

# E. COLI 0157 SUPPLEMENT

Case's Name

INFORMANT:  Case  Parent  \_\_\_\_\_

Onset \_\_\_/\_\_\_/\_\_\_

All questions refer to the 1-7 days before onset only!!

## RESTAURANT/FAST FOOD MEALS

List each meal eaten. Full menu details are not necessary; no extra 'comments' are normally required. Ask if the case ate 1) any ground beef, 2) any other beef products, 3) any self-serve salad bar items, or 4) salad prepared in the kitchen. Attach additional sheets if necessary for additional meals.

date	time	name/location	ground beef	other beef	salad bar	salad from kitchen	comments
___/___/___	_____	_____	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## MEAT AT HOME

Itemize all ground beef/hamburger consumed at home or other private gatherings. Specify the store where purchased, the dates of purchase and consumption, and a description of the product (including fat content: extra lean, lean, or regular). Indicate if there is any leftover meat from the same package.

Did the case eat ground beef at home?  yes  no *If yes, itemize:*

store or source/location	purchase date	eaten	product description	extra lean	lean	reg	other	leftovers?
_____	___/___/___	___/___/___	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	___/___/___	___/___/___	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>

Was any other ground beef prepared or eaten in the home that was *not* eaten by the case?  yes  no *If yes, itemize as above:*

\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_    \_\_\_\_\_

Did the case eat any beef or pork sausage or dried meat products (salami, jerky, etc.)?  yes  no *If yes, itemize as above:*

\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

## OTHER HISTORY

List any other sources (e.g., store names) of beef or game meat eaten at home: \_\_\_\_\_

Did the case eat any uncooked produce (vegetables) at home?  yes  no *If yes, itemize store(s) or other sources.*

\_\_\_\_\_

Did the case drink any milk?  yes  no *If yes, itemize sources of milk drunk by case:*

store/location	brand	whole	2%	1%	skim	other	gal.	1/2 gal.	qt.	other
_____	_____	<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"/>	<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"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Did the case travel (outside usual circles)?  yes  no *If yes, when and where?* \_\_\_\_\_

*Use these Store Abbreviations*

- A ..... Albertsons
- C ..... Costco
- FM ... Fred Meyer
- S ..... Safeway
- T ..... Thriftway



## ADMINISTRATION

Completed by \_\_\_\_\_ Phone \_\_\_\_\_