

CDC SUPPLEMENTAL QUESTIONNAIRE
Stone Fruits

Laboratory ID # _____ Interviewer: _____

Patient was: Interviewed Lost to follow-up

Number of contact attempts: _____

Date of Interview: _____

[Instructions for interview: before beginning interview, please fill in the exposure window dates below.]

I'd like to ask you about fruits that you maybe have eaten between ___/___/___ (date 4 weeks before onset) through ___/___/___ (date of onset). It may be useful to take out a calendar to help with dates and days of the week.

[Instructions for interview: please ask about foods on pages 2 -4 and then return to this page to complete the interview.]

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1. Would you be willing to release your shopper card information to us in order to get an exact product list of your foods and the dates they were purchased? Yes No Maybe
 None available

Store Name: _____ Shopper card # _____

Store Name: _____ Shopper card # _____

Store Name: _____ Shopper card # _____

2. Do you have any leftover product remaining at your house? Yes No Maybe

If yes, could we take this food for testing? Yes No Maybe

Any other comments regarding fruits:

Thank you for your time!

[Instructions for interview: assess if the patient has any way of providing purchase dates for the leading suspect products and try to collect those dates if possible, or offer to call back after the patient has a chance to review records]

Thank you for your time!

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FRUITS: In the 4 week period, did you eat any of the following fruits, either alone or as an ingredient in another dish such as a salad, salsa, jam, fruit tart, cake, or pie?						
	Ate (=1)	Likely Ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	If ate or likely ate, How often?	If ate or likely ate, Where was it purchased? Name(s) of store/restaurant/location: (choose all types that apply) Types or brands: (all names that apply) (all that apply)
Peaches	1	2	3	4	<input type="checkbox"/> ~ 1-2x/month <input type="checkbox"/> ~ 1x/week <input type="checkbox"/> ~ 2-4x/week <input type="checkbox"/> ~ 5-7x/week <input type="checkbox"/> not sure	<input type="checkbox"/> Grocery store _____ <input type="checkbox"/> Deli/small market _____ <input type="checkbox"/> Restaurant _____ <input type="checkbox"/> Other location _____ <input type="checkbox"/> Don't know _____ What was the date of purchase? _____ <input type="checkbox"/> Don't know Were peaches eaten alone or as part of a dish? <input type="checkbox"/> Alone <input type="checkbox"/> Part of a dish If alone, were the peaches pre-cut? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If alone, Were the peaches in a package or sold loose? <input type="checkbox"/> Packaged <input type="checkbox"/> Loose <input type="checkbox"/> Don't know If packaged was it packaged in a <input type="checkbox"/> Bag <input type="checkbox"/> Clamshell <input type="checkbox"/> Crate <input type="checkbox"/> Other: _____ If part of a dish, what dish did you eat that contained peaches? _____
Plums	1	2	3	4	<input type="checkbox"/> ~ 1-2x/month <input type="checkbox"/> ~ 1x/week <input type="checkbox"/> ~ 2-4x/week <input type="checkbox"/> ~ 5-7x/week	<input type="checkbox"/> Grocery store _____ <input type="checkbox"/> Deli/small market _____ <input type="checkbox"/> Restaurant _____ <input type="checkbox"/> Other location _____ <input type="checkbox"/> Don't know _____ What was the date of purchase? _____ <input type="checkbox"/> Don't know Were plums eaten alone or as part of a dish? <input type="checkbox"/> Alone <input type="checkbox"/> Part of a dish If alone, were the plums pre-cut? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If alone, Were the plums in a package or sold loose? <input type="checkbox"/> Packaged <input type="checkbox"/> Loose <input type="checkbox"/> Don't know If packaged was it packaged in a <input type="checkbox"/> Bag <input type="checkbox"/> Clamshell <input type="checkbox"/> Crate <input type="checkbox"/> Other: _____ If part of a dish, what dish did you eat that contained plums? _____
Nectarines	1	2	3	4	<input type="checkbox"/> ~ 1-2x/month <input type="checkbox"/> ~ 1x/week <input type="checkbox"/> ~ 2-4x/week <input type="checkbox"/> ~ 5-7x/week <input type="checkbox"/> not sure	<input type="checkbox"/> Grocery store _____ <input type="checkbox"/> Deli/small market _____ <input type="checkbox"/> Restaurant _____ <input type="checkbox"/> Other location _____ <input type="checkbox"/> Don't know _____ What was the date of purchase? _____ <input type="checkbox"/> Don't know Were nectarines eaten alone or as part of a dish? <input type="checkbox"/> Alone <input type="checkbox"/> Part of a dish If alone, were the nectarines pre-cut? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If alone, Were the nectarines in a package or sold loose? <input type="checkbox"/> Packaged <input type="checkbox"/> Loose <input type="checkbox"/> Don't know If packaged was it packaged in a <input type="checkbox"/> Bag <input type="checkbox"/> Clamshell <input type="checkbox"/> Crate <input type="checkbox"/> Other: _____ If part of a dish, what dish did you eat that contained nectarines? _____

Please return to Kelly Jackson via fax [404-639-2205] or email [gqv8@cdc.gov]

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Pluots	1	2	3	4	<input type="checkbox"/> ~ 1-2x/month <input type="checkbox"/> ~ 1x/week <input type="checkbox"/> ~ 2-4x/week <input type="checkbox"/> ~ 5-7x/week <input type="checkbox"/> not sure	<input type="checkbox"/> Grocery store _____ <input type="checkbox"/> Deli/small market _____ <input type="checkbox"/> Restaurant _____ <input type="checkbox"/> Other location _____ <input type="checkbox"/> Don't know _____	<input type="checkbox"/> Don't know What was the date of purchase? _____ Were pluots eaten alone or as part of a dish? <input type="checkbox"/> Alone <input type="checkbox"/> Part of a dish <i>If alone, were the pluots pre-cut?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If alone, Were the pluots in a package or sold loose?</i> <input type="checkbox"/> Packaged <input type="checkbox"/> Loose <input type="checkbox"/> Don't know <i>If packaged was it packaged in a</i> <input type="checkbox"/> Bag <input type="checkbox"/> Clamshell <input type="checkbox"/> Crate <input type="checkbox"/> Other: _____ <i>If part of a dish, what dish did you eat that contained pluots?</i> _____
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