

E. Food Exposures

- Note that the order of the responses for these questions is: “No” “Unknown” “Yes”.
- For many questions, additional or follow-up questions are to be asked if the response is “Yes.” These are indicated with arrows leading from the “Yes” checkbox to each additional question. If the response is “No” or “Unknown”, move to the next question.

I will begin by asking you some questions about foods [you/your child] ate or handled in the week before [you/your child] became ill. Because these questions are about specific days, it may be helpful to have a calendar in front of you. Do you need a few minutes to get one? These questions are about foods that may sometimes carry the Salmonella bacteria. When I ask about foods “made outside of the home,” I mean at a business such as a restaurant (including fast food), deli, take-out, or catered event.

In the 7 days before illness, ___/___/___ [7 days before onset] to ___/___/___ [day before onset] did [you/your child] eat or handle any:

	No	Unknown	Yes		No	Unknown	Yes		No	Unknown	Yes
1. Chicken or foods containing chicken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				▶ a. Chicken made outside of the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				▶ b. Ground chicken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				▶ c. Frozen chicken parts or meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
								▶ i. Frozen chicken parts (nuggets, strips, breasts)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								▶ ii. Filled or stuffed frozen chicken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Turkey or foods containing turkey?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				▶ a. Turkey made outside of the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				▶ b. Ground turkey?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				▶ c. Frozen turkey parts or meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
								▶ i. Frozen turkey parts (nuggets, strips, breasts)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
								▶ ii. Filled or stuffed frozen turkey?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Beef or foods containing beef?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				▶ a. Beef made outside of the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				▶ b. Ground beef?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
								▶ i. Undercooked or raw ground beef?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pork or foods containing pork?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
5. Fish or fish products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				▶ a. Fish made outside of the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				▶ b. Raw or undercooked fish or fish products (e.g., sushi, sashimi)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6. Seafood (e.g., crab, shrimp, oysters, clams, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				▶ a. Seafood made outside of the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				▶ b. Raw or undercooked seafood (e.g., raw oysters, clams, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

E. Food Exposures (Cont.)

In the 7 days before illness, from ___/___/___ [7 days before onset] to ___/___/___ [day before onset] did [you/your child] eat any:

	No	Unknown	Yes		No	Unknown	Yes		No	Unknown	Yes
7. Frozen meals (not including any frozen chicken or turkey recorded above)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
				▶ a. Frozen pizza?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				▶ b. Frozen soup or stew?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8. Eggs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
				▶ a. Eggs made outside of home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				▶ b. Runny or raw eggs; uncooked foods made with raw eggs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9. Eat or drink any dairy products (e.g., milk, yogurt, cheese, ice cream, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
				▶ a. Unpasteurized milk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				▶ b. Soft cheese (e.g., queso fresco)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				▶ i. Unpasteurized soft cheese?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				▶ c. Other raw or unpasteurized dairy products (e.g., yogurt or cream made from raw milk)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10. Fresh cantaloupe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
11. Fresh watermelon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
12. Fresh (unfrozen) berries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
13. Drink any unpasteurized, not from concentrate juice (sold at an orchard or farm; sold commercially with a label saying it is unpasteurized and may contain bacteria)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
14. Green onions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
15. Tomatoes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
16. Fresh, raw lettuce?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
				▶ a. Was it bagged/pre-packaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
17. Fresh (unfrozen), raw spinach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
				▶ a. Was it bagged/pre-packaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
18. Sprouts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
				▶ a. What kind? _____							
19. Fresh, not dried herbs (e.g., basil, cilantro, parsley)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

F. Food History

- Effort by the case and the investigator is needed to get a food history. Do not accept "I don't know" as the final answer.
 - Acknowledge that this is the hardest part of the interview and give the case time to think.
 - Get the case to look at a calendar and ask if there was anything special or if it was a routine week.
 - Prompt to help recall and identify eating patterns. Start with general questions such as: Was this a normal work day? Do you normally eat breakfast before you go to work? Was there a special event on any of these days?
 - At minimum, usual grocery stores and usual foods should be obtained. Note if an item was a recalled or a usually eaten food.

Name and location of stores where you purchase your food:

Store:	Location:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

F. Food History (cont.)

Now I want to know about meals [you/your child] ate during the 7 days before your illness. Looking at your calendar, those days were ___/___/___ [7 days before onset] to ___/___/___ [day before onset].

Day of the Week – mm/dd/yyyy	Morning/Breakfast	Afternoon/Lunch	Evening/Dinner	Snacks
_____ ___/___/___				

G. Water Exposures

• Use white space to the right of each question to note treatment of well (if applicable), and locations of water exposure(s).

The next few questions are about [your/your child's] exposure to different sources of water. In the 7 days before illness, from ___/___/___ [7 days before onset] to ___/___/___ [day before onset], did [you/your child]:

	No	Unknown	Yes
1. Reside in a home with a septic system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Use water from a well as your primary source of drinking water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Drink any water directly from a natural spring, lake, pond, stream, or river?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Swim in, wade in, or enter an ocean, lake, pond, river, stream, or natural spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Swim in, wade in, or enter a pool, hot tub, spa, or other recreational water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Animal Exposures

• This section contains a skip pattern: If the case has had contact with an animal, ask the three follow-up questions indicated by the arrows. If "No" or "Unknown," this section is complete.

• The investigator is to categorize the animal(s) specified by the case in the box to the right of the questions. Check all that apply.

In the 7 days before illness, from ___/___/___ [7 days before onset] to ___/___/___ [day before onset], did [you/your child]:

	No	Unknown	Yes		No	Unknown	Yes	[Check box next to category of animal(s) patient reports to have been in contact with.]
6. Have contact with an animal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				a. Specify type of animal(s): _____ _____ _____				
				b. Visit, work, or live on farm, ranch, petting zoo, or other setting that has animals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				c. Have any contact with a pet that had diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I. Other Exposures

• If unsure if something should be considered "travel", include the information and FoodNet staff will review it.

• Include specific dates for all countries/places visited, if possible. If a date is missing, please use the white space in this section to explain.

In the 7 days before illness, from ___/___/___ [7 days before onset] to ___/___/___ [day before onset], did [you/your child]:

	No	Unknown	Yes	
7. Travel to another country or out of the state, outside of your normal routine (e.g., not your normal commute to work or school)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Where?
				(a) _____ Travel dates: ___/___/___ to ___/___/___ (b) _____ Travel dates: ___/___/___ to ___/___/___ (c) _____ Travel dates: ___/___/___ to ___/___/___

I. Other Exposures (Cont.)

In the 7 days before illness, from ___/___/___ [**7 days before onset**] to ___/___/___ [**day before onset**], did [you/your child]:

	No	Unknown	Yes
8. Have exposure to a day care or nursery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have a household member or a close contact with diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. Household & Close Contacts

- Collect information on **all** household contacts (ill or not ill); people who lives in the same house as the case, i.e., share a living space.
 - People living in a divided rowhome/townhouse with separate living spaces (apartments) would not be household contacts even though they technically live in the same "home".
- Collect information on **ill** close contacts. Some examples are:
 - Someone who stayed overnight and shared a living space with the case during the 7 day window (e.g., boy/girlfriend, sleepovers);
 - In a daycare setting (children under school age), a classmate with whom the case had close contact or played;
 - Caregiver who provides high contact care (e.g., bathing, toileting, etc.) to the case;
 - Anyone the case was sexually intimate with during the exposure window.
- We are specifically interested in children in daycare and contacts in high risk occupations that may need to be restricted and cleared for work: food handlers, patient care providers, and day care providers.]

The last thing that I need is some information about [your/your child's] household contacts (whether ill or not), and any other close contacts that have been ill.

Name	Age	Relationship to You/Your Child	Symptoms (Y/N)?	Date of Symptom Onset	Lab Testing (Collection Date and Result)	Occupation/Employer, Day Care, School/Grade

K. Summary of Investigation

- List actions taken and outcomes.
- Note any significant underlying health conditions.

_____		_____	
Name of person completing form		Date of Interview	
Data Entry Instructions			
<ul style="list-style-type: none"> For now, enter the data into a Salmonellosis investigation in NEDSS as you do with the GE-CRF for other FoodNet pathogens. <ul style="list-style-type: none"> Update the Demographics tab (in the patient record) <i>and</i> the Patient tab (in the investigation). Enter S-CRF sections A. Patient Data, B. Clinical Data, H. Animal Exposures, and I. Other Exposures. Check the "FoodNet case?" box in the <i>FoodNet</i> section and answer the hospital, immigration, and interview questions. Associate any clinical and/or DHMH electronic lab reports (ELRs) with the investigation. Fax or mail all S-CRFs and lab reports to FoodNet at DHMH. FoodNet staff will: <ul style="list-style-type: none"> Review data entered into NEDSS by the investigator and make any necessary changes, including completing <i>FoodNet</i> section. Enter clinical laboratory reports (except for ELRs, as mentioned above). 			
For DHMH use:	Case Control Study	Identified by Audit	Case Report Complete
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown