CDC *Listeria* Initiative
Case Report Form

Version 2.0

Please complete this questionnaire for all laboratory-confirmed listeriosis cases.

Instructions are available in a separate two-page document.

Please remove this page before submitting form to CDC

State public health laboratory isolate ID: _____	
Patient's name: _____	**Date of Birth:** ___/___/_____
Address: _____ **City:** _____ **State:** ___ ___ **Zip:** ___ ___ ___ ___ ___	
Phone numbers: (h) _____ (w) _____ (m) _____	
Hospital: _____ **Hospital contact:** _____ **Phone:** _____	**Hospital:** _____ (*if >1 hospital*) **Hospital contact:** _____ **Phone:** _____
If surrogate interview: **Interviewee name:** _____ **Interviewee phone number(s):** _____ _____	

Form Approved - OMB No. 0920-0728

Log of Attempts to Call Patient or Surrogate (*Optional*)

(This page is for health department use only; please remove it before submitting form to CDC)

Last Name: _____ **First Name:** _____

	Date	Time	Caller First initial & last name	Results* (May include more than one)	Comments**	Plan
Call 1	__/__/____	___:___	__ _____	_____	_____	_____
Call 2	__/__/____	___:___	__ _____	_____	_____	_____
Call 3	__/__/____	___:___	__ _____	_____	_____	_____
Call 4	__/__/____	___:___	__ _____	_____	_____	_____
Call 5	__/__/____	___:___	__ _____	_____	_____	_____
Call 6	__/__/____	___:___	__ _____	_____	_____	_____
Call 7	__/__/____	___:___	__ _____	_____	_____	_____
Call 8	__/__/____	___:___	__ _____	_____	_____	_____
Call 9	__/__/____	___:___	__ _____	_____	_____	_____
Call 10	__/__/____	___:___	__ _____	_____	_____	_____
Call 11	__/__/____	___:___	__ _____	_____	_____	_____
Call 12	__/__/____	___:___	__ _____	_____	_____	_____
Call 13	__/__/____	___:___	__ _____	_____	_____	_____
Call 14	__/__/____	___:___	__ _____	_____	_____	_____
Call 15	__/__/____	___:___	__ _____	_____	_____	_____

***Key for Results:**

1 Left message with person

2 Left message on voicemail

3 Did not leave message

****Key for Comments:**

1 Interviewed with standard questionnaire

2 Called back for more information

3 Interviewed with supplemental questionnaire

4 Language barrier, *indicate plan*

5 No answer

6 Phone not in service, *indicate plan*

7 Refused

PulseNet ID or state public health lab isolate ID _____

State epi case ID _____	**Local epi case ID** _____	**Date form completed:** ____ / ____ / _____
FoodNet ID (if applicable) _____	**NNDSS ID (if available)** ___ ___ ___ ___ ___	
Name of interviewer _____ first name _____ _____ last name _____		
Was the isolate sent to public health laboratory? ☐ Yes ☐ No ☐ Unknown **If No,** why not, and could it still be obtained? _____		

BOX 1: Case-patient demographic data

State of residence ___ ___	**County** _____	**Sex** ☐ Male ☐ Female ☐ Unknown	**Age** _____ (if pregnancy-associated, use age of mother)

Ethnicity: Is the case-patient of Hispanic, Latino, or Spanish origin? (one or more categories may be selected)

☐ Yes ----------> ***If yes:***
☐ No
☐ Unknown
☐ Declined to answer

☐ Mexican, Mexican American, Chicano
☐ Puerto Rican
☐ Cuban

☐ Another Hispanic, Latino, or Spanish origin (*specify*) _____
☐ Unknown Hispanic ancestry/declined to specify

Race (One or more categories may be selected)

☐ African American/Black
☐ Native American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander (*specify*)
  ☐ Native Hawaiian
  ☐ Guamanian or Chamorro
  ☐ Samoan
  ☐ Other Pacific Islander

☐ Asian (*specify*)
  ☐ Asian Indian
  ☐ Chinese
  ☐ Filipino
  ☐ Japanese
  ☐ Korean
  ☐ Vietnamese
  ☐ Other Asian (*specify*) _____

☐ White (*specify*)
  ☐ Middle Eastern/North African
  ☐ Not Middle Eastern/North African
☐ Unknown
☐ Other (*specify*) _____
☐ Declined to answer

BOX 2: Is the *Listeria* case associated with pregnancy? (Illness in pregnant woman, fetus, or infants ≤28 days old)

SEE SUPPLEMENT

☐ Yes ***If yes, skip to Box 4.*** ☐ No ☐ Unknown

BOX 3: Cases not associated with pregnancy (Illness in non-pregnant adults and children >28 days old)

Type(s) of specimen(s) that grew *Listeria* (*check all that apply*)	Specimen collection date (*mm/dd/yyyy*)	State public health lab isolate ID # (*Important: must have at least one, if available*)
☐ Blood	____/____/____	
☐ CSF	____/____/____	
☐ Other (*specify*)	____/____/____	
☐ Other (*specify*)	____/____/____	

SEE SUPPLEMENT

Did patient have any of the following type(s) of illnesses related to the *Listeria* infection? (check all that apply)
☐ Bloodstream infection/sepsis ☐ Meningitis ☐ Meningoencephalitis ☐ Brain abscess ☐ Rhombencephalitis ☐ Peritonitis ☐ Pneumonia ☐ Wound infection
☐ Joint infection/septic arthritis ☐ Bone infection/osteomyelitis ☐ Unknown ☐ Other (specify) _____

Was patient hospitalized for listeriosis? ☐ Yes ☐ No ☐ Unknown
If yes: Admit date: ____/____/_____ Discharge date: ____/____/_____ ☐ Still hospitalized as of: ____/____/_____

