

Questionnaire for Persons Who Have Tested Positive for *Cyclospora* Infection

IDSS #: _____

Interviewer information:

Name: _____

Agency or organization: _____

Contact phone number: _____

Date of interview: ___/___/___



Begin interview

Hello, my name is [interviewer name]. I am from INTERVIEWER HEALTH DEPARTMENT. We are contacting you because of your (your child's) recent infection with Cyclospora, which is a parasite that causes intestinal illness. We are trying to determine how people become infected with Cyclospora so we can prevent others from getting sick.

You may have already been contacted by someone at the health department, but I would like to ask you questions in a standard way about your (your child's) illness, and about any travel you may have had or foods you may have eaten before becoming ill. Your help in the investigation is very important. Your participation is voluntary, and you may refuse to answer any question at any time. All information you give will be kept confidential to the extent permitted by law. No individual names or other identifying information will be used in any official reports about the results of the investigation.

Are you willing to participate in this investigation?

If yes: The questions relate to the 14-day period before you (your child) became ill. Therefore, it may help to have a calendar, recent restaurant and grocery store receipts, or credit card statements nearby. Do you need a few moments to get this information? [Then proceed to start of interview]

If no: Thank you for your time.

Section 1: Demographic data

I'd like to begin by asking a few demographic questions.

First Name: _____ Last Name: _____

Street Address: _____ City: _____

State: _____ County: _____ Zip Code: _____

Date of birth: ___/___/___ Age: _____ Sex: Male Female
MM DD YYYY

Do you consider yourself of Hispanic or Latino Origin?

- Yes
- No
- Unknown

How would you describe your race?

- White
- American Indian/Alaska Native
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- Unknown

Other, specify: _____

What is your occupation? _____

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Section 2: Clinical information

Now I have some questions about your (your child's) illness.

4. What date did you (your child) first feel sick? _____/_____/_____

Approximate date Unknown

Yes	Maybe	No	Don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you (your child) had any of the following symptoms?
				a. Diarrhea (loose, watery stools you do not normally have)?
				a. Date diarrhea started: _____
				b. Date diarrhea stopped: _____ <input type="checkbox"/> Ongoing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Weight Loss?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Fever?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Fatigue?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Anorexia?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Nausea?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Vomiting?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Abdominal Cramps?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Have your (your child's) symptoms stopped?
				a. If yes, date symptoms stopped: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Were you (your child) hospitalized overnight?
				a. How many nights were you (your child) hospitalized? _____
				b. Admission Date: _____
				c. Hospital Name: _____ (Optional)

Section 3: Travel, events and ill contacts

Now I have some questions about any travel you (your child) might have had or events you (your child) might have attended during the 14 days before onset of illness. The travel or events could have been part of your work or for pleasure. I also have some questions about other persons you know who have been sick with a similar illness.

5. ***(Optional - for local analysis)** List counties in home state (outside county of residence) where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness. **Specifically ask about travel to the Des Moines area.**

Did not travel to other counties within home state Unknown

Counties within home state	Date departed	Date returned	Foods eaten

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6. List all states and U.S. cities outside of home state where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness. This includes airports and bus or train stations.

Did not travel to other U.S. states Unknown

U.S. states	U.S. cities	Date departed	Date returned	Foods eaten

7. List all countries outside the U.S. where you (your child) might have purchased or eaten fresh foods during the 14 days before onset of illness.

Did not travel outside the U.S. Unknown

Countries	Date departed	Date returned	Hotel/resort stayed in (if applicable)

8. During the 14 days before onset of illness, did you (your child) attend any events where fresh food was served (e.g., parties, fairs, concerts, tournaments, conventions)? Yes Maybe No Unknown

16a. Please list the name of the event(s), date(s), and location(s).

9. Do you know of any other person(s) (e.g., a family member, friend, travel companion, co-worker, neighbor, church/temple/mosque member, health club or other club member) who has been sick recently with a similar illness?

Yes Maybe No Unknown

17a. If yes/maybe, specify if you (your child) and the other ill person(s):

Live in same household Attended same event Traveled together

Other, specify: _____

17b. If yes/maybe, please provide information about other ill person(s), including number of ill persons and relationship to you (e.g., son, mother, neighbor, friend, etc.). ****Please include the STATE ID of the ill contact(s), if available/applicable. (Do not enter names or other personally identifiable information.)***

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Section 5: Sources of produce at home

Now I have some questions about where the fresh produce came from that you ate at home during the 14 days before your illness began. This isn't necessarily where you shopped during that 14-day period, but where what you actually ate then came from. I'm going to list several types of stores; for each type, please tell me the names of each store from which you would have eaten food from during the 14 days before you became sick. Please refer to your grocery store receipts or credit card statements to provide a more detailed description.

