



Interviewer: _____

Interview Date: ____/____/____ (MM/DD/YYYY)

County: _____

LHJ ID: _____

DOH ID: _____

STEC Supplemental Food History Form

Use this form for all STEC case interviews to supplement the DOH case report.

PATIENT INFORMATION

1. Last name: _____ First name: _____ Middle initial: _____

2. Age at onset: _____ year/month (circle)

3. Associated with PulseNet Cluster: Yes No Unknown _____

All questions refer to the 1-8 days before onset.

GROUND BEEF

AT YOUR HOME OR AT A FRIEND'S HOME

4. Did you eat any food made with ground beef? Yes No Unknown **If no or unknown, skip to 7.**

5. Was the ground beef raw, bloody, pink, or undercooked? Yes No Unknown

6. How was the ground beef prepared? Hamburger Meatballs Meatloaf Tacos In a dish (pasta/casserole)
 Other, specify _____

7. Did you handle any raw ground beef, even if you did not eat it? Yes No Unknown **If no or unknown, skip to 14.**

8. Where was ground beef purchased? What brand? When?
a. Facility: _____ Location: _____
Brand: _____ Date Bought: ____/____/____
b. Facility: _____ Location: _____
Brand: _____ Date Bought: ____/____/____

9. Was the beef purchased fresh or frozen? Fresh Frozen Unknown

10. **If frozen**, 9. How did you thaw the beef? Counter Microwave Refrigerator Other

11. In what form was the beef purchased? Bulk Patties Other, specify _____ Unknown

12. What was the size of the beef package you purchased? _____ Lbs. Unknown

13. What type of beef did you purchase? _____ % lean Unknown

OUTSIDE THE HOME (RESTAURANT OR INSTITUTION, SUCH AS A SCHOOL, HOSPITAL, ETC.)

14. Did you eat any food made with ground beef? Yes No Unknown **If no or unknown, skip to 18.**

15. Was the ground beef raw, bloody, pink, or undercooked? Yes No Unknown

16. How was the ground beef prepared for this meal? Hamburger Meatballs Meatloaf Tacos In a dish (pasta/casserole)
 Other, specify _____
Facility: _____ Date: ____/____/____
Location: _____

17. If you had any other ground beef, how was the ground beef prepared for this meal? Hamburger Meatballs Meatloaf Tacos In a dish (pasta/casserole)
 Other, specify _____
Facility: _____ Date: ____/____/____
Location: _____

INTACT BEEF (STEAKS, STEWS, ROASTS, ETC.)**AT YOUR HOME OR AT A FRIEND'S HOME**

18. Did you eat any steaks, stews, roasts, or other similar items: Yes No Unknown **If no or unknown, skip to 28.**

19. What type of beef product was this? Steak Stew Roast Other, specify _____

20. **If steak**, what was the type/cut? _____

21. Was the steak, stew, roast, other similar item rare, bloody, pink, or undercooked? Yes No Unknown

22. Where and when did you purchase these items? Facility: _____ Date: ____/____/____
Location: _____

23. Did you eat **any other** similar products at your home or at a friend's home? Yes No Unknown **If no or unknown, skip to 28.**

24. What type of beef product was this? Steak Stew Roast Other, specify _____

25. **If steak**, what was the type/cut? _____

26. Was the steak, stew, roast, other similar item rare, bloody, pink, or undercooked? Yes No Unknown

27. Where and when did you purchase these items? Facility: _____ Date: ____/____/____
Location: _____

28. Did you have sausage, jerky, salami, or other dried meats? Yes, No Unknown **If no or unknown, skip to 31.**

29. What was the product? _____

30. Where and when did you purchase these items? Facility: _____ Date: ____/____/____
Location: _____

OUTSIDE THE HOME (RESTAURANT OR INSTITUTION, SUCH AS A SCHOOL, HOSPITAL, ETC.)

31. Did you eat any steaks, stews, roasts, or other similar items at any type of restaurant including delis, fast food restaurants, take-out or home delivery meals, or any other facilities such as hospitals, schools, etc.? Yes No Unknown **If no or unknown, skip to 43.**

32. What type of beef product was this? Steak Stew Roast Other, specify _____

33. **If steak only**. What was the type/cut? _____

34. Was the steak, stew, roast, other similar item rare, bloody, pink, or undercooked? Yes No Unknown

35. Where and when did you eat these items? Facility: _____ Date: ____/____/____
Location: _____

36. Did you eat any other similar products in a restaurant? Yes No Unknown **If no or unknown, skip to 43.**

37. What type of beef product was this? Steak Stew Roast Other, **specify** _____

38. **If steak only**. What was the type/cut? _____

39. Was the steak, stew, roast, other similar item rare, bloody, pink, or undercooked? Yes No Unknown

40. Where and when did you eat these items? Facility: _____ Date: ____/____/____
Location: _____

41. Did you eat any other similar products in a restaurant? Yes No Unknown

42. Where and when did you eat these items? Facility: _____ Date: ____/____/____
Location: _____

RAW/UNPASTURIZED PRODUCTS

AT ANY LOCATION, DID YOU HAVE ANY RAW OR UNPASTURIZED:

43. Milk? Yes No Unknown

44. Cheese? Yes No Unknown

45. Cider or juice? Yes No Unknown

46. Ice cream? Yes No Unknown

47. Other: Yes No Other, specify _____ **If no or unknown to 43-47, skip to 49.**

48. Where and when were these products purchased? Facility: _____ Date: ____/____/____
Location: _____

LEAFY GREENS

AT YOUR HOME OR AT A FRIEND'S HOME DID YOU HAVE:

49. Any uncooked produce? Yes, specify _____ No Unknown
(Vegetables, fruits, herbs?)

50. Lettuce on sandwiches or burgers? Yes No Unknown

51. From a self serve salad bar? Yes No Unknown

52. Mesclun lettuce ("spring mix")? Yes No Unknown

53. Iceberg lettuce? Yes No Unknown

54. Romaine lettuce? Yes No Unknown

55. Red leaf lettuce? Yes No Unknown

56. Other leaf lettuce? Yes No Unknown

57. Salad mix in a sealed bag? Yes No Unknown

58. Fresh spinach? Yes No Unknown

59. Fresh or raw sprouts? Yes No Unknown **If no or unknown to all of 49-59, then skip to 61**

60. Where and when did you buy these? a. Facility: _____ Location: _____
Brand: _____ Date Bought: ____/____/____
b. Facility: _____ Location: _____
Brand: _____ Date Bought: ____/____/____

AT A RESTAURANT OR FACILITY, DID YOU HAVE:

61. Any uncooked produce? Yes, specify _____ No Unknown
(Vegetables, fruits, herbs?)

62. Lettuce on sandwiches or burgers? Yes No Unknown

63. From a self serve salad bar? Yes No Unknown

64. Salad prepared in kitchen? Yes No Unknown

65. Mesclun lettuce ("spring mix")?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
66. Iceberg lettuce?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
67. Romaine lettuce?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
68. Red leaf lettuce?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
69. Other leaf lettuce?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
70. Salad mix in a sealed bag?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
71. Fresh spinach?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
72. Fresh or raw sprouts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If no or unknown to all of 61-72, skip to 74.
73. Where and when did you eat these products?	a. Facility: _____	Date: ___/___/___
	Location: _____	
	b. Facility: _____	Date: ___/___/___
	Location: _____	
	c. Facility: _____	Date: ___/___/___
	Location: _____	

ANIMAL CONTACT

74. Do you have a dog or cat in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If no or unknown, skip to 76.
75. Is the pet fed raw meat?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
76. Did you have contact with any other animals, including animals at a petting zoo, farm, or state/county fair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If no or unknown, skip to 78.
77. What type(s) of animal(s)? _____	Where? _____	Date: ___/___/___
78. Do you live on a farm, or did you visit a farm?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
79. Did you hunt and/or butcher any animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
80. Did you apply any manure or compost?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

MISCELLANEOUS

81. Do you typically purchase organic/natural foods?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
82. Did you eat at any restaurant you have not already mentioned during the course of this interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
83. Facility: _____	Location: _____	Date: ___/___/___
Facility: _____	Location: _____	Date: ___/___/___
Facility: _____	Location: _____	Date: ___/___/___
Facility: _____	Location: _____	Date: ___/___/___

NOTES