



**Salmonella Hypothesis Generating Questionnaire**  
(Nov16)

Case Initials:	
State 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):		<table border="1"> <thead> <tr> <th>Date/time</th> <th>Interviewed</th> </tr> </thead> <tbody> <tr><td>1</td><td><input type="checkbox"/></td></tr> <tr><td>2</td><td><input type="checkbox"/></td></tr> <tr><td>3</td><td><input type="checkbox"/></td></tr> <tr><td>4</td><td><input type="checkbox"/></td></tr> <tr><td>5</td><td><input type="checkbox"/></td></tr> <tr><td>6</td><td><input type="checkbox"/></td></tr> </tbody> </table> <p><i>Person interviewed (if not case):</i></p> <p><i>Call back notes:</i></p> <p align="right"> <input type="checkbox"/> Interpreter used  <input type="checkbox"/> Case lost to follow up         </p>	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"/>
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"/>																	
DOB: __ / __ / __	Age:	Gender: <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																		

**OCCUPATION (Include part-time/casual/volunteer work) and/or INSTITUTION CONTACT**

What is [your/the case's] occupation? Specify

Name of work place:

Address of workplace:

Contact details for work place:

Does the case's occupation involve:

Handling food/drink?  Y  N

Close contact with sick people? (e.g. health care worker)  Y  N

Close contact with the children/elderly? (e.g. child care worker?)  Y  N

*If yes, please provided relevant public health advise for exclusion period to the case*

Do [you/the case] attend childcare / preschool / school /prison/ aged care facility?  Y  N  
*If yes, provide details*

Name :

Address :

Contact details :

*Please provided relevant public health advise for exclusion period to the case*

**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
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**CLINICAL**

I'm now going to ask you about some symptoms that are associated with your illness.

Did you experience any diarrhoea :  Y  N  DK (3 or more loose stools in a 24 hour period)

Diarrhoea onset date: \_\_\_\_\_ Onset time:  am  pm Duration :  hrs /  days  ongoing diarrhoea  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Blood in stool?  Y  N  DK

Did [you/case] experience any of these following symptoms associated with the illness?

Fever:  Y  N  DK *If case reported fever:* Temperature recorded \_\_\_\_\_ °C  DK / temp not taken

Abd Pain:  Y  N  DK Nausea:  Y  N  DK Vomiting:  Y  N  DK Headache:  Y  N  DK

Lethargy:  Y  N  DK J/M pain:  Y  N  DK Other:  Y  N  DK *if yes specify:*

What was the first symptom [you/case] experienced?

First symptom: \_\_\_\_\_ First symptom onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Onset time:  am  pm

Duration of illness  hrs /  days  still ill

Emerg. Dept visit for illness?  Y  N Date of visit(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ Hospital Name: \_\_\_\_\_

Admitted for illness?  Y  N Date Admitted \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Discharged: \_\_\_\_/\_\_\_\_/\_\_\_\_

Treated for illness?  Y  N *If yes:*  Rehydration  Antibiotics  other, *please describe:*

Case deceased?  Y  N *If yes:* Date of death: \_\_\_\_\_

Underlying conditions or medications that suppress the immune system (e.g. pregnancy, diabetes, cancers, steroids, etc.)  Y  N  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.

**CONTACT EXPOSURES**

**In the 7 days before your illness, did [you/the case] have contact with a:**

- Family member with a similar illness?  Y  N  DK *if yes complete below table*
- Friend or work/school colleague with a similar illness?  Y  N  DK *if yes complete below table*

Name	Relationship	Illness onset	Illness description	Phone contact

## TRAVEL EXPOSURES

**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  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	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): _____
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*Case classification for international travel*

