



Confidential when completed

PERSON REPORTING

Health Authority: FHA IHA VIHA NHA VCH

Name: _____
Last First

Phone: () - ext.

Email: _____

Date Report Received at HU (YYYY/MM/DD): _____

Contact attempts (date and time)	Interview?
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>

Interviewer: _____ Not located

A. CLIENT INFORMATION

Name: _____ Last First Middle Alternate Name(s): _____

PHN: _____ Date of Birth: _____ YYYY / MM / DD Sex: Male Female

Home Address: _____ Unit # Street # Street Name City: _____

Postal code: _____ Province: _____ Phone number (home/office/cell) () - ext.

Email: _____ Physician Name _____ Last First Physician Phone Number: _____

Interview conducted with: _____

B. ABORIGINAL INFORMATION

Do you wish to self-identify as an Aboriginal Person? Asked, not provided No
 Not asked Yes

Aboriginal Identity: Asked, but unknown Asked, not provided First Nations
 First Nations and Inuit First Nations and Métis First Nations, Inuit and Métis Inuit
 Inuit and Métis Métis Not asked

First Nations Status: Asked, but unknown Asked, not provided Non-Status Indian
 Not Asked Status Indian

C. CLINICAL INFORMATION

Date of onset of symptoms: _____ YYYY / MM / DD Onset time: _____ AM / PM Unknown

Signs and Symptoms Earliest symptom: _____

Other Symptoms: Abdominal discomfort Anorexia Diarrhea Fever
 Nausea Vomiting Other: _____

Hospitalization

Admitted to hospital: Yes No Unknown Hospital name: _____

Admission date: _____ YYYY / MM / DD Discharge date: _____ YYYY / MM / DD

Outcome

Death: Yes No Unknown *If yes, death date:* _____ YYYY / MM / DD Antibiotic use: Yes No Unknown



D. LABORATORY INFORMATION

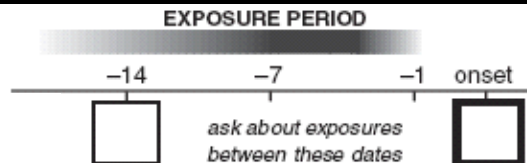
Specimen Type	Reporting Lab	Collection Date	Result
		YYYY/MM/DD	Serotype:

E. TRAVEL INFORMATION

Enter onset date in heavy box.
Count backwards to figure probable exposure period.

days from onset:

calendar dates:



Travel ^

Travel during exposure period: Yes No Unknown *If Yes:* within BC outside BC but within Canada outside Canada

Was travel confirmed as the most likely source of infection? Yes

NOTE: For cyclosporiasis, travel to an endemic area during *any* part of the exposure period or travel outside HA of residence during the *entire* exposure period is considered confirmed travel-related.

Dates: DEPARTURE	Dates: RETURN	Locations (e.g., city, country, resort)	Additional details	Foods brought back
YYYY/MM/DD	YYYY/MM/DD			

^ If case is not travel-related, please notify local MHO and BCCDC. Complete Section J "Food Exposures" for all cases that report any of their exposure period in North America.

F. CONTACTS

people in household:

Name	Date ill YYYY/MM/DD	Nature of contact*	Occupation/Details	Contact phone	^Excluded?

*Household, sexual, close contacts

^ Please complete a Contact Exclusion Form for each contact excluded.



G. OCCUPATION AND EXCLUSION	H. INTERVENTIONS																		
<p>Occupation:</p> <p>Sensitive Setting (check if applicable):</p> <p><input type="checkbox"/> Work/volunteer or attend day care</p> <p><input type="checkbox"/> Work/volunteer in a health care setting</p> <p><input type="checkbox"/> Work/volunteer as a food handler</p> <p><input type="checkbox"/> Other (e.g. pool): _____</p> <p>Facility name:</p> <p>Excluded <input type="checkbox"/>Y <input type="checkbox"/>N Effective date (YYYY/MM/DD):</p> <p>Details:</p> <p>Symptom end date (YYYY/MM/DD):</p> <p>Exclusion lifted (YYYY/MM/DD): MHO:</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #cccccc;"> <th>Type</th> <th>Implemented</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Referred for Inspection</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: left;">Hygiene Education</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: left;">Referred to another HA</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: left;">Health File Sent</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="text-align: left;">Other:</td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>	Type	Implemented	Details	Referred for Inspection	<input type="checkbox"/>		Hygiene Education	<input type="checkbox"/>		Referred to another HA	<input type="checkbox"/>		Health File Sent	<input type="checkbox"/>		Other:	<input type="checkbox"/>	
Type	Implemented	Details																	
Referred for Inspection	<input type="checkbox"/>																		
Hygiene Education	<input type="checkbox"/>																		
Referred to another HA	<input type="checkbox"/>																		
Health File Sent	<input type="checkbox"/>																		
Other:	<input type="checkbox"/>																		

I. Additional Details Related to Case Investigation		
Date	Comment	Initials

Continue with Section J "Food Exposures" for all cases that report any of their exposure period in North America.



Complete Section J for cases that report any of their exposure period in North America.

Food samples: If high risk foods from the exposure period are available from the case. Please ask for a photo of the label and consult with BCCDC (marsha.taylor@bccdc.ca or 604-707-2544) to assess the possibility of food testing.

J. FOOD EXPOSURES

Food Exposures

Vegetarian? Yes No Unknown Food allergies / avoidances / special diet? Yes No Unknown

If Yes, Details: _____

Berries	Details
<p>Fresh strawberries</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Were they eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how were they packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Plastic clamshell <input type="checkbox"/> Cardboard box/basket <input type="checkbox"/> Plastic basket</p> <p><input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the berries purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Fresh raspberries</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Were they eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how were they packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Plastic clamshell <input type="checkbox"/> Cardboard box/basket <input type="checkbox"/> Plastic basket</p> <p><input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the berries purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Fresh blackberries</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Were they eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how were they packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Plastic clamshell <input type="checkbox"/> Cardboard box/basket <input type="checkbox"/> Plastic basket</p> <p><input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the berries purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Fresh blueberries</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Were they eaten:</p> <p><input type="checkbox"/> At home</p>	<p>If purchased, how were they packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Plastic clamshell <input type="checkbox"/> Cardboard box/basket <input type="checkbox"/> Plastic basket</p> <p><input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the berries purchased:</p>



<input type="checkbox"/> Restaurant (name and location): <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Local (grown in Canada) <input type="checkbox"/> Imported (grown outside Canada) Country: _____ Brand/lot code: _____ Store name/location: _____ Date purchased: _____ Date consumed: _____
Other fresh berries <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK	Product details:



J. FOOD EXPOSURES *continued*

Fruit	Eaten	Product Details	Fruit	Eaten	Product Details
Melon	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Grapes	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Peaches	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Mangos	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Nectarines	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Avocado	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Apricots	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Coconut	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Plums	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Citrus fruits	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Cherries	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Other fruit	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Apples	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Unpasteurized fruit juice/cider	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	

Herbs	Details
<p>Fresh basil</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Specify:</p> <p><input type="checkbox"/> Thai basil (green leaves and purple stem)</p> <p><input type="checkbox"/> Other basil</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Plastic clamshell <input type="checkbox"/> Tube <input type="checkbox"/> From a salad bar</p> <p><input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the basil purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Fresh cilantro/coriander</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Plastic clamshell <input type="checkbox"/> Tube <input type="checkbox"/> From a salad bar</p> <p><input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the cilantro purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>



J. FOOD EXPOSURES *continued*

Herbs	Details
<p>Fresh parsley</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Plastic clamshell <input type="checkbox"/> Tube <input type="checkbox"/> From a salad bar</p> <p><input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the parsley purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Other fresh herbs</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p>Product details:</p>

Lettuce and Leafy Greens	Details
<p>Leaf / loose leaf lettuce</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Specify:</p> <p><input type="checkbox"/> Red leaf</p> <p><input type="checkbox"/> Green leaf</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged in a bag <input type="checkbox"/> Prepackaged in a box/clamshell</p> <p><input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the lettuce purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Iceberg lettuce</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged, precut <input type="checkbox"/> Prepackaged, whole <input type="checkbox"/> From a salad bar</p> <p><input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the lettuce purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>



J. FOOD EXPOSURES *continued*

Lettuce and Leafy Greens	Details
<p>Romaine lettuce</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged in a bag <input type="checkbox"/> Prepackaged in a box/clamshell</p> <p><input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the lettuce purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Spinach</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged in a bag <input type="checkbox"/> Prepackaged in a box/clamshell</p> <p><input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the spinach purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Mixed greens / mesclun lettuce</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged in a bag <input type="checkbox"/> Prepackaged in a box/clamshell</p> <p><input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the lettuce purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Arugula</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged in a bag <input type="checkbox"/> Prepackaged in a box/clamshell</p> <p><input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the arugula purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>



J. FOOD EXPOSURES *continued*

Lettuce and Leafy Greens	Details
<p>Prepackaged salad</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged in a bag <input type="checkbox"/> Prepackaged in a box/clamshell</p> <p><input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the salad purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Other lettuce / leafy greens</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p>Product details :</p>

Fresh Vegetables	Details
<p>Snow peas (flat pods containing tiny peas)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Were they eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how were they packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged in a bag <input type="checkbox"/> From a salad bar</p> <p><input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the snow peas purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Snap peas (plump, crisp edible pods)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Were they eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If purchased, how were they packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged in a bag <input type="checkbox"/> From a salad bar</p> <p><input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the snap peas purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Green onions</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Were they eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p>	<p>If purchased, how were they packaged?</p> <p><input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged in a bag <input type="checkbox"/> From a salad bar</p> <p><input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the snap peas purchased:</p> <p><input type="checkbox"/> Local (grown in Canada)</p> <p><input type="checkbox"/> Imported (grown outside Canada) Country: _____</p>



<input type="checkbox"/> Other (specify): 	Brand/lot code: _____ Store name/location: _____ Date purchased: _____ Date consumed: _____
---	---



J. FOOD EXPOSURES *continued*

Fresh Vegetable	Eaten	Product Details	Fresh Vegetable	Eaten	Product Details
Tomatoes	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Cauliflower	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Cabbage	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Celery	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Sprouts	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Carrots	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Cucumbers	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Onions	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Bell pepper	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Garlic	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Hot pepper	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Other vegetables	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Broccoli	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK				

Other Foods	Details
<p>Fresh Salsa</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If homemade, list ingredients:</p> <p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> In a jar <input type="checkbox"/> In a plastic container <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the salsa purchased:</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Guacamole</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If homemade, list ingredients:</p> <p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> In a jar <input type="checkbox"/> In a plastic container <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the guacamole purchased:</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>
<p>Pesto</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If homemade, list ingredients:</p> <p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> In a jar <input type="checkbox"/> In a plastic container <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the pesto purchased:</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>



J. FOOD EXPOSURES *continued*

Other Foods	Details
<p>Any other food(s) containing fresh berries or herbs (salad, dip or salad dressing)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p>Was it eaten:</p> <p><input type="checkbox"/> At home</p> <p><input type="checkbox"/> Restaurant (name and location):</p> <p><input type="checkbox"/> Other (specify):</p>	<p>If homemade, list ingredients:</p> <p>If purchased, how was it packaged?</p> <p><input type="checkbox"/> In a jar <input type="checkbox"/> In a plastic container <input type="checkbox"/> Other: _____</p> <p>Please include as much information as possible on the foods purchased:</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____ Date consumed: _____</p>

Attend any social functions (e.g., parties, weddings, showers, potlucks, community events)? Yes No Unknown

Event/Social gathering	Location	Date (YYYY/MM/DD)	Foods Eaten

Attend any restaurants (including: take-out, cafeteria, bakery, deli, kiosk)? Yes No Unknown

Restaurants (including: take-out, cafeteria, bakery, deli, kiosk)	Location	Date (YYYY/MM/DD)	Foods Eaten

Grocery stores for food consumed during the incubation period	Location	Loyalty Card?	Details (Foods Purchased, Brands, Date of Visit)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please request consent for consumer cards during routine interviews. Consent forms will only be used for investigative purposes. The following stores use consumer cards: Costco, Loblaw's (PC Points), Save-On Foods, Safeway and Thrifty's (Air Miles-please use Sobeys's specific form)