

## E. coli O157 and Shiga-toxin Related Disease Questionnaire

Name (Last, First): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F  
City: \_\_\_\_\_ County: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Parent's name (if child): \_\_\_\_\_  
E. coli "O" antigen \_\_\_\_\_ "H" # \_\_\_\_\_ PFGE \_\_\_\_\_ Collection date: \_\_\_\_\_  
Shiga-toxin positive test: yes no PHLIS ID \_\_\_\_\_ Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

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### Section 1. Illness History. *I would like to begin by asking you about some of the symptoms you may have experienced.*

1. Date of onset: \_\_\_/\_\_\_/\_\_\_ Time of onset: \_\_\_:\_\_\_ AM PM  
Nausea yes no dk/ns  
Vomiting yes no dk/ns  
Diarrhea yes no dk/ns  
If yes, date of onset of diarrhea: \_\_\_/\_\_\_/\_\_\_ time of onset: \_\_\_:\_\_\_ AM PM  
Greatest # stools in a 24 hour period \_\_\_\_\_  
Duration of diarrhea (days): \_\_\_\_\_  
Blood in stool yes no dk/ns  
If yes, how much blood? (*read the following descriptions*)
  1. small amount or streak of blood (mixed with stool)
  2. gross amount of blood (mixed with stool)
  3. all blood
  9. dk/ns  
Cramps yes no dk/ns  
Headache yes no dk/ns  
Fever yes no dk/ns  
If yes, what was the highest temperature recorded? \_\_\_\_\_  
HUS yes no dk/ns  
TTP yes no dk/ns  
Other yes no dk/ns Specify \_\_\_\_\_
2. Did you visit a hospital emergency room or a doctor's office because of this illness? yes no dk/ns  
If yes, number of times \_\_\_\_\_ (*include both ER and office/clinic visits*)
3. Were you admitted to the hospital overnight for this illness? yes no dk/ns  
If yes, number of nights \_\_\_\_\_ Admit date: \_\_\_/\_\_\_/\_\_\_ Hospital: \_\_\_\_\_
4. Have you had your blood drawn for any reason because of this illness? yes no dk/ns  
If yes, where did you have the blood drawn? \_\_\_\_\_ and when \_\_\_/\_\_\_/\_\_\_
5. Because of this illness, did you miss any time from work (or school, daycare for pediatric cases)? yes no dk/ns  
If yes, how many total days did you miss more than 4 hours from work (or school) due to this illness? \_\_\_\_\_
6. Were you treated with antibiotics **for this illness**? yes no dk/ns  
If yes, which antibiotic(s)? \_\_\_\_\_
7. During the **4 weeks prior to this illness**, were you taking antibiotics for any reason? yes no dk/ns  
If yes, which antibiotic(s)? \_\_\_\_\_
8. During the **4 weeks prior to this illness**, were you taking any antacids (such as, Maalox, Tagamet, Pepcid or Zantac) on a regular basis? yes no dk/ns  
If yes, which antacid(s) were you taking? \_\_\_\_\_
9. **Prior to this illness**, did you have a gastrectomy (surgery to remove part of your stomach or intestine)? yes no dk/ns
10. Do you know of anyone else who has had these symptoms during the week before or after you became ill? yes no  
If yes, who: \_\_\_\_\_  
Did they see a doctor or visit a clinic for their illness? yes no dk/ns  
If yes, doctor/clinic name and location: \_\_\_\_\_  
Did they submit a stool specimen for testing? yes no dk/ns

**Section 2. Open-ended Food History.** Please try to remember what you may have eaten in the 5-day period before you started feeling sick. We'll start with the day before you got sick and work backwards. (If a meal was eaten out, specify where.)

**Day 1** \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

<i>Breakfast</i> home or out _____	<i>Lunch</i> home or out _____	<i>Dinner</i> home or out _____	<i>Other/snacks</i> _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Day 2** \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

<i>Breakfast</i> home or out _____	<i>Lunch</i> home or out _____	<i>Dinner</i> home or out _____	<i>Other/snacks</i> _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Day 3** \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

<i>Breakfast</i> home or out _____	<i>Lunch</i> home or out _____	<i>Dinner</i> home or out _____	<i>Other/snacks</i> _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Day 4** \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

<i>Breakfast</i> home or out _____	<i>Lunch</i> home or out _____	<i>Dinner</i> home or out _____	<i>Other/snacks</i> _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Day 5** \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

<i>Breakfast</i> home or out _____	<i>Lunch</i> home or out _____	<i>Dinner</i> home or out _____	<i>Other/snacks</i> _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section 3. Restaurants and Grocery Stores**

11. In the 7 days before your diarrhea began, how many times did you eat from a fast food chain restaurant?

1. 0      2. 1-3 times      3. 4-6 times      4. ≥ 7 times      9. dk/ns

What were the names and locations of the fast-food restaurants?

Name _____	Location _____

12. How many times did you eat out at any other restaurants?

1. 0      2. 1-3 times      3. 4-6 times      4. ≥ 7 times      9. dk/ns

What were the names and locations of those restaurants?

Name _____	Location _____
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Name \_\_\_\_\_ Location \_\_\_\_\_  
 Name \_\_\_\_\_ Location \_\_\_\_\_  
 Name \_\_\_\_\_ Location \_\_\_\_\_

13. Did you eat any food from a salad bar?            yes        no        dk/ns

14. Where did you purchase groceries that were eaten during the 7 days before your illness (including specialty stores, produce or fruit stands, dairy marts, etc.)?

Name \_\_\_\_\_ Location \_\_\_\_\_  
 Name \_\_\_\_\_ Location \_\_\_\_\_  
 Name \_\_\_\_\_ Location \_\_\_\_\_  
 Name \_\_\_\_\_ Location \_\_\_\_\_

**Section 4. Detailed Food History.** *Now I'd like to ask you about specific food items that you may have eaten. During the 7 days before you got sick, did you eat the following items?*

**A. Dairy Products**

Milk, unpast	yes	no	dk/ns
Icecream, unpast	yes	no	dk/ns
Yogurt, unpast	yes	no	dk/ns
Cheese, unpast	yes	no	dk/ns
Soft cheeses	yes	no	dk/ns
brie	yes	no	dk/ns
caso fresco	yes	no	dk/ns
cottage cheese	yes	no	dk/ns
cream cheese	yes	no	dk/ns
feta	yes	no	dk/ns
mozzarella	yes	no	dk/ns
ricotta	yes	no	dk/ns
other (soft)	yes	no	dk/ns
Other cheeses	yes	no	dk/ns

*Comments (variety/brand, how prepared, where bought/eaten, etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

unpasteurized?    yes    no    dk/ns    \_\_\_\_\_

specify \_\_\_\_\_

**B. Fish, Poultry, and Meats**

Fish	yes	no	dk/ns
Shellfish	yes	no	dk/ns
(such as shrimp, lobster, clams, etc.)			
Chicken	yes	no	dk/ns
Turkey	yes	no	dk/ns
Pork	yes	no	dk/ns
Veal	yes	no	dk/ns
Lamb	yes	no	dk/ns
Venison	yes	no	dk/ns
Sausage	yes	no	dk/ns
Hot dog	yes	no	dk/ns
Beef jerky	yes	no	dk/ns
Dried salami	yes	no	dk/ns
Deli meats	yes	no	dk/ns
Roast beef	yes	no	dk/ns
Steak	yes	no	dk/ns

\_\_\_\_\_

specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Hamburger and Ground Beef**

Hamburger	yes	no	dk/ns
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If yes, was hamburger(s) eaten at home or out?    1. at home    2. out, where \_\_\_\_\_    3. both

How was the hamburger cooked?    1. rare (red in middle)    2. medium (pink in middle)    3. well done (no pink)

For hamburger(s) eaten in the home, was it made from (*also ask where item was purchased from*):

Fresh (never frozen) raw ground beef	yes	no	dk/ns	_____
Previously frozen raw ground beef	yes	no	dk/ns	_____
Pre-made uncooked patties	yes	no	dk/ns	_____
Pre-made, pre-cooked patties	yes	no	dk/ns	_____
Other ground beef such as in a taco, meatloaf, etc.	yes	no	dk/ns	_____

If yes, specify dish \_\_\_\_\_, eaten at home or out, where \_\_\_\_\_

**INDIRECT EXPOSURE TO HAMBURGER AND/OR GROUND BEEF IN THE HOME SETTING**

If patient did not answer "yes" to eating some type of home-prepared hamburger or ground beef, ask the following.

**Was there any ground beef stored in your refrigerator in the 7 days before your illness?**    yes    no    dk/ns  
**Did you or someone in your household prepare a meal for others that contained ground beef?**    yes    no    dk/ns

**INDIRECT EXPOSURE TO OTHER RAW MEATS (ask for ALL patients)**

**Did you handle any raw meat at home or anywhere else in the 7 days before your illness?**    yes    no    dk/ns

If yes, what kind of meat(s) was it? \_\_\_\_\_

**D. Fresh/Uncooked Salads and Vegetables**

Tabouleh salad	yes	no	dk/ns	_____
Cole slaw	yes	no	dk/ns	_____
Lettuce	yes	no	dk/ns	_____
Iceberg	yes	no	dk/ns	_____
Green leaf	yes	no	dk/ns	_____
Red leaf	yes	no	dk/ns	_____
Romaine	yes	no	dk/ns	_____
Mesclun	yes	no	dk/ns	_____
(also called mixed greens)				
Other	yes	no	dk/ns	_____
Were any of these prepackaged?				
	yes	no	dk/ns	_____
If yes, specify brand name and/or style (i.e Caesar mix ) _____				
Alfalfa sprouts	yes	no	dk/ns	_____
Other sprouts	yes	no	dk/ns	_____
Spinach	yes	no	dk/ns	_____
Cabbage	yes	no	dk/ns	_____
Tomatoes	yes	no	dk/ns	regular/large or cherry tomatoes _____
Carrots	yes	no	dk/ns	regular/large or baby carrots _____
Broccoli	yes	no	dk/ns	_____
Celery	yes	no	dk/ns	_____
Squash	yes	no	dk/ns	_____
Eggplant	yes	no	dk/ns	_____
Mushrooms	yes	no	dk/ns	_____
Peppers	yes	no	dk/ns	_____
Onions	yes	no	dk/ns	_____
Scallions	yes	no	dk/ns	_____
(also called green onions)				
Radishes	yes	no	dk/ns	_____
Parsley	yes	no	dk/ns	_____
Cilantro	yes	no	dk/ns	_____
Basil	yes	no	dk/ns	_____

**E. Fresh Fruits**

Watermelon	yes	no	dk/ns	_____
Cantaloupe	yes	no	dk/ns	_____
Honeydew melon	yes	no	dk/ns	_____
Grapefruit	yes	no	dk/ns	_____
Oranges	yes	no	dk/ns	_____
Pears	yes	no	dk/ns	_____
Plums	yes	no	dk/ns	_____
Nectarines	yes	no	dk/ns	_____
Peaches	yes	no	dk/ns	_____
Apples	yes	no	dk/ns	_____
Grapes	yes	no	dk/ns	red or green? _____
Strawberries	yes	no	dk/ns	_____

Raspberries	yes	no	dk/ns	_____
Blueberries	yes	no	dk/ns	_____
Other berries	yes	no	dk/ns	_____
Kiwi	yes	no	dk/ns	_____
Mango	yes	no	dk/ns	_____
Pineapple	yes	no	dk/ns	_____
Avocado	yes	no	dk/ns	_____

**EXPOSURE TO ORGANICALLY GROWN PRODUCE**  
**Were any of the produce (fruits and vegetables) you consumed organically grown?**      yes      no      dk/ns  
 If yes, what \_\_\_\_\_

**F. Unpasteurized Juices**

Apple juice/cider	yes	no	dk/ns	was it made from concentrate? _____
Orange juice	yes	no	dk/ns	was it made from concentrate? _____
Smoothie	yes	no	dk/ns	specify _____ any from concentrate? _____
Other juices	yes	no	dk/ns	specify _____ any from concentrate? _____

**G. Drinking Water at Home**

Private well	yes	no	dk/ns	_____	
Municipal	yes	no	dk/ns	_____	
What company?	_____	Water chlorinated?	yes	no	dk/ns

*Note: Ask the following question(s) if the patient indicates that he/she drinks from the tap but does not know whether the water is from a private well or a municipal system:*  
**Do you receive a bill from a water company?**      yes      no      dk/ns  
**If yes, what is the name of the company?** \_\_\_\_\_

Bottled water	yes	no	dk/ns	_____
Pond/lake/river	yes	no	dk/ns	_____
Other	yes	no	dk/ns	specify _____

**H. Drinking Water Outside of the Home**

Private well	yes	no	dk/ns	_____
Municipal	yes	no	dk/ns	chlorinated? _____
Bottled water	yes	no	dk/ns	_____
Pond/lake/river	yes	no	dk/ns	_____
Other	yes	no	dk/ns	specify _____

**I. Miscellaneous**

Herbal medicines	yes	no	dk/ns	specify _____
Nutritional supplements	yes	no	dk/ns	specify _____
Vitamins	yes	no	dk/ns	specify _____
Other	yes	no	dk/ns	specify _____

**Section 5. Other Exposures.** (During the 7 days before onset of diarrhea.)

15. Did you travel out of the country?      yes      no      dk/ns  
 If yes, where? \_\_\_\_\_ When? from \_\_\_\_\_ to \_\_\_\_\_
16. Did you travel to any other state(s)?      yes      no      dk/ns  
 If yes, where? \_\_\_\_\_ When? from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_ When? from \_\_\_\_\_ to \_\_\_\_\_
17. Did you do any swimming or wading?      yes      no      dk/ns  
 If yes, what type of swimming area was it? (*inquire about location of swimming area*)
- |                             |     |    |       |
|-----------------------------|-----|----|-------|
| Wading or kiddie pool       | yes | no | _____ |
| Outdoor swimming pool       | yes | no | _____ |
| Indoor swimming pool        | yes | no | _____ |
| Hot tub, jacuzzi or spa     | yes | no | _____ |
| Pond, lake, river or stream | yes | no | _____ |

- Other \_\_\_\_\_ yes no \_\_\_\_\_
- Did you submerge your head under water? yes no dk/ns
- Did you swallow any water? yes no dk/ns
18. Did you attend any large gatherings (parties, festivals, fairs, etc.)? yes no dk/ns  
If yes, where/when/foods \_\_\_\_\_
19. Did you have direct contact with any farm animals? yes no dk/ns  
If yes, what kind of animal(s)? \_\_\_\_\_ Where \_\_\_\_\_
20. Did you visit a farm or petting zoo at which there were animals? yes no dk/ns  
If yes, where \_\_\_\_\_ What kind of animals were there? \_\_\_\_\_
21. Did you have contact with animal manure as might occur during farming, gardening, or caring for animals?  
yes no dk/ns  
If yes, what kind of activity were you involved in? \_\_\_\_\_
22. Did you have contact with reptiles (snakes, lizards, turtles)? yes no dk/ns  
If yes, what kind \_\_\_\_\_ Where \_\_\_\_\_
23. Did you have contact with household pets? yes no dk/ns  
If yes, what kind \_\_\_\_\_
24. Are there any children in your household in diapers? yes no dk/ns
25. Did you change any diapers or otherwise handle dirty diapers? yes no dk/ns

### Section 6. High Risk Occupations and Activities

26. What is your occupation? \_\_\_\_\_
27. Do you handle or prepare food as part of your duties? yes no dk/ns  
If yes, describe \_\_\_\_\_
28. Do you provide health care? yes no dk/ns  
If yes, describe \_\_\_\_\_  
Provide *direct* patient care? yes no dk/ns
29. Do you attend (*for child*) or work (*for adult*) in a daycare setting? yes no dk/ns  
If yes, describe \_\_\_\_\_  
Are you aware of any other illness in the daycare? yes no dk/ns

### Section 7. Demographics

- What is your race?
1. White      3. Asian, Pacific Islander      5. Other, specify \_\_\_\_\_      9. dk/ns
2. Black      4. American Indian      6. Refused
- Are you of Hispanic origin?
1. Yes      3. Refused
2. No      4. dk/ns

**Interviewer use only** ( for follow-up purposes if case is involved in high risk occupation)

Has LHD been notified? yes no Health department name \_\_\_\_\_

Contact person \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Comments \_\_\_\_\_