**Travel acquired** salmonellosis (international travel for *entire* incubation)      STOP interview

**Possibly travel acquired** salmonellosis (international travel for *part* of incubation) CONTINUE interview

**Locally acquired** salmonellosis (*no* international travel during incubation)      CONTINUE interview

## ENVIRONMENTAL EXPOSURES

In the 7 days prior to [your/the case's] illness, did [you/the case]		Name/location/description/details of exposure:
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 pets		
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	
Lizards, snakes, turtles, other reptiles	<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 Pets, were they fed?		
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, other animal food/treats	<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	
Have any contact with native animals	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
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	

## HOME FOOD PURCHASES

**Where did you purchase the groceries consumed in the 7 days prior [your/the case's] illness?**

Store	Where (location)	Chicken	Eggs	Other meats	Fruit & Veg	Fish & seafood	Other groceries
<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"/> Coles		<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"/> Woolworths		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Butchery		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Local Markets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fruit & Veg shop		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Home Grown or Self-Slaughtered		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOOD EATEN OR PREPARED OUTSIDE THE HOME****In the 7 days prior to [your/the case's] illness, did [you/the case] eat food from:**

<b>Food Premise Type</b>	<b>Where:</b> (Name and location of premises)	<b>When:</b> (date and time)	<b>What:</b> (did you eat)
Cafes, restaurants, bars <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Bakeries <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Takeaways, including from service stations, fast food outlets, etc. <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Continental deli or specialty grocer (e.g. Asian supermarkets) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Farmers Markets or other market stalls <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Direct from farms <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Home delivered food e.g. Lite & Easy, Meals On Wheels <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Social gatherings, such as: festivals - weddings - parties - religious events - work conferences? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			

SPECIAL DIETS		
Are [you/the case] on a special diet?	<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:

OPEN ENDED FOOD HISTORY			
<i>Collect as much detail as possible including brands, 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.</i>			
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:			

<b>FOOD HISTORY CONT.</b>			
<b>2 days before illness</b>	<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:			
<b>3 days before illness</b>	<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:			
<b>4 days before illness</b>	<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:			

<b>FOOD HISTORY CONT.</b>			
<b>5 days before illness</b>	<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:			
<b>6 days before illness</b>	<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:			
<b>7 days before illness</b>	<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:**

**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?**

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 <i>Other details:</i>	
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 <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup> <i>Specify cuts:</i>	
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 <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup> <i>Specify flavour:</i>	
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	<i>Other details:</i>	
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	<i>Other details:</i>	
chicken purchased raw and cooked at home (e.g. schnitzel, kiev, chicken paddies)	<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 <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup> <i>Specify what:</i>	
Turkey	<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>	
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	<i>Details:</i>	
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 <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup> <i>Specify what:</i>	

<sup>†</sup> pre-packaged: purchased in a seal package

<sup>‡</sup> from deli: means served to you directly from a deli display or sliced for you at the time of purchase



<b>PRIORITY TRAWLER:</b>				
<b>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?</b>				
<b>COOKED POULTRY</b>	<b>Eaten during:</b>		<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
	<b>7 day period before illness?</b> →	<b>3 day period before illness?</b>		
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	<i>Specify type:</i>	
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 <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup> <i>Other details:</i>	
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	<i>Other details:</i>	
Other cooked chicken (e.g. chicken kebab, crumbed chicken pieces, stir-fry Schnitzel)	<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>	

<b>PRIORITY TRAWLER:</b>				
<b>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?</b>				
<b>EGGS or EGG CONTAINING foods</b>	<b>Eaten during:</b>		<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
	<b>7 day period before illness?</b> →	<b>3 day period before illness?</b>		
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"/> DK  <input type="checkbox"/> Runny <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> DK  <i>Brand:</i>  <i>Other details: (e.g. stamp or best before date)</i>	
Eggs eaten away from home (Including egg in salads, on burgers, etc.)	<input type="checkbox"/> Y <input checked="" 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"/> Other Specify:  <input type="checkbox"/> Runny <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> DK  <i>Other details:</i>	

EGGS or EGG CONTAINING foods	Eaten during:		Type / brand / description	Where purchased or eaten
	7 day period before illness? →	3 day period before illness?		
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>	
Uncooked cake batter	<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>	
Homemade 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>	
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>	
Homemade 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>	
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>	
Homemade Caesar salad dressing	<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>	
Homemade mayonnaise/aioli	<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>	
Homemade tartare 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>	
Homemade 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>	
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>	
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>	

<b>EXTENDED TRAWLER (OPTIONAL): Foods eaten in 7 days before illness?</b>			
<b>In the 7 days prior to [your/the case's] illness, did [you/the case] eat any</b>			
<b>MEAT PRODUCTS</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
Beef mince <i>(Including lasagna, bolognese, etc.)</i>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
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		
Other beef (e.g. roast, steak, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Lamb	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Veal	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Pork	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Sausages (e.g. pork, beef, lamb)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<i>Type of sausages and if flavoured:</i>	
Kebab meat (e.g. meat skewers)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<i>Type of meat and flavour:</i>	
Game meat (e.g. venison, pheasant, kangaroo)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify:	
<b>FRESH/FROZEN SEAFOOD</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description (specify if self-caught)</b>	<b>Where purchased or eaten</b>
Fish	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
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		
<b>DELI MEATS</b> (pre-packaged or sliced at deli)	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
Bacon	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup>	
Chicken	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup>	
Turkey	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup>	
Ham	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup>	
Corned beef (Silverside)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup>	
Devon	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup>	
Roast beef	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup>	

<b>DELI MEATS</b> (pre-packaged or sliced at deli)	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
Mortadella	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup>	
Strasburg	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup>	
Salami/Pepperoni	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup> <input type="checkbox"/> <b>Salami</b> <input type="checkbox"/> <b>Pepperoni</b>	
Pastrami	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup>	
Other e.g. ( Prosciutto, Speck, Capocollo, Kabana)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Pre-packaged <sup>†</sup> <input type="checkbox"/> From deli <sup>‡</sup> Specify other:	
<b>MILK AND DAIRY</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
Unpasteurized (raw) milk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
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 – tub	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Ice-cream – soft serve	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Ice-cream bars or 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	<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	
Edam cheese	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Gouda cheese	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Cottage cheese	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		

<b>MILK AND DAIRY</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
Camembert	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Brie	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Ricotta	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Feta	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Cream 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:	
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		
Imported cheese	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
<b>VEGETABLES / SALAD</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description specify if eaten (RAW)</b>	<b>Where purchased or eaten</b>
Celery	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
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	
Broccoli	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Cauliflower	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Capsicum	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Mixed bag <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	
Fresh corn	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Snow peas	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
Other fresh peas or beans	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Peas <input type="checkbox"/> Cooked <input type="checkbox"/> Raw <input type="checkbox"/> Beans <input type="checkbox"/> Cooked <input type="checkbox"/> Raw	
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		
Pumpkin	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify:	
Onions	<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 Specify type:	
Spring onions	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Leeks	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Potatoes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Bagged <input type="checkbox"/> Loose Specify:	

