



Salmonella Hypothesis Generating Questionnaire

(Nov 2023)

Case Initials:	
NCIMS ID:	
<input type="checkbox"/> sporadic case	
<input type="checkbox"/> outbreak case	
Outbreak ref:	

Incubation	Duration	Prognosis	Shedding	Reservoir
6-72 hours (av. 12-36 hours) Longer possible, especially with low dose exposure	Diarrhoea, 1-20 days (5 days av.)	Most people completely recover within 1-2 weeks A small number develop complications such as reactive arthritis.	50% of adults >5 weeks 10% for >9 weeks Prolonged shedding more common in children	Colonised intestinal tract of many animals, including chickens, ducks, pigs, cows, reptiles, amphibians, native animals, dogs and cats

CASE DETAILS				Interviewer Initials:
First Name:		Last Name:		Parent's Name (if applicable):
DOB: / /	Age:	Sex <input type="checkbox"/> M <input type="checkbox"/> F		
Address:				
Home Phone:		Mobile Phone:		
Email:				
Physician name:		Physician Phone:		
Born in Australia <input type="checkbox"/> Y <input type="checkbox"/> N <i>If no, specify where:</i>				
Are [you/the case] of Aboriginal or Torres Strait Islander origin? (check all that apply) <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Not stated				
				Date/time Interviewed
				1 <input type="checkbox"/>
				2 <input type="checkbox"/>
				3 <input type="checkbox"/>
				4 <input type="checkbox"/>
				5 <input type="checkbox"/>
				6 <input type="checkbox"/>
				<i>Person interviewed (if not case):</i>
				<i>Call back notes:</i>
				<i>Interpreter used</i> <input type="checkbox"/>
				<i>Case lost to follow up</i> <input type="checkbox"/>

OCCUPATION (Include part-time/casual/volunteer work) and/or INSTITUTION CONTACT
What is [your/the case's] occupation? Specify
Name of workplace:
Address of workplace:
Contact details for workplace:
Does the case's occupation involve:
Handling food/drink? <input type="checkbox"/> Y <input type="checkbox"/> N
Close contact with sick people? (e.g., health care worker) <input type="checkbox"/> Y <input type="checkbox"/> N
Close contact with the children/elderly? (e.g., childcare worker?) <input type="checkbox"/> Y <input type="checkbox"/> N
<i>If yes, please provide relevant public health advice for exclusion period to the case</i>
Do [you/the case] attend an educational facility / institution childcare / preschool / school / prison/ aged care facility? <input type="checkbox"/> Y <input type="checkbox"/> N
<i>If yes, provide details</i>
Name:
Address:
Contact details:
<i>Please provide relevant public health advice for exclusion period to the case</i>

LABORATORY			
Serotype:	Sub-type:	Specimen collection date: ____/____/____	Specimen type: <input type="checkbox"/> Stool <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other
CLINICAL			
I'm now going to ask you about some symptoms that are associated with your illness.			
Did you experience any diarrhoea : <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK (3 or more loose stools in a 24 hour period)			
Diarrhoea onset date: ____/____/____		Onset time: <input type="checkbox"/> am <input type="checkbox"/> pm Duration : <input type="checkbox"/> hrs / <input type="checkbox"/> days <input type="checkbox"/> ongoing diarrhoea	
Blood in stool? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Did [you/case] experience any of these following symptoms associated with the illness?			
Fever: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	If case reported fever: Temperature recorded ____ °C <input type="checkbox"/> DK / temp not taken		
Abd Pain <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Nausea: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Vomiting: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Headache: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
Lethargy: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	J/M pain: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Other: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK if yes <i>specify</i> :	
What was the first symptom [you/case] experienced?			
First symptom:		First symptom onset date: ____/____/____	Onset time: <input type="checkbox"/> am <input type="checkbox"/> pm
Duration of illness <input type="checkbox"/> hrs / <input type="checkbox"/> days <input type="checkbox"/> still ill			
Emerg. Dept visit for illness? <input type="checkbox"/> Y <input type="checkbox"/> N How many visits?		Date of visit(s): ____/____/____	Hospital Name:
Admitted for illness? <input type="checkbox"/> Y <input type="checkbox"/> N		Date Admitted ____/____/____	Date Discharged: ____/____/____
Treated for illness? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes: <input type="checkbox"/> Rehydration <input type="checkbox"/> Antibiotics <input type="checkbox"/> other, <i>please describe</i> :	
Case deceased? <input type="checkbox"/> Y <input type="checkbox"/> N		If yes: Date of death:	
Underlying conditions or medications that suppress the immune system (e.g. pregnancy, diabetes, cancers, steroids, etc.) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes: specify:			
EXPOSURE PERIOD			
I'm going to ask some questions about what you did before [you/the case] got sick, including some questions that are specifically about the 7 days before the start of [your/the case's] illness.			
The first day of illness was (day and date) ____/____/____		Seven days before this was (day and date) ____/____/____	
It is often helpful to have a calendar or diary in front of you to help you remember what you did during this time.			

TRAVEL EXPOSURES					
First we need to know where you might have picked up the bug, in the 7 days prior to your illness, did [you/the case] travel?					
Overseas?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	If yes, provide travel details: Destination(s): _____ Date departure: ____/____/____ Date of return: ____/____/____ Mode of travel: <input type="checkbox"/> air <input type="checkbox"/> car <input type="checkbox"/> train <input type="checkbox"/> bus <input type="checkbox"/> other, specify: Name of airline / tour company / travel numbers (if applicable): Was any food was consumed on the flight or at the airport? <input type="checkbox"/> Airport Specify details: <input type="checkbox"/> Flight Specify details:			
Interstate?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK				
Within State?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK				
Case classification for international travel <input type="checkbox"/> Travel acquired salmonellosis (international travel for <i>entire</i> incubation) STOP interview <input type="checkbox"/> Possibly travel acquired salmonellosis (international travel for <i>part</i> of incubation) CONTINUE interview <input type="checkbox"/> Locally acquired salmonellosis (<i>no</i> international travel during incubation) CONTINUE interview					
CONTACT EXPOSURES					
Next we want to know if you may have been exposed to someone else who had the bug first, In the 7 days before [your/the case's] illness, did [you/the case] have contact with a:					
- Family member with a similar illness? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK - Friend or work/school colleague with a similar illness? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK					
<i>if yes to any complete below table</i>					
Name	Relationship	Illness onset date <i>*or specify if within 24hrs or within 7days</i>	Illness description Please list: <i>Symptoms & length of illness.</i>	Tested for Salmonella	Result
				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pend <input type="checkbox"/> N <input type="checkbox"/> P
				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pend <input type="checkbox"/> N <input type="checkbox"/> P
				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pend <input type="checkbox"/> N <input type="checkbox"/> P
				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pend <input type="checkbox"/> N <input type="checkbox"/> P
CASE CLASSIFICATION (SECONDARY CASE)					
Is the current case likely to be a secondary infection?				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
<input type="checkbox"/> Secondary Infection (add in text here for how CLASSIFICATION is made) STOP interview <input type="checkbox"/> Possibly Secondary Infection (add in text here for how CLASSIFICATION is made) CONTINUE interview <input type="checkbox"/> Unsure Secondary Infection of (add in text here for how CLASSIFICATION is made) CONTINUE interview					
We would also be interested if anyone got sick at the same time as you, and may have eaten the same contaminated food, Are you aware of any other gastro illness within 24hrs +/- of [your/the case's] illness <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <i>This could be family friends work/school colleagues etc.</i>					
Count of likely co-infected possible cases (symptoms for >3 days) : _____					
Name	Resides in Same household	Illness description Please list: <i>Onset, Symptoms & length of illness.</i>	Tested for Salmonella	Result	
	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pend <input type="checkbox"/> N <input type="checkbox"/> P	
	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pend <input type="checkbox"/> N <input type="checkbox"/> P	
	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pend <input type="checkbox"/> N <input type="checkbox"/> P	
	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pend <input type="checkbox"/> N <input type="checkbox"/> P	

ENVIRONMENTAL EXPOSURES		
Sometimes, people can get salmonella directly or indirectly from contact with the environment and animals, so can you tell me, In the 7 days prior to [your/the case's] illness, did [you/the case]		
		<i>Location & details of exposures: e.g. any cattle, sheep etc</i>
Live on or visit a rural property	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Have any contact with farm or zoo animals (petting zoos, farms, shows, etc)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Have contact with of any the following:		
Lizards, snakes, turtles, other reptiles	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Native animals	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Chickens	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Birds	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Dogs	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Cats	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Pet fish	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Other pets, specify:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
If yes to any of the above were they fed?		<i>Please provide details: type of food raw/cooked brand etc.</i>
Dry food, tinned food, raw meat	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Fish pellets, flakes, worms	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Mice, crickets, other reptile/snake food	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Hay, pellets, seed	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Any other animal food/treats	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
WATER EXPOSURES		
Swim in / paddle in any pools, dams, or other water ways?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Participate in any sports that include direct contact with water or mud?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Drink any untreated water?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Drink any bottled water?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
SPECIAL DIETS		
Are most meals that are cooked at home from a specific culture (e.g. Mexican, Chinese, Italian, Lebanese, Thai, Indian, Japanese)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Details:
Are [you/the case] on a special diet? e.g. vegetarian, vegan, paleo, gluten free	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Details:
Are [you/the case] allergic to any foods?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Details:
Are there any foods or food groups that [you/the case] <i>never</i> eat?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Details:
Do you make it a point to select organic fruit and veg when you shop?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Details:
Did [you/ the case] have any vitamins, nutritional or supplements, such as teas or other liquids, tablets, or pills, etc.?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Details:

HOME FOOD PURCHASES										
In this section I want to know where you bought the food and groceries for the food you prepared at home, Did you purchase the groceries consumed in the 7 days prior [your/the case's] illness from any of these locations?										
	Food purchased from (tick if yes)	Location/Name	Chicken	Eggs	Other raw meat	Fruits	Salad & Veg	Fish and Seafood	Bakery goods	Herb & spices
Grocery stores/supermarkets	Woolworths <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Coles <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IGA <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aldi <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Costco <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ethnic grocer <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other grocer <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty food stores	Butcher <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fishmonger <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fruit & Veg <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Delicatessen <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farm direct food	Market stall <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Direct from farm <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Self-grown/self-slaughtered <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details on the delivered meals in the 7 day food history that were consumed.										
Delivered meal suppliers	Meal box/kits <input type="checkbox"/>	<input type="checkbox"/> Marley Spoon	<input type="checkbox"/> HelloFresh	<input type="checkbox"/> Every plate	<input type="checkbox"/> Dinnerly	<input type="checkbox"/> Other specify				
	Pre-prepared meals <input type="checkbox"/>	<input type="checkbox"/> The Dinner ladies	<input type="checkbox"/> Thr1ve	<input type="checkbox"/> Lite & Easy	<input type="checkbox"/> My muscle chef	<input type="checkbox"/> Nourish'd				
		<input type="checkbox"/> Meals on wheels	<input type="checkbox"/> Chefgood	<input type="checkbox"/> YouFoodz	<input type="checkbox"/> Soulara	<input type="checkbox"/> Other specify				
STORE REWARDS CARDS										
When you do your shopping do you use Fly buys or the shopper rewards cards?										
Another way to investigate the cause of your illness is to compare your food purchases with other people who also have the same illness. If needed, we would like to use the shopping information history attached to your loyalty card to confirm what food items you purchased in the lead up to your illness. This information would be kept strictly confidential and only used by the Health Department and Food Safety to identify any common products purchased among other recent Salmonella cases. But we need your permission to use your data for this purpose.										
Do you have and use a shopper loyalty card for any food/grocery stores?							<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
If Yes, would you be happy to provide your shopper loyalty card number for this purpose?							<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Woolworths Everyday Rewards card number (The number begins with a "9" under the barcode)										
Coles FlyBuys card number (The number begins with a "2" under the barcode)										
Other card – specify:										

FOOD EATEN OR PREPARED OUTSIDE THE HOME

In the 7 days prior to [your/the case's] illness, did [you/the case] eat food that was prepared from outside the home. It can be useful using bank statements and/or Uber eats, Menu log for recall.

Record as much detail about the food item as you can e.g. any protein, what fresh produce, any sauce, or garnish if a dessert what's the filling and topping

Food Premise Type	What: (did you eat)	Where: (Name & location of premises)	When: (date & time)	Was this food delivered: e.g. Uber eats
Fast food franchises e.g. <ul style="list-style-type: none"> Mc Donald's KFC GYG 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Any leftovers eaten later <input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N If yes: which company
Other takeaways e.g. <ul style="list-style-type: none"> Kebabs/yiros/doner Fish and chips Sandwich shops Sushi shop Pizza 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Any leftovers eaten later <input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N If yes: which company
Consume any foods that are associated with a specific culture, including dine in and takeaway e.g. <ul style="list-style-type: none"> Mexican Chinese Italian Lebanese Thai Indian Japanese 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Any leftovers eaten later <input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N If yes: which company
Cafes including dine in and takeaway	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Any leftovers eaten later <input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N If yes: which company
Restaurant including dine in and takeaway	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Any leftovers eaten later <input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N If yes: which company
Bakeries & Cake Shops e.g. <ul style="list-style-type: none"> Cakes Tart Sweet or savoury Pastries Pie/sausage rolls Danish croissant 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Any leftovers eaten later <input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N If yes: which company
School Canteen or Workplace food venue	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Any leftovers eaten later <input type="checkbox"/> Y <input type="checkbox"/> N			
Mobile food Venue e.g. <ul style="list-style-type: none"> Market Stalls Food vans Pop up venue 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Any leftovers eaten later <input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N If yes: which company

FOOD EATEN AT A GATHERING

Family gathering with family or friends: At a home or in a community setting like a <ul style="list-style-type: none"> • Park • Wedding • Parties • Religious events where food was consumed	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Commercially catered: Specify details: <input type="checkbox"/> Privately catered: Specify details: <ul style="list-style-type: none"> • Are you aware of any other people becoming unwell after the gathering <input type="checkbox"/>Y <input type="checkbox"/>N <input type="checkbox"/>DK • If yes: An approximate number attended _____ and number ill _____ • What food did you/the case eat at this gathering? Any leftovers eaten later <input type="checkbox"/> Y <input type="checkbox"/> N Date/time of gathering: ____/____/____
Other gatherings where food was consumed such as: <ul style="list-style-type: none"> • Music festivals • Sporting events • Catered work event • Conference/ training 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Commercially catered: Specify details: <input type="checkbox"/> Privately catered: Specify details: <ul style="list-style-type: none"> • Are you aware of any other people becoming unwell after the gathering <input type="checkbox"/>Y <input type="checkbox"/>N <input type="checkbox"/>DK • If yes: An approximate number attended _____ and number ill _____ • What food did you/the case eat at this gathering? Any leftovers eaten later <input type="checkbox"/> Y <input type="checkbox"/> N Date/time of gathering: ____/____/____

OPEN ENDED FOOD HISTORY

Collect as much detail as possible about the food item as you can e.g. brand, any protein, what fresh produce, any sauce, or garnish or if a dessert what's the filling and topping

Place of purchase or name and location of restaurant/takeaway and everything that was eaten as part of a meal, others who shared the meal, side dishes, etc.

In this next section we will collect details on any meals that you are able to recall over the 7 days prior to [your/ the cases illness] this can be a hard section to complete so please just let me know what you can recall.

NOTE: If not able to recall this section well please tick the box to indicate general food ☐

and only complete the first table below for general foods consumed regularly for Breakfast/Lunch/Dinner

Day of illness onset	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S Date: ____/____/____	Type / brand / description	Where purchased or eaten
Breakfast:			
Lunch:			
Dinner:			
Other snacks and drinks:			

1 day before illness	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S Date: ____ / ____ / ____	Type / brand / description	Where purchased or eaten
Breakfast:			
Lunch:			
Dinner:			
Other snacks and drinks:			

2 days before illness	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S Date: ____ / ____ / ____	Type / brand / description	Where purchased or eaten
Breakfast:			
Lunch:			
Dinner:			
Other snacks and drinks:			

3 days before illness	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S Date: ____ / ____ / ____	Type / brand / description	Where purchased or eaten
Breakfast:			
Lunch:			
Dinner:			
Other snacks and drinks:			

4 days before illness	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S Date: ____ / ____ / ____	Type / brand / description	Where purchased or eaten
Breakfast:			
Lunch:			
Dinner:			
Other snacks and drinks:			

5 days before illness	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S Date: ____ / ____ / ____	Type / brand / description	Where purchased or eaten
Breakfast:			
Lunch:			
Dinner:			
Other snacks and drinks:			

6 days before illness	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S Date: ____ / ____ / ____	Type / brand / description	Where purchased or eaten
Breakfast:			
Lunch:			
Dinner:			
Other snacks and drinks:			

7 days before illness	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S Date: / /	Type / brand / description	Where purchased or eaten
Breakfast:			
Lunch:			
Dinner:			
Other snacks and drinks:			

PRIORITY TRAWLER:

For the next section we will be asking about a list of foods that [you/the case] may have consumed in any of the 7 days leading up to [your/the case] illness. If you are unsure but think it is likely, please let me know. In the 7 days prior to [your/the case's] illness, did [you/the case] eat any of the following POULTRY products PURCHASED RAW and prepared/cooked at home?

[†] pre-packaged: purchased in a seal package

* from deli: means served to you directly from a deli display or sliced for you at the time of purchase

RAW POULTRY	Eaten during:		Type / brand / description	Where purchased
	7 day period before illness?	3 day period before illness?		
Whole chicken	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Free Range <input type="checkbox"/> Organic <input type="checkbox"/> Corn Fed <input type="checkbox"/> General Other details:	
Chicken pieces (e.g. thigh, wings)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Free Range <input type="checkbox"/> Organic <input type="checkbox"/> Corn Fed <input type="checkbox"/> General <input type="checkbox"/> Pre-packaged [†] <input type="checkbox"/> From deli* Specify cuts:	
Chicken skewer	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Free Range <input type="checkbox"/> Organic <input type="checkbox"/> Corn Fed <input type="checkbox"/> General <input type="checkbox"/> Pre-packaged [†] <input type="checkbox"/> From deli* Specify flavour:	
Chicken mince	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Other details:	
Chicken sausages	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Other details:	
Fresh chicken purchased raw and cooked at home (provide examples)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Schnitzel <input type="checkbox"/> Deli* <input type="checkbox"/> Packaged Brand: <input type="checkbox"/> Keiv <input type="checkbox"/> Deli* <input type="checkbox"/> Packaged Brand: <input type="checkbox"/> Patties <input type="checkbox"/> Deli* <input type="checkbox"/> Packaged Brand: <input type="checkbox"/> Nuggets <input type="checkbox"/> Deli* <input type="checkbox"/> Packaged Brand: <input type="checkbox"/> Other specify	
Frozen chicken (provide examples)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Strips Brand: <input type="checkbox"/> Nuggets Brand: <input type="checkbox"/> Schnitzel Brand: <input type="checkbox"/> Kiev Brand: <input type="checkbox"/> Other specify	
Duck	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Details:	
Other raw poultry	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged [†] <input type="checkbox"/> From deli* Specify what:	

In the 7 days prior to [your/the case's] illness, did [you/the case] eat any of the following POULTRY products PURCHASED COOKED and eaten out or at home?

COOKED POULTRY	Eaten during:		Type / brand / description	Where purchased or eaten
	7 day period before illness?	3 day period before illness?		
Cooked BBQ or Charcoal chicken	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify type:	
Shredded chicken	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged [†] <input type="checkbox"/> From deli* Other details:	
Chicken burger	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Other details:	
Other cooked chicken (e.g. kebab, crumbed pieces)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Details:	

PRIORITY TRAWLER:			
In the 7 days prior to [your/the case's] illness, did [you/the case] eat any EGGS or EGG CONTAINING foods eaten out or at home?			
EGGS or EGG CONTAINING foods	Eaten during:		
	7 day period before illness?	3 day period before illness?	Type / brand / description/ where purchased or eaten
Eggs eaten at home (Including egg in salads, on burgers, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Free range <input type="checkbox"/> Barn Laid <input type="checkbox"/> Caged <input type="checkbox"/> Organic <input type="checkbox"/> Backyard <input type="checkbox"/> Cage free <input type="checkbox"/> Omega-3 Enriched <input type="checkbox"/> Vegetarian-Fed <input type="checkbox"/> Other Specify : <input type="checkbox"/> DK <i>Brand:</i> <i>Other details: (e.g. stamp or best before date)</i> <input type="checkbox"/> Boiled <input type="checkbox"/> Poached <input type="checkbox"/> Fried <input type="checkbox"/> Scrambled <input type="checkbox"/> Omelette <input type="checkbox"/> Other Specify: <input type="checkbox"/> DK <input type="checkbox"/> Runny <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> DK Purchased at:
Eggs eaten away from home (Including egg in salads, on burgers, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Boiled <input type="checkbox"/> Poached <input type="checkbox"/> Fried <input type="checkbox"/> Scrambled <input type="checkbox"/> Omelette <input type="checkbox"/> Other e.g. pancakes Specify: <input type="checkbox"/> DK <input type="checkbox"/> Runny <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> DK <i>Other details:</i> Purchased at:
Can you tell me if you have eaten any of these foods, which may contain either lightly cooked or raw egg and may be made at home or eaten out and made in-house at a café or restaurant?			
Tiramisu	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Raw eggs used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <i>Other details:</i> Purchased at:
Uncooked batter/s e.g. cheesecakes pancakes, cookie dough, cakes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Raw eggs used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <i>Other details:</i> Purchased at:
Custard	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Raw eggs used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <i>Other details:</i> Purchased at:
Chocolate mousse	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Raw eggs used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <i>Other details:</i> Purchased at:
Ice-cream	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Raw eggs used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <i>Other details:</i> Purchased at:
Any dressings like Caesar/ Mayo/Aioli/Tartare	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Raw eggs used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <i>Other details:</i> Purchased at:
Hollandaise/ béarnaise sauce	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Raw eggs used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <i>Other details:</i> Purchased at:
Asian roll, including pork rolls, etc	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<i>Details:</i> Purchased at:
Raw egg milkshake/egg nog	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Raw eggs used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <i>Other details:</i> Purchased at:
Cocktails with raw egg whites e.g. whiskey sour etc	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Raw eggs used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <i>Other details:</i> Purchased at:
Any other food or drink containing raw eggs	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<i>Details:</i> Purchased at:

PRODUCE PRIORITY TRAWLER:			
In the 7 days prior to [your/the case's] illness, did [you/the case] eat any of these foods eaten out or at home			
SALADS & SALAD PRODUCE	Eaten in 7 days prior to illness	Type	Where purchased & Extra details:
Salad Kits (e.g. pre made salads in a bag or bowl) Extra details can include: <ul style="list-style-type: none"> • Brand • Details about dressing • Further details on salad e.g. Chicken Caesar salad with egg	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> <u>Caesar Salad</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Bowl	
		<input type="checkbox"/> <u>Asian Salad</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Bowl	
		<input type="checkbox"/> <u>Greek Salad</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Bowl	
		<input type="checkbox"/> <u>Thai Salad</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Bowl	
		<input type="checkbox"/> <u>Mexican Style Salad</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Bowl	
		<input type="checkbox"/> <u>Garden Salad</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Bowl	
		<input type="checkbox"/> <u>Coleslaw</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Bowl	
		<input type="checkbox"/> <u>Other slaw kit</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Bowl	
		<input type="checkbox"/> <u>Any Other Salad kits</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Bowl	
Lettuce (e.g. Cos, Iceberg, Butter, Oak)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> <u>Cos</u> <input type="checkbox"/> Bagged Size___ <input type="checkbox"/> Loose	Purchased at:
		<input type="checkbox"/> <u>Iceberg</u> <input type="checkbox"/> Bagged Size___ <input type="checkbox"/> Loose	
		<input type="checkbox"/> <u>Butter</u> <input type="checkbox"/> Bagged Size___ <input type="checkbox"/> Loose	
		<input type="checkbox"/> <u>Oak</u> <input type="checkbox"/> Bagged Size___ <input type="checkbox"/> Loose	
		<input type="checkbox"/> <u>Other</u> <input type="checkbox"/> Bagged Size___ <input type="checkbox"/> Loose	
Salad Greens e.g. Baby spinach, rocket, 4 leaf mix etc.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> <u>Baby Spinach</u> <input type="checkbox"/> Bagged Size___ <input type="checkbox"/> Loose	Purchased at:
		<input type="checkbox"/> <u>Rocket</u> <input type="checkbox"/> Bagged Size___ <input type="checkbox"/> Loose	
		<input type="checkbox"/> <u>Rocket & Baby Spinach</u> <input type="checkbox"/> Bagged Size___ <input type="checkbox"/> Loose	
		<input type="checkbox"/> <u>4 leaf mix</u> <input type="checkbox"/> Bagged Size___ <input type="checkbox"/> Loose	
		<input type="checkbox"/> <u>Other specify</u> <input type="checkbox"/> Bagged Size___ <input type="checkbox"/> Loose	
Ready to eat pasta salad	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Packaged <input type="checkbox"/> Deli Any Extra details:	Purchased at:
Ready to eat potato salad	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Packaged <input type="checkbox"/> Deli Any Extra details:	
Ready to eat coleslaw	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Packaged <input type="checkbox"/> Deli Any Extra details:	
Any Other premade Salads e.g. Lentil, Couscous, Quinoa, etc.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Packaged <input type="checkbox"/> Deli Any Extra details:	

SALADS & SALAD PRODUCE (Cont.)	Eaten in 7 days prior to illness	Type / brand / description	Where purchased
Tomatoes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> <u>Truss</u> <input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
		<input type="checkbox"/> <u>Hydro</u> <input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
		<input type="checkbox"/> <u>Roma</u> <input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
		<input type="checkbox"/> <u>Cherry</u> <input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
		<input type="checkbox"/> <u>Grape</u> <input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
		<input type="checkbox"/> <u>General</u> <input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
		<input type="checkbox"/> <u>Other Specify:</u> <input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
Cucumbers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> <u>Lebanese</u> <input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
		<input type="checkbox"/> <u>Continental/Telegraph</u> <input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
		<input type="checkbox"/> <u>Baby Cucumbers</u> <input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
		<input type="checkbox"/> <u>Other Specify:</u> <input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
Avocado	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Alfalfa sprouts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Bean sprouts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
VEGETABLES	Eaten in 7 days prior to illness	Type / brand / description specify if eaten (RAW)	Where purchased or eaten
Celery	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw	Purchased at:
Carrots	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Bagged <input type="checkbox"/> Loose <input type="checkbox"/> Cooked <input type="checkbox"/> Raw <input type="checkbox"/> Purchased Frozen Brand:	
Vegetable snack box pack e.g. Carrot/celery packaged snack	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify:	
Broccoli	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw <input type="checkbox"/> Purchased Frozen Brand:	
Cauliflower	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw <input type="checkbox"/> Purchased Frozen Brand:	
Capsicum	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Other specify : <input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Chilli	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Asparagus	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Corn	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Fresh <input type="checkbox"/> Purchased Frozen Brand:	
Snow peas	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Peas	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Beans	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Cooked <input type="checkbox"/> Raw	

VEGETABLES (Cont.)	Eaten in 7 days prior to illness	Type / brand / description specify if eaten (RAW)	Where purchased or eaten
Brussels sprouts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Eggplant	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Zucchini	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Pumpkin	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> <u>Butternut</u> <input type="checkbox"/> Whole <input type="checkbox"/> Portion	
		<input type="checkbox"/> <u>QLD Blue</u> <input type="checkbox"/> Whole <input type="checkbox"/> Portion	
		<input type="checkbox"/> <u>Kent</u> <input type="checkbox"/> Whole <input type="checkbox"/> Portion	
		<input type="checkbox"/> <u>Golden nugget</u> <input type="checkbox"/> Whole <input type="checkbox"/> Portion	
		<input type="checkbox"/> <u>Other Specify</u> <input type="checkbox"/> Whole <input type="checkbox"/> Portion	
Onions	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> <u>Brown Onions</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Loose <input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
		<input type="checkbox"/> <u>Red (Spanish) Onions</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Loose <input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
		<input type="checkbox"/> <u>White Onions</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Loose <input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Spring onions (aka shallots)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Leeks	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Cabbage	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> <u>Green</u> <input type="checkbox"/> Pre-cut <input type="checkbox"/> Whole <input type="checkbox"/> Cooked <input type="checkbox"/> Raw <input type="checkbox"/> <u>Purple</u> <input type="checkbox"/> Pre-cut <input type="checkbox"/> Whole <input type="checkbox"/> Cooked <input type="checkbox"/> Raw <input type="checkbox"/> <u>Wombok</u> <input type="checkbox"/> Pre-cut <input type="checkbox"/> Whole <input type="checkbox"/> Cooked <input type="checkbox"/> Raw <input type="checkbox"/> <u>Other</u> specify: <input type="checkbox"/> Pre-cut <input type="checkbox"/> Whole <input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Potatoes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> <u>Washed</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Loose <input type="checkbox"/> <u>Brushed</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Loose <input type="checkbox"/> <u>Desiree</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Loose <input type="checkbox"/> <u>Kipfler</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Loose <input type="checkbox"/> <u>Other Specify:</u> <input type="checkbox"/> Bagged <input type="checkbox"/> Loose	
Sweet potatoes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
English Spinach /Silverbeet	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Spinach <input type="checkbox"/> Silverbeet	
Kale	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Garlic	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> <u>Bulb</u> <input type="checkbox"/> Cooked <input type="checkbox"/> Raw <input type="checkbox"/> <u>Cloves</u> <input type="checkbox"/> Cooked <input type="checkbox"/> Raw <input type="checkbox"/> <u>Crushed jar</u> <input type="checkbox"/> Cooked <input type="checkbox"/> Raw <input type="checkbox"/> <u>Other:</u> <input type="checkbox"/> Cooked <input type="checkbox"/> Raw	

VEGETABLES (Cont.)	Eaten in 7 days prior to illness	Type / brand / description specify if eaten (RAW)	Where purchased or eaten
Ginger	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Root <input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
		<input type="checkbox"/> Crushed jar <input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
		<input type="checkbox"/> Other <input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Mushrooms	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Specify Type e.g. button: <input type="checkbox"/> Loose <input type="checkbox"/> Packaged <input type="checkbox"/> Whole <input type="checkbox"/> Sliced	
Fresh root vegetables like Fresh beetroot, radish, turnips or similar	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Beetroot <input type="checkbox"/> Turnip <input type="checkbox"/> Radishes <input type="checkbox"/> Other	
FRUIT	Eaten in 7 days prior to illness	Type / brand / description <i>Leave blank if unsure of type</i>	Where purchased or eaten
Apples	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pink Lady	
		<input type="checkbox"/> Kanzi	
		<input type="checkbox"/> Royal Gala	
		<input type="checkbox"/> Red Delicious	
		<input type="checkbox"/> Fuji	
		<input type="checkbox"/> Granny smith	
Pears	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Other specify	
		<input type="checkbox"/> Packham	
		<input type="checkbox"/> Corella	
		<input type="checkbox"/> Beurré Bosc	
Peaches	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Yellow flesh <input type="checkbox"/> White Flesh	
Nectarines	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Yellow flesh <input type="checkbox"/> White Flesh	
Apricots	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Oranges	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Navel <input type="checkbox"/> Valencia <input type="checkbox"/> Other	
Mandarins/Tangelo	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Imperial <input type="checkbox"/> Sumo citrus <input type="checkbox"/> Afourer <input type="checkbox"/> Delite <input type="checkbox"/> Phoenix <input type="checkbox"/> Amorette <input type="checkbox"/> Tangelo <input type="checkbox"/> Other	
Grapefruit	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> White <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Other	
Lemons	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Limes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Cherries	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Plums	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Blood <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Other	
Grapes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Black	
Bananas	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cavendish <input type="checkbox"/> Lady finger <input type="checkbox"/> Kids pack <input type="checkbox"/> Other	
Rockmelon (Cantaloupe)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Purchased whole <input type="checkbox"/> Purchased sliced	

FRUIT (Cont.)	Eaten in 7 days prior to illness	Type / brand / description	Where purchased or eaten
Honeydew melon	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Purchased whole <input type="checkbox"/> Purchased sliced	
Watermelon	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Purchased whole <input type="checkbox"/> Purchased sliced	
Pineapple	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Purchased whole <input type="checkbox"/> Purchased sliced	
Kiwi fruit	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Mango	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Calypso, <input type="checkbox"/> R2E2, <input type="checkbox"/> Keitt. <input type="checkbox"/> Honey Gold <input type="checkbox"/> Other.	
Paw paw (orange) Papaya (green)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Blueberries	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Raspberries	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Strawberries	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Pre-cut fruit/Packaged fruit salad	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify fruit:	
Other exotic or tropical fruits (dragon fruit, star apple)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Any frozen fruit	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Blueberries	
		<input type="checkbox"/> Raspberries	
		<input type="checkbox"/> Mixed berries	
		<input type="checkbox"/> Mango	
		<input type="checkbox"/> Pomegranate arils	
		<input type="checkbox"/> Other	
Any dried fruit	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Sultanas	
		<input type="checkbox"/> Raisins	
		<input type="checkbox"/> Apricots	
		<input type="checkbox"/> Dates	
		<input type="checkbox"/> Other	
DRINKS	Eaten in 7 days prior to illness	Type / brand / description	Where purchased or eaten
Freshly squeezed fruit/vegetable juice – made at home	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Freshly squeezed fruit/vegetable juice from a juice bar/café	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Smoothie	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Please go back & update any fruit or vegetable that was mentioned in this drink section that was a “no” prior in the fruit/vegetable section			

**PLEASE INCLUDE ALL FOOD EATEN OUT OR AT HOME IN THE EXTENDED TRAWLER
(OPTIONAL SECTION):**

In the 7 days prior to [your/the case's] illness, did [you/the case] eat any

MEAT PRODUCTS	Eaten in 7 days prior to illness	Type / brand / description	Where purchased or eaten
Beef mince (Including lasagna, bolognaise, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify:	Purchased at:
Beef burger/hamburger from home	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Beef burger/hamburger from a food premises	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Beef cuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> eye fillets <input type="checkbox"/> steaks <input type="checkbox"/> roast <input type="checkbox"/> other cut	
Lamb cuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> chops <input type="checkbox"/> cutlets <input type="checkbox"/> rack <input type="checkbox"/> shank <input type="checkbox"/> other cut	
Veal cuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> chuck steak <input type="checkbox"/> ribs <input type="checkbox"/> round steak <input type="checkbox"/> other cut	
Pork cuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pork belly <input type="checkbox"/> chops <input type="checkbox"/> ribs <input type="checkbox"/> other cut	
Sausage	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> pork, <input type="checkbox"/> beef, <input type="checkbox"/> lamb <input type="checkbox"/> other <i>Flavour::</i>	
Kebabs/skewers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> lamb <input type="checkbox"/> Other <i>Flavour:</i> <input type="checkbox"/> Pre-packaged [†] <input type="checkbox"/> From deli [‡]	
Game meat (e.g. venison, pheasant, kangaroo)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify:	
Any other meat e.g. goat, crocodile, rabbit etc.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify:	
DELI MEATS (pre-packaged or sliced at deli)	Eaten in 7 days prior to illness	Type / brand / description	Where purchased or eaten
[†] pre-packaged: purchased in a seal package [‡] from deli: means served to you directly from a deli display or sliced for you at the time of purchase			
Bacon	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli [‡] <input type="checkbox"/> Pre-packaged [†] Brand: Other details:	Purchased at:
Chicken	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli [‡] <input type="checkbox"/> Pre-packaged [†] Brand: Other details:	
Turkey	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli [‡] <input type="checkbox"/> Pre-packaged [†] Brand: Other details::	
Ham	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli [‡] <input type="checkbox"/> Pre-packaged [†] Brand: Other details:	
Corned beef (Silverside)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli [‡] <input type="checkbox"/> Pre-packaged [†] Brand: Other details:	
Devon /luncheon meat/fritz.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli [‡] <input type="checkbox"/> Pre-packaged [†] Brand: Other details:	
Roast beef	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli [‡] <input type="checkbox"/> Pre-packaged [†] Brand: Other details:	

DELI MEATS Cont (pre-packaged or sliced at deli)	Eaten in 7 days prior to illness	Type / brand / description	Where purchased or eaten
Mortadella	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli† <input type="checkbox"/> Pre-packaged† Brand: Other details::	
Strasburg	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli† <input type="checkbox"/> Pre-packaged† Brand: Other details:	
Salami	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli† <input type="checkbox"/> Pre-packaged† Brand: Other details:	
Pepperoni	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli† <input type="checkbox"/> Pre-packaged† Brand: Other details:	
Pastrami	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli† <input type="checkbox"/> Pre-packaged† Brand: Other details:	
Other e.g. (Prosciutto, Speck, Capocollo, Kabana)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> From deli† <input type="checkbox"/> Pre-packaged† Brand: Other details:	
FRESH/FROZEN SEAFOOD	Eaten in 7 days prior to illness	Type / brand / description (specify if self-caught)	Where purchased or eaten
In the 7 days prior to illness, did [you/the case] eat any these foods they can be fresh or frozen			
Fish	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify:	Purchased at:
Oysters	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Mussels	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Scallops	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Prawns	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Lobster	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Crab	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Squid/calamari	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
MILK AND DAIRY	Eaten in 7 days prior to illness	Type / brand / description	Where purchased or eaten
Unpasteurized (raw) milk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify:	Purchased at:
Other milk (soy, almond, rice, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Flavoured milk (e.g. chocolate)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Powdered milk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Butter (not margarine)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Sour cream	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Fresh cream from a tub or carton	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Whipped cream from a spray can	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Yoghurt	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Frozen yoghurt	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Ice-cream	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Tub <input type="checkbox"/> Soft serve <input type="checkbox"/> Bars/individual serve Specify details:	
Frozen desserts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Custard	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Dairy desserts (e.g. cheese cakes, yo-gos, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Chocolate	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Tasty/cheddar cheese	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Block <input type="checkbox"/> Sliced <input type="checkbox"/> Grated <input type="checkbox"/> Other	
Parmesan cheese	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Block <input type="checkbox"/> Grated <input type="checkbox"/> Shaved	

		<input type="checkbox"/> Other	
Other mature cheese	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Edam <input type="checkbox"/> Gouda	
Cottage cheese	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Processed cheese (e.g. cheese singles , stringers)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify type:	
Soft cheese	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Camembert <input type="checkbox"/> Brie <input type="checkbox"/> Ricotta <input type="checkbox"/> Feta <input type="checkbox"/> Cream cheese	
Cheese made from goat or sheep milk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Cheese made from unpasteurized milk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Other cheese	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
NUTS	Eaten in 7 days prior to illness	Type / brand / description	Where purchased or eaten
Mixed Nuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged <input type="checkbox"/> Raw <input type="checkbox"/> Roasted	
Peanuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged <input type="checkbox"/> Raw <input type="checkbox"/> Roasted	
Almonds	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged <input type="checkbox"/> Raw <input type="checkbox"/> Roasted Type e.g. slivered:	
Cashews	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged <input type="checkbox"/> Raw <input type="checkbox"/> Roasted	
Walnuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged <input type="checkbox"/> Raw <input type="checkbox"/> Roasted	
Pistachios	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged <input type="checkbox"/> Raw <input type="checkbox"/> Roasted	
Macadamia nuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged <input type="checkbox"/> Raw <input type="checkbox"/> Roasted	
Brazil nuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged <input type="checkbox"/> Raw <input type="checkbox"/> Roasted	
Hazelnuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged <input type="checkbox"/> Raw <input type="checkbox"/> Roasted	
CONVENIENCE & SNACK FOOD	Eaten in 7 days prior to illness	Type / brand / description	Where purchased or eaten
Peanut butter	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Other Nut spreads e.g. Nutella	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Sunflower seeds	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Sesame seeds	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Tahini	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Halva	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Hummus	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Commercial dip e.g. French onion or similar items	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Fish based <input type="checkbox"/> Vegetable based	
Pate	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Meat Paste	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Frozen meals (e.g. lasagna)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Frozen vegetable based products (e.g. veggie-burgers)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Premade pizza	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Dried pasta/noodles	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Fresh pasta/ pasta sauces	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Soft noodles			
Tofu	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Desiccated coconut	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Commercial baby food (in jars, cans, pouches)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		

COMMERCIAL SALAD DRESSING & SAUCES	Eaten in 7 days prior to illness	Type / brand / description	Where purchased or eaten
Mayonnaise	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Sauces / chutneys e.g. Tomato, BBQ, fruit chutney	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Marinades	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Cooking sauces e.g. soy, oyster, simmer sauce	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
HERBS & SPICES	Eaten in 7 days prior to illness	Type / brand / description	Where purchased or eaten
Any spices bought in bulk (from a tub or other container)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify	
Black pepper	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Paprika	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Dried chilli	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Ground coriander	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Other dried Spices or herbs e.g. basil, oregano, cumin and curry powder	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify:	
Fresh basil	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Fresh parsley	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Fresh mint	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Fresh coriander	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Other fresh herbs	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify:	

EDUCATION: Preventing Salmonella and other foodborne diseases

Key tips

Wash your hands before handling food and often during food preparation especially when handling raw eggs and chicken.

Wash and clean all surfaces and equipment used for food preparation or serving especially when handling raw eggs and chicken.

Keep clean

Wash your hands after going to the toilet, changing the baby or being in contact with animals.

Protect kitchen areas and food from insects, pests and other animals.

Separate raw and cooked foods

Separate raw meat, poultry, fish and seafood from other foods.

Use separate equipment and utensils such as knives and cutting boards for handling raw foods.

Store foods in covered containers to avoid contact between raw and cooked foods.

Cook thoroughly

Cook food thoroughly, especially meat, poultry, eggs, fish and seafood.

For meat and poultry, make sure juices are clear, not pink.

Bring foods like soups and stews to boiling point.

Reheat cooked food thoroughly. Bring to the boil or heat until too hot to touch. Stir while re-heating.

Keep food at safe temperatures

Do not leave cooked food at room temperature for more than two hours.

Do not store food too long, even in a refrigerator.

Do not thaw frozen food at room temperature.

Food for infants and young children and other people with low immune systems should ideally be freshly prepared and not stored at all after cooking.

Use safe water and foods

Do not use food beyond its expiry date.

Wash fruits and vegetables in clean water, especially if eaten raw.

Hygiene and preventing transmission discussed	<input type="checkbox"/> Y <input type="checkbox"/> N
Would you like us to send you a fact sheet with information about <i>Salmonella</i> ?	<input type="checkbox"/> Y <input type="checkbox"/> N

CONCLUSION

Thanks for your time today.

The information you provide in this questionnaire is for the purpose of trying to prevent further cases of illness.

We do this by trying to find out what is likely to have caused your illness and also by providing you with information to reduce the spread of illness to others.

The data collected is kept confidential and identifying information will not be disclosed for any other purpose without your consent

If we have any further questions, could we contact you again?

☐Y ☐N

FOLLOW-UP AND EXCLUSIONS

JURISDICTIONAL EXCLUSION GUIDELINES

Exclusion required?

☐Y ☐N

Jurisdiction to add guidelines...

Exclusion discussed with case / parent / guardian

☐Y ☐N

INTERVIEW COMPLETED BY

Name of Interviewer:

How well did the case recall the information requested? ☐ very well ☐ well ☐ not well ☐ not at all

GENERAL NOTES: