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| Public Health Agency of Canada**Cyclosporiasis Hypothesis Generating Questionnaire**  **Case ID:**  **National ID:** |

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| **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** | |
| 1. **Case Information:** | |
| Case Name: | Proxy Name: |
| Health Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Physician: | Physician Phone: |
| Occupation: | Place(s) of employment: |
| 1. **Symptoms:** | |
| Date of first symptom onset: d\_\_\_\_\_\_\_ / m\_\_\_\_\_\_\_ / y\_\_\_\_\_\_ Asymptomatic: o Y o N o DK | |
| Symptoms: Watery Diarrhea\* o Y o N o DK Fever o Y o N o DK Abdominal cramps o Y o N o DK  Fatigue o Y o N o DK Gas o Y o N o DK Nausea o Y o N o DK  Vomiting o Y o N o DK Other: o Y o N o 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)? o Y o N o DK  If yes, please specify: | |

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| **Section 1. Case Information** | |
| Case Interviewed by:  v | Date of interview: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ |
| Health Unit/Authority: | Date reported to Health Unit/Authority: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ |
| Province/Territory: |  |
| Respondent was: o Case o Parent o Spouse o Caretaker o Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Age: \_\_\_\_\_\_\_ | Gender:  M  F  Another Gender  Not asked/Unknown |

| **Section 2. Clinical Information** | |
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| Positive specimen type(s):  o Stool o Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of first positive specimen collection: d\_\_\_\_\_ / m\_\_\_\_\_\_ / y\_\_\_\_\_\_ |
| Date of first symptom onset: d\_\_\_\_\_\_\_ / m\_\_\_\_\_\_\_ / y\_\_\_\_\_\_  Asymptomatic: o Y o N o DK | Date of diarrhea onset: d\_\_\_\_\_\_\_ / m\_\_\_\_\_\_\_ / y\_\_\_\_\_\_ |
| Admitted\* to hospital because of the illness? o Y o N o DK  \*Do not include individuals who visit an emergency room or outpatient clinic | Date of admission: d\_\_\_\_\_\_ / m\_\_\_\_\_\_ / y\_\_\_\_\_\_  Date of discharge: d\_\_\_\_\_\_ / m\_\_\_\_\_\_ / y\_\_\_\_\_\_ o Still hospitalized |
| Case deceased? o Y o N: Date of Death: d\_\_\_\_\_\_ / m\_\_\_\_\_\_ / y\_\_\_\_\_\_ | |

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| **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? o Y o N o DK** |
| If yes: o Within Province/Territory o Other Province(s)/Territory(ies) o 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**. |

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| **Section 4. Social Gatherings** | | |
| **Did (you/case) attend any social gatherings in the 14 days prior to illness onset? o Y o N o 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\_\_\_\_\_\_ | o Y o N o DK, if Yes, number ill? \_\_\_\_\_\_\_ |
|  | d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ to d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ | o Y o N o DK, if Yes, number ill? \_\_\_\_\_\_\_ |
|  | d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ to d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ | o Y o N o DK, if Yes, number ill? \_\_\_\_\_\_\_ |
|  | d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ to d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ | o Y o N o DK, if Yes, number ill? \_\_\_\_\_\_\_ |
| Notes: | | |

