

OHIO ENTERIC CASE INVESTIGATION FORM

Please enter the data from form into ODRS where fields exist and upload the completed questionnaire to the Administration module of ODRS or fax it to (614) 564-2456.

PATIENT INFORMATION:

Patient Name:		ODRS #:	
Phone Number(s):			
Local Health Department:			
Street Address:			
City:		State:	Zip:
Date of birth:	Age:	Sex assigned at birth: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	

INTERVIEW INFORMATION:

Date of first attempt to contact patient:	Patient Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason not interviewed: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Refused <input type="checkbox"/> Other: _____	
Date of initial interview:	Interviewer agency:
Interviewer name:	Interviewer phone:
Language interview was completed in:	
Respondent: <input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	
Name of respondent (if not self):	
Complete exposure history*: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Unknown *goes beyond assessment of high-risk settings and prevention education to record food consumption and other exposures prior to illness	

Begin interview on page 2.

INTERVIEW:

1. OCCUPATION AND OTHER SETTINGS:

Occupation: _____

Name of facility/workplace: _____

Location: _____ Last date of attendance: _____

Duties/tasks: _____

Sensitive Occupations:	Yes/No/Unknown	Transmission Settings:	Yes/No/Unknown
Childcare provider*	Y <input type="checkbox"/> / N <input type="checkbox"/> / U <input type="checkbox"/>	Attends childcare*	Y <input type="checkbox"/> / N <input type="checkbox"/> / U <input type="checkbox"/>
Food handler*	Y <input type="checkbox"/> / N <input type="checkbox"/> / U <input type="checkbox"/>	Attends school, college, or university	Y <input type="checkbox"/> / N <input type="checkbox"/> / U <input type="checkbox"/>
Works in healthcare	Y <input type="checkbox"/> / N <input type="checkbox"/> / U <input type="checkbox"/>	Works at school, college, or university	Y <input type="checkbox"/> / N <input type="checkbox"/> / U <input type="checkbox"/>
If yes: Direct patient care provider?*	Y <input type="checkbox"/> / N <input type="checkbox"/> / U <input type="checkbox"/>	Resides in long-term care/assisted living facility	Y <input type="checkbox"/> / N <input type="checkbox"/> / U <input type="checkbox"/>
Works at correctional facility	Y <input type="checkbox"/> / N <input type="checkbox"/> / U <input type="checkbox"/>	Incarcerated at correctional facility	Y <input type="checkbox"/> / N <input type="checkbox"/> / U <input type="checkbox"/>
Works with animals	Y <input type="checkbox"/> / N <input type="checkbox"/> / U <input type="checkbox"/>	Resides in group home	Y <input type="checkbox"/> / N <input type="checkbox"/> / U <input type="checkbox"/>

*Read exclusion restrictions from Ohio Administrative Code

If YES to sensitive occupations or transmission settings above, provide details:

1.) Name of facility/workplace: _____

Date(s) last attended: _____ Address/location: _____

Duties/activities: _____

2.) Name of facility/workplace: _____

Date(s) last attended: _____ Address/location: _____

Duties/activities: _____

2. CLINICAL INFORMATION

Symptoms:				<input type="checkbox"/> Diarrhea → Date diarrhea started: _____			
<input type="checkbox"/> Fever	<input type="checkbox"/> Bloody diarrhea	<input type="checkbox"/> Ear pain	<input type="checkbox"/> Dysuria				
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Cellulitis	<input type="checkbox"/> Urinary tract infectious disease				
<input type="checkbox"/> Nausea	<input type="checkbox"/> Headache	<input type="checkbox"/> Septic shock	<input type="checkbox"/> Other: _____				
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Stomach cramps	<input type="checkbox"/> Sequelae	<input type="checkbox"/> No symptoms				
<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Weight loss	<input type="checkbox"/> Bullae	<input type="checkbox"/> Unknown				
Illness onset date: _____		Time of day (if known): _____ AM/PM		Illness end date: _____			
Still ill: <input type="checkbox"/> Yes <input type="checkbox"/> No		Hospitalized: <input type="checkbox"/> Yes → __/__/____ to __/__/____		<input type="checkbox"/> No <input type="checkbox"/> Unknown			
History of immunocompromising condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Specify: _____							
Close contact with symptomatic person before or after your illness?							
<input type="checkbox"/> Yes (specify in section 7. CONTACTS) <input type="checkbox"/> No <input type="checkbox"/> Unknown							

3. TRAVEL AND ACTIVITIES:

If the case spent **entire exposure period** outside the US: please note countries, travel dates, and resort names below and skip to animal questions of the interview.

If the case spent **only part of the exposure period** outside the US, please complete the remainder of the interview collecting only foods purchased or eaten in the US.

Yes	Maybe	No	Unknown	During your exposure period, did you:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel outside of the United States (<i>specify below</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel outside of Ohio (<i>specify below</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel within Ohio, outside of home county (<i>specify below</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attend a group event such as a wedding, religious event, sporting event, picnic, school event, party, festival, or fair (<i>specify below</i>)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have contact with recreational water like a pool, lake, river, hot tub, waterpark, or splash pad (<i>specify below</i>)

If YES to travel and activity questions above, please provide details:

Hotel/Resort/Activity	Location (city, state, country)	Date(s)

Notes on travel and activities:

4. DRINKING WATER HISTORY:

Drinking water source(s) consumed during exposure period:

☐ Municipal, city, or county ☐ Private well ☐ Common well ☐ Any well ☐ Bottled
☐ Untreated surface water ☐ Unknown ☐ Other: _____

5. FOOD HISTORY:

Do you follow any special or restricted diets or avoid foods due to allergies or other restrictions?

☐ Yes → *specify*: _____ ☐ No ☐ Unknown

Sources of food prepared at home during exposure period:

Now I'd like to talk about where you purchased the food that you prepared at home and consumed during your exposure period. This could include grocery stores, warehouse stores, farmers' markets, delivery services, delis, swap meets, ethnic or specialty markets, butchers, live animal markets, etc.

1. Store/market/service: _____
Location: _____ Use shopper card: ☐ Yes ☐ No ☐ Unknown
Permission to obtain shopper card records: ☐ Yes ☐ No ☐ Unknown
Shopper card number/phone number linked to card: _____
2. Store/market/service: _____
Location: _____ Use shopper card: ☐ Yes ☐ No ☐ Unknown
Permission to obtain shopper card records: ☐ Yes ☐ No ☐ Unknown
Shopper card number/phone number linked to card: _____
3. Store/market/service: _____
Location: _____ Use shopper card: ☐ Yes ☐ No ☐ Unknown
Permission to obtain shopper card records: ☐ Yes ☐ No ☐ Unknown
Shopper card number/phone number linked to card: _____
4. Store/market/service: _____
Location: _____ Use shopper card: ☐ Yes ☐ No ☐ Unknown
Permission to obtain shopper card records: ☐ Yes ☐ No ☐ Unknown
Shopper card number/phone number linked to card: _____
5. Store/market/service: _____
Location: _____ Use shopper card: ☐ Yes ☐ No ☐ Unknown
Permission to obtain shopper card records: ☐ Yes ☐ No ☐ Unknown
Shopper card number/phone number linked to card: _____
6. Store/market/service: _____
Location: _____ Use shopper card: ☐ Yes ☐ No ☐ Unknown
Permission to obtain shopper card records: ☐ Yes ☐ No ☐ Unknown
Shopper card number/phone number linked to card: _____

Did you eat groceries purchased online or through an app such as Instacart, Amazon, Imperfect Foods, etc.? (if Yes/Maybe, specify above) ☐ Yes ☐ Maybe ☐ No ☐ Unknown

Did you eat food provided by online meal kits or meal delivery services such as Hello Fresh, Blue Apron, etc? (if Yes/Maybe, specify above) ☐ Yes ☐ Maybe ☐ No ☐ Unknown

Sources of food prepared outside the home during exposure period:

Did you eat any food during your exposure period that was prepared outside your home, such as from restaurants, fast food chains, prepared food at grocery stores, or take out? It could be helpful to check credit card statements, receipts, or phone photos to refresh your memory.

1. Name: _____ App/delivery service: _____
Location: _____ Date: _____ Time: _____
Foods eaten: _____
2. Name: _____ App/delivery service: _____
Location: _____ Date: _____ Time: _____
Foods eaten: _____
3. Name: _____ App/delivery service: _____
Location: _____ Date: _____ Time: _____
Foods eaten: _____
4. Name: _____ App/delivery service: _____
Location: _____ Date: _____ Time: _____
Foods eaten: _____
5. Name: _____ App/delivery service: _____
Location: _____ Date: _____ Time: _____
Foods eaten: _____
6. Name: _____ App/delivery service: _____
Location: _____ Date: _____ Time: _____
Foods eaten: _____

To make sure we've covered all the possible places you may have eaten from, did you:

1. Eat ready-to-eat foods from a grocery store salad bar, hot bar, or deli?
☐ Yes (*specify above*) ☐ No ☐ Unknown
2. Eat foods from a food truck or food stand?
☐ Yes (*specify above*) ☐ No ☐ Unknown
3. Eat foods from a school, work, or hospital cafeteria?
☐ Yes (*specify above*) ☐ No ☐ Unknown

Group Meals:

Did you eat food from a group meal such as a picnic, party, wedding, potluck, or conference?

- ☐ Yes (*specify on next page*) ☐ No ☐ Unknown

1. Event: _____ Location: _____
 Date/Time: _____ Caterer: _____
 Meal description: _____
 Others ill: ☐ Yes ☐ No ☐ Unknown Notes: _____
2. Event: _____ Location: _____
 Date/Time: _____ Caterer: _____
 Meal description: _____
 Others ill: ☐ Yes ☐ No ☐ Unknown Notes: _____
3. Event: _____ Location: _____
 Date/Time: _____ Caterer: _____
 Meal description: _____
 Others ill: ☐ Yes ☐ No ☐ Unknown Notes: _____

Notes on food prepared outside of home:

High risk food handling by anyone at home during exposure period:

Yes	Maybe	No	Unknown	Even if you did not eat it during your exposure period, did anyone in your household cook, prepare, or handle:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raw poultry: <input type="checkbox"/> Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eggs (including cracking/boiling/baking with) → If yes, purchase location of eggs: _____

For INFANTS <1 year of age only (skip rest of food questions):

Yes	Maybe	No	Unknown	During their exposure period, did your baby eat, put in their mouth, teeth on, or drink:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breastmilk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Formula → Brand: _____ Mixed with: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rice cereal, baby oatmeal Brand/flavor: _____

Yes	Maybe	No	Unknown	<i>Infant food exposures continued...</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baby food (in pouch, jar, etc.) Brand/brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Table food (if more than 3 listed, go through all food questions) Brand/variety: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Juice → Brand/variety: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Milk → Brand/variety: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vitamins/Supplements Specify: _____

ALL FOODS EATEN DURING EXPOSURE PERIOD:

This includes all food prepared at home or outside of your home. The food item could have been fresh, frozen, or cooked as part of a dish. This does not include canned items. As I read each food, you can answer as yes, maybe, no, or you don't know if you ate the food during your exposure period.

Meat and fish consumed during exposure period:

Yes	Maybe	No	Unknown	During your exposure period, did you eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Type(s): <input type="checkbox"/> Whole <input type="checkbox"/> Rotisserie <input type="checkbox"/> Breast <input type="checkbox"/> Thigh <input type="checkbox"/> Wing <input type="checkbox"/> Leg/drumstick <input type="checkbox"/> Liver <input type="checkbox"/> Ground <input type="checkbox"/> Stuffed (cordon bleu) <input type="checkbox"/> Breaded (nuggets, tenders) <input type="checkbox"/> Other: _____ Purchased: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Brand/variety: _____ Purchase location: _____ Was any chicken raised and butchered as part of a backyard flock? <input type="checkbox"/> Yes → specify: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____ Undercooked/raw: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turkey Type(s): <input type="checkbox"/> Whole <input type="checkbox"/> Breast <input type="checkbox"/> Thigh <input type="checkbox"/> Wing <input type="checkbox"/> Bacon <input type="checkbox"/> Leg/drumstick <input type="checkbox"/> Liver <input type="checkbox"/> Ground <input type="checkbox"/> Burger <input type="checkbox"/> Other: _____ Purchased: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Brand/variety: _____ Purchase location: _____ Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____ Undercooked/raw: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown

Yes	Maybe	No	Unknown	<i>Meat and fish exposures continued...</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other poultry such as duck, game hen, squab Type(s): _____ Purchased: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Purchase location: _____ Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____ Undercooked/raw: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef Type(s): <input type="checkbox"/> Pre-formed patties <input type="checkbox"/> In a tray <input type="checkbox"/> Roll/chub <input type="checkbox"/> Other: _____ Purchased: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Purchase location: _____ Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____ Undercooked/raw: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beef steak, roast, or other whole cuts of beef Type(s): _____ Purchased: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Purchase location: _____ Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____ Cooked: <input type="checkbox"/> Rare <input type="checkbox"/> Medium-rare <input type="checkbox"/> Medium <input type="checkbox"/> Medium-well <input type="checkbox"/> Well-done (no pink) <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pork Type(s): <input type="checkbox"/> Whole <input type="checkbox"/> Chops <input type="checkbox"/> Loin <input type="checkbox"/> Shoulder <input type="checkbox"/> Bacon <input type="checkbox"/> Sausage <input type="checkbox"/> Ground <input type="checkbox"/> Other: _____ Purchased: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Brand/variety: _____ Purchase location: _____ Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____ Undercooked/raw: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Venison or other game meat Type(s): _____ Purchase/processing location: _____ Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____ Undercooked/raw: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown

Yes	Maybe	No	Unknown	<i>Meat and fish exposures continued...</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot dog, corn dog, Polish sausage, bratwurst, kielbasa Type(s): <input type="checkbox"/> Hot dog <input type="checkbox"/> Corn dog <input type="checkbox"/> Polish sausage <input type="checkbox"/> Bratwurst <input type="checkbox"/> Kielbasa <input type="checkbox"/> Other: _____ Brand/variety: _____ Purchase location: _____ Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deli or lunch meat Type(s): <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Roast beef <input type="checkbox"/> Chicken <input type="checkbox"/> Corned beef <input type="checkbox"/> Pastrami <input type="checkbox"/> Salami <input type="checkbox"/> Capicola <input type="checkbox"/> Pepperoni <input type="checkbox"/> Prosciutto <input type="checkbox"/> Bologna <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ Package style: <input type="checkbox"/> Sliced at deli <input type="checkbox"/> Prepackaged <input type="checkbox"/> Unknown Brand/variety: _____ Purchase location: _____ Date(s) consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dried or fermented meat like jerky, chorizo, or salami Type(s): _____ Brand/variety: _____ Purchase location: _____ Date(s) consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fish, sushi, seafood Type(s): <input type="checkbox"/> Salmon <input type="checkbox"/> Tuna <input type="checkbox"/> Tilapia <input type="checkbox"/> Cod <input type="checkbox"/> Bass <input type="checkbox"/> Trout <input type="checkbox"/> Perch <input type="checkbox"/> Other: _____ Purchased: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Smoked <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Purchase location: _____ Date(s) consumed: _____ Undercooked/raw: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shellfish Type(s): <input type="checkbox"/> Shrimp/prawns <input type="checkbox"/> Crayfish <input type="checkbox"/> Crab <input type="checkbox"/> Lobster <input type="checkbox"/> Clams <input type="checkbox"/> Mussels <input type="checkbox"/> Scallops <input type="checkbox"/> Oysters <input type="checkbox"/> Other: _____ Purchased: <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Smoked <input type="checkbox"/> Unknown Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Purchase location: _____ Date(s) consumed: _____ Undercooked/raw: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown

Yes	Maybe	No	Unknown	<i>Meat and fish exposures continued...</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lamb, goat, or bison Type(s): _____ Purchase location: _____ Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____ Undercooked/raw: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liver or liver pâté Type(s): <input type="checkbox"/> Chicken <input type="checkbox"/> Beef <input type="checkbox"/> Duck <input type="checkbox"/> Pork Purchase location: _____ Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____ Undercooked/raw: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other meat Type(s)/brand(s): _____ Purchase location: _____ Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____ Undercooked/raw: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meat alternatives or substitutes (tofu, seitan, Impossible Meat, etc.) Details: _____

Egg and dairy consumed during exposure period:

Yes	Maybe	No	Unknown	During your exposure period, did you eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eggs or egg-containing dishes Preparation method: <input type="checkbox"/> Hard-boiled <input type="checkbox"/> Scrambled <input type="checkbox"/> Over-easy <input type="checkbox"/> Omelet <input type="checkbox"/> Quiche <input type="checkbox"/> Poached <input type="checkbox"/> Other: _____ Brand: _____ Purchase location: _____ Were any eggs produced by a backyard flock? <input type="checkbox"/> Yes → <i>specify</i> : _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____ Undercooked/raw/runny: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eat, taste, or try any uncooked or unbaked dough or batter (such as cookie, cake, biscuit, muffin batter)? <input type="checkbox"/> From scratch: details, brand of flour and eggs: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Premade dough: variety, brand: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Prepackaged dry mix (such as cake): variety, brand: _____ <input type="checkbox"/> Unknown

Yes	Maybe	No	Unknown	<i>Egg and dairy exposures continued...</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheese (packaged, shredded, soft, gourmet, etc.) Variety, brand: _____ Raw/unpasteurized: <input type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yogurt, kefir Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raw/Unpasteurized milk Type: <input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Camel <input type="checkbox"/> Sheep <input type="checkbox"/> Donkey <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown Purchase location: _____ Date(s) consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other dairy products Details: _____

Fruit consumed during exposure period (frozen, fresh, dried – not canned):

Yes	Maybe	No	Unknown	During your exposure period, did you eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apples→Variety: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grapes→Variety: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peaches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nectarines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apricots or plums →Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cherries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oranges, grapefruits, tangerines, or clementines Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fresh lemon or lime (even as a garnish or in a drink) Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strawberries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raspberries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blueberries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blackberries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other berries→Details: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cantaloupe/musk melon: <input type="checkbox"/> Whole <input type="checkbox"/> Pre-cut <input type="checkbox"/> Unknown Purchase location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Watermelon: <input type="checkbox"/> Whole <input type="checkbox"/> Pre-cut <input type="checkbox"/> Unknown Purchase location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honeydew melon: <input type="checkbox"/> Whole <input type="checkbox"/> Pre-cut <input type="checkbox"/> Unknown Purchase location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other melon→Details: _____

Yes	Maybe	No	Unknown	<i>Fruit exposures continued...</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pineapple: <input type="checkbox"/> Whole <input type="checkbox"/> Pre-cut <input type="checkbox"/> Unknown Purchase location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tropical fruit such as mango, papaya, coconut Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fruit purchased pre-cut such as a fruit tray or fruit salad Variety, details: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen fruit Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dried fruit such as raisins, dates, prunes Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoothies made with fresh/frozen produce Ingredients: _____ Purchase location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raw (unpasteurized) juice or cider Variety: _____ Purchase location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other fruit → Details: _____

Vegetables consumed during exposure period (frozen, fresh, dried – not canned):

Yes	Maybe	No	Unknown	During your exposure period, did you eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce or uncooked leafy greens in a salad, as a garnish, or on a sandwich/burger Type(s): <input type="checkbox"/> Romaine <input type="checkbox"/> Iceberg <input type="checkbox"/> Spinach <input type="checkbox"/> Cabbage <input type="checkbox"/> Spring mix <input type="checkbox"/> Kale <input type="checkbox"/> Butter <input type="checkbox"/> Arugula <input type="checkbox"/> Radicchio <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown Package: <input type="checkbox"/> Head/loose <input type="checkbox"/> Chopped/shredded in bag <input type="checkbox"/> Whole in bag/plastic <input type="checkbox"/> Clamshell <input type="checkbox"/> Unknown Brand: _____ Purchase location: _____ Prepared: <input type="checkbox"/> At home <input type="checkbox"/> Away from home <input type="checkbox"/> Unknown Date(s) consumed: _____
				Prepackaged salad kits or pre-made salads (greens, dressing, toppings) Brand/variety: _____ Ingredients: _____ Package: <input type="checkbox"/> Plastic bag <input type="checkbox"/> Clamshell <input type="checkbox"/> Unknown Purchase location: _____ Date(s) consumed: _____

Yes	Maybe	No	Unknown	<i>Vegetable exposures continued...</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fresh tomatoes Type(s): <input type="checkbox"/> Red round/beefsteak <input type="checkbox"/> Roma <input type="checkbox"/> Grape or cherry <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown Purchase location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fresh salsa or pico de gallo (not from jar or can) Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guacamole or avocado Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fresh herbs like basil, cilantro, chives, etc. Type(s): _____ Package: <input type="checkbox"/> Unwrapped bunch <input type="checkbox"/> Whole plant <input type="checkbox"/> Plastic container <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ Purchase location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprouts or microgreens (in stir fry, soup, salad, or as garnish) Type(s): <input type="checkbox"/> Bean/mung sprouts <input type="checkbox"/> Alfalfa sprouts <input type="checkbox"/> Pea shoots <input type="checkbox"/> Broccoli sprouts <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown Brand: _____ Package: <input type="checkbox"/> Plastic container <input type="checkbox"/> Bag <input type="checkbox"/> Other: _____ Purchase location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cucumbers Type(s): <input type="checkbox"/> Regular/garden <input type="checkbox"/> English/seedless <input type="checkbox"/> Mini <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown Package: <input type="checkbox"/> Loose <input type="checkbox"/> Wrapped in plastic <input type="checkbox"/> Unknown Purchase location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zucchini
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Squash Type(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bell peppers: <input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Orange <input type="checkbox"/> Yellow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mini sweet peppers (sold in plastic bag or clamshell)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot, spicy peppers like jalapenos or serranos Type(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrots: <input type="checkbox"/> Regular <input type="checkbox"/> Mini/baby <input type="checkbox"/> Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Celery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broccoli
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cauliflower

Yes	Maybe	No	Unknown	<i>Vegetable exposures continued...</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Onions Type(s): <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red/Purple <input type="checkbox"/> Green/Scallion <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown Preparation method/dish: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Snap peas, snow peas, or pea pods Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mushrooms→Variety: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radishes, beets, or turnips Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepackaged, pre-cut vegetable mix like a stir fry or grill kit Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen vegetables Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other vegetables→Details: _____

Frozen foods consumed during exposure period (purchased frozen and prepackaged):

Yes	Maybe	No	Unknown	During your exposure period, did you eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen pot pies Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen pizza Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen appetizer/snack foods (burrito, chicken nuggets, hot pocket) Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen breakfast foods (waffles, sandwiches) Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen vegetarian foods (veggie burger, falafel, MorningStar Farms) Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen meals, entrees, or dinners (stir fry, pasta, TV dinners) Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ice cream, ice cream products, or frozen desserts Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other frozen, prepackaged food Variety, brand: _____

Nuts, cereals, and packaged foods consumed during exposure period:

Yes	Maybe	No	Unknown	During your exposure period, did you eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peanut butter: <input type="checkbox"/> Creamy <input type="checkbox"/> Crunchy <input type="checkbox"/> Unknown Variety, brand: _____

Yes	Maybe	No	Unknown	<i>Nuts, cereal, and packaged food exposures continued...</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peanut butter-containing foods like cookies, crackers, or candy Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground nut/seed butter or other spreads (other than peanut butter) Type(s): <input type="checkbox"/> Almond <input type="checkbox"/> Hazelnut <input type="checkbox"/> Sunflower <input type="checkbox"/> Cashew <input type="checkbox"/> Nutella <input type="checkbox"/> Cookie/speculoos <input type="checkbox"/> Other: _____ Brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trail mix or mixed nuts Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuts such as peanuts, cashews, almonds, pecans, pistachios, walnuts Details: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seeds such as sunflower, sesame, chia, flax, or hemp seeds Details: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Products made from sesame seeds such as tahini or halva Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dips or spreads such as hummus, baba ghanoush, bean dip Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Granola bars, breakfast bars, protein bars Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cold breakfast cereal Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot breakfast cereal (oatmeal, grits) Variety, brand: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New spices or spice blends purchased in month prior (black pepper, paprika, oregano) Details: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vitamins, supplements, powdered supplements (protein powder) Details: _____

Any other meals, snacks, or food items eaten during exposure period:

6. ANIMAL EXPOSURES:

Direct or indirect (touching same surfaces, handling supplies, etc.) contact during exposure period:

Yes	Maybe	No	Unknown	During your exposure period, did you:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have contact with animals, pets, or livestock on your property
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have contact with animals, pets, or livestock at another location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handle pet food, treats, or chews
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have contact with animal feces or manure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visit a place where animals were present such as a petting zoo, farm, agricultural feed store, pet store, fair, party, 4-H event, etc. Details: _____

If case responded "Yes" or "Maybe" to any above, please complete the questions below to get details:

Yes	Maybe	No	Unknown	Animals exposed to during exposure period:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dog or puppy Number of animals: _____ Location: _____ Any ill with loose stools: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Any puppies under 1 yr. old: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Brand/variety of food: _____ Food: <input type="checkbox"/> Dry food <input type="checkbox"/> Wet food <input type="checkbox"/> Raw food <input type="checkbox"/> Other Brand/variety of treats/chews: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cat or kitten Number of animals: _____ Location: _____ Any ill with loose stools: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Any kittens under 1 yr. old: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Brand/variety of food: _____ Food: <input type="checkbox"/> Dry food <input type="checkbox"/> Wet food <input type="checkbox"/> Raw food <input type="checkbox"/> Other Brand/variety of treats: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baby Poultry (chick, duckling, or other baby poultry) Type: <input type="checkbox"/> Chicks <input type="checkbox"/> Ducklings <input type="checkbox"/> Goslings <input type="checkbox"/> Other: _____ Number of animals: _____ Location: _____ Any ill/die: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Fed: <input type="checkbox"/> Commercial food <input type="checkbox"/> Other: _____ Purchase location of food: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult Poultry (chicken, duck, or other adult poultry) Type: <input type="checkbox"/> Chicken <input type="checkbox"/> Duck <input type="checkbox"/> Geese <input type="checkbox"/> Other: _____ Number of animals: _____ Location: _____ Any ill/die: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Fed: <input type="checkbox"/> Commercial food <input type="checkbox"/> Other: _____ Purchase location of food: _____

