Interviewer name:	
Date of interview:	//

Standard foodborne disease outbreak case questionnaire

Introductory note

This questionnaire is an adaptation of a standardized questionnaire developed by the Minnesota Department of Health. It is intended for use as a template for investigating foodborne disease outbreaks. The content or format may require modification in accordance with the circumstances of a particular outbreak. Some aspects of the questionnaire you may wish to customize include:

- 1. If you suspect a food item that does not appear in this questionnaire, add questions about this food.
- 2. If a pathogen has been identified, consider adding or altering clinical questions and specifying the incubation period accordingly.
- 3. Decide how to code onset times when respondents give nonspecific responses such as "morning" or "am."

"am."		
Part I. Demographics/Introduction:		
Pt. Name:		DOB://
Age: years		
Address:		
Home phone:		
City:	County	·
Zip:		
Parent's Name (if child)		
Occupation:		
Work Phone:		
Name and Address of Employer, dayca	are, school:	
and we are working to identify the sour	have been several cases of ree of infection, so we can re one of the people who had foods that you ate before be	of in our community prevent additional illness in the had this illness. I would like to ask you
If no: Is there a convenient time I can c	Time _	:am pm one:
Who was interviewed? • Patient	Other person	

			Date	of interview:/_/_	
Part II. Clinical inf	ormation				
Which did you exper	ience <u>first</u> :	પ⊛ vomit પ⊛ d	iarrhea		
Date of onset of vo Onset time: Circle				ht, double-check the onset day/o	late!
1 :	am	7 am	13-1 pm	19-7 pm	
2		8	14-2	20-8	
3		9	15-3	21-9	
4		10	16-4	22-10	
5		11	17-5	23-11	
6 8	am	12 noon	18-6 pm	24-12 midnight	
Are you still experi	encing vo	mit or diarrhea?	Y N		
Date of last day of a Time of last episode Read questions exact not sure" etc.				1 'no" and DK for "don't know, can	't remember,
Did you have:					
Nausea	Y	N	DK		
Vomiting	Y	N	DK		
Diarrhea	Y	N	DK		
If yes:	. C . 4 1 . ! .	04 1			
Maximum number					
Bloody diarrhea	Y	N	DK		
Abdominal cramps	Y	N	DK		
Fever	Y	N	DK		
Chills	Y	N	DK		
Headache	Y	N	DK		
Body aches	Y	N	DK		
Fatigue	Y	N	DK		
Constipation	Y	N	DK		
Other	V	N	DK		

Y N	When?/_				
Were you hospitalized overnight Where?	nt? Y	N			
Was a stool culture done? Results:		N		ЭK	
Did you take any prescription n If yes, what medication				N	DI
Did anyone in your household l	have a similar illne	ess? If yes,	who?		
Do you know of anyone else wi	ith a diarrheal illne	ess during th	e past week?		
					Y
					N
					IN
If yes, who?					DI
If yes, who? Telephone:	When?/_	/	And the second second		
Part III. General information					
Did you attend a large gathering					
Did you attend a large gathering events, clubs, school events					
Did you attend a large gathering events, clubs, school events Y N					
Did you attend a large gathering events, clubs, school events	s, athletic events, o				fairs)
Did you attend a large gathering events, clubs, school events Y N If yes, what events?	s, athletic events, o	ffice parties	or banquets,	parties, festivals,	fairs) /
Did you attend a large gathering events, clubs, school events Y If yes, what events? Event 1:	athletic events, o	ffice parties	or banquets,	when?	fairs)//
Did you attend a large gathering events, clubs, school events Y N If yes, what events? Event 1: Event 2:	location: location:	ffice parties	or banquets,	when? When?	fairs)//
Did you attend a large gathering events, clubs, school events Y N If yes, what events? Event 1: Event 2: Event 3:	location: location:	ffice parties	or banquets,	when? When?	fairs)//
Did you attend a large gathering events, clubs, school events Y N If yes, what events? Event 1: Event 2: Event 3: Event 4: Do you know anyone else in you with the same illness?	location:location:location:location:location:ur neighborhood/s	ffice parties	or banquets,	when? When? When? When?	fairs)///
Did you attend a large gathering events, clubs, school events Y N If yes, what events? Event 1: Event 2: Event 3: Event 4: Do you know anyone else in you	location:location:location:location:location:location:location:location:	ffice parties	or banquets,	when? When? When? When?	fairs) / / /nagogu

					Interviewe	r name:	_//_	
					Date of int	erview:		
If yes, where?				When?	/	/	to	/ /
If airling traval wh	at airline?							
Outgoing flight	t no.		R	eturn flight r	10.			
Outgoing flight Foods eaten on plan	ne going the	re:				return	•	
If you stayed at	t a resort ple	ase pro	vide re	esort name:				
If cruise ship, r	name of ship			Destinat	ions		***************************************	
Have you had conta N If yes,	act with chil when:	dren in	a chile /	dcare setting Name of fac	during tl cility:	he seven	days before	illness? Y
Location]	Phone:	·····				
Location Are you aware	of any other	·illness	in the	daycare?	Y	N	DK	
During the seven do pets elsewhere, If yes, what typ	ays before your	our illn ousehol	ess, di d with	d you have a pets? (inclu	ny pets a	nt home, tiles)	Y	et with household N
If your own pet	-							hrand:
if your own per	is, where do	you ou	iy youi	per roous: _				Uana.
N	,	·		, r		von day	, 001010 904	r illness? Y
If yes: what kin When?	nd of animal /	(s) did W	you ha	ive contact w	rith?			
If yes: what kin When?/_ From what sources	nd of animal	(s) did W I you di	you ha /here? rink du	ive contact w	rith?			
If yes: what kin When? / _ From what sources Municipal tap v	nd of animal/ of water did	(s) did W I you di Y	you ha Vhere? rink du N	ive contact w iring the seven	rith?			
If yes: what kin When?/ From what sources Municipal tap v Private well wa	nd of animal/ of water did water	(s) did W I you di Y	you ha Vhere? rink du N	ive contact w iring the seven	rith?			
If yes: what kin When?/ _ From what sources Municipal tap was Private well was Untreated surfa	nd of animal/ of water did water tter ice water	(s) did W I you di Y Y	you ha Vhere? rink du N N	ring the seve DK DK	rith?			
If yes: what kin When?/_ From what sources Municipal tap well wan Private well wan Untreated surfa	nd of animal/ of water did water	(s) did W I you di Y Y	you ha /here? rink du N N	ring the seven DK DK DK	rith?			
If yes: what kin When? / _ From what sources Municipal tap was Private well was Untreated surfa (river, pattern) Bottled water	nd of animal/ of water did water ter ace water pond, lake)	(s) did W I you di Y Y Y	you ha Vhere? rink du N N	ring the seve DK DK	rith?			
If yes: what kin When?/ From what sources Municipal tap w Private well wa Untreated surfa (river,) Bottled water Other	nd of animal/ of water did water ter tee water pond, lake)	(s) did W I you di Y Y Y Y W W w watei	you ha /here? rink du N N N	oring the seven DK DK DK DK DK DK DK	n days b	pefore yo	ur illness?	
If yes: what kin When? / _ From what sources Municipal tap was Private well was Untreated surfa (river, Bottled water Other Did you drink any was Now If yes, where?	nd of animal/ of water did water iter ice water pond, lake) untreated/ray	(s) did W I you di Y Y Y Y	you ha /here? rink du N N N	oring the seven DK DK DK DK DK DK	n days b	pefore yo	ur illness?	
If yes: what kin When? / _ From what sources Municipal tap was Private well was Untreated surfa (river, Bottled water Other Did you drink any was Now If yes, where? Did you swim during the property of the prop	nd of animal/ of water did water tter tter tter tter pond, lake) untreated/rav	(s) did W I you di Y Y Y Y w water	you have here? rink du N N N N N N N N N N N N N N N N N N	DK DK DK DK oring the seven decorated was a seven decorated with the sev	ays before	pefore your i	ur illness?	
If yes: what kin When? / _ From what sources Municipal tap was Private well was Untreated surfa (river, Bottled water Other Did you drink any was Now If yes, where?	nd of animal/ of water did water iter ice water pond, lake) untreated/rav ing the seven Ocean/sea	(s) did W I you di Y Y Y Y W w water days b	you ha /here? rink du N N N r O N N r O O O O O O O O O O O O	DK DK DK DK our illness?	ays before	pefore your i	ur illness?	
If yes: what kin When? / _ From what sources Municipal tap was Private well was Untreated surfa (river, Bottled water Other Did you drink any was Now If yes, where? Did you swim during the property of the prop	nd of animal/ of water did water ter tee water pond, lake) untreated/rav ng the seven Ocean/sea Pool	(s) did W I you di Y Y Y Y W W w water days b	you ha /here? rink du N N N r O N N r O O O O O O O O O O O O	DK DK DK OK OK If ye N If ye	ays before	oefore your i	ur illness?	
If yes: what kin When? / _ From what sources Municipal tap was Private well was Untreated surfa (river, Bottled water Other Did you drink any was Now If yes, where? Did you swim during the property of the prop	nd of animal/ of water did water iter ice water pond, lake) untreated/rav ing the seven Ocean/sea	(s) did W I you di Y Y Y Y W w water days b	you ha /here? rink du N N N N r durin	DK DK DK OK OK If ye N If ye N If ye N If ye	ays before Y s: Locates: Locates: Locates: Locates	oefore your i N tiontiontiontion	ur illness?	
If yes: what kin When? / _ From what sources Municipal tap was Private well was Untreated surfa (river, Bottled water Other Did you drink any was Now If yes, where?	nd of animal/ of water did water ter ice water pond, lake) untreated/rav ng the seven Ocean/sea Pool Lake	d(s) did W I you di Y Y Y Y O W Water days b Y Y Y	you ha Vhere? rink du N N N r durin	our illness? N If ye	ays before Y s: Locates: Locates: Locates: Locates: Locates:	oefore your i	ur illness?	

			Interviewer	name:/		-
Store name:			Location:			
Store name:			Location:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Store name:			Location:			
Store name:			Location:			·
Part IV. Specific food ques In the week before your illnes cooked at home)? I'm re store by you or a relative/ DK	ss, did y ferring o	either to	•			`
If yes where nurchased	9				When?	
If yes: where purchased What was the bra	nd nam	e?			** IICII :	
What was the ora	oround	heef wa	s it (extra lean, lean, %	(6 fat etc.)	9	
In the week before your illnes store or restaurant, such a	•		•			•
Where:		,	What.			
Where.			vv IIat.	······································		***************************************
In the week before your illnes more eggs? If yes: Where did yo What was the bra	Y ou buy th	N ne eggs?	DK		-	-
Have you done any baking that us Did you taste any of the uncod	oked bat	tter?	Ϋ́N	Y	N	
Did you drink any unpasteuriz during the week before your il If yes, where?	llness?	Y	N	sco made	with unpasteui	ized milk
Part V. Restaurants Exposu	ıres:					
In the seven days before your establishment?	illness,	did you	eat at any of the follow	wing types	s of commercia	al food
Restaurant	\mathbf{Y}^{-}	N	DK			
Fast-food establishment	Y	N	DK			
Cafeteria	Y	N	DK			
Deli	Y	N	DK			
Read-to-eat food served in	a super	rmarket	or department store?	Y	N	DK
Street-vended food Concession stand at	Y	N	DK			

]	Date of interview://	
Y	N	DK			
l establ	ishmen	ts where	you ate dur	ring the seven days before you became ill.	
			_ date:	// time:	
	Y Y	Y N Y N	Y N DK Y N DK I establishments where	Y N DK Y N DK Y N DK I establishments where you ate dur date: date: date:	Y N DK Y N DK I establishments where you ate during the seven days before you became ill. date:// time: date:/// time: date:/// time:

	Date of interview:/_/	
ne: Address:	date: / / time:	
Foods eaten:		1
Name:	date: / /	
Address:Foods eaten:	time:	

Name:Address:	date: / / time:	
Foods eaten:		•••

Interviewer name:

Date of interview: / /

Part VI. Open-ended food history:

days before onset of symptoms. [Use the incubation period applicable to the List the location of the meal and foods eaten within_ agent/disease under investigation, e.g.,

E. coli O157:H7: 2-7 days Staphylococcus: 30 min - 8 hrs Salmonella: 0-5 days Vibrio parahemolyticus: 0-2 days Vibrio parahemolyticus: 0-2 days 0-5 days 0-3 days ShigellaCryptosporidium: 1-12 days Bacillus cereus: 1-24 hours Campylobacter: 1-10 days

Viral agent: 0-3 days

If a specific agent is not suspected at the time of interview, ask about the day of illness and the four days before illness.

Days before illness onset: 0 (Day of illness onset) Day of week:	Meal Breakfast Lunch Dinner	Ate at home Legistration of the content of the con	Ate outside of home ve ve ve	Outside location	Foods eaten
Days before illness onset: 1 (Day before illness onset) Day of week:	Meal Breakfast Lunch	Ate at home	Ate at Ate outside home of home Results: Results:	Outside location	Foods eaten
demonstration with the second	Other	9			

Interviewer name:

Date of interview:

Days before illness onset: 2	2	Ate	Ate at Ate outside	Outside	
	Meal	home	home of home	location	Foods eaten
	Breakfast	9	® 2		
Day of week:	Lunch	\$	® }		
Date:/_/	Dinner	9	%		
	Other	9	® 7		
David hofews illness conset. 3		•	:	-	
Days before inness onset: 5		Ate at	Ate at Ate outside	Outside	
	Meal	home	of home	location	Foods eaten
	Breakfast	9	® 2		
Day of week:	Lunch	9	9		
Date://	Dinner	\$	9 7		
	Other	9	9 7		
Days before illness onset: 4		Ate at	Ate at Ate outside	Outside	
	Meal	home	of home	location	Foods eaten
	Breakfast	®	© 2		
Day of week:	Lunch	9	® 7		
Date://	Dinner	2	® 7		
	Other	9	9		

Interviewer name:

Date of interview: ___/__/___

Days before illness onset: 5		A te of	Ata of Ata outsida	Outcide	
	Meal		of home	-	Foods eaten
	Breakfast	9	®7		
Day of week:	Lunch	9	9 2		
Date://	Dinner	®	® 2		
	Other	9	® 2		
Days before illness onset: 6		Ate at	Ate outside	Outside	
	Meal	home	of home	location	Foods eaten
	Breakfast	® 2	92		
Day of week:	Lunch	9	92		
Date: //	Dinner	9	97		
	Other	9	9		
Days before illness onset: 7		Ate at	Ate at Ate outside	Outside	
	Meal	home	of home	location	Foods eaten
	Breakfast	®	© 2		
Day of week:	Lunch	® 2	9 2		
Date:/	Dinner	۶	(A)		
	Other	\$	⊕ ?		

Interviewer name:	Date of interview:	

Appendix: Specific food consumption history:

Please indicate for each of the food items listed below whether you definitively ate it, maybe ate it, definitively did not eat it, and whether it was cooked or uncooked, during the seven days before you became ill. The time period we are talking about is

Check the appropriate box; if "definitely ate" or "maybe ate" fill out remainder of columns.

date eaten	
date bought	
store	
brand	
how prepared	
definite NOT	
maybe ate ate	
<u>definitely</u> <u>ate</u>	
Food item	

		T	1	T	T	T	T	T	T

		-	EI .	heese		dded	b. processed sliced	امحذ	ଆ
<u>Dairy</u>	Mik	Buttermilk	Sour cream	Cottage cheese	Cheese	a. shredded	b. proc	c. block	d. string

e. curds					
<u>Ice cream</u>					
Frozen dessert	-		·		
Yogurt					
Meat, poultry					
Chicken					
Turkey					
Hamburger					
Hamburger as ingredient					
What kind of dish?					

						-	
well done							
medium (pink in middle), well done							
mediu						-	
rare (red in middle).							
rare (r	-						
raw,							try/fish
Hamburger:	Other beef	Pork	<u>Lamb</u>	Sausage	Fish	Shellfish	Other meat/poultry/fish

Eggs

Any egg	

interviewer name:	Date of interview:

fried hard			
over easy	scrambled-dry	hard-boiled	omelette-hard
sunny-side up	scrambled-runny	soft-boiled	omelette-runny
fried:	scrambled:	boiled:	omelette

Fruits (fresh, not canned)

Oranges					
Other citrus			-	 ,	
Pears					
Apples					
Other tree fruit					
Strawberries					
Other berries					
Grapes					
Bananas					
Mangoes					
Cantaloupe					
Water melon	·				
Other melon					
Exotic fruit (specify)					

Prepackaged salad				
Lettuce				
lceberg				
Red leaf lettuce				
Romaine lettuce				
Meselun greens				
Spinach				
Cabbage				
Tomatoes				
Cucumbers				
Peppers		-		
Asparagus				
Celery				
Carrots				
Radishes				
<u>Pea pods</u>				
Egg plants, squash		·		
Onions				
Green	and an artist of the second			
Other (white, Spanish)				

Drogoot				
Biocoli				
Fresh herbs				
Mushrooms				
Cilantro				

Sprouts (e.g. on sandwich)					
Alfalfa sprouts					
Bean sprouts					
Peanut butter					
Salsa		A CONTRACTOR OF THE PARTY OF TH			
Dips					
	-				

Salads

ads					
Green (tossed)					
Caesar salad	-				
Fruit salad					
Pasta salad					
Potato salad					
Cole slaw					
Other Salad			-		

Interviewer name:

Date of interview:

2010101

Apple juice or cider		-			
Orange juice			-		
Other fruit juice					
Iced tea					
Special teas, herbal drinks					