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| **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)** |
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| **Section 6. Home Food Purchase:** | | |
| **Where do (you/case) usually purchase food for home consumption? This includes grocery stores, farmers markets, specality stores, food banks, or online purchases such as Amazon, Well.ca or other e-commerce.** \*Consent form for collecting loyalty card information is available from your provincial/territorial health authority or PHAC | | |
| Store Name | | Location/Address |
| A | Store/website name:  Location: | Purchased food online (delivery or curbside pick-up)  Yes  No  Unknown  Are receipts, invoices, email notifications available?  Yes  No  Loyalty Card?  Yes  No  Unknown  Would you be willing to share your loyalty card number and purchase information with us?  Yes  No |
| B | Store/wesbite name:  Location: | Purchased food online (delivery or curbside pick-up)  Yes  No  Unknown  Are receipts, invoices, email notifications available?  Yes  No  Loyalty Card?  Yes  No  Unknown  Would you be willing to share your loyalty card number and purchase information with us?  Yes  No |
| C | Store/website name:  Location: | Purchased food online (delivery or curbside pick-up)  Yes  No  Unknown  Are receipts, invoices, email notifications available?  Yes  No  Loyalty Card?  Yes  No  Unknown  Would you be willing to share your loyalty card number and purchase information with us?  Yes  No |
| D | Store/website name:  Location: | Purchased food online (delivery or curbside pick-up)  Yes  No  Unknown  Are receipts, invoices, email notifications available?  Yes  No  Loyalty Card?  Yes  No  Unknown  Would you be willing to share your loyalty card number and purchase information with us?  Yes  No |
| Additional details from above-listed stores. If applicable, include information on typical purchases from specialty/online stores, details on purchase method, and if the case is willing to share receipts, invoices, etc. | | |
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| **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.** |

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| **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:**  o at home  o restaurant (name and location):  o other, specify: | **If purchased, how were they packaged**  o loose o plastic clamshell o cardboard box/basket o plastic basket o from a salad bar  o other: \_\_\_\_\_\_\_\_\_\_  **Please include as much information as possible on the berries purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Fresh raspberries**  Y  P N DK  **Were they eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If purchased, how were they packaged**  o loose o plastic clamshell o cardboard box/basket o plastic basket o from a salad bar  o other: \_\_\_\_\_\_\_\_\_\_  **Please include as much information as possible on the berries purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Fresh blackberries**  Y  P N DK  **Were they eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If purchased, how were they packaged**  o loose o plastic clamshell o cardboard box/basket o plastic basket o from a salad bar  o other: \_\_\_\_\_\_\_\_\_\_  **Please include as much information as possible on the berries purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Fresh blueberries**  Y  P N DK  **Were they eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If purchased, how were they packaged**  o loose o plastic clamshell o cardboard box/basket o plastic basket o from a salad bar  o other: \_\_\_\_\_\_\_\_\_\_  **Please include as much information as possible on the berries purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **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.** | | |
| **Fresh basil**  Y  P N DK  **Specify:**  o Thai Basil (green leaves and purple stems)  o Other basil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Was it eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If purchased, how was it packaged**  o loose o plastic clamshell o tube o from a salad bar o other: \_\_\_\_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Fresh cilantro/coriander**  Y  P N DK  **Was it eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If purchased, how was it packaged**  o loose o plastic clamshell o tube o from a salad bar o other: \_\_\_\_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Fresh parsley**  Y  P N DK  **Was it eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If purchased, how was it packaged**  o loose o plastic clamshell o tube o from a salad bar o other: \_\_\_\_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Other fresh herbs**  Y  P N DK | Product details | |
| **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.** | | |
| **Iceberg lettuce**  Y  P N DK  **Was it eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If purchased, how was it packaged**  o loose o prepackaged, precut o prepackaged, whole o from a salad bar  o other: \_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Romaine lettuce**  Y  P N DK  **Was it eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If purchased, how was it packaged**  o loose o prepackaged, precut o prepackaged, whole o from a salad bar  o other: \_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Spinach**  Y  P N DK  **Was it eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If purchased, how was it packaged**  o loose o prepackaged in a bag o prepackaged in a box/clamshell o from a salad bar  o other: \_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Mesclun lettuce/spring mix**  Y  P N DK  **Was it eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If purchased, how was it packaged**  o loose o prepackaged in a bag o prepackaged in a box/clamshell o from a salad bar  o other: \_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Arugula**  Y  P N DK  **Was it eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If purchased, how was it packaged**  o loose o prepackaged in a bag o prepackaged in a box/clamshell o from a salad bar  o other: \_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Any commercially pre-packaged salad kits (e.g. in a bag or container, may include dressing, toppings), excluding prepared or ready to eat salads**  Y  P N DK | **If purchased, how was it packaged**  o loose o prepackaged in a bag o prepackaged in a box/clamshell o from a salad bar  o other: \_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Any store-bought prepared or ready to eat green salads (e.g. prepared Caesar, kale, garden, chef’s spinach)**  Y  P N DK | **If purchased, how was it packaged**  o loose o prepackaged in a bag o prepackaged in a box/clamshell o from a salad bar  o other: \_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Other lettuce/leafy greens**  Y  P N DK | Product details | |
| **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.** | | |
| **Peas**  Y  P N DK  **Specify:**  Snow peas (flat pods containing tiny peas)  Y  P N DK  Snap peas (plump, crisp edible pods)  Y  P N DK  Other peas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Y  P N DK  **Were they eaten:**  o at home  o restaurant (name and location):    o other, specify: | | **If purchased, how were they packaged**  o loose o prepackaged in a bag o from a salad bar o other: \_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Green onions**  Y  P N DK  **Were they eaten:**  o at home  o restaurant (name and location):  o other, specify: | | **If purchased, how were they packaged**  o loose o prepackaged in a bag o prepackaged in a box/clamshell o from a salad bar  o other: \_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  o Local (grown in Canada)  o Imported (grown outside Canada) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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.** | | |
| **Fresh Salsa**  Y  P N DK  **Was it eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If homemade list ingredients:**  **If Purchased, how was it packaged**  o in a jar o in a plastic container o other: \_\_\_\_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Guacamole**  Y  P N DK  **Was it eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If homemade list ingredients:**  **If purchased, how was it packaged**  o in a jar o in a plastic container o other: \_\_\_\_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Pesto**  Y  P N DK  **Was it eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If homemade list ingredients:**  **If purchased, how was it packaged**  o in a jar o in a plastic container o other: \_\_\_\_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Any other foods containing fresh berries or herbs (salad, dip or salad dressing)**  Y  P N DK  **Were they eaten:**  o at home  o restaurant (name and location):  o other, specify: | **If homemade list ingredients:**  **If purchased, how was it packaged**  o in a jar o in a plastic container o other: \_\_\_\_\_\_\_\_\_\_  **Please include as much information as possible on the product purchased:**  Brand/lot code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Store name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date consumed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **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** |
| Melon | Y  P N DK |  |
| Grapes | Y  P N DK |  |
| Mangos | Y  P N DK |  |
| **OTHER FRESH VEGETABLES:** | | |
| **Food item** | **Eaten** | **Details** |
| Tomatoes | Y  P N DK |  |
| Cabbage | Y  P N DK |  |
| Sprouts | Y  P N DK |  |
| Cucumbers | Y  P N DK |  |
| Bell pepper | Y  P N DK |  |
| Broccoli | Y  P N DK |  |
| Cauliflower | Y  P N DK |  |
| Celery | Y  P N DK |  |
| Carrot | Y  P N DK |  |
| Onions | Y  P N DK |  |
| Garlic | Y  P N DK |  |

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| **Section 8: Demographics** |
| My final question asks about your race or racial background. In our society, people are often described by their race and consider themselves to be “White” or “Black” or “South Asian”. This information is being collected to understand who is being infected with *Cyclospora* to help guide our investigation.  *(Interviewer note: if a case is uncomfortable with answering, skip the question).* |
| Which race category best describes you? Select all that apply from the options:  o Black (e.g. African, Afro-Caribbean, African Canadian descent)  o East/Southeast Asian (e.g Chinese, Korean, Japanese, Taiwanese, Filippino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)  o Indigenous (e.g. First Nations, Inuk/Inuit, Métis descent): o First Nations o Inuk/Inuit o Métis  o Latino (e.g. Latin American, Hispanic descent)  o Middle Eastern (e.g. Arab, Persian, West Asian descent – for example, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)  o South Asian (e.g. South Asian descent-for example, East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)  o White (e.g. European descent)  o Other group, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o Unsure/prefer not to answer |