Yes	Maybe	No	Unknown	<i>Animal exposures continued...</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Livestock</p> <p>Type: <input type="checkbox"/> Cattle <input type="checkbox"/> Sheep <input type="checkbox"/> Goat <input type="checkbox"/> Pig <input type="checkbox"/> Horse</p> <p><input type="checkbox"/> Other: _____</p> <p>Number of animals: _____ Location: _____</p> <p>Any ill/die: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Fed: <input type="checkbox"/> Grass/hay <input type="checkbox"/> Fruits/vegetables <input type="checkbox"/> Pellets</p> <p><input type="checkbox"/> Meal Liquid <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Turtle/tortoise</p> <p>Type: <input type="checkbox"/> Red-eared slider <input type="checkbox"/> Yellow-bellied <input type="checkbox"/> Box <input type="checkbox"/> Painted</p> <p><input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown</p> <p>Number of animals: _____ Location: _____</p> <p>Shell size: <input type="checkbox"/> 1-2 in. <input type="checkbox"/> 2-3 in. <input type="checkbox"/> 3-4 in. <input type="checkbox"/> >4 in. <input type="checkbox"/> Unknown</p> <p>Any ill/die: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Fed: <input type="checkbox"/> Commercial food <input type="checkbox"/> Fruits/vegetables <input type="checkbox"/> Cooked meats</p> <p><input type="checkbox"/> Other: _____ Brand of food: _____</p> <p>Purchase location of food: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Snake</p> <p>Type: _____ <input type="checkbox"/> Unknown</p> <p>Number of animals: _____ Location: _____</p> <p>Any ill/die: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Fed: <input type="checkbox"/> Live rodents <input type="checkbox"/> Frozen rodents <input type="checkbox"/> Freshly dead rodents</p> <p><input type="checkbox"/> Crickets <input type="checkbox"/> Mealworms <input type="checkbox"/> Fruits/vegetables</p> <p><input type="checkbox"/> Other: _____ Brand of food: _____</p> <p>Purchase location of food: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Other reptiles</p> <p>Type(s): <input type="checkbox"/> Bearded dragon <input type="checkbox"/> Gecko <input type="checkbox"/> Other: _____</p> <p>Number of animals: _____ Location: _____</p> <p>Any ill/die: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Fed: <input type="checkbox"/> Commercial food <input type="checkbox"/> Crickets <input type="checkbox"/> Fruits/vegetables</p> <p><input type="checkbox"/> Mealworms <input type="checkbox"/> Cooked meats <input type="checkbox"/> Other: _____</p> <p>Brand of food: _____</p> <p>Purchase location of food: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Amphibian</p> <p>Type: <input type="checkbox"/> Frog <input type="checkbox"/> Toad <input type="checkbox"/> Salamander <input type="checkbox"/> Other: _____</p> <p>Number of animals: _____ Location: _____</p> <p>Any ill/die: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Fed: <input type="checkbox"/> Commercial food <input type="checkbox"/> Crickets <input type="checkbox"/> Mealworms</p> <p><input type="checkbox"/> Fruits/vegetables <input type="checkbox"/> Cooked meats <input type="checkbox"/> Other: _____</p> <p>Purchase location of food: _____</p>

Yes	Maybe	No	Unknown	<i>Animal exposures continued...</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water pet in an aquarium Type: <input type="checkbox"/> Fish <input type="checkbox"/> Snail <input type="checkbox"/> Aquatic frog <input type="checkbox"/> Other: _____ Number of animals: _____ Location: _____ Any ill/die: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Fed: <input type="checkbox"/> Commercial food <input type="checkbox"/> Other: _____ Brand of food: _____ Purchase location of food: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pocket pets, rodents, or other small animals Type: <input type="checkbox"/> Rat <input type="checkbox"/> Hamster <input type="checkbox"/> Gerbil <input type="checkbox"/> Mouse <input type="checkbox"/> Rabbit <input type="checkbox"/> Ferret <input type="checkbox"/> Hedgehog <input type="checkbox"/> Other: _____ Number of animals: _____ Location: _____ Any ill/die: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Fed: _____ Brand of food: _____ Purchase location of food: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): _____ Number of animals: _____ Any ill/die: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Location: _____

7. CONTACTS

Does anyone in the household work as a childcare provider, direct patient care provider, or food handler?

☐ Yes (*specify below*) ☐ No ☐ Unknown

Are there any children in the household who attend daycare or preschool?

☐ Yes (*specify below*) ☐ No ☐ Unknown

Household, sexual, and other contacts' information:

Name	Age	Sex	Relationship	Occupation/School	Ill?	Onset Date
1.						
2.						
3.						
4.						
5.						

Notes on contacts (including contact information for ill contacts):

8. CASE DEMOGRAPHICS: (to confirm at end of interview, if not already known)

Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Other: _____
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Refused
Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender female <input type="checkbox"/> Transgender male <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Other: _____

Anything else that was not asked that you think caused your illness or other notes:

[illegible]