

Salmonellosis Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily always in order, when investigating reports of salmonellosis. For more detailed information refer to the Salmonellosis Disease Chapter. Salmonellosis is a Priority Level 4 disease and critical details should be entered into the Communicable Disease Reporting and Surveillance System (CDRSS) within 14 days.

- Review laboratory details to confirm the test result. If the case has not been submitted via CDRSS, create a case.
- Follow up with the laboratory to ensure a specimen has been submitted to the state laboratory (NJ PHEL) for further testing as per the [NJ Administrative Code](#).
- Assess the case-patient for high-risk activities (e.g., daycare attendee, food handler) and exclude from school or work in accordance with [NJDOH Exclusion Criteria](#).
- Interview the case-patient (parent/guardian if case-patient is a minor) via phone using the “Salmonellosis Case Report Form”. Do not fax the form to the physician or mail to the home of the case-patient for completion.
- Provide education to the case-patient; additional information can be found on the NJDOH and CDC disease pages.
- Enter critical details (demographics, signs/symptoms, clinical status, additional laboratory information, and industry/occupation) into the CDRSS case.
- Enter relevant exposures (travel, food history especially consumption of unpasteurized dairy, meats, uncooked salads, grocery stores, restaurants, pets, livestock, or animals) into the *Sources of Infection and Risk Factors* section within the CDRSS case.
- Notify the appropriate local health department and document in CDRSS if a food establishment, restaurant, etc. from another jurisdiction is identified as a possible source of exposure.
- Inform the Foodborne and Waterborne Disease Unit at cds.fwd.epi@doh.nj.gov if an outbreak is suspected or if an unpasteurized milk/dairy product is believed to be the source of infection.
- Enter any additional symptomatic contacts identified through the interview into the *Contact Tracing* section within CDRSS and follow case investigation as appropriate.
- Document dates/times of at least three attempts made to reach the case-patient into the *Sources of Infection and Risk Factors* section within CDRSS if they remain unreachable.
- Determine *Case Status* based on [NNDSS case definitions](#) and mark *Report Status* as “LHD CLOSED” in CDRSS.

SALMONELLOSIS SURVEILLANCE CASE REPORT FORM
ENTER DATA FROM THE COMPLETED CASE REPORT FORM INTO CDRSS

CDRSS CASE ID#

Section 1: INTERVIEWER & PATIENT INFORMATION:

1. State Lab Isolate ID#: _____ 2. State of residence: ____

3. County: _____ 4. Zip code: _____

5. Interviewer Information
 Name: _____ Contact Phone Number: (____) _____ - _____
 Agency or Organization: _____ Date of Interview: ____/____/____ (MM/DD/YYYY)

6. Language interview conducted in English Spanish Other (Specify): _____

7. Respondent was: Self Parent Spouse Other (Specify): _____
 Not interviewed - *If not interviewed, why not?* _____

8. Patient outcome at time of interview: Survived Died Unknown
If died, was this infection considered an underlying, contributing, or immediate cause of death? Yes No Unknown

Section 2: DEMOGRAPHIC DATA:

1. Date of birth: ____/____/____ (MM/DD/YYYY) 2. Age: _____ 3. Sex: Male Female

4. Hispanic or Latino origin? Yes No Unknown

5. How would you describe your (your child's) race?
 White Black / African American American Indian / Alaska Native Unknown
 Asian Native Hawaiian / Other Pacific Islander Other (specify): _____

Section 3: CLINICAL INFORMATION: Now I have a few questions about your (your child's) illness.

1. What date did you (your child) first feel sick? ____/____/____ (MM/DD/YYYY)

2. How many days in total were you (your child) sick? _____ days Unknown Still sick

3. Prior to onset of symptoms, did you (your child) have any long-lasting or chronic illness or condition {an illness that has lasted longer than 1 month}?
 Yes No Unknown Refused *if yes, please specify* _____

YES	Maybe	NO	Don't Know	Did you (your child) have any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Diarrhea (defined as at least 3 loose stools in 24 hours)? a. What date did it start? ____/____/____ (MM/DD/YYYY) <input type="checkbox"/> Unknown b. What date did it stop? ____/____/____ (MM/DD/YYYY) <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Blood in stool?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Vomiting?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Nausea?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Abdominal cramps?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Headache?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Fever (or felt feverish)? a. Temperature _____ degrees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Other? a. Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Were you treated with antibiotics for this illness? a. Specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Were you (your child) hospitalized overnight? (<i>must enter MM/DD/YYYY</i>) a. Hospital Name: _____ b. Admit Date: ____/____/____ Discharge Date: ____/____/____

Section 4: TRAVEL AND EVENTS:

YES	Maybe	NO	Don't Know	Next, I have a couple of questions about any travel you might have done, either as part of your work or for pleasure in the 7 days before onset of illness.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you (your child) spend all, or some, of the 7 days before you were ill outside your home state?
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> }				a. Reason for travel: _____
				b. List all US states where you might have purchased or eaten foods (Including airports, bus or train stations) States, Cities: _____ Dates of travel: _____ List hotels/resorts stayed in during travel: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Did you (your child) spend all, or some, of the 7 days before you were ill outside the US?
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> }				a. Reason for travel: _____
				b. List all countries outside the US where you might have purchased or eaten foods Countries: _____ Dates of travel: _____ List hotels/resorts stayed in during travel: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. In the 7 days before illness onset, did you attend an event where food was served, such as a catered event, conference, wedding, food festival, fair, church, or community meal?
<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> }				a. Event name: _____ b. Location: _____
				c. Items consumed: _____
				a. Event name: _____ b. Location: _____
				c. Items consumed: _____



NOTE TO INTERVIEWER

YES	Maybe	NO	Don't Know	Please refer to Section 4 'TRAVEL AND EVENTS' question (2b.) above. Did the case spend the <u>entire</u> 7 days before illness onset outside the US? If the answer was:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NO , please continue with the interview
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES , thank the interviewee for his/her time and end the interview

ADDITIONAL COMMENTS:

Section 5. FOOD ALLERGIES & SPECIAL DIETS: Now I have a few questions about general food preferences, food allergies, and any special diets you (your child) may follow.

1. Do you (your child) avoid eating or never eat any of the following foods, due to restriction or preference?

- Dairy products (butter, dairy milk, cheese, etc.)
 Poultry (chicken, turkey, etc.)
 Beef
 Eggs
 Pork
 Seafood (fish, crab, shrimp, etc.)
 Other, specify: _____

2. Do you (your child) follow any of the following special or restricted diets?

- Kosher
 Raw foods
 Paleo (high protein, low carb)
 Dairy-free
 Weight loss/low fat
 Halal
 Low carb
 Vegetarian/Vegan
 Gluten-free
 Other, specify _____

Section 6: SOURCES OF FOOD AT HOME: Now I have a few questions about where the food came from that you (your child) ate **at home** in the **7 days** before your illness began. This isn't necessarily only where you shopped during that week, but please tell me the names of each store you would have eaten food from during the 7 days before you were sick.

1. Did you (your child) eat foods from:

- Grocery stores or supermarkets
 Fish or meat specialty shops (butcher shops, etc.)
 Warehouse stores (Costco, Sam's Club, etc.)
 Live animal market, custom slaughter facility
 Small markets/Mini markets (convenience stores, gas stations, etc.)
 Health food stores or co-ops
 Ethnic Specialty markets (Mexican, Asian, Indian)
 Farmers' markets, roadside stands, open-air markets, directly from farm
 Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc.)
 Others?
 Meal delivery services (Blue Apron, Meals on Wheels, NutriSystem, etc.)

Please list store names, address/location, and shopper card # (if applicable) mentioned by the interview below:

Store/Supermarket Name	Address/Location	Shopper card #

2. May we have permission to retrieve purchases based on your member card information? This will be kept confidential. Yes No

Section 7: SOURCES OF FOOD OUTSIDE THE HOME:

Now I have a few questions about where the food came from that you (your child) ate **outside your home** such as restaurants or fast food chains. For each, please tell me the names of each place you would have eaten food from during the **7 days** before you were sick.

1. Did you (your child) eat foods from:

- Fast casual (Chipotle, Panera, etc.)
 All-you-can-eat buffet
 Jamaican, Cuban, or Caribbean
 Any take-out from a restaurant
 Mexican, Salvadorian, other Hispanic/Latino-style
 Salad bar at a grocery store or restaurant
 Chinese, Japanese, Vietnamese, other Asian-style
 Sandwich shop, deli
 Middle Eastern, Greek/Mediterranean, Arabic, Lebanese, African
 Breakfast, brunch, diner, or café
 Healthy restaurant (vegetarian, vegan, salad-based)
 School, hospital, senior center, or other institutional setting
 Fast Food (McDonalds, Burger King, Wendy's, etc.)
 An event where food was served (catered event, festival, church or community meal)
 Ready-to-eat prepared food from grocery or deli
 Any others?
 Food trucks, food stalls/stands

Please list restaurant/store names and address/location mentioned by the interviewee below:

Restaurant Name	Address/Location	Meal Date(s)	Food Ordered/Eaten

Section 8: FOOD HISTORY: Now I'd like to ask you about specific food items.

CHICKEN AND OTHER POULTRY PRODUCTS

YES	Maybe	NO	Don't Know	During the 7 days before you (your child) got sick, did you (your child):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Consume any chicken or other poultry products (turkey, duck, game hen, squab)? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Frozen, breaded chicken products, such as chicken tenders, strips, or nuggets?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Frozen stuffed chicken products, such as chicken Kiev or chicken Cordon Bleu?

BEEF

YES	Maybe	NO	Don't Know	During the 7 days before you (your child) got sick, did you (your child):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Eat any ground beef, such as hamburger patties, casseroles, tacos, soups, or pasta sauces? Describe dish: _____ Place purchased/consumed: _____ What % fat or lean? _____ Purchased as patties? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Eat any beef steaks, roasts, other whole cuts of beef or veal? Type, variety, brand: _____ Place purchased/consumed: _____

PORK, PROCESSED MEAT PRODUCTS AND MEAT ALTERNATIVES

YES	Maybe	NO	Don't Know	During the 7 days before you (your child) got sick, did you (your child):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Consume any pork, such as chops, roasts etc. Type, variety, brand: _____ Place purchased/consumed: _____ Describe dish: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Processed meat such as sausage, hot dogs, pepperoni, dried meat strips or jerky? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Deli meat or cold cuts such as turkey, ham, beef, (like pastrami, roast beef), Italian meats (like salami, prosciutto)? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any other meat and/or poultry products, including organ meats (wild game, bison, or parts like heart, giblets, tongue, intestines, blood), liver pâté, or pink or undercooked liver or liver pâté? Describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Any tofu, tempeh, seitan, or other meat alternatives? Type, variety, brand: _____ Place purchased/consumed: _____

FISH AND SEAFOOD

YES	Maybe	NO	Don't Know	During the 7 days before you (your child) got sick, did you eat the following items:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Store-bought fresh fish, not including shellfish? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Raw fish or fish products, such as sushi, sashimi, ceviche, or poke? Type, variety, brand: _____ Place purchased/consumed: _____ Describe dish: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Smoked or dried fish, like smoked salmon, lox, bonita, fish jerky?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Shellfish? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Frozen fish products (fish sticks, nuggets, etc.)?

EGGS, DAIRY, AND CHEESE

YES	Maybe	NO	Don't Know	During the 7 days before you (your child) got sick, did you eat the following items:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Eggs or egg-containing dishes? Type, variety, brand: _____ Place purchased/consumed: _____ Describe dish: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Anything made with raw egg (cookie dough, cake batter, sauces, homemade ice cream, mayo, salad dressing, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Raw/unpasteurized milk? Source (cow, goat, etc.): _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Pasteurized milk? Source (cow, goat, etc.): _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Raw/unpasteurized cheese? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Other cheese (artisanal, farmers, queso fresco, bleu, brie, goat, etc.)? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Any other dairy or dairy products (yogurt, kefir, ice-cream, etc.)? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Any dairy-alternative products (soy, almond, coconut milk, non-dairy cheese alternative, etc.)? Type, variety, brand: _____ Place purchased/consumed: _____

VEGETABLES

YES	Maybe	NO	Don't Know	During the 7 days before you (your child) got sick, did you (your child) eat the following items:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fresh tomatoes (Roma, Red Round, small, bite-sized, like grape or cherry, etc.)? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fresh salsa or pico de gallo (not from a jar or can)? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Cucumbers (mini, "regular" sold loose, wrapped in plastic, etc.)? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Zucchini or other "soft" or summer squash?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Peppers (sweet, bell, mini, spicy, etc.)? Type, variety: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Celery?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Carrots?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Root vegetables (radishes, beets, turnips, fennel, etc.)? Type: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Fresh, raw pea pods, snap peas, or snow peas?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Broccoli or cauliflower?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Onions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Mushrooms?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Avocado or guacamole?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Fresh, uncooked leafy greens in a salad, on a sandwich, or burger?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Iceberg lettuce? a. Prepackaged or whole head/loose? <input type="checkbox"/> Prepackaged <input type="checkbox"/> Whole head/Loose <input type="checkbox"/> Unknown Was it: <input type="checkbox"/> Whole leaf <input type="checkbox"/> Shredded <input type="checkbox"/> Topping/garnish <input type="checkbox"/> Other, specify: _____ b. Type, variety, brand: _____ Place purchased/consumed: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Romaine lettuce? a. Prepackaged or whole head/loose? <input type="checkbox"/> Prepackaged <input type="checkbox"/> Whole head/Loose <input type="checkbox"/> Unknown Was it: <input type="checkbox"/> Whole leaf <input type="checkbox"/> Shredded <input type="checkbox"/> Topping/garnish <input type="checkbox"/> Other, specify: _____ b. Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Fresh Spinach? a. Prepackaged or loose/bundled? <input type="checkbox"/> Prepackaged <input type="checkbox"/> Loose/Bundled <input type="checkbox"/> Unknown b. Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Kale? Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Cabbage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Arugula?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Spring mix/mesclun mix or other lettuce blend? Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Other leafy greens, like Swiss chard, mustard greens, dandelion, watercress? Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Other pre-packaged leafy greens or salad kits? Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Pre-made, single-serving salads (these are ready-to-eat, single-serve salads with toppings, meats, dressing)? Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Fresh herbs (basil, cilantro, parsley, chives, dill, sage, thyme, etc.)? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Alfalfa sprouts, sometimes served on sandwiches or salads? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Bean sprouts, such as mung bean or soy bean (usually served in stir fries or Asian salads or soups)? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Other sprouts (clover, daikon radish, microgreens, etc.)? Type, variety, brand: _____ Place purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Fermented vegetables (like kimchi, sauerkraut)? Type, variety, brand: _____ Was it homemade? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Frozen vegetables (in bag or box)? Type, variety, brand: _____

FRUITS AND BERRIES

YES	Maybe	NO	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the 7 days before you (your child) got sick, did you (your child) eat the following items:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fruit that was already cut? <input type="checkbox"/> Pre-cut melon <input type="checkbox"/> Pre-cut apples <input type="checkbox"/> Pre-cut fresh fruit salad <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Any of the of the following fruits? <input type="checkbox"/> Apples <input type="checkbox"/> Grapes <input type="checkbox"/> Pears <input type="checkbox"/> Peaches or nectarines <input type="checkbox"/> Apricots <input type="checkbox"/> Plums <input type="checkbox"/> Cherries <input type="checkbox"/> Oranges, tangerines, grapefruit, mandarins, or clementine's? <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Berries (Strawberries, Raspberries, Blueberries, Blackberries, etc.)? Type: _____ Location purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Melons (Cantaloupe, Honeydew melon, Watermelon, etc.)? Type: _____ Location purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Tropical fruits (mango, pineapple, papaya, etc.)? Type: _____ Location purchased/consumed: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Any unpasteurized or raw juices or ciders? Type: _____ Location purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Bottled or fresh smoothies? Type: _____ Location purchased/consumed: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Frozen fruits or berries including those used in a smoothie? Type, variety, brand: _____ <input type="checkbox"/> Unknown

OTHER FROZEN FOODS

YES	Maybe	NO	Don't Know	During the 7 days before you (your child) got sick, did you (your child) eat the following items:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Frozen snack foods such as mozzarella sticks, jalapeno poppers, potato skins, or hot pockets?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Frozen breakfast items, such as waffles, breakfast sandwiches?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Frozen dinners or entrees, such as pot pie, pizza, burritos, pasta meals, stir fry?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Frozen vegetarian foods such as a veggie burger?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Other frozen, prepackaged products not mentioned previously? Type, variety, brand: _____ <input type="checkbox"/> Unknown

NUTS, CEREAL, PROCESSED, AND DRIED FOODS

YES	Maybe	NO	Don't Know	During the 7 days before you (your child) got sick, did you (your child) eat the following items:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Peanut or other ground nut butters or spreads? a. Type(s): <input type="checkbox"/> Peanut <input type="checkbox"/> Almond <input type="checkbox"/> Cashew <input type="checkbox"/> Hazelnut <input type="checkbox"/> Nutella <input type="checkbox"/> Sunflower <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ b. Was the nut butter commercially packaged or fresh-ground? <input type="checkbox"/> Fresh-ground <input type="checkbox"/> Commercial (brand) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Dried fruits? Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Whole or mixed nuts such as peanuts, almonds, walnuts, cashews, pistachios, hazelnuts, pecans, pine nuts? Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Seeds such as sunflower or sesame, or products made from sesame seeds, including tahini or halva? Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Hummus?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Unbaked dough or batter, such as cookie, cake, biscuit, muffin batter?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Granola, breakfast, power, or protein bars? Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Trail mix (or similar products)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Pre-packaged snacks, such as chips, pretzels, crackers, cookies? Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Chocolate or chocolate-containing candy? Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Cold or hot breakfast cereals? Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Flavored milk powder (such as chocolate, vanilla, Carnation, or Ovaltine)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Powdered nutritional supplements, such as protein or green powders, meal replacements, vitamin boosters?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Hemp, chia, or flax seed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Bottled, pre-made health drinks, like Kombucha or coconut water?

Section 9: OTHER EXPOSURES: Now I'd like to ask you about any contact with water and contact with animals.

What is your (your child's) main source of drinking water?

Individual well Shared well Public water system Bottled water Don't Know Other, specify: _____

YES	Maybe	NO	Don't Know	In the 7 days before you (your child) became sick,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Did you (your child) swim or wade in any treated or untreated recreational water facilities? Name/Location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Did you (your child) visit or work at a petting zoo or have direct contact with livestock animals? a. <input type="checkbox"/> Petting zoo <input type="checkbox"/> 4H event <input type="checkbox"/> Fair <input type="checkbox"/> Farm <input type="checkbox"/> Other, specify: _____ b. What type of animals? <input type="checkbox"/> Cattle <input type="checkbox"/> Sheep <input type="checkbox"/> Goats <input type="checkbox"/> Pigs <input type="checkbox"/> Other, specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Did you (your child) have direct contact with pets at school or home, such as dogs, cats, hamsters, mice? Details: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Did you (your child) have contact with live adult or baby chicks, ducklings or other poultry?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you (your child) have contact with reptiles, such as turtles, snakes, lizards, geckos, bearded dragons, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Did you (your child) have contact with frozen mice, rats, or similar pet food for reptiles?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Did you (your child) have contact with amphibians such as frogs, toads, or salamanders?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Did you (your child) have contact with water pets in an aquarium, such as goldfish, aquatic frogs, snails, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Did you (your child) have contact with pet treats or chews, or prepackaged or raw pet food? Type, variety, brand: _____ <input type="checkbox"/> Unknown

Section 10: HIGH RISK OCCUPATIONS OR ACTIVITIES: I would like to end by asking a few questions about yourself (your child).

YES	Maybe	NO	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Do you handle or prepare food as part of your duties at work or as a volunteer? Name/Location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Do you provide health care? Name/Location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Do you attend or work in a daycare setting? Name/Location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Do you live in, work at, visit or volunteer in any long-term care/residential facilities? Name/Location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did you (your child) have close contact with anyone with diarrhea or vomiting in the 7 days prior to illness onset? a. When did this person first become ill? <input type="checkbox"/> <24 hrs. before you <input type="checkbox"/> ≥ 24 hrs. before you <input type="checkbox"/> Unknown

This is the end of the questionnaire.

Thank you very much for your time. These interviews are extremely valuable in helping us understand how and why people are getting sick. 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 or perspective or mention foods or drink that you (your child) could have consumed in the 7 days before illness onset that we may not have covered in the interview?

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Salmonella Type: _____ PCR ONLY

Associated with a PulseNet cluster? YES NO If yes, the cluster code is _____ PFGE DATE: _____