

Section 1. Interviewer Details:			
Case Interviewed by:		Date of interview: MM/ DD/ YYYY	
Health department:		Date reported to Health Department: MM/ DD/ YYYY	
Respondent was: <input type="checkbox"/> case <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> caretaker <input type="checkbox"/> other, specify:			
Name of person interviewed (if <u>not</u> case):		Phone number:	
Section 2. Supplemental Case Information:			
Place(s) of Employment/Volunteer work in the TWO WEEKS prior to symptom onset and while ill:			
<div>Food/beverage handler: <input type="checkbox"/>Y <input type="checkbox"/>N Last day worked: MM/ DD/ YYYY</div> <div>Specify duties:</div> <div>Daycare: <input type="checkbox"/>Y <input type="checkbox"/>N Last day worked: MM/ DD/ YYYY</div> <div>Adult care facility*: <input type="checkbox"/>Y <input type="checkbox"/>N Last day worked: MM/ DD/ YYYY</div> <div>Hospital/Health Care: <input type="checkbox"/>Y <input type="checkbox"/>N Last day worked: MM/ DD/ YYYY</div> <div>Correctional Facility: <input type="checkbox"/>Y <input type="checkbox"/>N Last day worked: MM/ DD/ YYYY</div> <div>Other: <input type="checkbox"/>Y <input type="checkbox"/>N Last day worked: MM/ DD/ YYYY Please specify: _____</div>			
In your place(s) of employment do you assist others with bathroom use/diapering? <input type="checkbox"/> Y <input type="checkbox"/> N			
Comments:			
*Adult care facility is defined as: a home or residence that provides residential care and/or services for adults (e.g., adult day care center, retirement home, group home)			
Section 3. Clinical Information (Historical and Current):			
Date positive specimen(s) collected: MM/ DD/ YYYY		Date of symptom onset: MM/ DD/ YYYY	
Specimen submitted to CDC for genotyping : <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Comments:			
Section 4. Incubation and Infectious Period:			
Date of onset for first symptom: DD/ MM/ YYYY			
Incubation Period:			
50 days prior to first symptom onset: DD/ MM/ YYYY		to 15 days prior to first symptom onset: DD/ MM/ YYYY	
Infectious Period:			
14 days prior to first symptom onset: DD/ MM/ YYYY		to 10 days after onset of jaundice: DD/ MM/ YYYY	
Comments:			

**Section 5. Risk Factors for Acquiring Disease/Infection:** During the Incubation Period did (you/case) have:Receive a blood transfusion or blood products during the incubation period? ☐Y ☐N ☐DK

If yes, date: DD/ MM/ YYYY/

Receive an organ transplant during the incubation period? ☐Y ☐N ☐DK

If yes, date: DD/ MM/ YYYY/

Donate blood during the incubation period? ☐Y ☐N ☐DK

If yes, date: DD/ MM/ YYYY/

Live/Stay in a residential institution/facility? ☐Y ☐N ☐DK If yes, please specify:☐ Prison/Correction facility☐ Residential facility serving the developmentally disabled☐ Community residential program (e.g. group home, shelter)☐ Long-term care facility/nursing home☐ Acute care facility (e.g. hospital)☐ Other (specify):

Institution/facility name:

What were (your/case's) sources of drinking water during incubation period? (check all that apply)

☐ Municipal☐ Well/Private water source☐ Bottled water (specify brand):☐ Other:Did (you/case) come in contact with, or were (you/case) exposed to, sewage back-up? ☐Y ☐N ☐DK

If yes, please specify:

Comments:

**Section 6. Special Diets or Food Preferences:**Are (you/case) an a vegetarian diet? ☐Y ☐N ☐DK

If yes, do (you/case) ever eat:

Eggs ☐Y ☐N ☐DK

Dairy

☐Y ☐N ☐DK

Poultry

☐Y ☐N ☐DKFish ☐Y ☐N ☐DKAre (you/case) on a vegan diet? ☐Y ☐N ☐DKDo (you/case) have any food allergies? ☐Y ☐N ☐DK

If yes, please describe/list:

Are there any foods that you never eat? ☐Y ☐N ☐DK

If yes, please describe/list:

In the incubation period, were (you/case):

On a special or restricted diet? (e.g. diabetic diet, kosher, halal, etc.) ☐Y ☐N ☐DK If yes, describe:Take a dietary or nutritional supplement? (e.g. protein powder, vitamins, herbs, etc.) ☐Y ☐N ☐DK If yes, describe:Consuming any foods that are associated with a specific ethnic culture (e.g. Chinese, Italian, Indian, Lebanese food, etc)? ☐Y ☐N ☐DK

If yes, describe:

Comments:

**Section 7. Social Gatherings and Activities:**Did (you/case) attend any social gatherings where food was served during **Incubation Period** - 15 to 50 days prior to illness onset? ☐Y ☐N ☐DK

(Note, social gatherings include weddings, pot lucks, parties, religious events, community events, conferences, movies, sports events, bars, clubs, fitness centers, etc.)

If yes, complete information below:

Event names/description	Location	Food consumed	Date
			DD/ MM/ YYYY/
			DD/ MM/ YYYY/

Do you know others who developed the same illness as you? ☐Y ☐DK If yes, please describe:

### Section 8: Food Prepared outside the home

Did (you/case) eat foods prepared outside the home (including take-out food) during the Incubation Period - 15 to 50 days prior to illness onset?

☐Y ☐N ☐P ☐DK If no, skip to section 9

(including restaurants, bars, fast food outlets, coffee shops or bakeries, cafeterias, street vendors or concession stands)

\*P (Probably) = Case thinks he/she ate at the food establishment, or case usually eats at the food establishment, but is unsure if ate at the establishment during the time period in question

Food Establishment	Location(s) name and address	Items Consumed	Date(s)
<b>Restaurant(s)</b>			DD/ MM/ YYYY/
<input type="checkbox"/> Y			DD/ MM/ YYYY/
<input type="checkbox"/> P			DD/ ..MM/ YYYY/
<b>Coffee Shop / Fast Food Outlet(s)</b> (e.g.: Subway, McDonalds)			DD/ ..MM/ YYYY/
<input type="checkbox"/> Y			DD/ MM/ YYYY/
<input type="checkbox"/> P			DD/ MM/ YYYY/
<b>Cafeteria(s)</b>			DD/ MM/ YYYY/
<input type="checkbox"/> Y			DD/ MM/ YYYY/
<input type="checkbox"/> P			DD/ MM/ YYYY/
<b>Bakery / Deli(s)</b>			DD/ MM/ YYYY/
<input type="checkbox"/> Y			DD/ MM/ YYYY/
<input type="checkbox"/> P			DD/ MM/ YYYY/
<b>Ready-to-Eat Food from Grocery/Convenience Store(s)</b>			DD/ MM/ YYYY/
<input type="checkbox"/> Y			DD/ MM/ YYYY/
<input type="checkbox"/> P			DD/ MM/ YYYY/
<b>Street Vendor(s)</b>			DD/ MM/ YYYY/
<input type="checkbox"/> Y			DD/ MM/ YYYY/
<input type="checkbox"/> P			DD/ MM/ YYYY/
<b>Concession(s) at an Event</b>			DD/ MM/ YYYY/
<input type="checkbox"/> Y			DD/ MM/ YYYY/
<input type="checkbox"/> P			DD/ MM/ YYYY/
<b>Gas Stations(s)</b>			DD/ MM/ YYYY/
<input type="checkbox"/> Y			DD/ MM/ YYYY/
<input type="checkbox"/> P			DD/ MM/ YYYY/
<b>Other(s): Specify</b>			DD/ MM/ YYYY/
<input type="checkbox"/> Y			DD/ MM/ YYYY/
<input type="checkbox"/> P			DD/ MM/ YYYY/

### Section 9. Home Food Purchase:

Where did (you/case) usually purchase food for home consumption **before** (your/case's) illness (include grocery stores, farmers markets, specialty stores, ethnic markets, food banks, warehouse stores, etc)?

	Store Name	Location/Address
A.	Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #:	

B.	Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #:	
C.	Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #:	
D.	Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #:	
E.	Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #:	

### Section 10: Possible Food Sources – Foods Prepared and Consumed in the Home:

Did (you/case) eat any of the following foods prepared and/or consumed at home (excluding take-out) in the **Incubation Period** - 15 to 50 days prior to illness onset?

Incubation period from Section 4: 50 days prior to illness onset: DD/ MM/ YYYY/ to 15 days prior to illness onset: DD/ MM/ YYYY/

*\*Probably Ate = Case thinks he/she ate this food or case usually eats this food, but is unsure if eaten during time period in question*

Vegetables:	Yes	Prob*	No	DK	IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand	Where purchased: <i>Use store code (e.g. 'A', 'B') from previous section</i>
Green/scallion Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fresh tomatoes ( <u>not</u> grown at home) If yes, specify types below:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Roma Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cherry Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Hot house Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Semi-dried Purchased: <input type="checkbox"/> loose <input type="checkbox"/> in oil Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other (e.g. Beef steak) If yes, specify: Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked <input type="checkbox"/> sundried <input type="checkbox"/> semi-dried	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Salsa (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Store-bought Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Homemade Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Bagged or prewashed lettuce in a salad mix	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Iceberg lettuce Purchased as: <input type="checkbox"/> head <input type="checkbox"/> shredded <input type="checkbox"/> bagged	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Romaine Lettuce Purchased as: <input type="checkbox"/> head <input type="checkbox"/> shredded <input type="checkbox"/> bagged	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mesclun 'spring mix' Purchased as: <input type="checkbox"/> bagged <input type="checkbox"/> loose	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other lettuce Purchased as: <input type="checkbox"/> head <input type="checkbox"/> shredded <input type="checkbox"/> bagged	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		

Other bagged salad ( <i>e.g. broccoli slaw, coleslaw, etc</i> ) If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Spinach Purchased: <input type="checkbox"/> bunched <input type="checkbox"/> bagged <input type="checkbox"/> loose <input type="checkbox"/> frozen Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Basil Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> dried <input type="checkbox"/> frozen <input type="checkbox"/> tubes	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Parsley Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> dried <input type="checkbox"/> frozen <input type="checkbox"/> tubes	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cilantro Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> dried <input type="checkbox"/> frozen <input type="checkbox"/> tubes	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other fresh herbs (specify): Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> dried <input type="checkbox"/> frozen <input type="checkbox"/> tubes	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Sprouts ( <i>e.g. alfalfa, bean, onion; including sprouts on sandwiches, in a stir fry, etc.</i> ) If yes, specify: Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cabbage (also include if eaten in coleslaw) Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<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		
Celery Purchased: <input type="checkbox"/> loose <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Bell peppers (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Green Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Red Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Yellow Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Orange Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Hot peppers ( <i>e.g. jalapeno, Serrano, habanero, etc</i> ) If yes, specify: Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked <input type="checkbox"/> dried	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Carrots (not mini) Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mini carrots Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Peas Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Beans Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Broccoli Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Corn Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		

Cauliflower Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Onions (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
White Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Yellow Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Red Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Onions (continued):						
Shallots Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Leeks Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mushrooms (specify) : Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other vegetables (e.g. radish, zucchini, rhubarb, kohlrabi, etc.) If yes, specify: Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Vegetable juice (e.g. tomato, carrot, V8, etc) If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>FRUIT:</b> (including fruits eaten in a fruit salad, fruits in drinks, etc)	<b>Yes</b>	<b>Prob*</b>	<b>No</b>	<b>DK</b>	<b>IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand</b>	<b>Where purchased:</b> <i>Use store code (e.g. 'A', 'B') from previous section</i>
Berries (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Raspberries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Strawberries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Blueberries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Blackberries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mixed berries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen Specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other, specify: Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<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		
Pomegranate seeds Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pomegranate fruit Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Plums Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fruit smoothies (specify ingredients):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Grapes (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Red: Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Green: Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Bananas	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		

Mango Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Kiwi Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pineapple Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fruit salad If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Dried fruits (e.g. raisins, cranberries, apricots) If yes, specify:	<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		
Guacamole (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Store-bought: Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Homemade: Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other fruits (e.g. papaya, guave, etc.) Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fresh apple juice or cider	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fresh orange juice (not from concentrate)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Any unpasteurized fruit juices (e.g. freshly squeezed orange juice, etc) If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>FISH AND SEAFOOD:</b>	<b>Yes</b>	<b>Prob*</b>	<b>No</b>	<b>DK</b>	<b>IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand</b>	<b>Where purchased:</b> Use store code (e.g. 'A', 'B') from previous section
Fish – eaten RAW (e.g. sushi, tartare, etc) If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fish - UNDERCOOKED If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Smoked or dried fish If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Oysters If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Clams If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mussels If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Scallops If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>FISH AND SEAFOOD (Continued):</b>	<b>Yes</b>	<b>Prob*</b>	<b>No</b>	<b>DK</b>	<b>IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand</b>	<b>Where purchased:</b> Use store code (e.g. 'A', 'B') from previous section

Cockles If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Crab If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Shrimp If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Prawns If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Crayfish If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Lobster If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other fish, seafood or seaweed products If yes, specify: If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>DELI MEATS and OTHER MEATS:</b>	<b>Yes</b>	<b>Prob*</b>	<b>No</b>	<b>DK</b>	<b>IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand</b>	<b>Where purchased:</b> <i>Use store code (e.g. 'A', 'B') from previous section</i>
Chicken deli meat	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Turkey deli meat	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Ham deli meat	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Beef deli meat	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Bologna	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Salami	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Corned beef	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pepperoni	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other deli meat (e.g. pastrami, kielbasa, parma ham, etc) If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Hot dogs If yes, was it heated before eating: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pâté/meat spread If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		