



Enter information into WVEDSS and attach this case report form to the WVEDSS investigation.

WVEDSS ID: _____

Outbreak ID: _____

Enteric Case Report Form

Case Classification: Confirmed Probable
 Suspected Not a case

PATIENT INFORMATION

Name (Last, First): _____

Date of Birth: MM / DD / YYYY

Address: _____ Homeless
_____ Incarcerated

Country of Birth: _____

Age: _____ Years Months

City/State/Zip: _____

Sex: Male Female Unk./Other

County: _____

Ethnicity: Hispanic/Latino

Country of Usual Residence: _____

Not Hispanic/Latino Unk.

Phone(s)/Email: _____

Race: (Check all that apply)

Alternative contact: Parent/Guardian Spouse Other: _____

American Indian or Alaskan Native Asian

Alt. Contact Name: _____ Phone Number: _____

Black or African American White

Occupation/Employer: _____

Native Hawaiian or Other Pacific Islander

School/Childcare Name and Grade: _____

Other Refused to Answer Not Asked Unk.

CONDITION

Disease	Incubation range	Disease	Incubation range
<input type="checkbox"/> Campylobacteriosis	1 to 10 days	<input type="checkbox"/> Shigellosis	12 hours to 7 days
<input type="checkbox"/> Cryptosporidiosis	1 to 12 days	<input type="checkbox"/> STEC	2 to 10 days
<input type="checkbox"/> Giardiasis	3 to 25 days	<input type="checkbox"/> Others (Specify): _____	
<input type="checkbox"/> Salmonellosis	6 hours to 7 days		

Exposure period

Enter symptom onset date in the box at the right. Count backward to determine probable exposure period using incubation range.

MM / DD / YYYY

— MM / DD / YYYY

Onset date

MM / DD / YYYY

REPORTING INFORMATION

Earliest Report to Public Health: MM / DD / YYYY

Reporting Organization: _____

Investigation Start Date: MM / DD / YYYY

Reporting Organization Phone Number: _____ - _____ - _____

Reporter (check all that apply): Lab Hospital HCP

Primary Physician Name: _____

Public Health Agency Other: _____

Primary Physician Phone Number: _____ - _____ - _____

CLINICAL INFORMATION

Is the patient symptomatic? Y N Unk.

Onset Date: MM / DD / YYYY

Diagnosis Date: MM / DD / YYYY

Signs and Symptoms

Yes No Unk.

- Fever Highest measured temp: _____
- Diarrhea Max # of stools in 24 hours: _____
Date diarrhea ended: MM / DD / YYYY NA
- Bloody Diarrhea
- Sweats/Chills
- Headache
- Fatigue or Malaise
- Nausea
- Vomiting
- Abdominal Cramps/Pain
- Other symptoms consistent with illness: _____

Clinical Findings

Yes No Unk.

- Bacteremia
- Thrombotic thrombocytopenic purpura (TTP)
- Hemolytic Uremic Syndrome (HUS)
Treatment for HUS? Yes No Unk.
Describe: _____
- Received Antibiotics? Antibiotics given: _____

Hospitalization

Yes No Unk.

- Hospitalized
- Admitted: MM / DD / YYYY Discharged: MM / DD / YYYY
- Name of Hospital: _____

Outcome

Yes No Unk.

- Survived
- Complications: _____
- Guillain-Barre Syndrome
- Died from Illness Date of Death: MM / DD / YYYY

Date symptoms ended: MM / DD / YYYY

of days ill or duration of symptoms: _____

Additional Conditions

Yes No Unk.

- Immunosuppressive therapy or disease?
- Is the patient pregnant? Due Date: MM / DD / YYYY

EPIDEMIOLOGICAL DATA

Travel Information:

Yes No Unk.

- Recent refugee? Specify Country: _____ Specify date of arrival: MM / DD / YYYY
 Travel out of county, state, country, or outside of usual routine prior to illness?

Location	Arrival Date	Departure Date	Notes
	MM / DD / YYYY	MM / DD / YYYY	
	MM / DD / YYYY	MM / DD / YYYY	
	MM / DD / YYYY	MM / DD / YYYY	

Water Exposure:

What is the source of your home drinking water?

- Individual well Shared well Public water system Bottled water Other: _____

Yes No Unk.

- Did you drink untreated/unchlorinated water? (e.g., surface, well)
 Did you have any recreational water exposure during the incubation period? (e.g., lakes, rivers, pools, wading pools, fountains, hot tubs/jacuzzis) Specify: _____

Animal Exposure:

Yes No Unk.

- Do you or your household members live or work on a farm? (animal/dairy/produce) Specify: _____
 Did you work with animals or animal products? (e.g., research, veterinary medicine, slaughterhouse)
 Did you have any exposure to pets? Specify: _____
 Was the pet sick? Yes No Unk.
 Did you visit a zoo, farm, fair, or pet shop during the incubation period? Specify: _____
 Did you have contact with any other animals? Specify: _____
 Did you have any exposure to soil or manure? (e.g., gardening) Specify: _____
 Did you have any contact with a reptile/amphibian? (e.g., lizard, snake, turtle, frog) Specify: _____
 Did you have any exposure to live poultry? (e.g., chickens/chicks, ducks/ducklings) Specify: _____
 Did you consume unpasteurized products/raw milk? (e.g., milk/juice/dairy products) Specify: _____

Epidemiological Information:

Yes No Unk.

- Do you know someone with similar symptoms?
 Have you had any contact with a confirmed case of this same illness?
 Casual Household Sexual Needle use Other: _____
 Do you have any contact with diapered or incontinent children or adults? Specify: _____
 Have you consumed a known contaminated food product? Specify: _____
 Do you live in a congregate living facility?
 Barracks Corrections facility Dormitory LTCF Camp Shelter Other: _____
 Facility Name/Address: _____
 *Do you have any type of sexual contact with others? # female sexual partners _____ # male sexual partners: _____

Yes No Unk. *Only ask for Shigellosis or Giardiasis cases.

- Are you a healthcare worker? Specify: _____
 Do you work in or attend a childcare facility? Specify: _____
*****If yes: we will contact the daycare facility to provide information to prevent the spread of illness and determine if any other children have been ill. Do we have permission to disclose you/your child's name to the daycare if needed?***** Yes No
 Are you a food handler or work in a food establishment? Specify: _____
 Is the patient part of an outbreak? Outbreak ID: _____

LABORATORY FINDINGS

Specimen Collection Date	Organism	Specimen Type (Blood/Stool/Urine)	Test Type (Culture/CIDT)	Test Result (Positive/Negative)
MM / DD / YYYY				
MM / DD / YYYY				
MM / DD / YYYY				
MM / DD / YYYY				

EXPOSURE INFORMATION

List all restaurants where the case ate and parties/festivals/potluck they attended during the **during the incubation period** prior to the illness onset. Also list grocery stores, markets, etc. where shopped. Additional space on the bottom of page 5.

Restaurant, party, festival, potluck or activity name	Location	Date
		MM / DD / YYYY
		MM / DD / YYYY
		MM / DD / YYYY
		MM / DD / YYYY
		MM / DD / YYYY
Grocery store, farmers market, wholesale club	Location	Date
		MM / DD / YYYY
		MM / DD / YYYY
		MM / DD / YYYY
		MM / DD / YYYY
		MM / DD / YYYY

Could you provide shopper card information? Yes No Unk. Specify store & number(s): _____

CONTACT INFORMATION

List information for all close (e.g., household, sexual) and high-risk (e.g., food, daycare, patient care) contacts who are **symptomatic**:

Name	Age	Sex	Relationship	Symptoms (Y/N)	Date of Onset	Occupation/ High-Risk Exp.	Culture Date & Results

CONTROL MEASURES AND PUBLIC HEALTH ACTIONS

<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Exclude from high-risk occupations</p> <p><input type="checkbox"/> <input type="checkbox"/> Workplace/childcare notified</p> <p><input type="checkbox"/> <input type="checkbox"/> Parent/guardian/close contacts notified</p> <p><input type="checkbox"/> <input type="checkbox"/> Culture close contacts in high risk occupations (HCW, food, childcare) or situations (childcare attendee)</p> <p><input type="checkbox"/> <input type="checkbox"/> Prevention education provided Date provided: <u>MM/DD / YYYY</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Restaurant inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Childcare facility inspection</p> <p><input type="checkbox"/> <input type="checkbox"/> Investigation of raw milk/dairy</p> <p><input type="checkbox"/> <input type="checkbox"/> Other Specify: _____</p>	<p>Enter the date that control measure were initiated or recommended by Public Health:</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Exclusion from childcare, food handling, or direct patient care as applicable: <u>MM / DD / YYYY</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Education of contacts as applicable: <u>MM / DD / YYYY</u></p>
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TRANSMISSION INFORMATION

<p>Transmission mode:</p> <p><input type="checkbox"/> Foodborne <input type="checkbox"/> Waterborne <input type="checkbox"/> Person to Person <input type="checkbox"/> Animal to Human <input type="checkbox"/> Sexual <input type="checkbox"/> Indeterminate transmission <input type="checkbox"/> Other</p> <p>Specify: _____</p>	<p>Where was the disease acquired?</p> <p><input type="checkbox"/> Imported, but unable to determine source state/country</p> <p><input type="checkbox"/> Indigenous, within jurisdiction <input type="checkbox"/> *International* <input type="checkbox"/> *Out of jurisdiction, from another jurisdiction* <input type="checkbox"/> *Out of state* <input type="checkbox"/> Unknown</p> <p>*Specify imported location*: _____</p>
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Exposure Information: OPEN-ENDED SEVEN DAY EXPOSURE AND FOOD HISTORY (Please use for Salmonellosis and STEC cases; others optional)
 Please use this calendar to gather food history and other exposures (travel, restaurants, events attended, etc.) for the 7 days prior to onset of illness.

	Date MM / DD / YYYY	Date MM / DD / YYYY	Date MM / DD / YYYY	Date MM / DD / YYYY	Date MM / DD / YYYY	Date MM / DD / YYYY	Date MM / DD / YYYY
Morning / Breakfast							
Afternoon / Lunch							
Evening / Dinner							
Snacks / Other							

INTERVIEW METRICS

List the dates on which an interview was attempted (minimum 3 attempts required)? _____

Interview status: Completed Lost to Follow-up Partially Completed Refused or Unable to Interview Other

Sources utilized to complete case report form: Interview Lab Reports Morbidity Report Other

NOTES

E.g., therapy, complications, antimicrobial resistance, predisposing conditions, exposure information, lab results.

INVESTIGATOR

Investigator: _____ Local Health Department: _____

Phone/Email: _____ Investigation Completion Date: _____ MM / DD / YYYY

Expanded Food History Questionnaire

Please ask these questions for the day of illness and the exposure period prior to becoming ill. Date space above.

Whenever possible, responses should be foods known to have been actually consumed. Please indicate in the comments section if a response is instead a food preference (i.e., what could have been eaten based on usual habits). (Please use for Salmonellosis and STEC; others optional.) Additional space can be found on the bottom of page 10.

Do you follow any of the following special or restricted diets?				<input type="checkbox"/> Kosher <input type="checkbox"/> Low carb <input type="checkbox"/> Dairy-free <input type="checkbox"/> Organic foods <input type="checkbox"/> Gluten-free <input type="checkbox"/> Halal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Low fat <input type="checkbox"/> Paleo (high protein) <input type="checkbox"/> Food allergies <input type="checkbox"/> Other/Specify: _____
A. Egg Items				Comments (variety/brand, how prepared, where bought)
Eggs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Prepared at your home or someone's home <input type="checkbox"/> Prepared by a restaurant, caterer, etc. <input type="checkbox"/> Eggs/yolks runny or undercooked
Anything made with raw eggs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Cream sauces	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> hollandaise <input type="checkbox"/> béarnaise <input type="checkbox"/> other
Homemade ice cream	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Homemade mayonnaise or aioli	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Meringue or cream pies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Egg substitutes (e.g., Egg-Beaters)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
B. Milk/Dairy Products				Comments (variety/brand, how prepared, where bought)
Milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> whole <input type="checkbox"/> flavored (e.g., chocolate)
Milk alternative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> almond <input type="checkbox"/> soy <input type="checkbox"/> coconut <input type="checkbox"/> rice <input type="checkbox"/> other
Buttermilk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Sour cream	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Cottage cheese	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Cream cheese	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Ice cream	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Other frozen desserts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Yogurt	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Soft cheeses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> brie <input type="checkbox"/> feta <input type="checkbox"/> mozzarella <input type="checkbox"/> ricotta <input type="checkbox"/> queso fresco <input type="checkbox"/> other
Other cheeses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> purchased whole <input type="checkbox"/> pre-cut or shredded
Unpasteurized dairy products	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> milk <input type="checkbox"/> yogurt <input type="checkbox"/> cheese <input type="checkbox"/> other
Other dairy/milk-alternative products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
C. Fish, Poultry, and Meats				Comments (variety/brand, how prepared, where bought)
Fish	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify: <input type="checkbox"/> Prepared at your home or someone's home <input type="checkbox"/> Prepared by a restaurant, caterer, etc. <input type="checkbox"/> Consumed raw or undercooked
Seafood	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> shrimp <input type="checkbox"/> clams <input type="checkbox"/> oysters <input type="checkbox"/> crab <input type="checkbox"/> lobster <input type="checkbox"/> mussels <input type="checkbox"/> scallops <input type="checkbox"/> other <input type="checkbox"/> Prepared at your home or someone's home <input type="checkbox"/> Prepared by a restaurant, caterer, etc. <input type="checkbox"/> Consumed raw or undercooked

Sushi	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	Ingredients: <input type="checkbox"/> Prepared at your home or someone's home <input type="checkbox"/> Prepared by a restaurant, caterer, etc. <input type="checkbox"/> Consumed raw or undercooked
Chicken	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> whole <input type="checkbox"/> rotisserie <input type="checkbox"/> chicken parts/pieces <input type="checkbox"/> ground <input type="checkbox"/> other <input type="checkbox"/> Prepared at your home or someone's home <input type="checkbox"/> Prepared by a restaurant, caterer, etc. <input type="checkbox"/> Consumed raw or undercooked
Frozen, breaded chicken products	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> nuggets <input type="checkbox"/> strips <input type="checkbox"/> patties <input type="checkbox"/> stuffed chicken products <input type="checkbox"/> other
Turkey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> whole <input type="checkbox"/> cutlets <input type="checkbox"/> ground <input type="checkbox"/> other <input type="checkbox"/> Prepared at your home or someone's home <input type="checkbox"/> Prepared by a restaurant, caterer, etc. <input type="checkbox"/> Consumed raw or undercooked
Ground beef/Hamburger patties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Prepared at your home or someone's home <input type="checkbox"/> Prepared by a restaurant, caterer, etc. <input type="checkbox"/> Consumed raw or undercooked
Red meat/Beef	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> steak <input type="checkbox"/> roast <input type="checkbox"/> other <input type="checkbox"/> Prepared at your home or someone's home <input type="checkbox"/> Prepared by a restaurant, caterer, etc. <input type="checkbox"/> Consumed raw or undercooked
Pork	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> chops <input type="checkbox"/> roast <input type="checkbox"/> ribs <input type="checkbox"/> whole pig <input type="checkbox"/> other <input type="checkbox"/> Prepared at your home or someone's home <input type="checkbox"/> Prepared by a restaurant, caterer, etc. <input type="checkbox"/> Consumed raw or undercooked
Other ground meat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> lamb <input type="checkbox"/> bison <input type="checkbox"/> venison <input type="checkbox"/> pork <input type="checkbox"/> other <input type="checkbox"/> Prepared at your home or someone's home <input type="checkbox"/> Prepared by a restaurant, caterer, etc. <input type="checkbox"/> Consumed raw or undercooked
Other meat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> veal <input type="checkbox"/> lamb <input type="checkbox"/> venison <input type="checkbox"/> other <input type="checkbox"/> Prepared at your home or someone's home <input type="checkbox"/> Prepared by a restaurant, caterer, etc. <input type="checkbox"/> Consumed raw or undercooked
Liver or liver pate'	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Sausage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> pork <input type="checkbox"/> turkey <input type="checkbox"/> link <input type="checkbox"/> patty <input type="checkbox"/> other
Bacon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> pork <input type="checkbox"/> turkey <input type="checkbox"/> other
Hot dog/Corn dog	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Jerky	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify:
Pepperoni/Salami/Other cured meats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Pot pie	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> pork <input type="checkbox"/> turkey <input type="checkbox"/> vegetable <input type="checkbox"/> other

Deli meats/Cold cuts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> turkey <input type="checkbox"/> ham <input type="checkbox"/> bologna <input type="checkbox"/> roast beef <input type="checkbox"/> pastrami <input type="checkbox"/> chicken <input type="checkbox"/> other
Meat alternatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> tofu <input type="checkbox"/> tempeh <input type="checkbox"/> other
Handle any raw meat at home or elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify:
D. Fresh/Uncooked (Raw) Vegetables and Salads - NOT canned or cooked				Comments (variety/brand, how prepared, where bought)
Salad bar	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify:
Prepackaged salad mix	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify what items are in the salad mix:
Lettuce	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> iceberg <input type="checkbox"/> green leaf <input type="checkbox"/> red leaf <input type="checkbox"/> romaine <input type="checkbox"/> mesclun (mixed greens or spring mix)
Spinach	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Other leafy greens	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> kale <input type="checkbox"/> collards <input type="checkbox"/> mustard <input type="checkbox"/> other
Sprouts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> bean <input type="checkbox"/> alfalfa <input type="checkbox"/> clover <input type="checkbox"/> other
Cabbage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> green <input type="checkbox"/> red/purple <input type="checkbox"/> Brussels sprout
Tomatoes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> cherry <input type="checkbox"/> grape <input type="checkbox"/> Roma <input type="checkbox"/> large/regular <input type="checkbox"/> other specify:
Carrots	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> loose or bagged (full size) <input type="checkbox"/> mini or baby
Green (spring) onions or scallions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Onions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> white <input type="checkbox"/> yellow <input type="checkbox"/> red/purple
Broccoli	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Cauliflower	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Cucumber	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Celery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Squash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> yellow/ summer <input type="checkbox"/> butternut <input type="checkbox"/> spaghetti squash <input type="checkbox"/> other
Zucchini	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Asparagus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Mushrooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Peppers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> bell <input type="checkbox"/> hot
Pea pods/Raw peas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Root vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> radishes <input type="checkbox"/> beets <input type="checkbox"/> other
Fresh herbs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> basil <input type="checkbox"/> parsley <input type="checkbox"/> cilantro <input type="checkbox"/> rosemary <input type="checkbox"/> other
Avocado	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Guacamole	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Fresh salsa or pico de gallo	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Other raw vegetables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify:
Frozen, not cooked, vegetables (i.e., thawed corn or peas)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify:
Dips (for vegetables or chips)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Tabouleh salad	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	ingredients:

Cole slaw	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	ingredients:
Potato salad	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	ingredients:
Pasta salad	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	ingredients:
Fruit salad	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	ingredients:
Taco salad	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	ingredients:
E. Fruits and Fruit Products – Specify: fresh, dried, frozen – NOT canned or cooked				Comments (variety/brand, how prepared, where bought)
Watermelon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Cantaloupe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Honeydew	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Other melon	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify:
Oranges	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> full size <input type="checkbox"/> mandarin/clementine <input type="checkbox"/> tangerine/tangelo <input type="checkbox"/> other
Other citrus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> lemon <input type="checkbox"/> lime <input type="checkbox"/> other
Pears	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Apples	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Other tree fruit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> peaches <input type="checkbox"/> nectarines <input type="checkbox"/> plums <input type="checkbox"/> cherries <input type="checkbox"/> other
Bananas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Grapes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> red <input type="checkbox"/> green
Strawberries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Blueberries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Other berries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> raspberries <input type="checkbox"/> blackberries <input type="checkbox"/> other
Kiwi	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Mango	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Pineapple	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Papaya	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Pomegranate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Coconut	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Other fruit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify:
Fresh apple cider	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify: <input type="checkbox"/> unpasteurized
Juice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> apple <input type="checkbox"/> orange <input type="checkbox"/> other <input type="checkbox"/> unpasteurized
Smoothies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> bottled/pre-made <input type="checkbox"/> homemade <input type="checkbox"/> other ingredients:
Frozen, not cooked, fruits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify:
F. Miscellaneous				Comments (variety/brand, how prepared, where bought)
Other frozen foods or meals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify:

Nuts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> almonds <input type="checkbox"/> peanuts <input type="checkbox"/> walnuts <input type="checkbox"/> hazelnuts <input type="checkbox"/> pine nuts <input type="checkbox"/> pistachios <input type="checkbox"/> other (specify)
Peanut butter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Peanut butter containing foods	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Seeds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> sunflower <input type="checkbox"/> sesame <input type="checkbox"/> chia <input type="checkbox"/> hemp <input type="checkbox"/> flax <input type="checkbox"/> other
Other seed/nut butters or spreads	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> almond <input type="checkbox"/> cashew <input type="checkbox"/> hazelnut <input type="checkbox"/> sunflower <input type="checkbox"/> soynut <input type="checkbox"/> other
Quinoa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Granola/granola bars	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Spices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Hot cereal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Cold cereal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Uncooked/Unbaked dough or batter (i.e. cookie, cake, bread)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Chips or pretzels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Chocolate or chocolate containing candy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Herbal/nutritional supplements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> vitamins/minerals <input type="checkbox"/> probiotics <input type="checkbox"/> protein powder <input type="checkbox"/> kratom <input type="checkbox"/> meal replacement <input type="checkbox"/> other specify:
Marijuana or marijuana-containing products (including medicinal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> edibles <input type="checkbox"/> synthetic <input type="checkbox"/> other
Tea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> bagged <input type="checkbox"/> loose leaf <input type="checkbox"/> other
Handled pet food or treats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	specify:

Please indicate any additional information you may find useful below: