

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."

**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, daycare, school: \_\_\_\_\_

Hello. My name is \_\_\_\_\_ and I'm calling from the \_\_\_\_\_ State Health Department. I'm calling because there have been several cases of \_\_\_\_\_ in our community and we are working to identify the source of infection, so we can prevent additional illness in the community. We understand that you are one of the people who had this illness. I would like to ask you some questions about your illness and foods that you ate before becoming ill, that will help us in this work. This will take about \_\_\_ minutes. Can we go ahead?

*If no:* Is there a convenient time I can call you back? Day \_\_\_\_\_  
Time \_\_\_:\_\_\_ am pm  
Telephone: \_\_\_\_\_

*Who was interviewed?*     Patient     Other person

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**Part II. Clinical information**

Which did you experience first:  vomit     diarrhea

Date of onset of vomit or diarrhea (whichever occurred first): \_\_\_/\_\_\_/\_\_\_

Onset time: *Circle closest hour. For onset times after midnight, double-check the onset day/date!*

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 am	12 noon	18-6 pm	24-12 midnight

Are you still experiencing vomit or diarrhea?    Y    N

Date of last day of illness with vomit or diarrhea: : \_\_\_/\_\_\_/\_\_\_

Time of last episode of vomit or diarrhea: \_\_\_:\_\_\_ AM PM

*Read questions exactly as written below. Circle Y for "yes," N for "no" and DK for "don't know, can't remember, not sure" etc.*

Did you have:

Nausea	Y	N	DK
Vomiting	Y	N	DK
Diarrhea	Y	N	DK

*If yes:*

Maximum number of stools in a 24-hour period: \_\_\_\_\_

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:	Y	N	DK _____

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Did you see a healthcare professional, such as a doctor or a nurse?

Y                      N              When? \_\_\_ / \_\_\_ / \_\_\_

Were you hospitalized overnight?              Y                      N

Where? \_\_\_\_\_

Was a stool culture done?                      Y                      N                      DK

Results: \_\_\_\_\_

Did you take any prescription medications for this illness?              Y                      N                      DK

If yes, what medications? \_\_\_\_\_

Did anyone in your household have a similar illness? If yes, who? \_\_\_\_\_

Do you know of anyone else with a diarrheal illness during the past week?

Y

N

DK

If yes, who? \_\_\_\_\_

Telephone:              When? \_\_\_ / \_\_\_ / \_\_\_

### Part III. General information

Did you attend a large gathering the week before your illness? (e.g., wedding reception, showers, church events, clubs, school events, athletic events, office parties or banquets, parties, festivals, fairs)

Y              N

If yes, what events?

Event 1: \_\_\_\_\_ location: \_\_\_\_\_              When? \_\_\_ / \_\_\_ / \_\_\_

Event 2: \_\_\_\_\_ location: \_\_\_\_\_              When? \_\_\_ / \_\_\_ / \_\_\_

Event 3: \_\_\_\_\_ location: \_\_\_\_\_              When? \_\_\_ / \_\_\_ / \_\_\_

Event 4: \_\_\_\_\_ location: \_\_\_\_\_              When? \_\_\_ / \_\_\_ / \_\_\_

Do you know anyone else in your neighborhood/school/office/business/health club/church/synagogue etc. with the same illness?              Y                      N

If yes: Where? \_\_\_\_\_

How many people? \_\_\_\_\_ Name \_\_\_\_\_ Tel \_\_\_\_\_

Name \_\_\_\_\_ Tel \_\_\_\_\_

Name \_\_\_\_\_ Tel \_\_\_\_\_

Did you travel anywhere during the seven days before your illness?              Y                      N

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Date of interview: \_\_\_/\_\_\_/\_\_\_

If yes, where? \_\_\_\_\_ When? \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

If airline travel, what airline? \_\_\_\_\_

Outgoing flight no. \_\_\_\_\_ Return flight no. \_\_\_\_\_

Foods eaten on plane going there: \_\_\_\_\_ return: \_\_\_\_\_

If you stayed at a resort please provide resort name: \_\_\_\_\_

If cruise ship, name of ship \_\_\_\_\_ Destinations \_\_\_\_\_

Have you had contact with children in a childcare setting during the seven days before illness? Y

N If yes, when: \_\_\_ / \_\_\_ / \_\_\_ Name of facility: \_\_\_\_\_

Location \_\_\_\_\_ Phone: \_\_\_\_\_

Are you aware of any other illness in the daycare? Y N DK

During the seven days before your illness, did you have any pets at home, have contact with household pets elsewhere, or visit a household with pets? (including reptiles) Y N

If yes, what type of pets? \_\_\_\_\_

If your own pets, where do you buy your pet foods? \_\_\_\_\_ brand: \_\_\_\_\_

Did you live on a farm, visit a farm, or visit a petting zoo in the seven days before your illness? Y

N

If yes: what kind of animal(s) did you have contact with? \_\_\_\_\_

When? \_\_\_ / \_\_\_ / \_\_\_ Where? \_\_\_\_\_

From what sources of water did you drink during the seven days before your illness?

Municipal tap water Y N DK

Private well water Y N DK

Untreated surface water (river, pond, lake) Y N DK

Bottled water Y N DK

Other \_\_\_\_\_

Did you drink any untreated/raw water during the seven days before your illness? Y

N

If yes, where? \_\_\_\_\_

Did you swim during the seven days before your illness? Y N

If yes, where? Ocean/sea Y N If yes: Location \_\_\_\_\_

Pool Y N If yes: Location \_\_\_\_\_

Lake Y N If yes: Location \_\_\_\_\_

Pond Y N If yes: Location \_\_\_\_\_

River Y N If yes: Location \_\_\_\_\_

Other Y N If yes: Location \_\_\_\_\_

Where did you shop for groceries consumed the week before your illness?

Interviewer name: \_\_\_\_\_

Date of interview: \_\_\_/\_\_\_/\_\_\_

Store name: \_\_\_\_\_ Location: \_\_\_\_\_

Store name: \_\_\_\_\_ Location: \_\_\_\_\_

Store name: \_\_\_\_\_ Location: \_\_\_\_\_

Store name: \_\_\_\_\_ Location: \_\_\_\_\_

**Part IV. Specific food questions**

In the week before your illness, did you eat any dish containing store-purchased ground beef (that is, cooked at home)? I'm referring either to bulk ground beef or pre-made beef patties purchased in a store by you or a relative/house-mate? Y            N

DK

*If yes:* where purchased? \_\_\_\_\_ When? \_\_\_\_\_

What was the brand name? \_\_\_\_\_

What type of ground beef was it (extra lean, lean, % fat, etc.)? \_\_\_\_\_

In the week before your illness, did you consume meat originating from any place other than a grocery store or restaurant, such as from hunting, a butcher shop, custom butchery? Y

N

Where: \_\_\_\_\_ What: \_\_\_\_\_

In the week before your illness, did you make or eat any dish that involved breaking and mixing four or more eggs? Y    N    DK

*If yes:* Where did you buy the eggs? \_\_\_\_\_ When? \_\_\_\_\_

What was the brand? \_\_\_\_\_

Have you done any baking that used a raw egg in the preparation? Y            N

Did you taste any of the uncooked batter? Y            N

Did you drink any unpasteurized milk, or cheeses such as queso fresco made with unpasteurized milk during the week before your illness? Y            N

If yes, where? \_\_\_\_\_

**Part V. Restaurants Exposures:**

In the seven days before your illness, did you eat at any of the following types of commercial food establishment?

Restaurant	Y	N	DK		
Fast-food establishment	Y	N	DK		
Cafeteria	Y	N	DK		
Deli	Y	N	DK		
Read-to-eat food served in a supermarket or department store?	Y			N	DK
Street-vended food	Y	N	DK		
Concession stand at					

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Date of interview: \_\_\_/\_\_\_/\_\_\_

sporting event	Y	N	DK
Snack bar	Y	N	DK
Gas station	Y	N	DK

Please list all such food establishments where you ate during the seven days before you became ill.

Name: \_\_\_\_\_ date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ time: \_\_\_\_\_

Foods eaten:

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ time: \_\_\_\_\_

Foods eaten:

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ time: \_\_\_\_\_

Foods eaten:

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ time: \_\_\_\_\_

Foods eaten:

\_\_\_\_\_

\_\_\_\_\_

Interviewer name: \_\_\_\_\_

Date of interview: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ time: \_\_\_\_\_

Foods eaten:

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ time: \_\_\_\_\_

Foods eaten:

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ time: \_\_\_\_\_

Foods eaten:

\_\_\_\_\_

\_\_\_\_\_

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**Part VI. Open-ended food history:**

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

- Bacillus cereus*: 1-24 hours
- Campylobacter*: 1-10 days
- Cryptosporidium*: 1-12 days
- E. coli* O157:H7: 2-7 days
- Salmonella*: 0-5 days
- Shigella*: 0-3 days
- Staphylococcus*: 30 min - 8 hrs
- Vibrio parahaemolyticus*: 0-2 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: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Days before illness onset: 1  
 (Day before illness onset)**

Day of week: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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Date of interview: \_\_\_/\_\_\_/\_\_\_

**Days before illness onset: 2**

_____	Meal	Ate at home	Ate outside	Outside location	Foods eaten
Day of week: _____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Date: ___/___/___	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Days before illness onset: 3**

_____	Meal	Ate at home	Ate outside	Outside location	Foods eaten
Day of week: _____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Date: ___/___/___	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Days before illness onset: 4**

_____	Meal	Ate at home	Ate outside	Outside location	Foods eaten
Day of week: _____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Date: ___/___/___	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Interviewer name: \_\_\_\_\_  
Date of interview: \_\_\_/\_\_\_/\_\_\_

**Days before illness onset: 5**

Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Day of week: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_

**Days before illness onset: 6**

Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Day of week: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_

**Days before illness onset: 7**

Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Day of week: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_











