

Michigan Frozen Strawberry Questionnaire

November 2016

Interviewer Name: _____ Interview Date: _____

Health Department: _____ Phone number: _____

Interviewers: This form should be used as a supplement to the standard hepatitis A case investigation worksheet. Demographic information, high-risk situations, food consumed outside the home and international travel details should be collected on the standard form.

PATIENT Name: _____ MDSS Number _____

County of Residence: _____ Illness Onset Date: _____
MM/DD/YYYY

FOOD HISTORY

We are interested in finding out about your consumption history of frozen, uncooked strawberries.

Special Diets or Food Preferences

1. Are (you/case) on a vegetarian or vegan diet?

Yes, specify: _____ No Don't Know

2. Do (you/case) have any food allergies?

Yes, specify: _____ No Don't Know

During the 2–6 weeks prior to onset of symptoms:

3. Did (you/case) consume any frozen, uncooked strawberries (not fresh) by themselves or as an ingredient in a food item from a food service establishment? *Examples: restaurants, coffee shops, gas stations, cafés, deli shops, take-out shops, etc.*

Yes No Don't Know

If yes, please list location(s) of restaurant [Name, Address, City], a description of the item containing strawberries, and date of purchase:

Name & Address of Restaurant	Food Item Description	Date of Consumption

4. Did (you/case) consume any frozen, uncooked strawberries from an institutional cafeteria?

Examples: living centers, healthcare facilities, schools, workplace cafeteria, soup kitchens, etc.

Yes No Don't Know

If yes, please list location(s) of cafeteria [Name, Address, City], a description of the item containing strawberries, and date of purchase:

Name & Address of Cafeteria	Food Item Description	Date of Consumption

During the 2–6 weeks prior to onset of symptoms:

5. Did (you/case) consume any frozen, uncooked strawberries from a catered group event?

Examples: parties, weddings, conferences, etc.

Yes No Don't Know

If yes, please list location(s) of event [Name, Address, City], name of caterer if known, a description of the item containing strawberries, and date of purchase:

Name & Address of Event	Name of Caterer	Food Item Description	Date of Event

6. Did (you/case) consume any beverages outside the home containing strawberries?

Examples: frozen drinks, lemonade, tea, etc. from places like coffee shops, juice bars or restaurants

Yes No Don't Know

If yes, please list location(s) of purchase [Name, Address, City], a description of the beverage containing strawberries, and date of purchase:

Name & Address of Location	Beverage Description	Date of Consumption

7. Did (you/case) consume any ice cream or yogurt products outside of the home (not from a grocery store) containing strawberries? Examples: strawberry ice cream, yogurt, parfaits, uncooked strawberry toppings, etc.

Yes No Don't Know

If yes, please list location(s) of purchase [Name, Address, City], a description of the ice cream product containing strawberries, and date of purchase:

Name & Address of Location	Ice Cream Product Description	Date of Consumption

8. Did you consume any ready-to-eat or made-to-order smoothies or milkshakes from a retail location such as juice bars, ice cream shops, cafés, grocery stores, restaurants, etc.?

Yes No Don't Know

If yes, please list location(s) of purchase [Name, Address, City], a description of the smoothie/milk shake containing strawberries, and date of purchase:

Name & Address of Location	Smoothie/Milk Shake Ingredients	Date of Consumption

9. Did you eat any desserts outside the home containing frozen, uncooked strawberries as an ingredient or garnish? *Examples: strawberry shortcake, mousse, jello dessert, etc.*

Yes No Don't Know

If yes, please list location(s) of purchase [Name, Address, City], a description of the dessert containing strawberries, and date of purchase:

Name & Address of Location	Dessert Description	Date of Consumption

10. Did you eat any other pre-made items outside the home containing frozen, uncooked strawberries? *Examples: syrups, sauces, uncooked toppings on baked goods, etc.*

Yes No Don't Know

If yes, please list location(s) of purchase [Name, Address, City], a description of the item containing strawberries, and date of purchase:

Name & Address of Location	Food Item Description	Date of Consumption

11. Do you know of anyone else with similar symptoms?

Yes No Don't Know

If yes, please list name, date of onset, relationship and contact information below:

Name of Ill Person	Date of Onset	Relationship	Contact Information

As the investigation progresses, we may need to contact you again. Is this the best telephone number to reach you? If not, tel no. _____.

Thank you very much for your time and participation in this interview. Your responses are very helpful.