know

- Yes  Maybe  No  Don't Know

Prepackaged or Loose?

- Prepackaged  Head/Loose

- Don't Know

- Yes  Maybe  No  Don't Know

Name where purchased and location:

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- Was the iceberg lettuce eaten **at home**?

\_\_\_\_\_  
\_\_\_\_\_

Type/Brand: \_\_\_\_\_

\_\_\_\_\_

- Was the iceberg lettuce eaten **outside the home**?

Yes  Maybe  No  Don't Know

Name where purchased and location:

\_\_\_\_\_  
\_\_\_\_\_

- Romaine lettuce?

Yes  Maybe  No  Don't Know

Prepackaged or Loose?

Prepackaged  Head/Loose

Don't Know

- Was the Romaine lettuce eaten **at home**?

Yes  Maybe  No  Don't Know

Name where purchased and location:

\_\_\_\_\_  
\_\_\_\_\_

Type/Brand: \_\_\_\_\_

\_\_\_\_\_

- Was the Romaine lettuce eaten **outside the home**?

Yes  Maybe  No  Don't Know

Name where purchased and location:

\_\_\_\_\_  
\_\_\_\_\_

- Fresh spinach?

Yes  Maybe  No  Don't Know

Prepackaged or Loose?

Prepackaged  Head/Loose

Don't Know

- Was the spinach eaten **at home**?

Yes  Maybe  No  Don't Know

Name where purchased and location:

\_\_\_\_\_  
\_\_\_\_\_

Type/Brand: \_\_\_\_\_

\_\_\_\_\_

- Was the spinach eaten **outside the home**?

Yes  Maybe  No  Don't Know

Purchase Name and Location:

- Cabbage?
- Other leafy lettuce (red, radicchio, 'spring mix', etc.)?

---

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

**Herbs & Sprouts**

Now I have questions about herbs & sprouts you (your child) may have eaten in the 7 days before illness began. Remember, these could have been part of a dish such as pesto, salsa, sauces, etc. We are interested in fresh herbs, not dried or bottled herbs.

**Since [insert exposure date] did you (your child) eat any:**

- Fresh basil?  Yes  Maybe  No  Don't Know
- Fresh cilantro?  Yes  Maybe  No  Don't Know
- Other fresh herbs (parsley, sage, thyme, etc.)?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_

- Alfalfa sprouts?  Yes  Maybe  No  Don't Know
  - Were alfalfa sprouts eaten **at home**?  Yes  Maybe  No  Don't Know  
Name where purchased and location:  
\_\_\_\_\_  
\_\_\_\_\_

- Were alfalfa sprouts eaten **outside the home**?  Yes  Maybe  No  Don't Know  
Name where purchased and location:  
\_\_\_\_\_  
\_\_\_\_\_

- Other sprouts (bean, clover, broccoli, daikon radish, etc)?  Yes  Maybe  No  Don't Know
  - Were other sprouts eaten **at home**?  Yes  Maybe  No  Don't Know  
Name where purchased and location:  
\_\_\_\_\_  
\_\_\_\_\_

- Were other sprouts eaten **outside the home**?  Yes  Maybe  No  Don't Know  
Name where purchased and location:  
\_\_\_\_\_  
\_\_\_\_\_

## **Other Vegetables**

Next I have a few questions about other fresh vegetables you (your child) may have eaten in the 7 days before your illness began.

**Since [insert exposure date] did you (your child) eat any:**

- Cucumbers?  Yes  Maybe  No  Don't Know
- Zucchini or squash?  Yes  Maybe  No  Don't Know
- Bell peppers (green, red, orange, or yellow)?  Yes  Maybe  No  Don't Know
- Mini or snack sized sweet peppers usually sold in a bag or clamshell?  Yes  Maybe  No  Don't Know
- Hot chili/chile peppers (jalapenos, serranos, etc.)?  Yes  Maybe  No  Don't Know
- Celery?  Yes  Maybe  No  Don't Know
- Baby carrots?  Yes  Maybe  No  Don't Know
- Other fresh carrots?  Yes  Maybe  No  Don't Know
- Other raw root vegetables (radishes, beets, turnips, etc.)?  Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

\_\_\_\_\_

- Fresh, raw peas (shelled or in-pod)?  Yes  Maybe  No  Don't Know
- Broccoli?  Yes  Maybe  No  Don't Know
- Cauliflower?  Yes  Maybe  No  Don't Know
- Raw onions (white, yellow, or red/purple)?  Yes  Maybe  No  Don't Know
- Raw green onions/scallions?  Yes  Maybe  No  Don't Know
- Fermented vegetables such as kimchi or sauerkraut?  Yes  Maybe  No  Don't Know
- Fresh or dried mushrooms?  Yes  Maybe  No  Don't Know

## **Other Exposure—Food History (Section 9 – Frozen Foods)**

### **Frozen Foods**

Now I have a few questions about frozen foods you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or outside the home. As I read each food, please answer yes, no, may have eaten, or can't remember eating the food in the 7 days before you (your child) got sick.

**Since [insert exposure date] did you (your child) eat any:**

- Frozen vegetables (in bag or box)?  Yes  Maybe  No  Don't Know
- Frozen pot pies?  Yes  Maybe  No  Don't Know
- Frozen pizza?  Yes  Maybe  No  Don't Know
- Frozen Mexican-style foods (burritos, etc.)?  Yes  Maybe  No  Don't Know



- Frozen snack foods (mozzarella sticks, jalapeno poppers, etc.)?  Yes  Maybe  No  Don't Know
- Frozen breakfast items (waffles, breakfast sandwiches, etc.)?  Yes  Maybe  No  Don't Know
- Frozen vegetarian foods (garden burgers, etc.)?  Yes  Maybe  No  Don't Know
- Frozen pre-mixed meals in a bag or box (stir-fry, pasta meals, etc.)?  Yes  Maybe  No  Don't Know
- Frozen dinners or box entrees?  Yes  Maybe  No  Don't Know
- Other frozen, prepackaged product not mentioned previously?  Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Exposure—Food History (Section 10 – Nuts, Cereals, Processed & Dried Foods)**

**Nuts, Cereal, Processed, and Dried Foods**

Now I have some questions about nuts, cereals, and processed foods you (your child) might have eaten in the 7 days before your (your child's) illness began. You (your child) could have eaten these either in your home or away from home. As I read each food, please answer yes, no, may have eaten, or can't remember eating the food.

**Since [insert exposure date] did you (your child) eat any:**

- Pre-packaged peanut butter crackers?  Yes  Maybe  No  Don't Know
- Peanut butter?  Yes  Maybe  No  Don't Know
  - Was the peanut butter eaten **at home**?  Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Peanut butter containing foods (cookies, candies, etc.)?  Creamy  Crunchy  Unknown  Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Ground nut butter or spread other than peanut butter (nutella, almond butter, etc.)?  Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Seeds**

Next I have questions about nuts and seeds you (your child) might have eaten. Remember that these may be used as toppings or mixed into many foods. If you (your child) ate any of the nuts below as part of another food please answer "yes".

**Since [insert exposure date] did you (your child) eat any:**

- Peanuts?  Yes  Maybe  No  Don't Know
- Almonds (whole, sliced, chopped, etc.)?  Yes  Maybe  No  Don't Know
- Walnuts?  Yes  Maybe  No  Don't Know
- Cashews?  Yes  Maybe  No  Don't Know
- Pistachios?  Yes  Maybe  No  Don't Know
- Hazelnuts?  Yes  Maybe  No  Don't Know
- Other whole nuts or mixed nuts?  Yes  Maybe  No  Don't Know
- Sunflower seeds?  Yes  Maybe  No  Don't Know
- Sesame seeds?  Yes  Maybe  No  Don't Know
- Tahini, halva, or other product made from sesame seeds?  Yes  Maybe  No  Don't Know
- Hummus?  Yes  Maybe  No  Don't Know
- Any Hemp, Chia or Flax seed?  Yes  Maybe  No  Don't Know
- Chia seeds, chia powder, or any other chia product?  Yes  Maybe  No  Don't Know

**Snack Foods or Cereals**

Now I have questions about pre-packaged snack foods and cereals you (your child) might have had in the 7 days before your (your child's) illness began.

**Since [insert exposure date] did you (your child) eat any:**

- Eat, taste, or lick any uncooked dough or batter?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_
- Granola bars, breakfast, power or protein bars?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_
- Trail mix (or similar product)?  Yes  Maybe  No  Don't Know
- Fruit roll-ups (or similar product)?  Yes  Maybe  No  Don't Know
- Chips or pretzels?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_
- Pre-packaged crackers, cookies, or snack cakes?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_
- Chocolate or chocolate-containing candy?  Yes  Maybe  No  Don't Know  
Type/Brand: \_\_\_\_\_
- Cold breakfast cereal?  Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

- Hot breakfast cereals like oatmeal, cream of wheat, etc.?

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

**Other Exposure—Food History (Section 11 – Additional Potential Food Exposures)**

**Additional Potential Food Exposures**

We have covered a wide variety of foods, drinks, etc. After answering all these questions are there any other things you (your child) ate or drank in the 7 days before becoming ill that have not been mentioned?

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**E. Animal Exposure**

**In the 7 days prior to onset of illness, did you (your child) have any contact with farm animals or other livestock?**

Yes  Maybe  No  Don't Know

**Which of these animals did you have contact with? (Select all that apply.)**

Cows, cattle, calves

Goats

Sheep

Horses

Pigs

Llamas, alpacas

Other livestock or farm animals: \_\_\_\_\_

**Do you...**

live on a farm or ranch?

work on a farm or ranch?

**In the 7 days prior to onset of illness, did you do any hunting or have contact with wild animals?**

Yes  Maybe  No  Don't Know

**Which of these animals did you have contact with? (Select all that apply.)**

- Deer
- Birds (e.g. duck, pheasant)
- Pigs or wild boar
- Other wild animals: \_\_\_\_\_
- Elk
- Rabbits

**In the 7 days prior to onset of illness, did you do any butchering or processing of animals?**

- Yes  Maybe  No  Don't Know

**In the 7 days prior to onset of illness, did you visit any place where animals were present?**

- Yes  Maybe  No  Don't Know

**Which of these places did you visit? (Select all that apply.)**

- Farm
- Petting zoo
- Agricultural "Farm and Feed" store
- School
- Party
- County or state fair, 4-H events, livestock shows
- Pet store
- Swap meet, flea market
- Private home

**Animal exposure site details (names, dates, locations):**

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**Did you (your child) have any contact with:**

- Dog/Puppy  Yes  Maybe  No  Don't Know
- Cat/Kitten  Yes  Maybe  No  Don't Know
- Baby chicks, duckling, or other baby poultry  Yes  Maybe  No  Don't Know
- Live chickens, turkeys, or other adult poultry  Yes  Maybe  No  Don't Know
- Other birds such as canaries, parrots, or pigeons  Yes  Maybe  No  Don't Know
- Turtles or Tortoises  Yes  Maybe  No  Don't Know
  - If yes, was the turtle less than 4 inches in length?  Yes  Maybe  No  Don't Know

Name where purchased, location, and date:

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- Snakes  Yes  Maybe  No  Don't Know
- Frozen mice, rats or similar pet food for snakes  Yes  Maybe  No  Don't Know

- Other reptiles such as lizards, geckos, or bearded dragons
  - If yes, type of reptile: \_\_\_\_\_
- Amphibians such as frogs or toads
- Water pets in aquarium (goldfish, snails, etc.)
- Rats, mice, gerbils or hamsters
- “Pocket” or “exotic” pets (ferrets, hedgehogs, etc.)
- Pre-packaged pet food (canned or dry)

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

- Pet treats or chews (pig ears, rawhide, hooves, etc.)
- Dried animal droppings or pellets (owl pellets, etc.)
- Did you have contact with prepackaged pet food, or do your household pets eat prepackaged pet food?
- Did you have contact with any raw pet food, or do your household pets eat raw pet food?
- Any pet treats or chews, such as pig ears, pizzles, rawhide or hooves?
- Any contact with a pet that had diarrhea

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

**F. Food Exposures – Infants**

Now I have some questions about baby foods and drinks that your infant might have consumed in the 7 days before their illness began. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before your child got sick.

**Since [insert exposure date] did your infant consume any:**

- Breast milk?
- Formula?

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

- Baby cereal?

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

- Jarred baby food?

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

- Teething biscuits or cookies?

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

- Cow's milk?
- Other foods/drinks?

Yes  Maybe  No  Don't Know

Yes  Maybe  No  Don't Know

Type/Brand: \_\_\_\_\_

\_\_\_\_\_

**KAR 28-1-6: Salmonellosis (nontyphoidal) – Enteric precautions shall be followed for the duration of acute symptoms. Each infected person with diarrhea shall be excluded from food handling, patient care, and any occupation involving the care of young children and the elderly until no longer symptomatic.**

Public Health Interventions (Check all that apply)

Hygiene Education Provided

Daycare Inspection

Follow-up of other household member(s)

Work or Daycare restriction for case

Other

If other, specify: \_\_\_\_\_

That completes the interview, thank you for taking the time to answer all these questions. Your responses may be helpful in preventing others from becoming sick.

Additional notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_