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| ***Shigella* Hypothesis Generating Questionnaire**  **Case ID:**  **National ID:** | |
| **Questionnaire Background for Interviewer** | |
| This questionnaire is designed to collect comprehensive information on possible risk factors for *Shigella.*It is designed for cluster/outbreak investigations where the source of infection is unknown, but the questionnaire could be applied to investigate sporadic cases.   |  |  |  | | --- | --- | --- | | Data captured: | - Case demographics | - Food exposures | |  | - Clinical information | - Sexual activity | |  | - Laboratory information | - Other risk factors |   Outbreaks of *Shigella* have often linked back to person-to-person transmission, as well as food exposures. This questionnaire has both an open-ended food history and a detailed checklist of food items; this may seem repetitive, but is used to ensure all possible food exposures are captured. Please collect as much detail 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. Due to the sensitive nature of some of the questions in this questionnaire, it is important to remind the interviewee that they have the right to skip any question they are uncomfortable answering.  The questionnaire is estimated to take 45 - 60 minutes to complete. | |
| **FOR LOCAL USE ONLY – PLEASE REMOVE THIS PAGE IF SENDING TO PHAC** | |
| **i. 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: |
| **ii. Symptoms** | |
| Date of first symptom onset: d\_\_\_\_\_\_\_ / m\_\_\_\_\_\_\_ / y\_\_\_\_\_\_ Asymptomatic:  Y  N  DK | |
| Symptoms: Diarrhea\*  Y  N  DK Fever  Y  N  DK Abdominal cramps  Y  N  DK  Bloody diarrhea  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: | |
| **iii. Contacts** | |
| Were any of (your/case’s) contacts ill with similar symptoms in the **4 days** (7 days for *S.* *dysenteriae* if species is known) before (you/case) became ill?  Y  N  DK If yes, can you tell me who?  *\*Contacts include household members, sexual partners, individuals who prepared food for (you/case), children or adults that (you/case) assisted with bathroom use or diaper change, or other individuals with whom (you/case) may have come into contact with their vomit and/or stool* | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to case:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Date of diarrhea onset: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to case:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Date of diarrhea onset: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to case:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Date of diarrhea onset: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ | |

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| ***Shigella* Hypothesis Generating Questionnaire**  **National ID:**  **Case ID:** | |
| **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:  Case  Parent  Spouse  Caretaker  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Gender:  M  F  Another Gender  Not asked/Unknown | Age: \_\_\_\_\_\_\_ |

| **Section 2. Clinical Information**  Provincial Lab ID: | | | |
| --- | --- | --- | --- |
| **To be filled out by**  **interviewer** | | Species (*dysenteriae*, *flexneri*, *boydii*, *sonnei*): | Whole genome sequencing cluster code: |
| Positive specimen type(s):  Stool  Blood  Urine  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of first positive specimen collection: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ |
| Date of first symptom onset: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_  Asymptomatic:  Y  N  DK | Date of diarrhea onset: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ |
| Admitted\* to hospital because of the illness?  Y  N  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\_\_\_\_\_\_  Still hospitalized |
| **To be filled out by interviewer** | Case deceased?  Y  N Date of Death: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_  If yes, was *Shigella* infection the underlying/contributing cause of death?  Y  N  DK  If yes, was determination based on death certificate?  Y  N  DK | | |

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| **Section 3. Travel Information** | |
| In the **4 days** (7 days for *S*. *dysenteriae* if species is known) 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) (country/town/resort): | |
| Departure: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ | Return: d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_ |
| **Section 4. Special Diets or Food Preferences** | |
| First I would like to ask some general questions about (your/case’s) diet and food preferences. | |
| Are (you/case) a vegetarian?  Y  N  DK  If yes, do (you/case) ever eat: Eggs  Y  N  DK Dairy  Y  N  DK Fish  Y  N  DK  Poultry  Y  N  DK Red meat  Y  N  DK Other meat  Y  N  DK  If yes, specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |
| Are (you/case) allergic to any foods ?  Y  N  DK If yes, specify which foods: | |
| Are there any foods/food groups that (you/case) never eat?  Y  N  DK If yes, describe: | |
| In the **4 days** (7 days for *S*. *dysenteriae*) prior to illness, were (you/case):  On a special or restricted diet? (e.g., raw food diet, vegan, diabetic diet, kosher, halal)  Y  N  DK If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Take a dietary or nutritional supplement? (e.g., meal replacements, protein powder, vitamins, herbs, kratom)  Y  N  DK If yes, describe (include purchase location): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Consume any bottled, pre-made health drinks? (e.g. Kombucha, coconut water)  Y  N  DK If yes, describe (include purchase location): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Section 5. Risk Factors** | |
| I’d like to ask you about some common exposures for *Shigella*. In the **4 days** (7 days for *S*. *dysenteriae*) before onset of illness did (you/case): | |
| Live in a residential institution?  Y  N  DK  (e.g. Nursing home, long term care facility, prison, dormitory or boarding school) | Name/location: |
| Attend a day care or day facility ?  Y  N  DK  (e.g. child or adult) | Name/location : |
| Attend or visit a school  Y  N  DK  (e.g. For work/volunteer purposes, or as a student) | Name/location: |
| Work/volunteer as a food handler  Y  N  DK | Name/location: |
| Handle any raw chicken ?  Y  N  DK | Handle any raw eggs?  Y  N  DK |
| Consume a meal or food product that was handled by someone who was ill?  Y  N  DK | |
| Use the following sources of drinking water? (check all that apply)  Municipal  Well/Private water source  Bottled water, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Swim in/go into the ocean, a lake, river, pond, or stream?  Y  N  DK If yes, specify type of water source and location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Swim in/go into a swimming pool, hot tub, wading pool or water park?  Y  N  DK If yes, specify type of water source and location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Were you homeless, That is were you living on the street, in a shelter, in a single room occupancy hotel, in a car or couch surfing?  Y  N  Prefer not to answer  DK | |

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| **Section 6. Sexual and Drug Activity: Skip this section if the case has already been asked** |
| INTSRUCTIONS FOR INTERVIEWER: Please ask these questions to male and female adult cases (>18 years) |
| Are (you/case) currently sexually active? Y N  Prefer not to answer  DK |
| If Yes, have (you/case) engaged in oral-anal sexual contact in the past 4 days (7 days for *S. dysenteriae*)?  Y N  Prefer not to answer  DK |
| Did (you/case) use intravenous drugs in the 4 days (7 days for *S. dysenteriae*) prior to symptom onset?  Y  N  Prefer not to answer  DK |
| Did (you/case) use non-intravenous drugs in the 4 days (7 days for *S. dysenteriae*)? prior to symptom onset?  Y  N  Prefer not to answer  DK |

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| **Section 7. Food eaten outside the home** | | | |
| In the **4 days** (7 days for *S*. *dysenteriae*) prior to illness onset did (you/case) eat food outside home at a social gathering or at a food establishment? (Including food taken from a restaurant and eaten at home and samples eaten at establishments such as grocery stores)? | | | |
| **Type of Gathering/Establishment Name(s):** | | | **Details of food(s) eaten** |
| Social gathering or event (e.g. family or friends house, snacks at work, conferences, wedding or parties)  Y  N  DK  *If yes, are you aware of anyone else who became ill with diarrhea following the gathering?*  Y  N  DK  If yes, number ill? \_\_\_\_\_\_ | Event name/description:  Location:  Date of gathering: d\_\_\_\_\_\_ / m\_\_\_\_\_\_ / y\_\_\_\_\_\_  Number attended: | |  |
| Did you eat any fast food or at other restaurants? This could include food or drinks from a coffee shop, cafeteria, street vendor, concession stand or convenience stores. Also list any samples from a grocery store. | | | |
| **Food Establishment Name** | **Address/Location** | **Dates(s)** | **Food ordered/Eaten** |
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| Additional details from above-listed food establishments: | | | |
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| **Section 8. Home Food Purchase:** | | |
| Where do (you/case) usually purchase food for home consumption? This includes grocery stores, farmers markets, specialty 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 | | |
| A | Store/website name:  Location: | Purchased food online (delivery or curbside pick-up)  Y  N  DK  Are receipts, invoices, email notifications available?  Y  N  DK  Loyalty Card?  Y  N  DK  Would you be willing to share your loyalty card number and purchase information with us?  Y  N |
| B | Store/website name:  Location: | Purchased food online (delivery or curbside pick-up)  Y  N  DK  Are receipts, invoices, email notifications available?  Y  N  DK  Loyalty Card?  Y  N  DK  Would you be willing to share your loyalty card number and purchase information with us?  Y  N |
| C | Store/website name:  Location: | Purchased food online (delivery or curbside pick-up)  Y  N  DK  Are receipts, invoices, email notifications available?  Y  N  DK  Loyalty Card?  Y  N  DK  Would you be willing to share your loyalty card number and purchase information with us?  Y  N |
| D | Store/website name:  Location: | Purchased food online (delivery or curbside pick-up)  Y  N  DK  Are receipts, invoices, email notifications available?  Y  N  DK  Loyalty Card?  Y  N  DK  Would you be willing to share your loyalty card number and purchase information with us?  Y  N |
| Additional details fom above-listed stores. If applicable, inlcude 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 9. Meal Delivery Kit Purchase:** | |
| In the **4 days** (7 days for *S*. *dysenteriae*) prior to illness onset did (you/case) consume food prepared from a meal delivery kit (e.g., Goodfood, Hello Fresh, Chef’s Plate, Red Apron, etc)?  Y  N  DK **If yes please provide details below:** | |
| **Purchase Information** | **Meal names, consumption dates, ingredients and substitutions** |
| **Name of company:**  **Date of delivery:**  Are receipts, invoices, email notifications, or recipe cards available?  Y  N  DK |  |

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| **Section 10: Four Day Food History (7 for *S*. *dysenteriae*)** | | | | | |
| I would like to talk to you about the foods and drinks (you/case) consumed before (you/case) got sick. Starting with the day (you/case) first developed symptoms  *(Interviewer note: please probe regarding where foods were eaten and how prepared, e.g. prepared and eaten at home, eaten at a restaurant, take-out, ready-to-eat meal, frozen dinner, etc.)* | | | | | |
| **Day of illness** d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_;  M  T  W  Th  F  Sat  Sun | | | | | |
| Breakfast | Lunch | | | Dinner | Snacks |
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| **1 day before illness** d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_  M  T  W  Th  F  Sat  Sun | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks |
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| **2 days before illness** d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_;  M  T  W  Th  F  Sat  Sun | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks |
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| **3 days before illness**  d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_  M  T  W  Th  F  Sat  Sun | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks |
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| **4 days before illness**  d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_  M  T  W  Th  F  Sat  Sun | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks |
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| **5 days before illness***:* d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_  M  T  W  Th  F  Sat  Sun | | | | | |
| Breakfast | | Lunch | Dinner | | Snacks |
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| **6 days before illness**  d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_  M  T  W  Th  F  Sat  Sun | | | | | |
| **Breakfast** | | **Lunch** | **Dinner** | | **Snacks** |
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| **7 days before illness**  d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_\_\_  M  T  W  Th  F  Sat  Sun | | | | | |
| **Breakfast** | | **Lunch** | **Dinner** | | **Snacks** |
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| **Section 11: Food Exposures** |
| INSTRUCTIONS TO READ TO CASE:  I am interested in the food you ate during the **4 days** (7 days for *S*. *dysenteriae*) 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. Please include food eaten on their own, or as part of a salad, sandwich, or dish.  INSTRUCTIONS FOR INTERVIEWER:  For each food item that the case consumed ask follow up questions regarding the brand, location of purchase. Please select an answer for each question or indicate if the question was not asked.   |  |  |  |  | | --- | --- | --- | --- | | Yes | - Indicates case **ate** the food | Prob | - Indicates the case **probably** ate the food | | No | - Indicates case **did not eat** the food | DK | - Indicates case **doesn’t know** if they ate the food | |

|  | **Yes** | **Prob** | **No** | **DK** | **IMPORTANT. *Please complete in as much detail as possible***  **Type / Variety / Brand** | **Where purchased or eaten:**  *Specify grocery store or restaurant name* |
| --- | --- | --- | --- | --- | --- | --- |
| **VEGETABLES** *Include raw or cooked vegetables (exclude vegetables purchased canned)* | | | | | | |
| Any tomatoes, including any in a dish or meal such as a salad, sandwich, burger or taco  *If yes, please specify type(s) below:* | Y | P | N | DK |  |  |
| Cherry or grape | Y | P | N | DK |  |  |
| Any lettuce or leafy greens, including in a dish or meal such as a salad, sandwich, burger or taco  *If yes, please specify type(s) below:* | Y | P | N | DK |  |  |
| Iceberg  prepackaged  loose/head | Y | P | N | DK |  |  |
| Romaine  prepackaged  loose/head | Y | P | N | DK |  |  |
| Spinach  prepackaged  loose | Y | P | N | DK |  |  |
| Mesclun lettuce/spring mix  prepackaged  loose | Y | P | N | DK |  |  |
| Kale  prepackaged  loose | Y | P | N | DK |  |  |
| Arugula  prepackaged  loose | Y | P | N | DK |  |  |
| Other lettuce/leafy greens  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  prepackaged  loose/head | Y | P | N | DK |  |  |
| Any commercially pre-packaged salad kits (e.g. in a bag or container, may include dressing, toppings), excluding prepared or ready to eat salads  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Any store-bought prepared or ready to eat green salads (e.g. prepared Caesar, kale, garden, chef’s spinach)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Store-bought potato salad | Y | P | N | DK |  |  |
| Store-bought pasta salad | Y | P | N | DK |  |  |
| Store-bought other salad (e.g. Greek, quinoa, bean) | Y | P | N | DK |  |  |
| Any cabbage (e.g. whole, shredded cabbage, coleslaw)  prepackaged  loose/head | Y | P | N | DK |  |  |
| Coleslaw  prepackaged  homemade | Y | P | N | DK |  |  |
| Any microgreens or sprouts including in a dish or meal such as on a sandwich or salad (e.g, bean or alfalfa sprouts, broccoli microgreens)  *If yes, please specify type(s) below:* | Y | P | N | DK |  |  |
| Microgreens | Y | P | N | DK |  |  |
| Alfalfa sprouts | Y | P | N | DK |  |  |
| Bean sprouts | Y | P | N | DK |  |  |
| Other sprouts  *If yes, specify*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Cucumbers  English  Field  Mini | Y | P | N | DK |  |  |
| Bell peppers (e.g. red, green, yellow peppers)  *If yes, specify*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Hot peppers (e.g. jalapeno, serrano, habanero)  *If yes, specify*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Celery | Y | P | N | DK |  |  |
| Carrots (not mini) | Y | P | N | DK |  |  |
| Mini/baby carrots | Y | P | N | DK |  |  |
| Peas (fresh, raw pea pods, snap peas, snow peas) | Y | P | N | DK |  |  |
| Green or yellow beans | Y | P | N | DK |  |  |
| Broccoli | Y | P | N | DK |  |  |
| Cauliflower | Y | P | N | DK |  |  |
| Radishes | Y | P | N | DK |  |  |
| Onions  *If yes, please specify type(s) below:* | Y | P | N | DK |  |  |
| White/yellow onions | Y | P | N | DK |  |  |
| Green onions | Y | P | N | DK |  |  |
| Red onions | Y | P | N | DK |  |  |
| Other onions  *If yes, specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Leeks | Y | P | N | DK |  |  |
| Fresh garlic (not powdered) | Y | P | N | DK |  |  |
| Fresh ginger (not ground) | Y | P | N | DK |  |  |
| Mushrooms | Y | P | N | DK |  |  |
| Zucchini | Y | P | N | DK |  |  |
| Other vegetables  *If yes, specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Frozen vegetables | Y | P | N | DK |  |  |
| Vegetable juices (e.g. tomato juice, carrot juice)  *If yes, specify*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| **FRUIT** *Include raw or cooked fruits (exclude fruits purchased canned)* | | | | | | |
| Fruit salad/pre-cut fruit or fruit platter | Y | P | N | DK |  |  |
| Melon  If yes, please specify type(s) below: | Y | P | N | DK |  |  |
| Cantaloupe  Fresh  Frozen | Y | P | N | DK |  |  |
| Honeydew melon  Fresh  Frozen | Y | P | N | DK |  |  |
| Watermelon  Fresh  Frozen | Y | P | N | DK |  |  |
| Other melons  If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Apples | Y | P | N | DK |  |  |
| Pears | Y | P | N | DK |  |  |
| Peaches  Fresh  Frozen | Y | P | N | DK |  |  |
| Nectarines  Fresh  Frozen | Y | P | N | DK |  |  |
| Apricots | Y | P | N | DK |  |  |
| Plums | Y | P | N | DK |  |  |
| Citrus fruits (e.g. oranges, grapefruit, lemons, limes)  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Berries  *If yes, please specify type(s) below:* | Y | P | N | DK |  |  |
| Strawberries  Fresh  Frozen  Dried | Y | P | N | DK |  |  |
| Raspberries  Fresh  Frozen  Dried | Y | P | N | DK |  |  |
| Blueberries  Fresh  Frozen  Dried | Y | P | N | DK |  |  |
| Blackberries  Fresh  Frozen  Dried | Y | P | N | DK |  |  |
| Other berries (e.g. cranberries, gooseberries, tayberries)  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Bag of mixed frozen fruit or berries | Y | P | N | DK |  |  |
| Cherries | Y | P | N | DK |  |  |
| Grapes | Y | P | N | DK |  |  |
| Bananas | Y | P | N | DK |  |  |
| Mangos  Fresh  Frozen  Dried | Y | P | N | DK |  |  |
| Papaya  Fresh  Frozen  Dried | Y | P | N | DK |  |  |
| Kiwi | Y | P | N | DK |  |  |
| Pomegranate  Fresh (including ready-to-eat seeds)  Frozen | Y | P | N | DK |  |  |
| Pineapple | Y | P | N | DK |  |  |
| Coconut  Fresh  Frozen  Dried/shredded | Y | P | N | DK |  |  |
| Avocado (including guacamole)  Fresh  Frozen | Y | P | N | DK |  |  |
| Olives | Y | P | N | DK |  |  |
| Other fruit  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Unpasteurized apple cider or fruit juice  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Smoothies made with fresh or frozen fruit or produce, made at home or purchased fresh-made from a store, restaurant, or café | Y | P | N | DK |  |  |
| Bottled, pre-made smoothie | Y | P | N | DK |  |  |
| **HERBS AND SPICES** | | | | | | |
| Fresh basil  Thai  Conventional | Y | P | N | DK |  |  |
| Fresh cilantro/coriander | Y | P | N | DK |  |  |
| Fresh parsley | Y | P | N | DK |  |  |
| Other fresh herbs (e.g. oregano, dill, mint, rosemary, chives, thyme)  *If yes, specify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Any dried herbs or spices  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| **STORE-BOUGHT PREPARED SALADS AND DIPS** | | | | | | |
| Salsa  Fresh (e.g. pico de gallo)  In a jar or can | Y | P | N | DK |  |  |
| Hummus purchased from a store or a restaurant (excluding home-made) | Y | P | N | DK |  |  |
| Any other dip  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| **POULTRY** | | | | | | |
| Any chicken (not including deli meat)  *If yes, please specify type(s) below* | Y | P | N | DK |  |  |
| Store-bought breaded chicken (e.g. nuggets, strips, burgers) | Y | P | N | DK |  |  |
| Store-bought stuffed chicken products (e.g. chicken Kiev, chicken Cordon Bleu) | Y | P | N | DK |  |  |
| Ground chicken | Y | P | N | DK |  |  |
| Any chicken pieces or parts (e.g. roasted whole chicken, breasts, wings, thighs, in soups, or as part of a dish, not including deli meat)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Other chicken (not including deli meat, e.g. chicken salad)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Any turkey (not including deli meat)  *If yes, please specify type(s) below* | Y | P | N | DK |  |  |
| Ground turkey | Y | P | N | DK |  |  |
| Any turkey pieces or parts (e.g. roasted whole turkey, breasts, wings, thighs, in soups, or as part of a dish, not including deli meat)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Other turkey (not including deli meat) (e.g. turkey bacon)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Other poultry (not including deli meat e.g. Cornish hen, duck)  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| **EGGS AND EGG-CONTAINING DISHES** | | | | | | |
| Eggs (e.g. scrambled eggs, omelets)  *If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Eggs consumed raw or undercooked (e.g. “runny” or “over-easy”), anything made with raw eggs (e.g. raw cookie dough, cake batter, sauces, homemade ice cream, mayo, salad dressing, or in a drink)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| **PORK** | | | | | | |
| Any pork (not including deli meat)  *If yes, please specify type(s) below* | Y | P | N | DK |  |  |
| Ham (not including deli meat) | Y | P | N | DK |  |  |
| Bacon | Y | P | N | DK |  |  |
| Ground pork | Y | P | N | DK |  |  |
| Any pork pieces or parts (e.g. pork roasts, ribs, chops, in soups, or as part of a dish, not including deli meat or ham)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Other pork (not including deli meat)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| **BEEF** | | | | | | |
| Any beef (not including deli meat)  *If yes, please specify type(s) below* | Y | P | N | DK |  |  |
| Any ground beef (e.g. hamburgers, lasagna, chili)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Ground beef consumed raw or undercooked (e.g. undercooked hamburgers or kibbeh) | Y | P | N | DK |  |  |
| Whole cut beef (e.g. roasts, ribs, steaks, in soups, or as part of a dish, not including deli meat)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Veal | Y | P | N | DK |  |  |
| Other beef (not including deli meat)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| **OTHER MEAT/ANIMAL PRODUCTS** | | | | | | |
| Any deli meats/cold cuts (e.g. Bologna, salami, pepperoni, turkey, ham)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Pre-packaged deli meat  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Deli meat sliced at the deli counter  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Sausage  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Dried/cured meat products (e.g. beef jerky, dried sausage, summer sausage)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Pâté/meat spread  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Lamb | Y | P | N | DK |  |  |
| Goat | Y | P | N | DK |  |  |
| Any kind of game/country food (e.g. venison, pheasant, rabbit, caribou, seal, quail, moose, bison)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Any organ meats (e.g. liver, kidney, heart)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Shawarma/donair/gyro | Y | P | N | DK |  |  |
| Other meat, excluding fish/seafood  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| **FISH AND SEAFOOD** | | | | | | |
| Any fish (including fresh, canned, jarred, frozen)  *If yes, please specify type(s) below* | Y | P | N | DK |  |  |
| Smoked fish (e.g. smoked salmon)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Fish – eaten raw (e.g. sushi, tartare, sashimi, ceviche)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Other fish (e.g. fresh, frozen, cooked, dried)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Any shellfish  *If yes, please specify type(s) below* | Y | P | N | DK |  |  |
| Mussels  *If yes, was it eaten raw* Y N DK | Y | P | N | DK |  |  |
| Clams  *If yes, was it eaten raw* Y N DK | Y | P | N | DK |  |  |
| Shrimp/Prawns  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *If yes, was it eaten raw* Y N DK | Y | P | N | DK |  |  |
| Any oysters  *If yes, was it eaten raw* Y N DK | Y | P | N | DK |  |  |
| *Any other shellfish (e.g. scallops, cockles, crab, crayfish, lobster)*  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *If yes, was it eaten raw* Y N DK | Y | P | N | DK |  |  |
| Other seafood or seaweed products  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| **DAIRY and DAIRY SUBSTITUTES** | | | | | | |
| Pasteurized dairy milk  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Unpasteurized (raw) milk  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Non-dairy milk (e.g. soy, almond, coconut, rice, cashew, oat)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Powdered milk products (e.g. powdered milk, Carnation, Ovaltine) | Y | P | N | DK |  |  |
| Whipped/whipping cream | Y | P | N | DK |  |  |
| Sour cream | Y | P | N | DK |  |  |
| Ice cream/gelato  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Desserts containing milk or cream (e.g. cream filled pies/pastries, pudding)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Yogurt | Y | P | N | DK |  |  |
| Other dairy products  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| **CHEESE** | | | | | | |
| Any cheese | Y | P | N | DK |  |  |
| Cheddar cheese | Y | P | N | DK |  |  |
| Mozzarella cheese | Y | P | N | DK |  |  |
| Parmesan cheese | Y | P | N | DK |  |  |
| Gouda | Y | P | N | DK |  |  |
| Feta cheese | Y | P | N | DK |  |  |
| Any Brie, camembert or other soft cheeses  If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Any blue-veined cheese such as blue cheese or gorgonzola  *If yes, specify* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Any cottage, ricotta or other fresh cheese  *If yes, specify* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Any cheese made from goat/sheep milk  *If yes, specify* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Any other cheese that is typically sold as a block or cut from solid blocks or wheels (e.g. Emmental, jarlsberg, monterey jack, havarti, colby, oka)  *If yes, specify* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Processed cheese (e.g. sliced cheese, cheese string/tubes, from a jar)  *If yes, specify* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Any cheese made with unpasteurized (raw) milk  *If yes, specify* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Non-dairy cheese alternatives  *If yes, specify* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| **FROZEN FOODS** | | | | | | |
| Frozen pizza | Y | P | N | DK |  |  |
| Frozen pot pies | Y | P | N | DK |  |  |
| Frozen snack foods/appetizers (e.g. mozzarella sticks, jalapeno poppers, fries)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Other frozen foods, (e.g. desserts, waffles)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| **NUTS AND SEEDS** | | | | | | |
| Any nuts on their own, mixed, as a butter/spread or home made nut milk, in granola bar, as a garnish or as part of a dish  *If yes, please specify type(s) below:* | Y | P | N | DK |  |  |
| Peanuts (excluding peanut butter/spread) | Y | P | N | DK |  |  |
| Almonds (excluding almond butter/spread) | Y | P | N | DK |  |  |
| Walnuts | Y | P | N | DK |  |  |
| Hazelnuts/filberts (excluding hazelnut butter/spread) | Y | P | N | DK |  |  |
| Cashews (excluding cashew butter/spread) | Y | P | N | DK |  |  |
| Pecans | Y | P | N | DK |  |  |
| Other nuts (e.g. macadamia, Brazil nuts, pistachios, pine nuts)  *If yes, specify*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Nut paste, butter or spread (e.g. almond butter or chocolate hazelnut spread)  *If yes, specify*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Y | P | N | DK |  |  |
| Sunflower seeds | Y | P | N | DK |  |  |
| Sesame seeds | Y | P | N | DK |  |  |
| Tahini, halva, or other products made from sesame seeds, including homemade hummus | Y | P | N | DK |  |  |
| Other seeds (e.g. chia/chia powder, flax, hemp)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| **DRIED/PROCESSED/OTHER FOODS** | | | | | | |
| Any plant-based meat substitutes (e.g. tofu, veggie burgers or hotdogs)  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Dried fruits (e.g. raisins, cranberries, apricots)  *If yes, specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Chips or pretzels  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Other prepackaged snack food (e.g. crackers, cookies, snack cakes)  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Chocolate or chocolate-containing candy  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Any food or drinks containing cannabis as an ingredient (e.g. brownies or other baked goods, gummies or candies, chocolate, oils, teas, juices or sodas, etc)  *If yes, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Cold breakfast cereal  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |
| Hot breakfast cereal (e.g. oatmeal, cream of wheat, porridge)  *If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Y | P | N | DK |  |  |

|  |  |
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| **Section 12. 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 *Shigella* 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:  Black (e.g. African, Afro-Caribbean, African Canadian descent)  East/Southeast Asian (e.g. Chinese, Korean, Japanese, Taiwanese, Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent)  Indigenous (e.g. First Nations, Inuk/Inuit, Métis descent):  First Nations  Inuk/Inuit  Métis  Latino (e.g. Latin American, Hispanic descent)  Middle Eastern (e.g. Arab, Persian, West Asian descent – for example, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish)  South Asian (e.g. South Asian descent-for example, East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean)  White (e.g. European descent)  Other group, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unsure/prefer not to answer |

**Notes/General Comments:**