

# Gastroenteritis Case Report Form

## Maryland Department of Health

**INSTRUCTIONS:** Complete Section I for all pathogens; additionally, complete Section II for *Campylobacter*, *Salmonella*, and STEC cases. See **Interviewer Instructions** for more information. Submit completed forms to MDH FoodNet at fax #410-225-7615 or mdh.FoodNet@maryland.gov (\*must be encrypted\*).

Use this form for:	Complete Sections
<input type="checkbox"/> <i>Campylobacter</i>	I and II
<input type="checkbox"/> <i>Cryptosporidium</i>	I only
<input type="checkbox"/> <i>Salmonella</i> (non-Typhi)	I and II
<input type="checkbox"/> Shiga-toxin producing <i>E. coli</i>	I and II
<input type="checkbox"/> <i>Shigella</i>	I only
<input type="checkbox"/> <i>Yersinia</i>	I only
<input type="checkbox"/> Other:	I only

### SECTION I (Complete for all pathogens)

Investigation Data									
INVESTIGATOR			INVESTIGATOR PHONE		NEDSS CASE ID#		INVESTIGATION ID# CAS		
INVESTIGATOR EMAIL			LAB REPORT DATE		REPORT RECEIVED DATE		INTERVIEW DATE		
CASE STATUS <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Unknown			CASE INVESTIGATED AS PART OF AN OUTBREAK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			OUTBREAK/CLUSTER ID			
Patient Data									
LAST		FIRST			DATE OF BIRTH		AGE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Other	
STREET ADDRESS				CITY		GENDER IDENTITY <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Transman <input type="checkbox"/> Transwoman <input type="checkbox"/> Non-binary <input type="checkbox"/> Genderqueer <input type="checkbox"/> Two-Spirit <input type="checkbox"/> Declined <input type="checkbox"/> Something else:			
STATE	ZIP CODE	COUNTY		HOMELESS <input type="checkbox"/> Yes <input type="checkbox"/> NO					
TELEPHONE			MOBILE			EMAIL			
ETHNICITY (Hispanic, Latino, or Spanish Origin?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined				RACE (Check all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American		<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese		<input type="checkbox"/> White <input type="checkbox"/> Middle Eastern/ North African <input type="checkbox"/> Declined <input type="checkbox"/> Other:	
OCCUPATION, STUDENT (Include Employer, school, etc.)					HIGH RISK <input type="checkbox"/> Food <input type="checkbox"/> Healthcare <input type="checkbox"/> Daycare		RESTRICTION <input type="checkbox"/> Yes <input type="checkbox"/> No		
Clinical Data									
SYMPTOMS <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever (    °F) <input type="checkbox"/> Vomiting <input type="checkbox"/> Chills <input type="checkbox"/> Other: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Bloody diarrhea <input type="checkbox"/> Abdominal cramps <input type="checkbox"/> Nausea <input type="checkbox"/> Muscle aches <input type="checkbox"/> Other:									
ONSET: DATE		TIME		DURATION <input type="checkbox"/> still ill		OUTCOME <input type="checkbox"/> Died, date: <input type="checkbox"/> Survived <input type="checkbox"/> Unknown			
HOSPITALIZED <input type="checkbox"/> No <input type="checkbox"/> Yes →		ADMIT DATE		DISCHARGE DATE		HOSPITAL		ICU? <input type="checkbox"/> No <input type="checkbox"/> Yes	
TRANSFERRED <input type="checkbox"/> No <input type="checkbox"/> Yes →		TRANSFER DATE		DISCHARGE DATE		TRANSFER HOSPITAL		STEC ONLY: HAVE HUS? <input type="checkbox"/> No <input type="checkbox"/> Yes	
TREATED WITH ANTIBIOTICS <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown →				Name(s) of all antibiotics:					
Laboratory Data <input type="checkbox"/> ELR <input type="checkbox"/> Epi-linked, no testing done									
COLLECTION DATE		LABORATORY NAME				SPECIMEN TESTED <input type="checkbox"/> Stool <input type="checkbox"/> Blood <input type="checkbox"/> Other: <input type="checkbox"/> Urine			
Test Type <input type="checkbox"/> Culture <input type="checkbox"/> Unknown		Non-culture, specify: <input type="checkbox"/> EIA <input type="checkbox"/> PCR <input type="checkbox"/> Other		AGENT IDENTIFIED				SPECIMEN SENT TO MDH <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Cyclosporiasis National Hypothesis Generating Questionnaire**

Form Approved  
OMB No. 0920-1198  
Exp. Date 10/31/2026

**General information** (Questions to be completed by interviewer before the questionnaire is administered.)

1. Classify case based on CDC case definition (**Required**):  Confirmed  Probable

**Laboratory information:**

2. Date(s) stool collected for *Cyclospora* testing (MM/DD/YYYY): \_\_\_\_\_

3. Test results:  Positive  Negative  Indeterminate  Pending

4. Specify type of testing laboratories and testing method(s) (Check all that apply including confirmatory testing):

	O&P (e.g., microscopy, stained smears)	GI PCR Panel (e.g., BioFire FilmArray®)	PCR (i.e., standalone PCR test, not part of a panel)	Other test type
Clinical lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDC lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Was the patient co-infected with another intestinal pathogen?  Yes  No

5a. If YES, please specify name of lab-confirmed coinfection: \_\_\_\_\_

**Interviewer information:**

6. Name: \_\_\_\_\_

7. Agency or organization: \_\_\_\_\_

8. Contact phone number: \_\_\_\_\_

9. Date of interview: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

10. Before this interview, how many times has the case-patient been interviewed about his/her illness?

None  Once  Twice  Three or more times  Unknown

11. Respondent for the current interview was:

Self  Parent  Spouse  Other, specify: \_\_\_\_\_

**For HD use only:**  Check if case was lost to follow up

If case was lost to follow up, was information extracted from the medical record?  Yes  No

Public reporting of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1198)

**Begin Interview:**

**Hello, my name is [state interviewer name]. I am from [INTERVIEWER HEALTH DEPARTMENT]. We are contacting you because of your (your child’s) recent infection with *Cyclospora*, which is a parasite that causes intestinal illness. We are trying to determine how people become infected with *Cyclospora* so we can prevent others from getting sick.**

**You may have already been contacted by someone at the health department, but I would like to ask you questions in a standard way about your (your child’s) illness, and about any travel you may have had or foods you may have eaten before becoming ill. The interview could take between 25-45 minutes. Your help in the investigation is very important. Your participation is voluntary, and you may refuse to answer any question at any time. All information you give will be kept confidential to the extent permitted by law. No individual names or other identifying information will be used in any official reports about the results of the investigation.**

**Are you willing to participate in this investigation?**

**If yes: The questions relate to the 14-day period before you (your child) became ill. Therefore, it may help to have a calendar, recent restaurant and grocery store receipts, or credit card statements nearby. Do you need a few moments to get this information? [Then proceed to start of interview]**

**If no: Thank you for your time.**

**Section 1: Demographic Data**

**I’d like to begin by asking a few demographic questions.**

1. State: \_\_\_\_\_ 2. County: \_\_\_\_\_ 3. Zip Code: \_\_\_\_\_

4. Date of birth (MM/YYYY): \_\_\_\_ / \_\_\_\_\_ 5. Age: \_\_\_\_\_(years) 6. Sex:  Male  Female

7. Do you consider yourself of Hispanic or Latino origin?

- Yes
- No
- Unknown

8. How would you describe your race? (Select all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> White           | <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian           | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Unknown                |
| <input type="checkbox"/> Other, specify: |   |   |

**Section 2: Clinical Information**

**Now I have some questions about your (your child’s) illness.**

9. What date did you (your child) first feel sick? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Approximate Date  Unknown  
 MM DD YYYY

10. Have you (your child) had any of the following symptoms?

Yes	Maybe	No	Don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Diarrhea (loose, watery stools you do not normally have)?
				a. Date diarrhea started: _____ b. Date diarrhea stopped: _____ <input type="checkbox"/> Ongoing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Weight loss?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Fever?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Fatigue?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Anorexia? (i.e., loss of appetite)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Nausea?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Vomiting?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Abdominal cramps?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Have your (your child’s) symptoms stopped?
				a. If yes, date symptoms stopped: _____ <input type="checkbox"/> Unknown

12. Were you (your child) hospitalized overnight?  Yes  No

12a. How many nights were you (your child) hospitalized? \_\_\_\_\_

12b. Admission date (MM/DD/YYYY): \_\_\_\_\_

12c. Hospital name (optional): \_\_\_\_\_

**Section 3: Travel, events, and ill contacts**

**Now I have some questions about any travel you (your child) might have had or events you (your child) might have attended during the 14 days before onset of illness. The travel or events could have been part of your work or for pleasure. I also have some questions about other persons you know who have been sick with a similar illness.**

**13. Did you (your child) travel to another state or country during the 14 days before onset of illness?**

Yes, traveled (continue to Question 14)  No, did not travel, or  Unknown (skip to Question 17)

**14. \*(Optional – for local analysis)** List counties in your home state (outside your county of residence) where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness.

Did not travel to other counties within home state  Unknown

Counties within home state	Date departed (MM/DD/YYYY)	Date returned (MM/DD/YYYY)	Foods eaten

15. List all states and U.S. cities outside of your home state where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness. **This includes airports and bus or train stations.**

Did not travel to other U.S. states  Unknown

U.S. States	U.S. Cities	Date departed (MM/DD/YYYY)	Date returned (MM/DD/YYYY)	Foods eaten

16. List all countries and cities outside the U.S. where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness.

Did not travel outside the U.S.  Unknown

Countries outside the U.S.	Cities outside U.S.	Date departed (MM/DD/YYYY)	Date returned (MM/DD/YYYY)	Foods eaten

**\*Note to Interviewer: To help determine if the interviewee meets the case definition, did the interviewee report international travel outside the U.S. or Canada during the 14 days before onset of illness?**

If yes, thank the interviewee for his/her time and end the interview.  
 If no, continue with interview at Question 17.

17. During the 14 days before onset of illness, did you (your child) attend any events where fresh food was served (e.g., parties, fairs, concerts, tournaments, conventions)?

Yes  Maybe  No  Unknown

17a. Please list the name of the event(s), date(s), and location(s).

Event (e.g., wedding, fairs, concerts, etc)	Date attended event (MM/DD/YYYY)	Location of event (City, State)	Foods eaten

18. Do you know of any other person(s) (e.g., a family member, friend, travel companion, co-worker, neighbor, church/temple/mosque member, health club, or other club member) who has been sick recently with a similar illness?

Yes  Maybe  No  Unknown

18a. If yes/maybe, please specify if you (your child) and the other ill person(s):

Live in the same household  Attended same event  Traveled together  
 Other, specify: \_\_\_\_\_

18b. If yes/maybe, please provide information about the other ill person(s), including number of ill persons and relationship to you (e.g., son, mother, neighbor, friend, etc.). **\*Please include the STATE ID of the ill contact(s), if available/applicable. Do not enter names or other personally identifiable information.**

**Section 4: Sources of produce at home**

Now I have some questions about where the fresh produce came from that you ate at home during the 14 days before your illness began. This isn't necessarily where you shopped during that 14-day period, but where what you actually ate during that time came from. I'm going to list several types of stores; for each type, please tell me the names of each store from which you would have eaten food from during the 14 days before you became sick. Please refer to your grocery store receipts, grocery order invoices, or credit card statements to provide a more detailed description.

19. Did you (your child) eat fresh produce from: grocery stores or supermarkets, warehouse stores, small markets (such as gas stations), ethnic specialty markets, health food stores, co-ops, farmer's markets or food directly from a farm, home delivery grocery services (e.g., CSA, Amazon Fresh, Instacart), meal delivery services (e.g., Blue Apron, Meals on Wheels), or any other sources?

Store name	Address	City	State	Zip Code	Date shopped (MM/DD/YYYY) or range	Foods purchased	*Shopper card #

\*Many stores use a customer's phone number as their shopper card number. If your phone number is your shopper card number, may we use your phone number to look up purchase histories at the stores you've listed?  
 Yes  No

\*By giving your shopper card number, you are permitting retrieval of information regarding your purchases. This information may be shared with other public health officials to help with outbreak investigations.  
 Refused to give shopper card # or permission to use phone number to look up purchase history.

Additional comments about grocery store purchases:

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**Section 5: Sources of produce outside the home**

**Now I have some questions about where you ate produce outside your home, such as at restaurants or fast-food chains during the 14 days before your illness began. I'm going to list several types of restaurants and commercial food establishments; for each type, please tell me the names of each place. Please refer to your restaurant receipts or credit card statements to provide a more detailed description.**

20. Did you (your child) eat foods from: national fast-food chains, Mexican-style, Italian, Jamaican/Cuban/Caribbean, Chinese/Indian/Japanese/Asian, Middle Eastern/Arabic/Lebanese/African, vegetarian or vegan, barbecue or home-style, steakhouse or grill, seafood, all-you-can-eat buffet, sandwich shop or deli, diner, salad bar, take-out, breakfast or brunch, school or institution, food truck, restaurants at airports or other restaurants or commercial food establishments?

Restaurant name	Address	City	State	Zip Code	Meal date (MM/DD/YYYY) or range	Foods eaten

Additional comments about restaurant meals:

\_\_\_\_\_

**Questions to be completed by interviewer:**

Is the case associated with a cluster?  Yes  No  Unknown

If yes, what is the cluster name? \_\_\_\_\_

**Section 6: Fresh herbs**

Now I have some questions about fresh herbs (not canned, cooked, frozen, or dried) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these herbs either in your home or away from home. I am only interested in fresh herbs that were not grown at home. Please remember that fresh herbs are often served as garnishes on drinks, entrees, desserts, or as part of a dish such as pesto, salsa, or a sauce. As I mention each food item, please answer yes, maybe, no, or don't know as to whether you remember having eaten the food during the 14 days before you became ill.

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Fresh basil?
				a. Type(s): <input type="checkbox"/> Sweet basil <input type="checkbox"/> Purple basil (i.e., purple leaves and stems) <input type="checkbox"/> Thai basil (i.e., green leaves and purple stems) <input type="checkbox"/> Other, specify: _____
				b. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				c. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Fresh cilantro?
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Fresh parsley?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Fresh oregano?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Fresh thyme?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Fresh mint?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Fresh dill?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Fresh sage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Fresh rosemary?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Other fresh herbs?
				a. Type(s): _____ <input type="checkbox"/> Unknown

Additional comments about fresh herbs: \_\_\_\_\_



**Section 7: Fresh berries and fruit**

Now I have some questions about fresh berries and other fruit (not canned, cooked, frozen, or dried) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten this fruit either in your home or away from home. I am only interested in fresh fruits that were not grown at home. Please remember that fruit and berries are often used in smoothies or as garnishes on top of or on the sides of salads and in desserts.

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Fresh red raspberries?
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Fresh blackberries?
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Fresh strawberries?
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Fresh blueberries?
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Other fresh berries
				a. Types: <input type="checkbox"/> Black raspberries <input type="checkbox"/> Golden raspberries <input type="checkbox"/> Boysenberries b. Other type(s): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Apples?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Grapes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Pears?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Peaches?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Nectarines?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Plums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Oranges?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Tangerines or clementines? (e.g., "Cuties")
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Grapefruit?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Fresh lemon or lime? This could include a garnish on a drink.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Cherries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Cantaloupe?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Honeydew melon?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Watermelon?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Precut melon or melon salad? (e.g., premade, in a container) This could also include melon in a fruit cup or fruit salad.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Other melon?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Pineapple?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Mango?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Other fruit?
				a. Types: <input type="checkbox"/> Bananas <input type="checkbox"/> Kiwi <input type="checkbox"/> Papaya <input type="checkbox"/> Guava <input type="checkbox"/> Pomegranate <input type="checkbox"/> Coconut (whole or shredded) Other, specify: _____

Additional comments about fresh fruit: \_\_\_\_\_

**Section 8: Leafy greens (e.g., iceberg, romaine, mesclun, cabbage, spinach)**

Now I have some questions about leafy greens (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these leafy greens either in your home or away from home. I am only interested in leafy greens that were not grown at home. Please remember to include greens you might have eaten on sandwiches or burgers or as a garnish.

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. Bagged salad kits (e.g., bagged leafy greens with dressing or other toppings like nuts, seeds, croutons, or cheese that need to be mixed in)?
				a. What were the: Ingredients (lettuce, cabbage, carrots, etc.): _____ Brand(s): _____ Place(s) purchased (names, locations): _____ <i>*If multiple types of bagged salad kits are reported, please enter the additional types in the "Additional comments about leafy greens" section below.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56. Pre-made, single serving salads (e.g., ready to eat salads with toppings, meats, and dressing, in a hard plastic container)? *These are "grab-and-go" type items that you might find in the deli section of a grocery store.
				a. What were the: Ingredients (lettuce, cabbage, carrots, etc.): _____ Brand(s): _____ Place(s) purchased (names, locations): _____ <i>*If multiple types of pre-made single serving salads are reported, please enter the additional types in the "Additional comments about leafy greens" section below.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57. Iceberg lettuce?
				a. If eaten <u>at home</u> , what was the: Type(s): <input type="checkbox"/> Prepackaged, precut/shredded in a bag

	<input type="checkbox"/> Head/Loose (not prepackaged) <input type="checkbox"/> Topping/Garnish <input type="checkbox"/> Part of a pre-made salad or bagged salad kit <input type="checkbox"/> Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>	b. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
	58. Romaine lettuce?
	a. If eaten <u>at home</u> , what was the: Type(s): <input type="checkbox"/> Prepackaged, precut/shredded in a bag <input type="checkbox"/> Head (prepackaged, in a bag) <input type="checkbox"/> Head/Loose (not prepackaged) <input type="checkbox"/> Topping/Garnish <input type="checkbox"/> Part of a pre-made salad or bagged salad kit <input type="checkbox"/> Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>	b. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
	59. Mesclun lettuce (e.g., spring mix, field greens, baby greens)?
	a. If eaten <u>at home</u> , what was the: Type(s): <input type="checkbox"/> Prepackaged in a hard plastic container <input type="checkbox"/> Prepackaged in a bag <input type="checkbox"/> Head/Loose (not prepackaged) <input type="checkbox"/> Topping/Garnish <input type="checkbox"/> Part of a pre-made salad or bagged salad kit <input type="checkbox"/> Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>	b. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
	60. Butter lettuce (also called Boston or Bibb lettuce)?
	a. Type(s): <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Mixed b. Packaging: <input type="checkbox"/> Prepackaged in a bag <input type="checkbox"/> Prepackaged in a hard plastic container <input type="checkbox"/> Head/loose (not prepackaged) <input type="checkbox"/> Part of a pre-made salad or bagged salad kit c. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>	d. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
	61. Fresh cabbage?
	a. Type(s): <input type="checkbox"/> Red, head/loose (not prepackaged) <input type="checkbox"/> Green, head/loose (not prepackaged) <input type="checkbox"/> Precut/shredded, prepackaged in a bag (e.g., coleslaw mix) <input type="checkbox"/> Part of a pre-made salad or bagged salad kit

				<input type="checkbox"/> Savoy (aka curly) <input type="checkbox"/> Napa <input type="checkbox"/> Bok choy <input type="checkbox"/> Brussel sprouts <input type="checkbox"/> Other, specify: _____
				b. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				c. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62. Fresh spinach?
				a. If eaten <u>at home</u> , what was the: Type(s): <input type="checkbox"/> Prepackaged, in a bag <input type="checkbox"/> Prepackaged, in a hard plastic container <input type="checkbox"/> Head/Loose (not prepackaged) <input type="checkbox"/> Topping/Garnish <input type="checkbox"/> Part of a pre-made salad or bagged salad kit <input type="checkbox"/> Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63. Other lettuce or leafy greens?
				a. Type(s): <input type="checkbox"/> Arugula <input type="checkbox"/> Endive <input type="checkbox"/> Mustard greens <input type="checkbox"/> Radicchio <input type="checkbox"/> Kale <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64. Other prepackaged salad mix (not previously identified)?
				a. What were the: Ingredients (lettuce, cabbage, carrots, etc.): _____ Brand(s): _____ Place(s) purchased (names, locations): _____

Additional comments about leafy greens:

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**Section 9: Other fresh vegetables**

Now I have some questions about fresh vegetables (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these vegetables either in your home or away from home. I am only interested in vegetables that were not grown at home. Please include vegetables that were eaten alone or as part of a dish.

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65. Cucumbers?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66. Raw, uncooked zucchini?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67. Raw, uncooked squash? (e.g., yellow squash)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68. Raw, uncooked bell peppers?
				a. Type(s): <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Yellow <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69. Hot peppers or chili peppers (e.g., jalapenos or serrano peppers)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70. Celery?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71. Raw carrots?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Type(s): <input type="checkbox"/> "Mini" or "baby" carrots <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72. Other raw, uncooked root vegetables?
				a. Type(s): <input type="checkbox"/> Radishes <input type="checkbox"/> Beets <input type="checkbox"/> Turnips <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73. Fresh, raw peas? (May be shelled or in the pod)
				a. Type(s): <input type="checkbox"/> Garden peas <input type="checkbox"/> Snow peas (i.e. flat, shiny pods containing peas) <input type="checkbox"/> Sugar snap peas (i.e. plump, crisp, edible pods) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74. Broccoli?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75. Cauliflower?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76. Sprouts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77. Raw, uncooked onions?
				a. Type(s): <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red/Purple <input type="checkbox"/> Green onion/scallion <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78. Fresh tomatoes?
				a. Type(s): <input type="checkbox"/> Red round <input type="checkbox"/> Roma (oval-shaped) <input type="checkbox"/> Grape/Cherry (bite-sized) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79. Fresh made salsa or pico de gallo (i.e., not from a vacuum-sealed jar)?
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80. Fresh made guacamole (i.e., not from a vacuum-sealed jar)?
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List the name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)

Additional comments, including other types of fresh vegetables: \_\_\_\_\_

This completes the interview. Thank you very much for your time. Depending on what we find when we put these interviews together, we may need to talk to you again about a few details. Would you like to provide any additional thoughts about anything we've discussed or about this outbreak investigation?