

**New Jersey Department of Health
CYCLOSPORA SURVEILLANCE CASE REPORT
RETURN COMPLETED FORM TO NJDOH VIA FAX 609-826-5972**

CDRSS Case ID#

Section 1: Interviewer Information (Questions to be completed by interviewer prior to questionnaire administration)

1. First three letters of Last Name: 2. State 3. County 4. Zip code

5. Date of Interview (must enter MM/DD/YYYY)

6. Interviewer information
Name Contact Phone Number
Agency or Organization

7. Before this interview how many times has the case-patient been interviewed about his/her illness
 None Once Twice Three Times Other (specify) Unknown

8. Respondent was Self Parent Spouse Other (specify)

SECTION 2: DEMOGRAPHIC DATA:

1. Date of birth (must enter MM/DD/YYYY) 2. Age

3. Sex Male Female 4. Hispanic or Latino origin Yes No Unknown

5. How would you describe your race White Black/African American American Indian/Alaska Native Asian
 Native Hawaiian/Other Pacific Islander Other (specify) Unknown

SECTION 3: CLINICAL INFORMATION: Now I have a few questions about your illness.

1. What date did you first feel sick? (must enter MM/DD/YYYY)

YES	Maybe	NO	Don't Know	Did you have any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Diarrhea (defined as at least 3 loose stools in 24 hours)
				2a. What date did it start? <input type="text"/> (must enter MM/DD/YYYY) <input type="checkbox"/> Unknown
				2b. What date did it stop? <input type="text"/> (must enter MM/DD/YYYY) <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Anorexia (loss of appetite)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Nausea
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Vomiting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Abdominal cramps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Weight loss
				8a. Number of pounds lost <input type="text"/> <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Fever (or felt feverish)
				9a. Temperature <input type="text"/> degrees F <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Other symptoms (specify) <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Were you hospitalized overnight? (must enter MM/DD/YYYY)
				11a. Admit Date <input type="text"/> 11b. Discharge Date <input type="text"/>

SECTION 4: TRAVEL AND EVENTS:

Next I have a couple of questions about any travel you might have done, either as part of your work or for pleasure in the **14 days** before onset of illness.

YES	Maybe	NO	Don't Know																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Did you spend all, or some, of this time outside your home state?																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12a. DOMESTIC TRAVEL: Did you travel within the United States?																
				List all US states where you might have purchased or eaten foods. This includes airports, rest stops, bus or train stations.																
		<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">State</th> <th style="width: 25%;">City</th> <th style="width: 25%;">Date(s) visited</th> <th style="width: 25%;">Name of location (store, restaurant, etc)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	State	City	Date(s) visited	Name of location (store, restaurant, etc)												
State	City	Date(s) visited	Name of location (store, restaurant, etc)																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12b. INTERNATIONAL TRAVEL: Did you travel outside the United States																
				List all countries outside the US where you might have purchased or eaten foods. This includes airports, bus or train stations.																
		<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Country</th> <th style="width: 30%;">Date(s) visited</th> <th style="width: 40%;">Name of location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Country	Date(s) visited	Name of location													
Country	Date(s) visited	Name of location																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12c. If you traveled with others, did any of the travel partners also become ill?																
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 20%;">Phone Number</th> <th style="width: 40%;">Email address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Phone Number	Email address													
Name	Phone Number	Email address																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Did you attend any events where food was served (e.g., parties, fairs, concerts, tournaments)?																
				13a. Please list the name of the event(s), date(s) and location(s)																
		<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Event</th> <th style="width: 20%;">Date(s)</th> <th style="width: 40%;">Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Event	Date(s)	Location													
Event	Date(s)	Location																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13b. Do you know of any other ill person(s) who attended the event(s)?																
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 20%;">Phone Number</th> <th style="width: 40%;">Email address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Phone Number	Email address													
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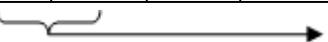
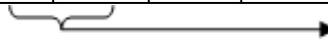
NOTE TO INTERVIEWER

YES	Maybe	NO	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please refer to the INTERNATIONAL TRAVEL question (12b.) above. If the answer was:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO , please continue with the interview on the next page
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES , thank the interviewee for his/her time and end the interview

ADDITIONAL COMMENTS:

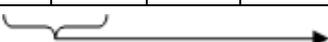
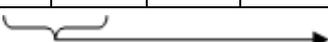
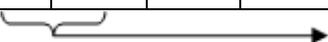
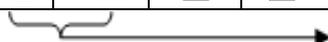
Section 5: SOURCES OF FOOD AT HOME:

Now I have a few questions about where the food came from that you ate **at home** in the **14 days** before your illness began. This isn't necessarily where you shopped during that week, but where what you actually ate came from.

YES	Maybe	NO	Don't Know	Did you eat foods purchased from:									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Grocery stores or Supermarkets									
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 25%;">Location</th> <th style="width: 25%;">Shopper Card #</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Location	Shopper Card #						
Name	Location	Shopper Card #											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Warehouse stores such as Costco or Sam's Club									
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 25%;">Location</th> <th style="width: 25%;">Member Card #</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Location	Member Card #						
Name	Location	Member Card #											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Small markets or Mini markets (convenience stores, gas stations, etc.)									
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Location							
Name	Location												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Farmer's markets, Roadside stands, Open-air markets, Ethnic specialty markets or food purchased directly from a farm									
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Location							
Name	Location												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Any other sources of food at home that you ate during the 14 days before your illness began									
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Location							
Name	Location												

Section 6: SOURCES OF FOOD OUTSIDE THE HOME:

Now I have a few questions about where the food came from that you ate **outside your home** such as restaurants or fast food chains.

YES	Maybe	NO	Don't Know	Did you eat foods from: (fast food, convenience stores, delis, etc.)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. National fast food chains						
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Location				
Name	Location									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Sandwich shops, Delis, or any take away/ take-out food						
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Location				
Name	Location									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. An event where food was served, such as a catered event, food festival, church or community meal						
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Location				
Name	Location									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any other sources of food outside the home that you ate during the 14 days before your illness began						
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Location				
Name	Location									

Section 7: FRESH BERRIES:

Now I have some questions about fresh berries you might have eaten during the **14 days** before your illness began. These items do not include canned, cooked, frozen or berries grown at home. You could have eaten these either in your home or away from home. Please remember that berries are often served as garnishes on top of or on the sides of salads and desserts.

YES	Maybe	NO	Don't Know				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you eat any fresh raspberries?			
				1a. If eaten at home , what was the:			
				Brand name	Date purchased	Place of purchase	
				<input type="checkbox"/> Not applicable (did not eat <u>at home</u>)			
				1b. If eaten outside the home , what was the:			
				Name of establishment	Date purchased	Location	
<input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>)							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Did you eat any fresh blackberries?			
				2a. If eaten at home , what was the:			
				Brand name	Date purchased	Place of purchase	
				<input type="checkbox"/> Not applicable (did not eat <u>at home</u>)			
				2b. If eaten outside the home , what was the:			
				Name of establishment	Date purchased	Location	
<input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>)							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Black raspberries			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Golden raspberries			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Strawberries			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Blueberries			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Boysenberries			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Other fresh berries, specify 			

Section 8: FRESH FRUITS:

Now I have some questions about fresh fruits you might have eaten during the **14 days** before your illness began. Again, these items do not include canned, cooked, frozen or fruit grown at home. You could have eaten these either in your home or away from home.

YES	Maybe	NO	Don't Know	
				Did you eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Apples
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Grapes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Pears
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Peaches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Nectarines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Plums
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Oranges
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Grapefruit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Tangerines

YES	Maybe	NO	Don't Know	Did you eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Lemon or Lime (This could include a garnish in a drink)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Cherries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Cantaloupe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Honeydew Melon
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Watermelon
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Precut melon or melon salad
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Other melon, specify <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Pineapple
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Mango
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Coconut <input type="checkbox"/> Whole <input type="checkbox"/> Shredded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Other tropical fruit (kiwi, papaya, guava, pomegranate, etc.)
				20a. Specify <input type="text"/>

Section 9: ICEBERG / ROMAINE:

Now I have some questions about lettuce you might have eaten 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 items, but these foods could have been eaten alone or as part of a dish. I am only interested in lettuce that was not grown at home. Please include lettuce you may have eaten on sandwiches or burgers or as a garnish.

YES	Maybe	NO	Don't Know	Did you eat any:																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Prepackaged salad mix																
				1a. If eaten at home , what was the:																
				<table border="1"> <thead> <tr> <th>Brand name</th> <th>Date purchased</th> <th>Location</th> <th>Ingredients (cabbage, carrots, etc.)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Brand name	Date purchased	Location	Ingredients (cabbage, carrots, etc.)												
Brand name	Date purchased	Location	Ingredients (cabbage, carrots, etc.)																	
				<input type="checkbox"/> Not applicable (did not eat <u>at home</u>)																
				1b. If eaten outside the home , what was the:																
				<table border="1"> <thead> <tr> <th>Brand name</th> <th>Date purchased</th> <th>Location</th> <th>Ingredients (cabbage, carrots, etc.)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Brand name	Date purchased	Location	Ingredients (cabbage, carrots, etc.)												
Brand name	Date purchased	Location	Ingredients (cabbage, carrots, etc.)																	
				<input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>)																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Iceberg lettuce																
				<input type="checkbox"/> Prepackaged <input type="checkbox"/> Head/Loose <input type="checkbox"/> Topping/garnish <input type="checkbox"/> Other, specify <input type="text"/>																
				2a. If eaten at home , what was the:																
				<table border="1"> <thead> <tr> <th>Brand name</th> <th>Date purchased</th> <th>Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Brand name	Date purchased	Location													
Brand name	Date purchased	Location																		
				<input type="checkbox"/> Not applicable (did not eat <u>at home</u>)																
				2b. If eaten outside the home , what was the:																
				<table border="1"> <thead> <tr> <th>Name of establishment</th> <th>Date purchased</th> <th>Location</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of establishment	Date purchased	Location													
Name of establishment	Date purchased	Location																		
				<input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>)																

YES	Maybe	NO	Don't Know	Did you eat any:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Romaine lettuce			
				<input type="checkbox"/> Prepackaged <input type="checkbox"/> Loose <input type="checkbox"/> Topping/garnish <input type="checkbox"/> Other, specify 			
				3a. If eaten at home , what was the:			
				Brand name		Date purchased	Location
				<input type="text"/>		<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> Not applicable (did not eat <u>at home</u>)			
				3b. If eaten outside the home , what was the:			
				Name of establishment		Date purchased	Location
				<input type="text"/>		<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>)			

Section 10: MESCLUN, CABBAGE, SPINACH AND OTHER LEAFY GREENS Now I have some questions about fresh mesclun, cabbage, spinach, and other lettuce or leafy greens you might have eaten raw or uncooked during the **14 days** before your illness began. You could have eaten these either in your home or away from home. 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 greens that were not grown at home.

YES	Maybe	NO	Don't Know	Did you eat any:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Mesclun lettuce (aka, spring mix, field greens, baby greens, gourmet salad)				
				1a. If eaten at home , what was the:				
				Brand name		Date purchased	Location	
				<input type="text"/>		<input type="text"/>	<input type="text"/>	
				<input type="checkbox"/> Not applicable (did not eat <u>at home</u>)				
				1b. If eaten outside the home , what was the:				
				Name of establishment		Date purchased	Location	
				<input type="text"/>		<input type="text"/>	<input type="text"/>	
				<input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>)				
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fresh cabbage
								2a. If eaten at home , what was the:
Brand name		Date purchased	Location					
<input type="text"/>		<input type="text"/>	<input type="text"/>					
<input type="checkbox"/> Not applicable (did not eat <u>at home</u>)								
2b. If eaten outside the home , what was the:								
Name of establishment		Date purchased	Location					
<input type="text"/>		<input type="text"/>	<input type="text"/>					
<input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>)								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					3. Fresh spinach
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					4. Other leafy greens (e.g., arugula, endive, mustard greens, radicchio)
				4a. Specify 				

Additional Comments:

Section 11: FRESH HERBS

Now I have questions about herbs that you may have eaten before your 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.

YES	Maybe	NO	Don't Know	Did you eat any:			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fresh basil			
				1a. If eaten at home , what was the:			
				Brand name	Date purchased	Location	
				<input type="checkbox"/> Not applicable (did not eat <u>at home</u>)			
				1b. If eaten outside the home , what was the:			
				Name of establishment	Date purchased	Location	
<input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>)							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fresh cilantro			
				2a. If eaten at home , what was the:			
				Brand name	Date purchased	Location	
				<input type="checkbox"/> Not applicable (did not eat <u>at home</u>)			
				2b. If eaten outside the home , what was the:			
				Name of establishment	Date purchased	Location	
<input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>)							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Fresh parsley			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Other fresh herbs (sage, thyme, dill, rosemary, etc.)			
				4a. Specify 			

Section 12: 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.

YES	Maybe	NO	Don't Know	Did you eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Cucumbers, zucchini, squash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Bell peppers (green, red, orange, or yellow)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Hot chili/chile peppers (e.g., jalapenos or serranos)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Celery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. "Mini" carrots
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Other fresh carrots
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Other raw root vegetables (radishes, beets, turnips, etc)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7a. Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Fresh raw peas (may be shelled or in the pod)
				8a. Specify: <input type="checkbox"/> Garden peas <input type="checkbox"/> Snow peas (i.e., flat, shiny pods containing tiny peas)
				<input type="checkbox"/> Sugar snap peas (i.e, plump, crisp, edible pods)
				<input type="checkbox"/> Other

YES	Maybe	NO	Don't Know	
				8b. If eaten at home , what was the:
	Brand name		Date purchased	Location
	<input type="checkbox"/> Not applicable (did not eat <u>at home</u>)			
				8c. If eaten outside the home , what was the:
Name of establishment		Date purchased	Location	
<input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>)				

YES	Maybe	NO	Don't Know	
				Did you eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Broccoli
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Cauliflower
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Sprouts (alfalfa, bean, clover, broccoli, daikon radish, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Raw onions (white, yellow, or red/purple)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Raw green onions/scallions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Fresh tomatoes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Fresh salsa or pico de gallo (not from a jar)

				15a. If eaten at home , what was the:
	Brand name		Date purchased	Location
	<input type="checkbox"/> Not applicable (did not eat <u>at home</u>)			
				15b. If eaten outside the home , what was the:
Name of establishment		Date purchased	Location	
<input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>)				

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Fresh guacamole (not from a jar)
				16a. If eaten at home , what was the:
	Brand name		Date purchased	Location
	<input type="checkbox"/> Not applicable (did not eat <u>at home</u>)			
				16b. If eaten outside the home , what was the:
Name of establishment		Date purchased	Location	
<input type="checkbox"/> Not applicable (did not eat <u>outside the home</u>)				

Section 12: OTHER ILL PERSONS

We are trying to identify other cases of illness similar to yours.

YES	Maybe	NO	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know anyone else (for example, a family member, friend, co-worker, neighbor, church/temple/mosque member, health club or other club member) whom you have NOT already told me about who has been ill recently with a similar illness?
	Name		Phone Number	Email address

This is the end of the questionnaire.

Thank you very much for your time. These interviews are extremely valuable in helping us understand how and why people are getting sick. Depending on what we find out when we put these interviews together, we may need to talk to you again about a few details.

Would you like to provide any additional thoughts or perspective about anything we've discussed or about this outbreak investigation?

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PASSCODE:
DATE ENTERED: