

## Instructions for Completion of the Public Health Agency of Canada's Invasive Listeriosis Questionnaire

Attached is the Public Health Agency of Canada's (PHAC) listeriosis questionnaire being used as a tool for national enhanced surveillance of invasive listeriosis.

Obtaining consent to collect information from the case or case proxy for the purpose of communicable disease surveillance is part of the routine interview process. For details on the authority to collect and disclose communicable disease information, refer to section 53 of the *Public Health Act*. Information disclosed to the PHAC will be in statistical form only; information provided in the grey area of Section 2 of the questionnaire will be removed by Alberta Health prior to sending to the PHAC.

The Case ID is assigned by Alberta Health; the National ID is assigned by the PHAC. Please leave this field blank. Alberta Health will complete this section.

Once the form is completed, attach it to the Alberta Health copy of the Notifiable Disease Report Form (NDR) completed for the case and submit according to the reporting timeline set for listeria reporting.

Questions regarding the invasive listeria questionnaire can be directed to either [AHEZ@gov.ab.ca](mailto:AHEZ@gov.ab.ca) or [CD.data@gov.ab.ca](mailto:CD.data@gov.ab.ca).

Thank you.





Hospitalization? \*do not include individuals who visit an emergency room or outpatient clinic

Not admitted to hospital       Admitted to hospital due to listeriosis      Date of admission: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Don't know       Admitted to hospital for another reason      Date of discharge: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Still hospitalized at time of interview

Case deceased?  Y  N      Date of death: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

If yes, *Listeria* infection underlying/contributing cause of death?  Y  N  DK

If yes, was determination based on death certificate?  Y  N  DK

Underlying medical conditions and treatments?  Y  N  DK      If yes, specify:

cancer       organ transplant       liver disease       immunosuppressive medication

heart disease       kidney disease       COPD       other (specify) \_\_\_\_\_

**Proceed to Section 5. Exposure Sources**

**Section 4. Clinical Information: (Pregnant woman, fetus or neonate ≤ 1 month of age)**

Positive specimen type(s):  CSF (mother)       Blood (mother)       Other: \_\_\_\_\_      PFGE Patterns: \_\_\_\_\_

CSF (neonate)       Blood (neonate)

Date reported to Health Authority: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_      Date first positive specimen collected: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

**Clinical Information on MOTHER:**

Date of onset of first symptom: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_      Type of Illness:  Bacteremia/sepsis       Meningitis

When did symptoms resolve (recovery date)? d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_       UTI       None

Still ill       Don't Know       Other: \_\_\_\_\_

Symptoms :	Diarrhea*	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Abdominal cramps	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Stiff neck	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
	Headache	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Muscle aches	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Confusion	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
	Vomiting	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Fever	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Weakness	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
	Chills	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Nausea	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Asymptomatic	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK

\*3 or more loose stools in 24 hours      Other (specify) \_\_\_\_\_

Hospitalization? \*do not include individuals who visit an emergency room or outpatient clinic

Not admitted to hospital       Admitted to hospital due to listeriosis      Date of admission: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Don't know       Admitted to hospital for another reason      Date of discharge: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Still hospitalized at time of interview

Case deceased?  Y  N      Date of death: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

If yes, *Listeria* infection underlying/contributing cause of death?  Y  N  DK

If yes, was determination based on death certificate?  Y  N  DK

Underlying medical conditions and treatments?  Y  N  DK      If yes, specify:

cancer       organ transplant       liver disease       immunosuppressive medication

heart disease       kidney disease       COPD       other (specify)? \_\_\_\_\_

Outcome of Pregnancy:  Still pregnant  Fetal death (miscarriage/stillbirth)  Induced abortion  Live birth

No. weeks gestation \_\_\_\_\_      Date: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_



<b>Clinical Information on NEONATE:</b>		Age (at onset of illness) _____ days
Date of onset of first symptom: d ____ / m ____ / y ____	When did symptoms resolve (recovery date)? d ____ / m ____ / y ____	Type of Illness: <input type="checkbox"/> None <input type="checkbox"/> Bacteremia <input type="checkbox"/> Meningitis <input type="checkbox"/> Febrile Gastroenteritis <input type="checkbox"/> Other _____
<input type="checkbox"/> Still ill <input type="checkbox"/> Don't Know		
Hospitalization? *do not include individuals who visit an emergency room or outpatient clinic		
<input type="checkbox"/> Not admitted to hospital	<input type="checkbox"/> Admitted to hospital due to listeriosis	Date of admission: d ____ / m ____ / y ____
<input type="checkbox"/> Don't know	<input type="checkbox"/> Admitted to hospital for another reason	Date of discharge: d ____ / m ____ / y ____
		<input type="checkbox"/> Still hospitalized at time of interview
Neonate deceased? <input type="checkbox"/> Y <input type="checkbox"/> N Date of death: d ____ / m ____ / y ____		
If yes, <i>Listeria</i> infection underlying/contributing cause of death? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
If yes, was determination based on death certificate? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		

**Section 5. Exposure Sources:**

**In the 4 weeks before onset of illness did you/case:**

Live in a residential institution ?  Y  N  DK Institution type/name: \_\_\_\_\_  
(e.g. Nursing home, long term care facility, hospital, convalescent care center, prison, boarding school, etc)

Travel?  Y  N  DK Departure: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

If, yes:  Within Province/Territory  Other Province/Territory  Outside Canada Return: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Travel Destination (country/town/resort): \_\_\_\_\_

**Section 6. Home Food Purchase – Please attach a separate sheet if necessary**

Where did you/case purchase food for home consumption in the last 4 weeks (include grocery stores, farmers markets, speciality stores, ethnic markets, food banks etc)?

Store Name	Location/Address

**Section 7. Eating places outside the home – Please attach a separate sheet if necessary**

In the 4 weeks prior to illness onset did you/case eat at a restaurant, fast food outlet, coffeeshop, cafeteria or social event?  Y  N  DK

Eating Place Name	Location	Date

**Section 8. Special Diets:**

Are you/case a vegetarian?  Y  N  DK

Are you/ case allergic to any foods?  Y  N  DK

If yes, specify which foods: \_\_\_\_\_

In the 4 weeks prior to illness, were you/case on a special or restricted diet? (e.g. diabetic diet, kosher, halal, etc)  Y  N  DK

If yes, describe: \_\_\_\_\_



**Section 9. Food History:** Did you/case eat any of the following foods in the **4 weeks** prior to illness onset?

**Instructions for interviewer:** For each food item that the case consumed, ask follow up questions regarding the brand, location of purchase. Please read all response options to case in each category. In the event of a fetal death/ neonatal infection (<1 month of age), the MOTHER is the case; ask her about her food history during the 4 weeks before DELIVERY

**INSTRUCTIONS TO READ TO CASE:**

I am interested in the foods you ate during the 4 weeks before your illness onset date. I will be asking you questions about 4 weeks before **this 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. Please include foods eaten by themselves, as part of a sandwich, or as part of another food dish, including salads.

\***Prob (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

\*\***DK** = Don't know if it was eaten during the time period in question.

	Yes	Prob*	No	DK**	Brand/Details	Where purchased or eaten:
<b>DELI MEATS:</b>						
Turkey deli meat <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Chicken deli meat <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Beef deli meat (e.g. roastbeef) <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Ham deli meat <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Bologna <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pastrami <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Salami <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pepperoni <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other deli meat (e.g. corned beef, kielbasa, prosciutto, mortadella) specify: _____ <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Prepackaged sandwiches/wraps (purchased from vending machine, cafeteria, gas station, grocery store etc.)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>OTHER MEATS:</b>						
Pâté/meat spread (not canned)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Hot dogs If yes, 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		



	Yes	Prob*	No	DK**	Brand/Details	Where purchased or eaten:
Cured or dried meats (e.g. jerky, pepperettes) <input type="checkbox"/> prepackaged <input type="checkbox"/> unpackaged at deli counter	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Chicken eaten cold (e.g. chicken pieces or strips, rotisserie, leftover cooked chicken, cold chicken on salads) <input type="checkbox"/> purchased cooked, ready to eat <input type="checkbox"/> cooked at home & later ate it cold	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Ham eaten cold (not deli meat) <input type="checkbox"/> purchased cooked, ready to eat <input type="checkbox"/> cooked at home & later ate it cold	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Turkey eaten cold (e.g. turkey pieces or strips, leftover cooked turkey) <input type="checkbox"/> purchased cooked, ready to eat <input type="checkbox"/> cooked at home & later ate it cold	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Sausage eaten cold (e.g. ham sausage, breakfast sausage, frankfurters, cured sausages, leftovers) <input type="checkbox"/> purchased cooked, ready to eat <input type="checkbox"/> cooked at home & later ate it cold	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Ground Beef	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>CHEESE:</b>						
Brie	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Camembert	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Blue cheese (e.g. Roquefort, Gorgonzola, Stilton etc)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Feta	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Goat cheese	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mexican- or Latin-style fresh cheese (e.g. queso fresco, queso blanco, queso panela etc.)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other soft/semi-soft cheeses (e.g. Havarti, bocconcini) specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other cheese, all types (e.g. cottage cheese, ricotta, gouda, cheese sold as a block, Halloumi cheese) specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Unpasteurized cheese specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>DAIRY:</b>						
Unpasteurized (raw) milk	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pasteurized milk specify (e.g. whole, skim, 1%, 2%, flavoured):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Ice cream/Frozen Yogurt/Gelato (including milkshakes, frozen dairy bars and sandwiches, and other novelties) If yes, was it soft serve from a machine? <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 Dairy (e.g. butter, yogurt, sour cream, whipped cream) specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>SEAFOOD:</b>						
Raw fish (e.g. sushi, sashimi, tartar)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		



	Yes	Prob*	No	DK**	Brand/Details	Where purchased or eaten:
Smoked or cured fish (not from a can/retort pouch e.g. smoked salmon, gravlax, jerky or lox)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pre-cooked shrimp or prawns eaten cold (e.g. shrimp ring, shrimp cocktail, in a salad, leftovers eaten cold)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pre-cooked crab eaten cold (including imitation crab meat)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other ready to eat shellfish eaten cold (e.g. mussels, oysters, clams)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>SALADS &amp; DIPS:</b>						
Prepared green salad (e.g. garden, greek, caesar, purchased in a store, restaurant or cafeteria)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Potato salad <input type="checkbox"/> homemade <input type="checkbox"/> purchased	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pasta salad <input type="checkbox"/> homemade <input type="checkbox"/> purchased	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Bean Salad <input type="checkbox"/> homemade <input type="checkbox"/> purchased	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cole slaw <input type="checkbox"/> homemade <input type="checkbox"/> purchased	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Hummus <input type="checkbox"/> homemade <input type="checkbox"/> purchased	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other salads/dips (e.g. chicken salad, egg salad, tuna salad, seafood salad, rice salad, tabouli) specify: _____ <input type="checkbox"/> homemade <input type="checkbox"/> purchased	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>FRESH VEGETABLES (EATEN RAW, UNCOOKED):</b>						
Alfalfa sprouts	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Bean sprouts	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Lettuce and/or salad purchased pre-packaged in a bag or plastic container	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Whole lettuce	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Spinach, purchased loose or in a package	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mushrooms (raw, uncooked)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fresh Herbs (e.g. basil, cilantro, parsley)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Packaged pre-cut vegetables (e.g. in a platter or tray, diced onions, diced celery etc) specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>FRESH FRUIT:</b>						
Honeydew melon <input type="checkbox"/> whole, cut at home <input type="checkbox"/> pre-cut	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cantaloupe <input type="checkbox"/> whole, cut at home <input type="checkbox"/> pre-cut	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Watermelon <input type="checkbox"/> whole, cut at home <input type="checkbox"/> pre-cut	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Packaged pre-cut fruit (e.g. in a platter or tray, apple slices, fruit salad etc)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Unpasteurized fruit/vegetable juice (e.g. fresh squeezed orange juice)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		



**Local/Provincial/Territorial Comments (Attach additional pages if needed):**

**PHAC Comments (Attach additional pages if needed):**