

This questionnaire is an adaptation of a questionnaire developed by Oregon Public Health Services, modified from the food exposure section of the 2006-2007 FoodNet Population Survey. It can be used as a template for foodborne outbreak investigations. Food exposure frequencies of outbreak cases can be readily compared to food exposure frequencies in the FoodNet population survey (available at http://www.cdc.gov/foodnet/studies_pages/pop.htm). The first page is not part of the FoodNet Population Survey but includes information that may be routinely gathered as part of an outbreak investigation.

Respondent was... self parent caretaker _____ Interviewed by _____ on _____

Age _____ Sex M F onset of first symptoms (m/d) _____/____ first vomiting or diarrhea (m/d) _____/____

Y	?	N	LEAD-IN QUESTIONS	[BLOCK 1]
A	<input type="checkbox"/>	<input type="checkbox"/>	Was anyone in your household sick with diarrhea or vomiting in the week before you got sick?	<input type="checkbox"/> not applicable
B	<input type="checkbox"/>	<input type="checkbox"/>	Are you on any kind of special or limited diet? If yes, describe: _____	
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you spend any nights away from home in the XXX days before you got sick?	
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any contact with dogs, cats, or other pets in that period?	
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you handle any pet treats like pig ears, rawhide chews—at home or anywhere else?	
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any contact with reptiles, including snakes, iguanas or other lizards, and turtles?	
G	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any underlying medical conditions such as pregnancy, cancer, or diabetes that you have been told might affect your immune system? If yes, specify: _____	

First I'd like to ask about the kinds of places where you might have eaten food in the **XXX** days before you got sick. This may help you remember specific food items, which I'll ask you about in a minute. Did you eat anything at any....

Y	?	N	EATING AND SHOPPING VENUES	[BLOCK 2]	Y	?	N	RESTAURANT TYPES	[3]
A	<input type="checkbox"/>	<input type="checkbox"/>	fast-food restaurants (specify) _____		A	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	
B	<input type="checkbox"/>	<input type="checkbox"/>	sit-down restaurants (if yes, specify type(s) in box at right)		B	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese	
C	<input type="checkbox"/>	<input type="checkbox"/>	grocery-store deli or other kind of deli _____		C	<input type="checkbox"/>	<input type="checkbox"/>	Thai	
D	<input type="checkbox"/>	<input type="checkbox"/>	bakery		D	<input type="checkbox"/>	<input type="checkbox"/>	Japanese	
E	<input type="checkbox"/>	<input type="checkbox"/>	coffee shop (e.g., Starbucks)		E	<input type="checkbox"/>	<input type="checkbox"/>	Indian/South Asian	
F	<input type="checkbox"/>	<input type="checkbox"/>	street vendor/push cart/kiosk?		F	<input type="checkbox"/>	<input type="checkbox"/>	other Asian	
G	<input type="checkbox"/>	<input type="checkbox"/>	event concession stands (like at a sporting event or a concert)		G	<input type="checkbox"/>	<input type="checkbox"/>	Mexican	
H	<input type="checkbox"/>	<input type="checkbox"/>	gas station or similar mini-mart		H	<input type="checkbox"/>	<input type="checkbox"/>	Italian	
I	<input type="checkbox"/>	<input type="checkbox"/>	tavern or bar		I	<input type="checkbox"/>	<input type="checkbox"/>	Cuban/Caribbean	
J	<input type="checkbox"/>	<input type="checkbox"/>	free samples anywhere (e.g., grocery store, Costco, farmer's market)		J	<input type="checkbox"/>	<input type="checkbox"/>	Greek	
K	<input type="checkbox"/>	<input type="checkbox"/>	cafeteria/dining room (e.g., worksite, hospital, school)		K	<input type="checkbox"/>	<input type="checkbox"/>	Other "international"	
L	<input type="checkbox"/>	<input type="checkbox"/>	nursing home/ALC dining facility		L	<input type="checkbox"/>	<input type="checkbox"/>	vegetarian	
M	<input type="checkbox"/>	<input type="checkbox"/>	hotel room service		M	<input type="checkbox"/>	<input type="checkbox"/>	barb eque	
N	<input type="checkbox"/>	<input type="checkbox"/>	child-care facility		N	<input type="checkbox"/>	<input type="checkbox"/>	seafood	
O	<input type="checkbox"/>	<input type="checkbox"/>	potluck-type private events		O	<input type="checkbox"/>	<input type="checkbox"/>	breakfast place	
P	<input type="checkbox"/>	<input type="checkbox"/>	catered private gatherings (e.g., weddings, parties)		P	<input type="checkbox"/>	<input type="checkbox"/>	diner/neighborhood cafe	
Q	<input type="checkbox"/>	<input type="checkbox"/>	any food at a church social or similar gathering or "coffee" hour		Q	<input type="checkbox"/>	<input type="checkbox"/>	all-you-can-eat buffet	
R	<input type="checkbox"/>	<input type="checkbox"/>	food brought in to school classes, offices, or work place		R	<input type="checkbox"/>	<input type="checkbox"/>	other	

Now I'd like to ask about where the food came from that you ate at home in those **XXX** days. In other words, this isn't necessarily where you shopped in those days, but where the food that you ate during that time came from. OK? Did any of it come from...

Y	?	N	SOURCES OF FOOD AT HOME	[4]
A	<input type="checkbox"/>	<input type="checkbox"/>	grocery stores/supermarkets (specify) _____	
B	<input type="checkbox"/>	<input type="checkbox"/>	food warehouse stores (Costco, Sams, etc.) _____	
C	<input type="checkbox"/>	<input type="checkbox"/>	mini-marts (e.g., 7-11, AM/PM)	
D	<input type="checkbox"/>	<input type="checkbox"/>	ethnic specialty markets	
E	<input type="checkbox"/>	<input type="checkbox"/>	delicatessens	
F	<input type="checkbox"/>	<input type="checkbox"/>	bakeries	
G	<input type="checkbox"/>	<input type="checkbox"/>	farmer's markets	
H	<input type="checkbox"/>	<input type="checkbox"/>	fish or meat shops	
I	<input type="checkbox"/>	<input type="checkbox"/>	home delivery services (e.g., Schwan's, Meals-on-Wheels)	
J	<input type="checkbox"/>	<input type="checkbox"/>	home-grown produce	
K	<input type="checkbox"/>	<input type="checkbox"/>	home-slaughtered meat	
L	<input type="checkbox"/>	<input type="checkbox"/>	other private households (friends, family, etc)	
M	<input type="checkbox"/>	<input type="checkbox"/>	other (specify)	

Food exposures (Section 1)

Now I'd like to ask you about a long list of food items, and for each one my question will be "Did you eat it in the past 7 days?" The lists are organized into categories, like eggs and dairy foods, vegetables and fruits, and so on. For each item, give me a "yes" or "no" if you remember eating or even tasting it in the past 7 days. Some of the questions might seem a little repetitive, but please try and answer each question individually, even if you think it was already covered. Unless I specify otherwise, I'm interested in whether you ate these items at home or away from home—either one, OK?

Y	?	N	DAIRY AND EGGS	Y	?	N	MEAT & POULTRY
A	<input type="checkbox"/>	<input type="checkbox"/>	eggs {anything anywhere from fresh eggs} <i>If yes, ...</i>	A	<input type="checkbox"/>	<input type="checkbox"/>	any chicken prepared at home (i.e., not take-out)
B	<input type="checkbox"/>	<input type="checkbox"/>	any eggs at home	B	<input type="checkbox"/>	<input type="checkbox"/>	anything prepared at home from a "whole" chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	any eggs away from home	C	<input type="checkbox"/>	<input type="checkbox"/>	<i>if yes, was that chicken frozen when you got it?</i>
D	<input type="checkbox"/>	<input type="checkbox"/>	any eggs anywhere that were runny	D	<input type="checkbox"/>	<input type="checkbox"/>	anything prepared at home from pre-cut chicken parts
E	<input type="checkbox"/>	<input type="checkbox"/>	anything that had eggs that were still raw in it (e.g., dough, sauces, homemade ice cream, mayo)	E	<input type="checkbox"/>	<input type="checkbox"/>	<i>if yes, was that chicken frozen when you got it?</i>
F	<input type="checkbox"/>	<input type="checkbox"/>	any egg substitutes (Egg-Beaters, etc.)	F	<input type="checkbox"/>	<input type="checkbox"/>	any chicken prepared or eaten <i>away</i> from home
G	<input type="checkbox"/>	<input type="checkbox"/>	butter {real butter; not margarine}	G	<input type="checkbox"/>	<input type="checkbox"/>	anything from ground chicken
H	<input type="checkbox"/>	<input type="checkbox"/>	buttermilk {fluid, not powdered}	H	<input type="checkbox"/>	<input type="checkbox"/>	ground turkey
I	<input type="checkbox"/>	<input type="checkbox"/>	sour cream	I	<input type="checkbox"/>	<input type="checkbox"/>	any other turkey {whole or parts}
J	<input type="checkbox"/>	<input type="checkbox"/>	whipped cream	J	<input type="checkbox"/>	<input type="checkbox"/>	duck or game hen
K	<input type="checkbox"/>	<input type="checkbox"/>	fresh or flavored store-bought yogurt	K	<input type="checkbox"/>	<input type="checkbox"/>	pre-frozen hamburger patties eaten at home
L	<input type="checkbox"/>	<input type="checkbox"/>	frozen yogurt	L	<input type="checkbox"/>	<input type="checkbox"/>	<i>if yes, were any patties pink on the inside when eaten?</i>
M	<input type="checkbox"/>	<input type="checkbox"/>	ice cream	M	<input type="checkbox"/>	<input type="checkbox"/>	fresh {not store-frozen} hamburger patties at home
N	<input type="checkbox"/>	<input type="checkbox"/>	ice cream bars or frozen dairy dessert items	N	<input type="checkbox"/>	<input type="checkbox"/>	<i>if yes, was it pink on the inside when eaten?</i>
O	<input type="checkbox"/>	<input type="checkbox"/>	any pasteurized {"regular"} milk.	O	<input type="checkbox"/>	<input type="checkbox"/>	anything else made with ground beef at home
P	<input type="checkbox"/>	<input type="checkbox"/>	any unpasteurized {raw} milk	P	<input type="checkbox"/>	<input type="checkbox"/>	any other beef {steak, roasts, etc.} at home
				Q	<input type="checkbox"/>	<input type="checkbox"/>	veal
				R	<input type="checkbox"/>	<input type="checkbox"/>	pork
				S	<input type="checkbox"/>	<input type="checkbox"/>	ham
				T	<input type="checkbox"/>	<input type="checkbox"/>	lamb
				U	<input type="checkbox"/>	<input type="checkbox"/>	any kind of game {venison, pheasant, etc.— fresh, frozen, or dried}

	Y	?	N	CHEESE
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cream cheese
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cottage cheese
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ricotta
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any "string" cheese
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any cheese sold as or cut from solid blocks {"typical"}
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any cheese on a deli-type sandwich
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any cheese spread
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	American {processed} cheese
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheddar
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swiss
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	uncooked mozzarella {e.g., <i>not</i> cooked on pizza}
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any Parmesan or Romano
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any blue-veined cheese {Bleu, gorgonzola,...}
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	feta
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any cheese made from goat or sheep milk
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any fancy imported cheese
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	homemade Mexican-style { <i>queso fresco</i> , <i>q. blanco</i> }
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	store-bought Mexican-style { <i>queso fresco</i> , <i>q. blanco</i> }
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any cheese made from unpasteurized milk {often homemade or sold off-the-farm or door-to-door}

	Y	?	N	COOKED OR PROCESSED MEATS
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	smoked or dried fish {e.g., lox}
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any pre-packaged sliced deli meats
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any other sliced deli meats {i.e., <i>not</i> pre-packaged}
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	corn dogs
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hot dogs
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bologna
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bacon
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	breakfast sausage
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any other sausage/bratwurst etc.
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pepperoni/salami
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	store-bought beef sticks/jerky
				----- SEAFOOD -----
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{store-bought} fresh fish
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crab
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	shrimp/prawns
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	oysters
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>if yes</i> , were the oysters raw when eaten?
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other shellfish
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>if yes</i> , were the shellfish <i>raw</i> when eaten?
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sushi, sashimi, or ceviche made with raw fish or shellfish

<p>Y ? N FRESH VEGETABLES {Not frozen}</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> celery</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mini-carrots in sealed bag</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> loose or bagged carrots {full size}</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cucumbers</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> broccoli</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cauliflower</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> green bell peppers</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> red bell peppers</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> asparagus</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh corn</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> snow peas {eaten in pod}</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh beans</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> brussel sprouts</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> eggplant</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> zucchini or other "soft" squash</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any "hard" squash {pumpkin, acorn, etc.}</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> white or yellow onions</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> green onions {scallions}</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> leeks</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> avocado {or guacamole}</p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any homegrown fresh tomatoes {eaten raw}</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any store-bought fresh tomatoes eaten at home {raw}</p>	<p>Y ? N FRESH VEGETABLES {Not frozen}</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cabbage</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> potatoes</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> yams or sweet potatoes</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> alfalfa sprouts</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> bean sprouts</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other sprouts {clover, mixed, broccoli, etc}</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any salad mix that came in a sealed bag</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mesclun lettuce {"spring mix"}</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other iceberg lettuce</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any romaine lettuce</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other leaf lettuce</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any lettuce on sandwiches or burgers</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any tomatoes on sandwiches or burgers</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh spinach {not frozen}</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other greens {collard, mustard, etc}</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh basil</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh parsley</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh cilantro</p> <p>S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other fresh herbs</p> <p>T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh garlic</p> <p>U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> fresh mushrooms</p> <p>V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> beets, turnips, or radishes</p> <p>W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any "organic" produce</p>
<p>Y ? N FRESH FRUIT {Not frozen or cooked}</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> apples</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pears</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> peaches</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> nectarines</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> apricots</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> oranges</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> tangerines</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> grapefruit</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> lemon</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> lime</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> strawberries</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> raspberries</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> blueberries</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> blackberries</p>	<p>Y ? N FRESH FRUIT {Not frozen or cooked}</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cherries</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> plums</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any kind of grapes <i>if yes...</i></p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> green grapes</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> red grapes</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> bananas</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> plantains</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cantaloupe</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> honeydew</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> watermelon</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> kiwi</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pineapple</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> mango</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> papaya</p>

<p>Y ? N PREMADE AND DRIED FOODS</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought fruit salad</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought pasta salad</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought potato salad</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought egg salad</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought cole slaw</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> peanuts {loose or in shell}</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> peanut butter</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any fresh-ground "natural" peanut butter</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> almonds</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> walnuts</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cashews</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pistachios</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> sunflower seeds</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> raisins</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any pre-made pudding or custard {not a mix}</p>	<p>Y ? N MISCELLANY</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> chips {potato, corn, Fritos, etc}</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any <i>fresh</i> salsa</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> taco shells</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> tortillas</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> bulk chocolate {not wrapped candy}</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any apple juice/cider</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any apple juice/cider that is freshly pressed and not pasteurized</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any orange juice</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any fresh squeezed orange juice that {not from a carton or concentrate}</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any juice that is not pasteurized and not from a concentrate {often bought from farms or orchards, but may be sold commercially with a label saying it is unpasteurized and may contain bacteria}</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> tofu</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> baby formula bought as a liquid in a can</p> <p>M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> baby formula bought as a powder</p> <p>N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> store-bought puréed baby food {e.g., Gerbers}</p> <p>O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> commercially bottled water</p> <p>P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cold breakfast cereals {e.g., Cheerios, Raisin Bran}</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> granola</p> <p>R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> hot breakfast cereals {oatmeal, etc.}</p>
<p>Y ? N FROZEN FOODS</p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen dinners/entrees</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen vegetables in a box</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen vegetables in a bag</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen berries</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen vegetarian stuff {e.g., Gardenburgers}</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen fish products</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen chicken strips or nuggets {at home}</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other frozen chicken products</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen pizza</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen Mexican-style items</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> frozen shrimp, frog legs, lobster, crab, other seafood</p>	<p>Y ? N SPECIFIC FOODS EATEN OUT</p> <p><i>These refer to food eaten or prepared away from home</i></p> <p>A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any burgers or ground beef at a fast-food place</p> <p>B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other burger/ground beef away from home</p> <p>C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any other beef away from home</p> <p>D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any deli-type sandwich</p> <p>E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any sandwich with sprouts on it</p> <p>F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any sandwich or burger garnished with lettuce</p> <p>G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any sandwich or burger garnished with tomato</p> <p>H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anything from a salad bar</p> <p>I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any kind of salad made with lettuce or greens</p> <p>J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anything with raw tomatoes</p> <p>K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> pizza from a pizzeria {not frozen}</p> <p>L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> any kind of burrito or "wrap"</p>

Animal Contact (Section 4)

IN THE PAST 7 DAYS did {you/your child} have any contact with any of the following?

	Y	?	N	R	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bird
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitten
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cat
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baby chicks
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cow/bull/steer
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calf
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Puppy {<6 months old}
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dog
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goat, Sheep, or Lamb
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horse
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pig
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reptile {including snakes, iguanas or other lizards, and turtles}
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amphibian {such as frogs}
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turkey
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tropical fish

	Y	?	N	R	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN THE PAST 7 DAYS did {you/your child} handle any dog treats like pig ears, rawhide chews – at home or anywhere else?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN THE PAST 7 DAYS did {you/your child} visit a petting zoo or farm?
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN THE PAST 7 DAYS did {you/your child} visit a state, county or local fair at which there were animals?
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN THE PAST 7 DAYS did {you/your child} visit any other events at which there were animals present such as festivals, animal shows, exhibits, swap meets, sales, etc.?

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