

Cyclospora Hypothesis-Generating Questionnaire for the Public Health Agency of Canada

Attached is the Public Health Agency of Canada's (PHAC) cyclospora hypothesis-generating questionnaire which can be used by Alberta Public Health investigators as a tool for information gathering and data collection during a cyclospora case investigation.

For cyclosporiasis reporting, Alberta Health requires that a Notifiable Disease Report (NDR) Form is completed for the case and submitted according to the reporting timeline set. Alberta Health **does not** require a copy of the questionnaire be submitted.

Questions regarding the cyclospora hypothesis-generating questionnaire can be directed to AHEZ@gov.ab.ca.

Thank you.



Cyclosporiasis Hypothesis Generating Questionnaire

Case ID:

National ID:

Questionnaire Background for Interviewer

This questionnaire is designed to collect comprehensive information on possible risk factors for cyclosporiasis. More details are collected on high risk foods (berries, herbs and leafy greens), but please ask the case about all food items listed. Text is included above each food section to explain what information we are trying to capture and prompts to remind cases to include garnishes.

Since outbreaks of cyclosporiasis are often linked back to contaminated food products, it is critical to collect as much detail as possible on food exposures. Please collect as much details as possible for each item, including restaurant exposures. Also consider using a calendar to probe and collecting receipts, purchase data or loyalty cards if available.

The questionnaire is estimated to take 30 minutes to complete.

FOR LOCAL USE ONLY – PLEASE REMOVE THIS PAGE BEFORE SENDING TO PHAC

i. Case Information:

Case Name:	Proxy Name:
Health Card Number: _____	
Street Address: _____	Home phone: _____
City/Town: _____	Work phone: _____
Postal Code: _____	Cell Phone: _____
Physician:	Physician Phone:
Occupation:	Place(s) of employment:

ii. Symptoms:

Date of first symptom onset: d _____ / m _____ / y _____ Asymptomatic: Y N DK

Symptoms: Watery Diarrhea* Y N DK Fever Y N DK Abdominal cramps Y N DK
 Fatigue Y N DK Gas Y N DK Nausea Y N DK
 Vomiting Y N DK Other: Y N DK If other, please specify:

*3 or more loose stools in a 24 hour period

Underlying conditions or medications that suppress the immune system (e.g. pregnancy, diabetes, cancer, steroids)? Y N DK
 If yes, please specify:



Cyclosporiasis Hypothesis Generating Questionnaire

Case ID:

National ID:

Section 1. Case Information

Case Interviewed by:

Date of interview: d___ / m___ / y_____

Health Unit/Authority:

Date reported to Health Unit/Authority: d___ / m___ / y_____

Province/Territory:

Respondent was: Case Parent Spouse Caretaker Other, specify: _____

Age: _____

Sex: M F

Section 2. Clinical Information

Positive specimen type(s):

Stool Other, specify: _____

Date of first positive specimen collection: d___ / m___ / y_____

Date of first symptom onset: d___ / m___ / y_____

Date of diarrhea onset: d___ / m___ / y_____

Asymptomatic: Y N DK

Admitted* to hospital because of the illness? Y N DK

Date of admission: d___ / m___ / y_____

*Do not include individuals who visit an emergency room or outpatient clinic

Date of discharge: d___ / m___ / y_____ Still hospitalized

Case deceased? Y N: Date of Death: d___ / m___ / y_____

Section 3: Travel Information

In the 14 days before onset of illness, that is from d___/m___/y___ through d___/m___/y___, did (you/case) travel within or outside of Canada? Y N DK

If yes: Within Province/Territory Other Province(s)/Territory(ies) Outside Canada

Specify travel destination(s) outside of Canada (country/town/resort):

Departure: d___ / m___ / y_____ Return: d___ / m___ / y_____

If case spent entire incubation period outside of Canada, then stop interview here. If case spent part of incubation period within Canada, then continue interview to capture **domestic exposures only**.

Section 4. Social Gatherings

Did (you/case) attend any social gatherings in the 14 days prior to illness onset? Y N DK
(Note: can include weddings, parties, potlucks, religious events, community events, conferences, etc)

If yes, complete information below:

Event names/location/description:	Date of gathering(s)	Are you aware of anyone else who became ill with diarrhea following the gathering?
	d___ / m___ / y_____ to d___ / m___ / y_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK, if Yes, number ill? _____
	d___ / m___ / y_____ to d___ / m___ / y_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK, if Yes, number ill? _____
	d___ / m___ / y_____ to d___ / m___ / y_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK, if Yes, number ill? _____
	d___ / m___ / y_____ to d___ / m___ / y_____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK, if Yes, number ill? _____

Notes:

Section 5. Food Establishments outside the home:

In the 14 days prior to illness onset did (you/case) eat at any food establishments? (including food taken from a restaurant and eaten at home and samples eaten at establishments such as grocery stores)? We will ask you about what you ate later in this questionnaire.

Food Establishment	Name(s)	Date(s)	Location(s)

Section 6. Home Food Purchase:

Where did (you/case) usually purchase food for home consumption (include grocery stores, farmers markets, specialty stores, ethnic markets, food banks, etc)?

*Consent form for collecting loyalty card information is available from your provincial/territorial health authority or PHAC

Store Name	Location/Address
A Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
B Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
C Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
D Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
E Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	

Willing to share purchase information from your loyalty card if needed? Y N

Section 7: Food Exposures

INSTRUCTIONS TO READ TO CASE

I am interested in the food you ate during the 14 days before your illness onset date; that is from d____/m____/y____ through d____/m____/y____. For each food item please give me your best guess as to whether you ate the food, you're not sure but you probably ate the food, or you did not eat the food.

BERRIES:

I have some questions about fresh berries, not canned, cooked, or frozen, you might have eaten during the 14 days before your illness began. You could have eaten these either in your home or away from home. I am only interested in fresh berries that were not grown at home. As I read each food, please answer yes, no, probably, or don't know if you ate the food in the 14 days before you got sick. Please remember that berries are often served as garnishes on top of or on the sides of salads and desserts or in smoothies.

Fresh strawberries

Y P N DK

Were they eaten:

- at home
- restaurant (name and location):
- other, specify:

If purchased, how were they packaged

- loose plastic clamshell cardboard box/basket plastic basket from a salad bar
- other: _____

Please include as much information as possible on the berries purchased:

- Local (grown in Canada)
- Imported (grown outside Canada) Country: _____
- Brand/lot code: _____
- Store name/location: _____
- Date purchased: _____
- Date consumed: _____

Fresh raspberries

Y P N DK

Were they eaten:

- at home
- restaurant (name and location):
- other, specify:

If purchased, how were they packaged

- loose plastic clamshell cardboard box/basket plastic basket from a salad bar
- other: _____

Please include as much information as possible on the berries purchased:

- Local (grown in Canada)
- Imported (grown outside Canada) Country: _____
- Brand/lot code: _____
- Store name/location: _____
- Date purchased: _____
- Date consumed: _____

Fresh blackberries

Y P N DK

Were they eaten:

- at home
- restaurant (name and location):
- other, specify:

If purchased, how were they packaged

- loose plastic clamshell cardboard box/basket plastic basket from a salad bar
- other: _____

Please include as much information as possible on the berries purchased:

- Local (grown in Canada)
- Imported (grown outside Canada) Country: _____
- Brand/lot code: _____
- Store name/location: _____
- Date purchased: _____
- Date consumed: _____

<p>Fresh blueberries</p> <p><input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <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 <input type="checkbox"/> from a salad bar</p> <p><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: _____</p> <p>Date consumed: _____</p>
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<p>Other fresh berries</p> <p>(e.g., mixed fruit platter)</p> <p><input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK</p>	<p>Product details:</p>
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HERBS

I have questions about fresh herbs that you may have eaten during the 14 days before illness began. Remember, these could have been part of a dish such as pesto, salsa, sauces, etc. I am interested in fresh herbs, not dried or bottled herbs. I am also only interested in fresh herbs that were not grown at home. Please remember that fresh herbs are often served as garnishes on top of or on the sides of entrees and desserts. As I read each food, please answer yes, no, probably, or don't know if you ate the food in the 14 days before you got sick.

<p>Fresh basil</p> <p><input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK</p> <p>Specify:</p> <p><input type="checkbox"/> Thai Basil (green leaves and purple stems)</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 <input type="checkbox"/> other: _____</p> <p>Please include as much information as possible on the product 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: _____</p> <p>Date consumed: _____</p>
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<p>Fresh cilantro/coriander</p> <p><input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <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 <input type="checkbox"/> other: _____</p> <p>Please include as much information as possible on the product 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: _____</p> <p>Date consumed: _____</p>
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<p>Fresh parsley</p> <p><input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <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 <input type="checkbox"/> other: _____</p> <p>Please include as much information as possible on the product 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: _____</p> <p>Date consumed: _____</p>
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<p>Other fresh herbs</p> <p><input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK</p>	<p>Product details</p>
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LETTUCE AND LEAFY GREENS

I have some questions about lettuce and leafy greens you might have eaten raw or uncooked during the 14 days before your illness began. You could have eaten this either in your home or away from home. This does not include canned or frozen items, but these foods could have been eaten alone or as part of a dish. I am only interested in lettuce and leafy greens that were not grown at home. As I read each food, please answer yes, no, probably, or don't know if you ate the food in the 14 days before you got sick. Please include lettuce or leafy greens you may have eaten on on sandwiches or burgers or as a garnish.

<p>Iceberg lettuce</p> <p><input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <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 product 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: _____</p> <p>Date consumed: _____</p>
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<p>Romaine lettuce</p> <p><input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <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 product 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: _____</p> <p>Date consumed: _____</p>
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<p>Spinach</p> <p><input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <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 <input type="checkbox"/> from a salad bar</p> <p><input type="checkbox"/> other: _____</p> <p>Please include as much information as possible on the product 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: _____</p> <p>Date consumed: _____</p>
<p>Mesclun lettuce</p> <p><input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <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 <input type="checkbox"/> from a salad bar</p> <p><input type="checkbox"/> other: _____</p> <p>Please include as much information as possible on the product 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: _____</p> <p>Date consumed: _____</p>
<p>Arugula</p> <p><input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <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 <input type="checkbox"/> from a salad bar</p> <p><input type="checkbox"/> other: _____</p> <p>Please include as much information as possible on the product 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: _____</p> <p>Date consumed: _____</p>
<p>Prepackaged salad mix</p> <p><input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <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 <input type="checkbox"/> from a salad bar</p> <p><input type="checkbox"/> other: _____</p> <p>Please include as much information as possible on the product 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: _____</p> <p>Date consumed: _____</p>
<p>Other lettuce/leafy greens</p> <p><input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>DK</p>	<p>Product details</p>

OTHER FRESH VEGETABLES

Now I have some questions about other fresh vegetables, not grown at home, that you may have eaten in the 14 days before your illness began. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am only interested in vegetables that were not grown at home. As I read each food, please answer as yes, no, probably, or don't know if you ate the food in the 14 days before you got sick.

<p>Peas <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK</p> <p>Specify: Snow peas (flat pods containing tiny peas) <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK Snap peas (plump, crisp edible pods) <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK Other peas: _____ <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK</p> <p>Were they eaten: <input type="checkbox"/> at home <input type="checkbox"/> restaurant (name and location): _____ <input type="checkbox"/> other, specify: _____</p>	<p>If purchased, how were they packaged <input type="checkbox"/> loose <input type="checkbox"/> prepackaged in a bag <input type="checkbox"/> from a salad bar <input type="checkbox"/> other: _____</p> <p>Please include as much information as possible on the product 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: _____</p>
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<p>Green onions <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK</p>	<p>If purchased, how were they packaged <input type="checkbox"/> loose <input type="checkbox"/> prepackaged in a bag <input type="checkbox"/> prepackaged in a box/clamshell <input type="checkbox"/> from a salad bar <input type="checkbox"/> other: _____</p> <p>Please include as much information as possible on the product 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: _____</p>
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OTHER FOODS

Now I have some questions about other products containing fresh fruits, vegetables or herbs. This does not include canned items. I am only interested in that were not grown at home. As I read each food, please answer as yes, no, probably, or don't know if you ate the food in the 14 days before you got sick.

<p>Fresh Salsa <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK</p> <p>Was it eaten: <input type="checkbox"/> at home <input type="checkbox"/> restaurant (name and location): _____ <input type="checkbox"/> other, specify: _____</p>	<p>If homemade list ingredients:</p> <p>If Purchased, how was it packaged <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 product purchased: Brand/lot code: _____ Store name/location: _____ Date purchased: _____ Date consumed: _____</p>
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<p>Guacamole</p> <p><input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <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 product purchased:</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____</p> <p>Date consumed: _____</p>
<p>Pesto</p> <p><input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <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 product purchased:</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____</p> <p>Date consumed: _____</p>
<p>Any other foods containing fresh berries or herbs (salad, dip or salad dressing)</p> <p><input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <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 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 product purchased:</p> <p>Brand/lot code: _____</p> <p>Store name/location: _____</p> <p>Date purchased: _____</p> <p>Date consumed: _____</p>

OTHER FRUIT AND VEGETABLES

Now I have some questions about fresh fruits and vegetables, not canned, cooked, or frozen, you might have eaten during the 14 days before your illness began. You could have eaten these either in your home or away from home. I am only interested in fresh fruits that were not grown at home. As I read each food, please answer yes, no, probably, or don't know if you ate the food in the 14 days before you got sick.

OTHER FRESH FRUIT:

Food item	Eaten	Product Details	Food item	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		Unpasteurized Fruit juice/cider	<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				
Other fresh fruits:	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK				

OTHER FRESH VEGETABLES:

Food item	Eaten	Details	Food item	Eaten	Details
Tomatoes	<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	
Cabbage	<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	
Sprouts	<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	
Cucumbers	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK		Carrot	<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		Onions	<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		Garlic	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	
Other fresh vegetables	<input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK				