



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



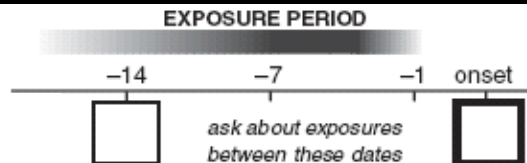
**D. LABORATORY INFORMATION**

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			

**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.

^ If case is not travel-related, please notify local MHO and BCCDC. Complete Section J "Food Exposures" for locally-acquired cases.



**G. OCCUPATION AND EXCLUSION**

Occupation:

Sensitive Setting (check if applicable):

- Work/volunteer or attend day care
- Work/volunteer in a health care setting
- Work/volunteer as a food handler
- Other (e.g. pool): \_\_\_\_\_

Facility name:

Excluded Y N Effective date (YYYY/MM/DD):

Details:

Symptom end date (YYYY/MM/DD):

Exclusion lifted (YYYY/MM/DD): MHO:

**H. INTERVENTIONS**

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 locally-acquired cases.*



**Complete Section J for locally-acquired cases.**

J. FOOD EXPOSURES	
<b>Food Exposures</b>	
Vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown    Food allergies / avoidances / special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If Yes, Details: _____	
Berries	Details
<b>Fresh strawberries</b> <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK Were they eaten: <input type="checkbox"/> At home <input type="checkbox"/> Restaurant (name and location): <input type="checkbox"/> Other (specify):	If purchased, how were they packaged? <input type="checkbox"/> Loose <input type="checkbox"/> Plastic clamshell <input type="checkbox"/> Cardboard box/basket <input type="checkbox"/> Plastic basket <input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____ Please include as much information as possible on the berries purchased: <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: _____
<b>Fresh raspberries</b> <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK Were they eaten: <input type="checkbox"/> At home <input type="checkbox"/> Restaurant (name and location): <input type="checkbox"/> Other (specify):	If purchased, how were they packaged? <input type="checkbox"/> Loose <input type="checkbox"/> Plastic clamshell <input type="checkbox"/> Cardboard box/basket <input type="checkbox"/> Plastic basket <input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____ Please include as much information as possible on the berries purchased: <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: _____
<b>Fresh blackberries</b> <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK Were they eaten: <input type="checkbox"/> At home <input type="checkbox"/> Restaurant (name and location): <input type="checkbox"/> Other (specify):	If purchased, how were they packaged? <input type="checkbox"/> Loose <input type="checkbox"/> Plastic clamshell <input type="checkbox"/> Cardboard box/basket <input type="checkbox"/> Plastic basket <input type="checkbox"/> From a salad bar <input type="checkbox"/> Other: _____ Please include as much information as possible on the berries purchased: <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: _____
<b>Other fresh berries</b> <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><b>Fresh basil</b></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><b>Fresh cilantro/coriander</b></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><b>Fresh parsley</b></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><b>Other fresh herbs</b></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><b>Leaf / loose leaf lettuce</b></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><b>Iceberg lettuce</b></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><b>Romaine lettuce</b></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><b>Spinach</b></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><b>Mixed greens / mesclun lettuce</b></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><b>Arugula</b></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><b>Prepackaged salad</b></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><b>Other lettuce / leafy greens</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p>Product details :</p>

Peas	Details
<p><b>Snow peas (flat pods containing tiny peas)</b></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><b>Snap peas (plump, crisp edible pods)</b></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>





**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><b>Fresh Salsa</b></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><b>Guacamole</b></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><b>Pesto</b></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><b>Any other food(s) containing fresh berries or herbs (salad, dip or salad dressing)</b></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	

Willing to share purchase information from loyalty card, if needed?    Yes    No