Patient's outcome: ☐ Survived ☐ Died ☐ Unknown Date of death: ____/____/_____
If died: Was listeriosis or *Listeria* infection listed on death certificate? ☐ Yes ☐ No ☐ Unknown
If survived: Last known date alive? ____/____/_____

BOX 4: Cases associated with pregnancy (Illness in pregnant woman, fetus, or infants ≤28 days old)

Type(s) of specimen(s) that grew *Listeria* (*check all that apply*)	Specimen collection date (*MM/DD/YYYY*)	State public health lab isolate ID # (*Important: must have at least one, if available*)
☐ Blood from mother	____/____/____	
☐ Blood from infant	____/____/____	
☐ CSF from mother	____/____/____	
☐ CSF from infant	____/____/____	
☐ Placenta	____/____/____	
☐ Amniotic fluid	____/____/____	
☐ Fetal tissue	____/____/____	
☐ Other (*specify*)	____/____/____	
☐ Other (*specify*)	____/____/____	

SEE SUPPLEMENT

Outcome of pregnancy (single gestation or twin 1) *(check one)*	**Weeks of gestation**	**Date** *(mm/dd/yyyy)*	**Outcome of pregnancy (twin 2)** *(check one)*	**Weeks of gestation**	**Date** *(mm/dd/yyyy)*
☐ Still pregnant		_____/_____/_____	☐ Still pregnant		_____/_____/_____
☐ Delivery (live birth) ☐ Vaginal delivery ☐ C-section ☐ Unknown delivery type		_____/_____/_____	☐ Delivery (live birth) ☐ Vaginal delivery ☐ C-section ☐ Unknown delivery type		_____/_____/_____
☐ Fetal death (miscarriage or stillbirth)		_____/_____/_____	☐ Fetal death (miscarriage or stillbirth)		_____/_____/_____
☐ Other (*specify*)		_____/_____/_____	☐ Other (*specify*)		_____/_____/_____

Type(s) of illness in mother
(check all that apply)
☐ Fever
☐ Bacteremia/sepsis
☐ Meningitis
☐ Gastroenteritis
☐ Amnionitis
☐ Non-specific "flu-like" illness
☐ None
☐ Other (*specify*)_____
☐ Unknown

Type(s) of illness in infant (twin 1)
(check all that apply)
☐ Bacteremia/sepsis
☐ Meningitis
☐ Pneumonia
☐ None
☐ Other (*specify*)_____
☐ Unknown

Type(s) of illness in infant 2 (twin 2)
(check all that apply)
☐ Bacteremia/sepsis
☐ Meningitis
☐ Pneumonia
☐ None
☐ Other (*specify*)_____
☐ Unknown

Was mother hospitalized for listeriosis?
☐ Yes ***If yes:***
Admit or birth date: ____ / ____ / _____
Discharge date: ____ / ____ / _____
☐ Still hospitalized
Hospital name: _____
☐ No
☐ Unknown

Where was the infant (twin 1) delivered?
☐ Hospital:
Admit or birth date: ____ / ____ / _____
Discharge date: ____ / ____ / _____
☐ Still hospitalized
Hospital name: _____
☐ Home
☐ Other *(specify)* _____
☐ Unknown

Where was infant 2 (twin 2) delivered?
☐ Hospital:
Admit or birth date: ____ / ____ / _____
Discharge date: ____ / ____ / _____
☐ Still hospitalized
Hospital name: _____
☐ Home
☐ Other *(specify)* _____
☐ Unknown

Was the infant (twin 1) hospitalized for listeriosis? *(may include above dates)*
☐ Yes ***If yes:***
Admit or birth date:____ / ____ / _____
Discharge date: ____ / ____ / _____
☐ Still hospitalized
☐ No
☐ Unknown

Was infant 2 (twin 2) hospitalized for listeriosis? *(may include above dates)*
☐ Yes ***If yes:***
Admit or birth date: ____ / ____ / _____
Discharge date: ____ / ____ / _____
☐ Still hospitalized
☐ No
☐ Unknown

Mother's outcome
☐ Survived
☐ Died
☐ Unknown
If survived: Last known date alive?
____ / ____ / _____
If died: Was listeriosis/*Listeria* infection on death certificate?
☐ Yes ☐ No ☐ Unknown

Infant 1's (twin 1's) outcome
☐ Survived
☐ Died
☐ Unknown
If survived: Last known date alive?
____ / ____ / _____
If died: Was listeriosis/*Listeria* infection on death certificate?
☐ Yes ☐ No ☐ Unknown

Infant's 2's (twin 2's) outcome
☐ Survived
☐ Died
☐ Unknown
If survived: Last known date alive?
____ / ____ / _____
If died: Was listeriosis/*Listeria* infection on death certificate?
☐ Yes ☐ No ☐ Unknown

SUPPLEMENT

CDC *Listeria* Initiative Case Classification Supplement

Is the *Listeria* case associated with pregnancy? (Illness in a pregnant woman, fetus, or infant ≤ 28 days old)
☐Yes (go to Box 4 Supplement) ☐No (go to Box 3 Supplement) ☐Unknown

Box 3 Supplement: Cases <u>not</u> associated with pregnancy. (Illness in non-pregnant adults and children > 28 days old)

State Epi Case ID: _____

Specimen Collection Information

Source *(check all that apply)*	Collection Date *(mm/dd/yyyy)*	Culture Result	CIDT Result	State public health lab isolate ID
☐Blood	____/____/_____	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐CSF	____/____/_____	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐Other *(specify)* _____	____/____/_____	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐Other *(specify)* _____	____/____/_____	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	