10. Did you (your child) eat foods from: grocery stores or supermarkets, warehouse stores, small markets (such as gas stations), ethnic specialty markets, health food stores, co-ops, fish or meat specialty shops, **farmer's markets** or food directly from a farm, home delivery grocery services (e.g., CSA, Amazon Fresh), meal delivery services (e.g., Blue Apron, Meals on Wheels), or any other sources?

Store name	Address	City	State	Date shopped	Food purchased	*Shopper card #

*By giving your shopper card number, you are permitting retrieval of information regarding your purchases. This information may be shared with other public health officials to help with outbreak investigations.

*Do you have a shopper card? Yes No

If yes, can IDPH have your permission look up your produce purchases for the past month?
 Do you know your shopper card#? _____

If not, some grocery stores can look up your produce information using the name and phone # associated with the account. It would be extremely helpful to see if there are any commonly purchased produce products among cyclospora cases.
 Phone Number: _____

Section 6: Sources of produce outside the home

Now I have some questions about where you ate produce outside your home, such as at restaurants or fast food chains during the 14 days before your illness began. I'm going to list several types of restaurants and commercial food establishments; for each type, please tell me the names of each place. Please refer to your restaurant receipts or credit card statements to provide a more detailed description.

11. Did you (your child) eat foods from: national fast food chains, Mexican-style, Italian, seafood, Jamaican/Cuban/ Caribbean, Chinese/Indian/Japanese/Asian, Middle Eastern/Arabic/Lebanese/African vegetarian or vegan, barbecue or home-style, steakhouse or grill, all-you-can-eat buffet, sandwich shop or deli, diner, salad bar, take-out, breakfast or brunch, school or institution, food truck, or other restaurants or commercial food establishments? **Specifically ask if they visited any food trucks or Mexican-style restaurants.**

Restaurant name	Address	City	State	Meal date	Food eaten

Additional comments: _____

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Section 7: Fresh herbs

Now I have some questions about fresh herbs (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these herbs either in your home or away from home. I am only interested in fresh herbs that were not grown at home. Please remember that fresh herbs are often served as garnishes on drinks, entrees, desserts, or as part of a dish such as pesto, salsa, or a sauce. As I mention each food item, please answer yes, maybe, no, or don't know as to whether you remember having eaten the food during the 14 days before you became ill.

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Fresh basil?
				a. Type(s): <input type="checkbox"/> Sweet basil <input type="checkbox"/> Purple basil (i.e., purple leaves and stems) <input type="checkbox"/> Thai basil (i.e., green leaves and purple stems) <input type="checkbox"/> Other, specify: _____
				b. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				c. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Fresh cilantro?
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Fresh parsley?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Fresh oregano?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Fresh thyme?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Fresh mint?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Fresh dill?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Fresh sage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Fresh rosemary?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Other fresh herbs?
				a. Type(s): _____ <input type="checkbox"/> Unknown

Additional comments about fresh herbs: _____

Section 8: Fresh berries and fruit

Now I have some questions about fresh berries and other fruit (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten this fruit either in your home or away from home. I am only interested in fresh fruits that were not grown at home. Please remember that fruit and berries are often used in smoothies or as garnishes on top of or on the sides of salads and desserts.

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Fresh red raspberries?
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Fresh blackberries?
				a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)

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Yes	Maybe	No	Don't Know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Fresh black raspberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Fresh golden raspberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Fresh strawberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Fresh blueberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Fresh boysenberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Other fresh berries
				a. Type(s): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Apples?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Grapes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Pears?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Peaches?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Nectarines?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Plums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Oranges?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Grapefruit?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Tangerines?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Fresh lemon? This could include a garnish on a drink.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Fresh lime? This could include a garnish on a drink.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Cherries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Cantaloupe?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Honeydew melon?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Watermelon?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Precut melon or melon salad?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Other melon?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	54. Pineapple?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55. Mango?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	56. Coconut (whole or shredded)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57. Other fruit?
				a. Types: <input type="checkbox"/> Kiwi <input type="checkbox"/> Papaya <input type="checkbox"/> Guava <input type="checkbox"/> Pomegranate <input type="checkbox"/> Other, specify: _____

Additional comments about fresh fruit: _____

Section 9: Leafy greens (e.g., iceberg, romaine, mesclun, cabbage, spinach)

Now I have some questions about leafy greens (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these leafy greens either in your home or away from home. I am only interested in leafy greens that were not grown at home. Please remember to include greens you might have eaten on sandwiches or burgers or as a garnish.

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58. Pre-made, single serving salads (e.g., ready to eat salads with toppings, meats, dressing)?
				a. What were the: Ingredients (lettuce, cabbage, carrots, etc.): _____ Brand(s): _____ Place(s) purchased (names, locations): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59. Iceberg lettuce?
				a. If eaten <u>at home</u> , what was the: Type(s): <input type="checkbox"/> Prepackaged <input type="checkbox"/> Head/Loose <input type="checkbox"/> Topping/Garnish <input type="checkbox"/> Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)

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Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60. Romaine lettuce? a. If eaten <u>at home</u> , what was the: Type(s): <input type="checkbox"/> Prepackaged <input type="checkbox"/> Head/Loose <input type="checkbox"/> Topping/Garnish <input type="checkbox"/> Unknown Brand(s):_ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home) b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61. Mesclun lettuce (e.g., spring mix, field greens, baby greens)? a. If eaten <u>at home</u> , what was the: Type(s): <input type="checkbox"/> Prepackaged <input type="checkbox"/> Loose <input type="checkbox"/> Topping/Garnish <input type="checkbox"/> Unknown Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home) b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	62. Fresh cabbage? a. Type(s): <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Savoy (aka curly) <input type="checkbox"/> Napa <input type="checkbox"/> Bok choy <input type="checkbox"/> Brussel sprouts <input type="checkbox"/> Other, specify: _____ b. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home) c. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63. Fresh spinach? a. If eaten <u>at home</u> , what was the: Type(s): <input type="checkbox"/> Prepackaged <input type="checkbox"/> Head/Loose <input type="checkbox"/> Topping/Garnish <input type="checkbox"/> Unknown Brand(s):_ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home) b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64. Other lettuce or leafy greens? a. Type(s): <input type="checkbox"/> Arugula <input type="checkbox"/> Endive <input type="checkbox"/> Mustard greens <input type="checkbox"/> Radicchio <input type="checkbox"/> Kale <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65. Other prepackaged salad mix (not previously identified above)? a. What were the: Ingredients (lettuce, cabbage, carrots, etc.): _____ Brand(s): _____ Place(s) purchased (names, locations): _____

Additional comments about leafy greens: _____

Section 10: Other fresh vegetables

Now I have some questions about fresh vegetables (not canned, cooked, or frozen) that you (your child) may have eaten during the 14 days before your illness began. You could have eaten these vegetables either in your home or away from home. I am only interested in vegetables that were not grown at home. Please include vegetables that were eaten alone or as part of a dish.

Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66. Cucumbers?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67. Zucchini?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68. Squash?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69. Bell peppers? a. Type(s): <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Yellow <input type="checkbox"/> Unknown

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Yes	Maybe	No	Don't know	Did you (your child) eat:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70. Hot chili/chili peppers (e.g., jalapenos or serranos)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71. Celery?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72. "Mini" carrots?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73. Other fresh carrots?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74. Other raw root vegetables? a. Type(s): <input type="checkbox"/> Radishes <input type="checkbox"/> Beets <input type="checkbox"/> Turnips <input type="checkbox"/> Unknown Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75. Fresh, raw peas? (May be shelled or in the pod) a. Type(s): <input type="checkbox"/> Garden peas <input type="checkbox"/> Snow peas (i.e., flat, shiny pods containing peas) Sugar snap peas (i.e., plump, crisp, edible pods) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
				b. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				c. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76. Broccoli?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77. Cauliflower?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78. Sprouts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79. Raw onions? (Of note: green onions/scallions are addressed in the next question) a. Type(s): <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red/Purple <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80. Raw green onions/scallions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81. Fresh tomatoes? a. Type(s): <input type="checkbox"/> Red round <input type="checkbox"/> Roma (oval-shaped) <input type="checkbox"/> Grape/Cherry (bite-sized) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82. Salsa or pico de gallo (not from a jar)? a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83. Fresh guacamole (not from a jar)? a. If eaten <u>at home</u> , what was the: Brand(s): _____ Place(s) purchased (names, locations): _____ <input type="checkbox"/> Not applicable (did not eat at home)
				b. If eaten <u>outside the home</u> : List name(s) of establishment(s) and location(s): _____ <input type="checkbox"/> Not applicable (did not eat outside the home)

Additional comments, including other types of fresh vegetables: _____

This completes the interview. Thank you very much for your time. Depending on what we find out when we put these interviews together, we may need to talk to you again about a few details. Would you like to provide any additional thoughts about anything we've discussed or about this outbreak investigation?