<b>VEGETABLES / SALAD</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description specify if eaten (RAW)</b>	<b>Where purchased or eaten</b>
Sweet potatoes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Cabbage	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Whole <input type="checkbox"/> Pre-cut <input type="checkbox"/> Cooked <input type="checkbox"/> Raw Specify type:	
Avocado	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Tomatoes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Truss <input type="checkbox"/> Hydro <input type="checkbox"/> Roma <input type="checkbox"/> Cherry <input type="checkbox"/> Grape <input type="checkbox"/> General <input type="checkbox"/> Other Specify:	
Cucumbers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Lebanese <input type="checkbox"/> Continental/Telegraph <input type="checkbox"/> Other Specify:	
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		
Salad mix in sealed bag (e.g. baby spinach, rocket ,4 leaf mix, Asian, Caesar )	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Baby Spinach <input type="checkbox"/> Rocket <input type="checkbox"/> 4 leaf mix <input type="checkbox"/> Asian <input type="checkbox"/> Caesar <input type="checkbox"/> Other	
Loose salad mix (e.g. baby spinach, rocket ,4 leaf mix)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Baby Spinach <input type="checkbox"/> Rocket <input type="checkbox"/> 4 leaf mix <input type="checkbox"/> Other	
Lettuce (e.g. Cos, Iceberg, Butter, Oak)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Cos <input type="checkbox"/> Iceberg <input type="checkbox"/> Butter <input type="checkbox"/> Oak <input type="checkbox"/> Other	
English Spinach /Silverbeet/Kale	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Spinach <input type="checkbox"/> Silverbeet <input type="checkbox"/> Kale	
Fresh garlic or ginger	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Garlic <input type="checkbox"/> Ginger	
Mushrooms	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Specify:	
Any other root vegetables	<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	
<b>FRUIT</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
Apples	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Pears	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Peaches	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Nectarines	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
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		
Mandarins	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Grapefruit	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
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		
Grapes	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		

<b>FRUIT</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
Bananas	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Rockmelon (Cantaloupe)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Purchased whole <input type="checkbox"/> Purchased sliced	
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		
Paw paw	<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 (purchased already cut into portions/pieces)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Packaged fruit salad	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Exotic fruits (dragon fruit, star apple)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Homegrown fruits/vegetables	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Manure used? Type	
<b>CONVENIENCE AND SNACK FOOD</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
Packaged ready to eat pasta salad	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Packaged ready to eat potato salad	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Packaged ready to eat coleslaw/dry-slaw	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Peanuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
Almonds	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
Cashews	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
Walnuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
Pistachios	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
Macadamia nuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
Brazil nuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
Hazelnuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged	

<b>CONVENIENCE AND SNACK FOOD</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
Mixed Nuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Loose <input type="checkbox"/> Packaged	
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 or Sesame seeds	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Sunflower seeds <input type="checkbox"/> Sesame seeds	
Tahini	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Halva/Hummus	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Halva <input type="checkbox"/> Hummus	
Sultanas/ Raisins	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Sultanas <input type="checkbox"/> Raisins	
Dried apricots	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Dried dates	<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 Berries	<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	
Frozen vegetarians products (e.g. veggie-burgers)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Frozen chicken e.g. strips, nuggets, schnitzel, kiev	<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 noodles	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Soft noodles	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
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		
<b>DRINKS</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
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		



<b>COMMERCIAL SALAD DRESSING &amp; SAUCES</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
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		
<b>HERBS &amp; SPICES</b>	<b>Eaten in 7 days prior to illness</b>	<b>Type / brand / description</b>	<b>Where purchased or eaten</b>
Any spices bought in bulk (from a tub or other container)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
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 Spices	<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:	
<b>TAKEAWAY FOOD</b>	<b>Eaten in 7 days prior to illness</b>	<b>Specify further details if relevant (e.g. chicken, lamb kebab with hummus)</b>	<b>Where purchased or eaten</b>
Burger from takeaway/fast food shop	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Kebab on a stick	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Kebab (e.g. a doner with lamb, beef or chicken etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Takeaway pizza	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Sandwich or filled rolls	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Spring rolls/ Dim Sims	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Spring rolls <input type="checkbox"/> Dim Sims	
Satay sticks	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Takeaway pasta	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Pies/pasties/sausage rolls	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Fresh pre-made meals to be reheated at home (not frozen)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		
Consume any foods that are associated with a specific culture (e.g. Indian, Chinese, Italian, Lebanese, Thai)	<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  Y  N

Would you like us to send you a fact sheet with information about *Salmonella*?  Y  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

Exclusion required?  Y  N

Exclusion discussed with case / parent / guardian  Y  N

### JURISDICTIONAL EXCLUSION GUIDELINES

Jurisdiction to add guidelines...

### 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: