Outbreak: Y N Location:_____
Interviewer Name:_____
Date of Interview: ___/___/___

General Foodborne Illness Questionnaire

Section I: Demographics
Patient Name:_____ State ID:_____ Date of Birth: ___/___/___
Address:_____ Home Phone: ( )____-_____
City:_____ County:_____ Zip Code:_____
Person Interviewed: _____ Relationship to Patient:_____
Occupation:_____ (If high risk occupation, ask additional questions)
Place of Employment:_____ Work Phone: ( )____-_____

If now is not a good time to talk, when would a good time be for me to call you back?
Day:_____ Time:_____ Phone: ( )____-_____

Section II: Clinical Information

What were your symptoms? Did you have:

Diarrhea: ❒Y ❒N → Maximum number of stools passed in 24 hour period:_____
Bloody Diarrhea: ❒Y ❒N Diarrhea with mucus: ❒Y ❒N
Date of onset of diarrhea:___/___/___ Are you still experiencing diarrhea? ❒Y ❒N
If no, how long did it last? _____ days

Nausea: ❒Y ❒N Vomiting: ❒Y ❒N Abdominal Cramps: ❒Y ❒N
Fever: ❒Y ❒N Headache: ❒Y ❒N Chills: ❒Y ❒N
Fatigue: ❒Y ❒N Body aches: ❒Y ❒N

Did you see a healthcare provider for this illness? ❒Y ❒N Date:___/___/___
Were you admitted to a hospital overnight? ❒Y ❒N Where:_____
Was a stool culture done? ❒Y ❒N Date:___/___/___
If yes, what was the result of the culture:_____ Serotype:_____
If no, and still having diarrhea, would you be willing to submit a specimen? ❒Y ❒N
If yes, when would be a good time to drop off a specimen collection kit?
Day:_____ Time:_____

Were you taking any medications prior to this illness (e.g., antacids, meds for other illness)? ❒Y ❒N
What medications?_____

Did you, or are you, taking medications for <u>this</u> illness? ❒Y ❒N
What medications? _____

Did anyone else in your household have diarrhea? ❒Y ❒N Who? _____

Do you know of anyone else who experienced a similar illness during the same period? ❒Y ❒N
If yes, who? _____ Phone ( ) _____-_____
_____ Phone ( ) _____-_____
_____ Phone ( ) _____-_____
_____ Phone ( ) _____-_____

Section III: Exposures

a. Events within one week of symptoms (from ___/___/___).

Child Care Settings.

Do you: Have children < 2 years old? ❒Y ❒N
If yes, do they attend a child care facility? ❒Y ❒N Where? _____
Visit any households with children < 2 years old? ❒Y ❒N
Change any diapers? ❒Y ❒N
Attend, work, or volunteer in a child care setting? ❒Y ❒N Where? _____

Miscellaneous Settings.

Did you: Travel? ❒Y ❒N
If yes, where? _____
Visit or live on a farm? ❒Y ❒N
If yes, were there any cattle, chickens, or pigs? ❒Y ❒N
Visit a petting zoo? ❒Y ❒N
If yes, were there any cattle, chickens, pigs, or reptiles? ❒Y ❒N
Have a pet? ❒Y ❒N
If yes, what kind of pet? ❒Dog ❒Cat ❒Reptile ❒Chicks
Go Swimming? ❒Y ❒N
If yes, what type of facility: ❒Pool ❒Ocean ❒Lake/Pond ❒River ❒Other
Primary source of drinking water: ❒Municipal ❒Private well ❒Bottled ❒Other

Groceries.

Where did you shop for groceries consumed during the 5 days before your illness?

Store Name:_____ Location:_____
Foods purchased:_____
Store Name:_____ Location:_____
Foods purchased:_____
Store Name:_____ Location:_____
Foods purchased:_____

b. Restaurant exposures within one week of symptoms (from ___/___/___).

Did you eat out (away from home) during the 5 days prior to your illness? ❒Y ❒N

If yes: Restaurant (sit down)? ❒Y ❒N
Where/what? _____ Date:___/___/___
Fast food restaurant? ❒Y ❒N
Where/what? _____ Date:___/___/___
Cafeterias? ❒Y ❒N
Where/what? _____ Date:___/___/___
Deli counter (e.g., at supermarkets)? ❒Y ❒N
Where/what? _____ Date:___/___/___
Street vendor (Farmer's market included)? ❒Y ❒N
Where/what? _____ Date:___/___/___
Concession stand at sporting event? ❒Y ❒N
Where/what? _____ Date:___/___/___
Snack bar (e.g., athletic club, pool)? ❒Y ❒N
Where/what? _____ Date:___/___/___
Gas station (e.g., microwave foods)? ❒Y ❒N
Where/what? _____ Date:___/___/___

c. Food History within one week of symptoms (from ___/___/___). (Also, see appendix.)

Egg and Dairy Products.

Did you eat: Yogurt? ❒Y ❒N Brand:_____
Milk? ❒Y ❒N Brand:_____
If yes, was it pasteurized? ❒Y ❒N
Cheese? ❒Y ❒N Brand:_____
Ice Cream? ❒Y ❒N Brand:_____
Eggs? ❒Y ❒N Brand:_____
If yes, how were they prepared? _____
Egg containing dish (e.g., potato salad)? ❒Y ❒N
If yes, what? _____

Vegetables.

Did you eat: Food from a salad bar? ❒Y ❒N From where? _____
Lettuce? ❒Y ❒N
Raw or uncooked carrots? ❒Y ❒N
Bean or alfalfa sprouts? ❒Y ❒N
Raw or uncooked celery? ❒Y ❒N
Uncooked tomatoes? ❒Y ❒N
Raw onions? ❒Y ❒N
Raw or uncooked broccoli? ❒Y ❒N
Other raw or uncooked vegetables? ❒Y ❒N (Specify:_____)

Fruits.

Did you eat: Cantaloupe? ❒Y ❒N
If yes, sliced at home? ❒Y ❒N → **If no**, where? _____
Honeydew melon? ❒Y ❒N
If yes, sliced at home? ❒Y ❒N → **If no**, where? _____
Watermelon? ❒Y ❒N
If yes, sliced at home? ❒Y ❒N → **If no**, where? _____
Strawberries? ❒Y ❒N
Drink any type of juice? ❒Y ❒N Pasteurized? ❒Y ❒N
If yes, brand name:_____ Type:_____

Animal Proteins.

Did you eat: Chicken? ❒Y ❒N
Was chicken hot when eaten? ❒Y ❒N
Was chicken cooked through? ❒Y ❒N
Turkey? ❒Y ❒N
Hamburgers eaten and cooked at home? ❒Y ❒N
If yes, Pink inside? ❒Y ❒N
Hamburger purchased in: ❒Bulk ❒Preformed patties
Where purchased:_____ Date:___/___/___
Hamburgers eaten elsewhere? ❒Y ❒N → **If yes**, Where:_____
If yes, pink inside? ❒Y ❒N
Steak tartare or other raw ground beef? ❒Y ❒N
Beef jerky? ❒Y ❒N Steak? ❒Y ❒N?
Roast beef? ❒Y ❒N Veal? ❒Y ❒N
Pork chops or roast pork? ❒Y ❒N Lamb? ❒Y ❒N
Venison (deer meat) ❒Y ❒N Sausage? ❒Y ❒N
Hot Dog? ❒Y ❒N Salami? ❒Y ❒N
Goat's milk? ❒Y ❒N

Section IV: Hygiene Practices

Food Preparation.

Do you handle raw meat (i.e., beef and/or chicken)? ❒Y ❒N

If yes, please answer the following questions:

Do you use the same cutting board to cut meat and vegetables, fruit, etc.? ❒Y ❒N

If yes, do you wash the cutting board after cutting meat, or before cutting fruits, vegetables, etc.? ❒Y ❒N

Do you use the same knife to cut meat and vegetables, fruit, etc? ❒Y ❒N

If yes, do you wash the knife after cutting meat, or before cutting fruits, vegetables, etc.? ❒Y ❒N

Hand Washing.

How often do you wash your hands after handling meat? ❒Sometimes ❒Often ❒Always

Interviewer Notes:

Patient Name:_____

Appendix

Open-ended food history within one week of symptoms (from ___/___/___).

1 day before onset of illness

Day of week:_____ Date:___/___/___

Meal	Home	Away	Food Establishment	Foods eaten
Breakfast	❒	❒	_____	_____
Lunch	❒	❒	_____	_____
Dinner	❒	❒	_____	_____
Other	❒	❒	_____	_____

2 days before onset of illness

Day of week:_____ Date:___/___/___

Meal	Home	Away	Food Establishment	Foods eaten
Breakfast	❒	❒	_____	_____
Lunch	❒	❒	_____	_____
Dinner	❒	❒	_____	_____
Other	❒	❒	_____	_____

3 days before onset of illness

Day of week:_____ Date:___/___/___

Meal	Home	Away	Food Establishment	Foods eaten
Breakfast	❒	❒	_____	_____
Lunch	❒	❒	_____	_____
Dinner	❒	❒	_____	_____
Other	❒	❒	_____	_____

4 days before onset of illness

Day of week:_____ Date:___/___/___

Meal	Home	Away	Food Establishment	Foods eaten
Breakfast	❒	❒	_____	_____
Lunch	❒	❒	_____	_____
Dinner	❒	❒	_____	_____
Other	❒	❒	_____	_____

5 days before onset of illness

Day of week:_____ Date:___/___/___

Meal	Home	Away	Food Establishment	Foods eaten
Breakfast	❒	❒	_____	_____
Lunch	❒	❒	_____	_____
Dinner	❒	❒	_____	_____
Other	❒	❒	_____	_____

6 days before onset of illness

Day o f week:_____ Date:___/___/___

Meal	Home	Away	Food Establishment	Foods eaten
Breakfast	❒	❒	_____	_____
Lunch	❒	❒	_____	_____
Dinner	❒	❒	_____	_____
Other	❒	❒	_____	_____

7 days before onset of illness

Day of week:_____ Date:_ __/___/___

Meal	Home	Away	Food Establishment	Foods eaten
Breakfast	❒	❒	_____	_____
Lunch	❒	❒	_____	_____
Dinner	❒	❒	_____	_____
Other	❒	❒	_____	_____