Laboratory Criteria for Diagnosis

***Confirmatory**: Isolation of L. monocytogenes from a normally sterile site reflective of an invasive infection (e.g. blood, cerebrospinal fluid, pleural, peritoneal, pericardial, hepatobiliary, or vitreous fluid; orthopedic site such as bone, bone marrow, or joint; or other sterile sites including organs such as spleen, liver, and heart, but not sources such as urine, stool, or external wound)*

***Presumptive:** Detection of L. monocytogenes by culture-independent diagnostic test (CIDT) in a specimen collected from a normally sterile site e.g. blood, cerebrospinal fluid, pleural, peritoneal, pericardial, hepatobiliary, or vitreous fluid; orthopedic site such as bone, bone marrow, or joint; or other sterile sites including organs such as spleen, liver, and heart, but not sources such as urine, stool, or external wound)*

***Supportive*:** Isolation of L. monocytogenes from a non-invasive clinical specimen (e.g. stool, urine, wound)*

**requires culture confirmation*

Laboratory criteria met by case: ☐Confirmatory ☐Presumptive ☐Supportive

Case Classification

(To be used to determine eligibility for interview with the Listeria Initiative form. Official case classifications will be determined by CDC.)

***Confirmed**: A person who meets confirmatory laboratory evidence*

***Probable**: A person who meets the presumptive laboratory evidence*

***Suspect**: A person with supportive laboratory evidence*

** reportable to CDC*

Case Classification: ☐Confirmed ☐Probable ☐Suspect

SUPPLEMENT

Box 4 Supplement: Cases associated with pregnancy. (Illness in a pregnant woman, fetus, or infant ≤ 28 days old)

Maternal State Epi Case ID: _____ Neonatal State Epi Case ID: _____

Important: If mother and neonate are counted as separate cases (see Case Classification, below), please provide the state id for both cases.

Specimen Collection Information

Maternal Source *(check all that apply)*	Collection Date *(mm/dd/yyyy)*	Culture Result	CIDT Result	State public health lab isolate ID
☐Blood	____/____/_____	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐CSF	____/____/_____	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐Other *(specify)* _____	____/____/_____	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
Products of Conception				
☐Placenta	____/____/_____	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐Amniotic fluid	____/____/_____	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐Fetal tissue *(from pregnancy loss or intrauterine fetal demise)*	____/____/_____	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐Other product of conception *(specify)*_____	____/____/_____	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐None	____/____/_____	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	

Neonatal Source *(check all that apply)*	Collection Date *(mm/dd/yyyy)*	Age at Collection	Culture Result	CIDT Result	State public health lab isolate ID
☐Blood	____/____/_____	☐≤ 48 hours ☐> 48 hours but ≤ 28 days	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐CSF	____/____/_____	☐≤ 48 hours ☐> 48 hours but ≤ 28 days	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐Meconium	____/____/_____	☐≤ 48 hours ☐> 48 hours but ≤ 28 days	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐Tracheal aspirate	____/____/_____	☐≤ 48 hours ☐> 48 hours but ≤ 28 days	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐Other *(specify)* _____	____/____/_____	☐≤ 48 hours ☐> 48 hours but ≤ 28 days	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐Other *(specify)* _____	____/____/_____	☐≤ 48 hours ☐> 48 hours but ≤ 28 days	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	
☐None	____/____/_____	☐≤ 48 hours ☐> 48 hours but ≤ 28 days	☐Positive ☐Negative ☐ Not done ☐Unknown	☐Positive ☐Negative ☐ Not done ☐Unknown	

SUPPLEMENT

Box 4 Supplement Continued

Laboratory Criteria for Diagnosis

Confirmatory*: Isolation of L. monocytogenes from a normally sterile site reflective of an invasive infection (e.g. blood, cerebrospinal fluid, pleural, peritoneal, pericardial, hepatobiliary, or vitreous fluid; orthopedic site such as bone, bone marrow, or joint; or other sterile sites including organs such as spleen, liver, and heart, but not sources such as urine, stool, or external wound)*

OR

For MATERNAL isolates in the setting of pregnancy, pregnancy loss, intrauterine fetal demise, or birth: Isolation of L. monocytogenes from products of conception (e.g. chorionic villi, placenta, fetal tissue, umbilical cord blood, amniotic fluid) collected at the time of delivery

OR

For NEONATAL isolates in the setting of live birth: Isolation of L. monocytogenes from a non-sterile neonatal specimen (e.g. meconium, tracheal aspirate, but not products of conception) collected within 48 hours of delivery

Presumptive: *Detection of L. monocytogenes by culture-independent diagnostic test (CIDT) in a specimen collected from a normally sterile site e.g. blood, cerebrospinal fluid, pleural, peritoneal, pericardial, hepatobiliary, or vitreous fluid; orthopedic site such as bone, bone marrow, or joint; or other sterile sites including organs such as spleen, liver, and heart, but not sources such as urine, stool, or external wound)*

OR

For MATERNAL isolates in the setting of pregnancy, pregnancy loss, intrauterine fetal demise, or birth: Detection of L. monocytogenes from products of conception (e.g. chorionic villi, placenta, fetal tissue, umbilical cord blood, amniotic fluid) collected at the time of delivery

OR

For NEONATAL isolates in the setting of live birth: Detection of L. monocytogenes from a non-sterile neonatal specimen (e.g. meconium, tracheal aspirate, but not products of conception) collected within 48 hours of delivery

Supportive*: *Isolation of L. monocytogenes from a non-invasive clinical specimen (e.g. stool, urine, wound, other than those specified under maternal and neonatal specimens above)*

**requires culture confirmation*

Laboratory criteria met by maternal case: ☐Confirmatory ☐Presumptive ☐Supportive ☐None

Laboratory criteria met by neonatal case: ☐Confirmatory ☐Presumptive ☐Supportive ☐None

Case Classification

(To be used to determine eligibility for interview with the Listeria Initiative form. Official case classifications will be determined by CDC.)***Confirmed****: A person who meets confirmatory laboratory evidence*

Probable*: A person who meets the presumptive laboratory evidence*
OR
A mother or neonate who meets epidemiologic linkage criteria but who does not have confirmatory laboratory evidence (See Epidemiologic Linkage, below)

Suspect*: A person with supportive laboratory evidence*

** reportable to CDC*
Notes:
Pregnancy loss and intrauterine fetal demise are considered maternal outcomes and would be counted as a single case in the mother.
A case in a neonate is counted if live-born.
If multiple criteria are met, the highest level of classification should be reported for each case.

SUPPLEMENT

Epidemiologic Linkage

For PROBABLE MATERNAL cases: *A mother who does not meet the confirmed case criteria,*
BUT who gave birth to a neonate who meets the confirmatory or presumptive laboratory evidence for diagnosis,
AND the neonatal specimen was collected ≤ 28 days after birth

For PROBABLE NEONATAL cases: *A neonate who does not meet the confirmed case criteria*
AND whose mother meets confirmatory or presumptive laboratory evidence for diagnosis from products of conception
OR a clinically compatible neonate whose mother meets confirmatory or presumptive laboratory evidence for diagnosis from a normally sterile site

Maternal Case Classification: ☐Confirmed ☐Probable ☐Suspect ☐Not a case
If Probable, does case have an epidemiologic link to a neonatal case? ☐Yes ☐No ☐Unknown

Neonatal Case Classification: ☐Confirmed ☐Probable ☐Suspect ☐ Not a case ☐Not applicable *(pregnancy loss or intrauterine fetal demise)*
If Probable, does case have and epidemiologic link to a maternal case? ☐Yes ☐No ☐Unknown

If Confirmed or Probable:
Age of infant: _____ ☐day(s) ☐month(s) Sex of infant: ☐Male ☐ Female ☐Unknown

BOX 5: (Optional): Underlying conditions and treatments (Check all that apply and specify when information available)

☐ **No underlying conditions, medications, or treatments (previously healthy)**
☐ **Cancer/malignancy**
- ☐ Leukemia
- ☐ Lymphoma
  - ☐ Hodgkin's
  - ☐ Non-Hodgkin's
- ☐ Multiple myeloma
- ☐ Myeloproliferative disorder
- ☐ Other cancer/malignancy *(specify)*

_____

☐ **On kidney dialysis**
☐ **Cirrhosis/advanced liver disease**
☐ **Chronic obstructive pulmonary disease (COPD)**
☐ **Heart disease** (*specify*)

_____

☐ **Organ transplant** (*specify)*

_____

☐ **Unknown**
☐ **Other conditions**
- ☐ Crohn's disease
- ☐ Diabetes mellitus
  - ☐ Type 1
  - ☐ Type 2
- ☐ Giant cell (temporal) arteritis
- ☐ Hemochromatosis/iron overload
- ☐ HIV/AIDS*
  - ☐ HIV (no AIDS)
  - ☐ AIDS
- ☐ Lupus
- ☐ Rheumatoid arthritis
- ☐ Sarcoidosis
- ☐ Sickle cell disease
- ☐ Splenectomy/asplenia
- ☐ Ulcerative colitis
- ☐ Other condition *(specify)*

_____

☐ **Pregnancy**
☐ **Immunosuppressive medication**
- ☐ Corticosteroids/steroids
- ☐ Cancer chemotherapy
- ☐ Other immunosuppressive therapy (*specify*)

_____

☐ **Excessive alcohol use**
☐ **Injection drug use, e.g., heroin**
☐ **Medications that suppress stomach acid (e.g., Maalox, Zantac, Prilosec, Nexium)**
(*specify medications, if available*): _____

_____

**Note that some regulations in some states do not permit reporting of HIV status*

Was patient or surrogate able to be interviewed? ☐ **Yes** ☐ **No**

If no, why not? ☐ Refused ☐ Unable to reach ☐ Language barrier ☐ Other (specify) _____

If you are not able to interview the patient or surrogate and no food exposure information is available, please submit only pages 3–5 of this form to CDC. (Please also include page 6 if you are able to record symptoms associated with listeriosis)

Please send completed forms to:
Enteric Diseases Epidemiology Branch, Centers for Disease Control and Prevention
Mailstop C-09
Atlanta, GA 30329.
Fax: (404) 639-2205; Email: Listeria@cdc.gov.

1. Patient Interview

Interviewer: In the question stems and interviewee instructions, the text "<case>" is used in place of "you/he/she," and "<case's>" is used in place of "your/his/her." For pregnancy-associated cases, the mother is the case-patient and she should be asked about her food history during the 4 weeks before delivery.

1. Date of interview
____ / ____ / _____

2. Respondent was ☐ Case-patient ☐ Surrogate ☐ Unknown ☐ None available (chart review only)
If surrogate, **relationship to patient:** ☐ Parent ☐ Child ☐ Sibling ☐ Spouse ☐ Other, Specify _____

3. When did <case's> illness begin? *(Onset of illness)* ____ / ____ / _____ ☐ Not applicable *(e.g. pregnant woman without clinical illness)*

4. During the 4 weeks before <case's> illness/delivery date, was <case> admitted to a hospital *(i.e., stayed at least overnight)***?** ☐ Yes ☐ No ☐ DK
If yes, **Hospital name** _____
Admission date: ____ / ____ / _____
Discharge date: ____ / ____ / _____ **or** ☐ Still hospitalized

5. During the 4 weeks before <case's> illness/delivery date, was <case> a resident in a nursing home or other long term care facility? ☐ Yes ☐ No ☐ DK
If yes, **Facility name** _____
Admission date: ____ / ____ / _____
Discharge date: ____ / ____ / _____ **or** ☐ Still residing in facility

6. During the 4 weeks before <case's> illness/delivery date, did <case> travel to a state outside of <case's> state of residence? ☐ Yes ☐ No ☐ DK
If yes, **please list states visited** _____

7. During the 4 weeks before <case's> illness/delivery date, did <case> travel outside the U.S.? ☐ Yes ☐ No ☐ DK
If yes, **Names of countries visited** _____
If yes, **Date of departure from U.S.** __ / __ / ___ **Date of return to U.S.** __ / __ / ___

8. Which of the following symptoms were associated with illness? *(read each) (ask **mother** for her symptoms if case was pregnancy-associated or in infant ≤ 28 days old)*

Fever	☐ Yes	☐ No	☐ DK	**Preterm labor**	☐ Yes	☐ No	☐ DK	☐ N/A	**Stiff Neck** ☐ Yes ☐ No ☐ DK
Chills	☐ Yes	☐ No	☐ DK						**Altered mental status** ☐ Yes ☐ No ☐ DK
Diarrhea *(≥3loose stools/day)*	☐ Yes	☐ No	☐ DK	**Muscle Aches**	☐ Yes	☐ No	☐ DK		**Other** *(specify)* _____
Vomiting	☐ Yes	☐ No	☐ DK	**Headache**	☐ Yes	☐ No	☐ DK		**Other** (*specify*) _____

2. Food History

Interviewer: In this section, "case" refers to patient except when patient is infant ≤28 days old, when questions apply to mother.

"I am interested in the foods <case> ate during the 4 weeks before <case's> illness/delivery, which I see was on _____/_____/_____. For most of the interview, I will be asking you questions about the 4 weeks before this date, starting _____/_____/_____ (date 4 weeks before) through _____/_____/_____. It might be helpful to look at a calendar available for reference, if possible."

1.Did <case> have any allergies that prevented <case> from eating certain foods? ☐ Yes ☐ No ☐ DK
1a. *If yes:* **What foods?** ☐ Milk ☐ Eggs ☐ Peanuts ☐ Tree nuts ☐ Fish ☐ Soy ☐ Wheat ☐ Shellfish
☐ Other (*specify*) _____

2. Did <case> have a vegetarian or vegan diet? ☐ Yes ☐ No ☐ DK
2a. *If yes,* **Which one?** ☐ Vegetarian ☐ Vegan

3.Did <case> have a special or restricted diet (medical, weight-loss, religious, cultural) or are there any types of foods <case> didn't eat? ☐ Yes ☐ No ☐ DK
3a. *If yes:* **Please Describe:** _____

Food Purchase History (*the lists of store and restaurant types below are meant to prompt the respondent*)

A. Sources of food at home: *"Now I have a few questions about where the food came from that <case> ate **at home** in the 4 weeks before <case's> illness began. I'm going to list several types of stores. For each type, please tell me the names of each store <case> would have eaten food from during the 4 weeks before <case> was sick. **Did <case> eat foods from?"***

- Grocery stores or supermarkets
- Warehouse stores, such as Costco or Sam's Club
- Small markets (convenience stores, gas stations, etc.)
- Ethnic specialty markets (e.g., Mexican, Asian)
- Farmer's markets
- Online stores or foods received by mail
- Did <case> eat food at home from any other place during the 4 weeks before illness began?

Store Name	**Location** (address, city, state)
1.	
2.	
3.	
4.	
5.	

Would you be willing to release your shopper card information so we can get an exact list of your foods and when they were purchased?
☐ Yes ☐ No ☐ None available

Store name: _____ Shopper card #: _____
Store name: _____ Shopper card #: _____
Store name: _____ Shopper card #: _____

B. Restaurants: *"Now I have a few questions about restaurants where <case> might have eaten. For each type of restaurant, please tell me the names of every restaurant <case> ate food from during the 4 weeks before <case> was sick. **Did <case> eat foods from…?"** (interviewer name all types)*

- Buffet-style (where you serve yourself)
- Ethnic restaurants that are not fast-food, such as Mexican, Italian, Chinese
- Sandwich shops or delis
- Fast-food (drive up or pay at counter)
- Any other type of restaurant

Restaurant Name	**Location** (address, city, state)	**What foods did <case> eat?**	**Date(s)**
1.			
2.			
3.			
4.			
5.			

C. Other locations: *"Did <case> eat food purchased or obtained from any other locations, such as salad bars (including at grocery stores), cafeterias, food trucks, picnics, potlucks, concession stands, institutions (e.g. hospital food), local farms or dairies, or special events like weddings or parties during the 4 week period?"*

Location Name	**Location** (address, city, state)	**What foods did <case> eat?**	**Date(s)**
1.			
2.			
3.			

3 . Food Consumption History

"Now I'd like to ask you about the foods that <case> ate during that same 4 week period. For each food item, please give me your best guess as to whether <case> ate the food. If you're not sure, you can tell me whether <case> likely ate or likely did NOT eat the food. If you have no idea, please say 'don't know.' I'll start by asking about cheeses."

A. Cheese	**Ate** (=1)	**Likely ate** (=2)	**Likely did NOT eat** (=3)	**Did NOT eat** (=4)	**Don't know** (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Made from raw milk?** *(circle one)*	**Place of purchase or consumption**
Feta	1	2	3	4	99		Y N DK	
Goat cheese	1	2	3	4	99		Y N DK	
Blue-veined cheese (gorgonzola, bleu)	1	2	3	4	99		Y N DK	
Brie or camembert	1	2	3	4	99		Y N DK	
Gouda	1	2	3	4	99		Y N DK	
Prepackaged, shredded cheese	1	2	3	4	99		Y N DK	
Fresh mozzarella, sold in water	1	2	3	4	99		Y N DK	
Cottage cheese	1	2	3	4	99		Y N DK	
Ricotta cheese	1	2	3	4	99		Y N DK	
Other gourmet, fancy, or artisanal cheese	1	2	3	4	99		Y N DK	
Any cheese sliced at a deli counter	1	2	3	4	99		Y N DK	
Middle Eastern-style cheese (e.g., akawi, nabulsi)	1	2	3	4	99		Y N DK	
Mexican- or Latin-style cheese (e.g., queso fresco)	1	2	3	4	99		Y N DK	
If ate or likely ate Mexican- or Latin-style cheese, ***what type(s)?***								
- Queso fresco	1	2	3	4	99		Y N DK	
- Queso blanco	1	2	3	4	99		Y N DK	
- Queso casero	1	2	3	4	99		Y N DK	
- Cuajada	1	2	3	4	99		Y N DK	
- Asadero	1	2	3	4	99		Y N DK	
- Cotija	1	2	3	4	99		Y N DK	
- Panella	1	2	3	4	99		Y N DK	
- Queso ranchero	1	2	3	4	99		Y N DK	
- Requeson	1	2	3	4	99		Y N DK	
- Oaxaca	1	2	3	4	99		Y N DK	
- Other Mexican- or Latin-style cheese (*specify*) _____	1	2	3	4	99		Y N DK	
Other soft cheese (not cream, cottage, or ricotta) — specify type _____	1	2	3	4	99		Y N DK	
Any cheese from raw/ unpasteurized milk	1	2	3	4	99		Y N DK	
Any other cheeses (specify)_____	1	2	3	4	99		Y N DK	

B. Other Dairy	**Ate** (=1)	**Likely ate** (=2)	**Likely did NOT eat** (=3)	**Did NOT eat** (=4)	**Don't know** (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
"Now I'd like to ask you about other dairy items that <case> ate in the 4 weeks before <case's> illness began."							
Milk	1	2	3	4	99		
	If 1 or 2, **Was any of this milk raw (unpasteurized)?** ☐ Yes ☐ No ☐ DK						
- Whole	1	2	3	4	99		
- 2%	1	2	3	4	99		
- 1%	1	2	3	4	99		
- Skim	1	2	3	4	99		
- Other milk *(e.g., chocolate, buttermilk)*	1	2	3	4	99		
Non-dairy milk (*e.g., soy, almond—specify*) _____	1	2	3	4	99		
Frozen yogurt	1	2	3	4	99		
Yogurt	1	2	3	4	99		
	If 1 or 2, **Was any of this yogurt raw (unpasteurized)?** ☐ Yes ☐ No ☐ DK ***Specify type, if yes*** _____						
Yogurt drinks	1	2	3	4	99		
Butter (not margarine or other butter substitute)	1	2	3	4	99		
Cream or half-and-half	1	2	3	4	99		
Ice cream bars, milkshakes, or frozen dairy dessert items	1	2	3	4	99		
Ice cream	1	2	3	4	99		
	Was any of the ice cream soft serve? ☐ Yes ☐ No ☐ DK						
Sour cream or crema	1	2	3	4	99		
C. Seafood	**Ate** (=1)	**Likely ate** (=2)	**Likely did NOT eat** (=3)	**Did NOT eat** (=4)	**Don't know** (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
"Now I have some questions about seafood <case> might have eaten in the 4 weeks before <case's> illness began."							
Precooked shrimp	1	2	3	4	99		
Precooked shellfish (e.g., crab, mussels, clams—specify) _____	1	2	3	4	99		
Refrigerated smoked or cured fish that was not from a can (e.g., smoked salmon)	1	2	3	4	99		
Any raw fish or seafood, including sushi	1	2	3	4	99		
Frozen processed seafood (e.g., fish sticks or breaded fish)	1	2	3	4	99		
D. Dips and Spreads	**Ate** (=1)	**Likely ate** (=2)	**Likely did NOT eat** (=3)	**Did NOT eat** (=4)	**Don't know** (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
"Now I have some questions about dips and spreads <case> *might have eaten in the 4 weeks before* <case's> *illness began."*							
Hummus	1	2	3	4	99		
Refrigerated, fresh salsa or pico de gallo (not from a jar or can)	1	2	3	4	99		
Guacamole	1	2	3	4	99		
Other dips or spreads (*specify*) _____	1	2	3	4	99		

E. Fruit	**Ate** (=1)	**Likely ate** (=2)	**Likely did NOT eat** (=3)	**Did NOT eat** (=4)	**Don't know** (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
"Now I have some questions about fresh, frozen, or dried fruits, but not canned or cooked, <case> might have eaten in the 4 weeks before <case's> illness began. Again, I'm interested in fresh, frozen, or dried."							
Apples, including apple slices	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
	If 1 or 2, **were items purchased pre-sliced?** ☐ Yes ☐ No ☐ DK						
Caramel apples	1	2	3	4	99		
Grapes	1	2	3	4	99		
Raisins	1	2	3	4	99		
Pears	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Peaches	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Nectarines	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Apricots	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Plums	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Strawberries	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Raspberries	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Blueberries	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Blackberries	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Cherries	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Honeydew melon	1	2	3	4	99		
	If 1 or 2, **were items purchased pre-sliced?** ☐ Yes ☐ No ☐ DK						
Cantaloupe	1	2	3	4	99		
	If 1 or 2, **were items purchased pre-sliced?** ☐ Yes ☐ No ☐ DK						
Watermelon	1	2	3	4	99		
	If 1 or 2, **were items purchased pre-sliced?** ☐ Yes ☐ No ☐ DK						
Pineapple	1	2	3	4	99		
	If 1 or 2, **were items purchased pre-sliced?** ☐ Yes ☐ No ☐ DK						
Mango	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
	If 1 or 2, **were items purchased pre-sliced?** ☐ Yes ☐ No ☐ DK						
Papaya	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Avocado (including homemade guacamole)	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Fruit salad (including pre-cut cubes of a single fruit)	1	2	3	4	99		
Other fruit (*specify*) _____	1	2	3	4	99	☐ Fresh ☐ Frozen ☐ Dried	
Fruit sorbet	1	2	3	4	99		

F. Animal Contact	**Contact** (=1)	**Likely contact** (=2)	**Likely NO contect** (=3)	**NO contact** (=4)	**Don't know** (=99)	**Type of animal or pet food**	**Place of contact or purchase**
"Now I have three questions about animal contact <case> might have had in the 4 weeks before <case's> illness began."							
Spent time at a petting zoo, farm, or other venue with livestock, such as cattle, sheep, goats, etc.	1	2	3	4	99		
Fed a cat or dog raw pet food (i.e., pet food marketed as raw)	1	2	3	4	99		
Fed a cat or dog refrigerated, frozen, or freeze-dried pet treats	1	2	3	4	99		

G. Deli Meats	**Ate** (=1)	**Likely ate** (=2)	**Likely did NOT eat** (=3)	**Did NOT eat** (=4)	**Don't know** (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
"For this section, I'm going to ask you questions about deli meats <case> might have eaten in the 4 weeks before <case's> illness began."							
Ham	1	2	3	4	99		
	If 1 or 2, **Was this item sliced at a deli counter?** ☐ Yes ☐ No ☐ DK						
Bologna	1	2	3	4	99		
	If 1 or 2, **Sliced at a deli counter?** ☐ Yes ☐ No ☐ DK						
Turkey breast	1	2	3	4	99		
	If 1 or 2, **Sliced at a deli counter?** ☐ Yes ☐ No ☐ DK						
Chicken deli meat (NOT fresh or rotisserie chicken)	1	2	3	4	99		
	If 1 or 2, **Sliced at a deli counter?** ☐ Yes ☐ No ☐ DK						
Roast beef	1	2	3	4	99		
	If 1 or 2, **Sliced at a deli counter?** ☐ Yes ☐ No ☐ DK						
Pastrami or corned beef	1	2	3	4	99		
	If 1 or 2, **Sliced at a deli counter?** ☐ Yes ☐ No ☐ DK						
Liverwurst or braunschweiger	1	2	3	4	99		
	If 1 or 2, **Sliced at a deli counter?** ☐ Yes ☐ No ☐ DK						
Paté or meat spread that was not canned	1	2	3	4	99		
Head cheese	1	2	3	4	99		
	If 1 or 2, **Sliced at a deli counter?** ☐ Yes ☐ No ☐ DK						
Pepperoni	1	2	3	4	99		
	If 1 or 2, **Sliced at a deli counter?** ☐ Yes ☐ No ☐ DK						
Any other Italian-style meats, such as salami or prosciutto	1	2	3	4	99		
	If 1 or 2, **Sliced at a deli counter?** ☐ Yes ☐ No ☐ DK						
Other deli/luncheon meat (*specify*) _____	1	2	3	4	99		
	If 1 or 2, **Sliced at a deli counter?** ☐ Yes ☐ No ☐ DK						
Anything from a deli area where meat is sliced	1	2	3	4	99		
	If 1 or 2, **Sliced at a deli counter?** ☐ Yes ☐ No ☐ DK						
H. Other Meat/ Poultry	**Ate** (=1)	**Likely ate** (=2)	**Likely did NOT eat** (=3)	**Did NOT eat** (=4)	**Don't know** (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
"Now I have some questions about other meat and poultry, including ready-to-eat items, <case> might have eaten in the 4 weeks before <case's> illness began."							
Precooked sausage	1	2	3	4	99		
Precooked chicken (whole or parts, including rotisserie)	1	2	3	4	99		
Other precooked meat (*specify*) _____	1	2	3	4	99		
Cured or dried meat (e.g., jerky)	1	2	3	4	99		
Hot dogs	1	2	3	4	99		
	If 1 or 2, **Were the hot dogs:** ☐ Heated before being eaten ☐ Not heated before being eaten (eaten directly out of package) ☐ DK						
Frozen processed poultry (e.g., chicken nuggets or turkey pot pie—*specify*) _____	1	2	3	4	99		
Ground chicken or turkey (*specify*) _____	1	2	3	4	99		

I. Vegetables and other produce	**Ate** (=1)	**Likely ate** (=2)	**Likely did NOT eat** (=3)	**Did NOT eat** (=4)	**Don't know** (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
"Now I have some questions about vegetables, not canned or cooked, <case> might have eaten in the 4 weeks before <case's> illness began."							
Sprouts (including in a sandwich, salad, soup, sushi, or other food)	1	2	3	4	99		
	If 1 or 2, **Which of the following types of sprouts did you eat?**						
- Alfalfa	1	2	3	4	99		
- Bean (e.g. mung, soybean)	1	2	3	4	99		
- Clover	1	2	3	4	99		
- Radish	1	2	3	4	99		
- Broccoli	1	2	3	4	99		
- Mixed	1	2	3	4	99		
- Other sprouts *(specify)* _____	1	2	3	4	99		
Cucumbers	1	2	3	4	99		
Pea pods/snap peas/snow peas	1	2	3	4	99		
Sweet peppers (green, red, orange, or yellow bell peppers)	1	2	3	4	99		
Hot chili peppers such as jalapenos or serranos	1	2	3	4	99		
Green onions or scallions	1	2	3	4	99		
Celery	1	2	3	4	99		
Mini-carrots	1	2	3	4	99		
Fresh mushrooms	1	2	3	4	99		
Pre-cut raw vegetables or vegetable mixes (e.g., celery, onions—*specify*) _____	1	2	3	4	99		
Fresh basil	1	2	3	4	99		
Fresh cilantro	1	2	3	4	99		
Fresh parsley	1	2	3	4	99		
Other fresh herbs (sage, thyme, dill, etc.—*specify*) _____	1	2	3	4	99		
Fresh tomatoes	1	2	3	4	99		
	If 1 or 2, **what type(s) of tomatoes?**						
- Red round	1	2	3	4	99		
- Roma	1	2	3	4	99		
- Cherry/grape	1	2	3	4	99		
- Vine-ripe,' sold on vine	1	2	3	4	99		
- Other *(specify)* _____	1	2	3	4	99		
Any lettuce	1	2	3	4	99		
	If 1 or 2, **Was any of this lettuce prepackaged?** ☐ Yes (*specify type & brand*) ☐ No ☐ DK _____						
	If 1 or 2, **what type(s) of lettuce?**						
- Iceberg	1	2	3	4	99		
- Romaine	1	2	3	4	99		
- Mesclun ("spring mix")	1	2	3	4	99		
- Radish	1	2	3	4	99		
- Any other leaf lettuce *(specify)* _____	1	2	3	4	99		

I. Vegetables and other produce (Continued)	**Ate** (=1)	**Likely ate** (=2)	**Likely did NOT eat** (=3)	**Did NOT eat** (=4)	**Don't know** (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
Other prepackaged leafy green (e.g., kale, spinach—*specify*) _____	1	2	3	4	99		
Premade green salad that includes other ingredients besides greens (e.g., cobb, Caesar salads)	1	2	3	4	99		
Other produce (*specify*) _____	1	2	3	4	99		

J. Deli Salads	**Ate** (=1)	**Likely ate** (=2)	**Likely did NOT eat** (=3)	**Did NOT eat** (=4)	**Don't know** (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
"Now I have some questions about deli salads that <case> might have eaten in the 4 weeks before <case's> illness began. Please do not include homemade items, but only those made in a factory, restaurant, or outside the home."							
Potato salad	1	2	3	4	99		
	If 1 or 2, **Was this item purchased from a deli counter?** ☐ Yes ☐ No ☐ DK						
Pasta salad	1	2	3	4	99		
	If 1 or 2, **Purchased from a deli counter?** ☐ Yes ☐ No ☐ DK						
Egg salad	1	2	3	4	99		
	If 1 or 2, **Purchased from a deli counter?** ☐ Yes ☐ No ☐ DK						
Tuna salad	1	2	3	4	99		
	If 1 or 2, **Purchased from a deli counter?** ☐ Yes ☐ No ☐ DK						
Chicken salad	1	2	3	4	99		
	If 1 or 2, **Purchased from a deli counter?** ☐ Yes ☐ No ☐ DK						
Bean salad	1	2	3	4	99		
	If 1 or 2, **Purchased from a deli counter?** ☐ Yes ☐ No ☐ DK						
Seafood salad	1	2	3	4	99		
	If 1 or 2, **Purchased from a deli counter?** ☐ Yes ☐ No ☐ DK						
Cole slaw	1	2	3	4	99		
	If 1 or 2, **Purchased from a deli counter?** ☐ Yes ☐ No ☐ DK						
Other ready-to-eat meat or vegetable salad not made at home	1	2	3	4	99		
	If 1 or 2, **Purchased from a deli counter?** ☐ Yes ☐ No ☐ DK						
Anything from a salad bar	1	2	3	4	99		

K. Other Foods	**Ate** (=1)	**Likely ate** (=2)	**Likely did NOT eat** (=3)	**Did NOT eat** (=4)	**Don't know** (=99)	**Details** (e.g., type, variety, brand, packaging, shape/size, how prepared)	**Place of purchase or consumption**
"Now I have some questions about other foods <case> might have eaten in the 4 weeks before <case's> illness began."							
Freshly-made smoothie with fresh or frozen fruit or produce	1	2	3	4	99		
Tahini	1	2	3	4	99		
Tofu, tempeh, or seitan	1	2	3	4	99		
Rice noodles	1	2	3	4	99		
Sandwiches from a refrigerated case or vending machine	1	2	3	4	99		
Peanut butter or other nut butters or nut cheeses	1	2	3	4	99		
Nuts, including peanuts, almonds, cashews	1	2	3	4	99		
Seeds, including chia, hemp, flax, or sunflower	1	2	3	4	99		
Food brought here from another country	1	2	3	4	99		

Any seasonal foods or special foods <case> ate during the last 4 weeks? _____

_____

Are there any other food items <case> ate that we didn't talk about already? _____

_____

_____

_____

_____

Optional questions: (Interviewer note: These questions can be helpful in outbreak investigations and for targeting prevention efforts.)

1. **In what country was <case> born?**
   - ☐ In the United States or its territories (e.g., Puerto Rico, Guam)
   - ☐ Outside the United States (*specify*) _____

   If outside the United States: **What year did this person come to live in the United States?** _____

2. **What is <case's> primary language?** ☐ English ☐ Spanish ☐ Other (specify) _____ ☐ Unknown