

EPI-AID 26: Multistate outbreak of E.coli O157 from  
lettuce in national fast food chain

These records have been processed under the  
Freedom of Information Act (FOIA).

Contact the CDC/ATSDR FOIA Office for appeal  
rights pertaining to the redactions.

E. Coil Event (Taco Bell) Accountability  
Thursday 12/7/06

UserID	FirstName	LastName	FuncRole	Event	Location	Phone	TimeIn	TimeOut	AccountID
<b>DEO Staff</b>									
cfv4	Janet	Smith	Incident Action Plan	E. Coil Outbreak	DEOC 21	404-553-7810	12/7/2006 7:35	12/8/2006 15:28	843
ff15	Jacqueline	Evans	Incident Action Plan	E. Coil Outbreak	DEOC 21	404-553-7810	12/7/2006 5:58	12/8/2006 15:29	840
epg0	Joseph	Tribble	Information Operations	E. Coil Outbreak	DEOC 21	404-553-7813	12/7/2006 10:43	12/8/2006 15:28	856
fxd6	Michael	Johnson	Planning Section Chief	E. Coil Outbreak	DEOC 21	404-553-7816	12/7/2006 7:11	12/8/2006 13:18	842
epf8	Harry	Davis	Watch Staff	E. Coil Outbreak	DEOC 21	404-553-7501	12/7/2006 10:24	12/7/2006 16:35	855
jcf6	Jimmie	Fortner	Audiovisual/Com munications	E. Coil Outbreak	DEOC 21	678-776-6466	12/7/2006 8:56	12/7/2006 18:28	846
dhy9	Desi	Alexander	Audiovisual/Com munications	E. Coil Outbreak	DEOC 21	404-553-7786	12/7/2006 8:22	12/8/2006 15:28	845
faj4	Thomas	Rayman	Audiovisual/Com munications	E. Coil Outbreak	DEOC 21	404-553-7785	12/7/2006 8:20	12/7/2006 15:41	844
UserID	FirstName	LastName	FuncRole	Event	Location	Phone	TimeIn	TimeOut	AccountID
<b>Other Staff</b>									
ek18	Eric	Lahr	Communications	E. Coil Outbreak	DEOC 21	404-498-6064	12/7/2006 9:54	12/7/2006 16:16	851
rnr3	Randy	Riggs	Duty Officer	E. Coil Outbreak	DEOC 21	404-553-7505	12/7/2006 6:25	12/8/2006 15:29	841
cc07	Christine	Olson	EIS Officer Coordinator	E. Coil Outbreak	DEOC 1	319-331-2166	12/7/2006 17:11	12/8/2006 15:28	860
ff0	Sadiya	Mugaeth	Epidemiology	E. Coil Outbreak	DEOC 21	404-553-7614	12/7/2006 10:07	12/8/2006 15:28	854
zex5	Rachel	Woodruff	Epidemiology	E. Coil Outbreak	DEOC 21	404-553-7612	12/7/2006 10:07	12/7/2006 18:05	853
pbv7	Patricia	Yu	Epidemiology	E. Coil Outbreak	DEOC 1	404-553-7613	12/7/2006 10:07	12/8/2006 15:28	852
zmo2	Matthew	Biggerstaff	Epidemiology	E. Coil Outbreak	DEOC 21	770-553-7615	12/7/2006 9:34	12/8/2006 15:28	850
zly6	Samir	Sodha	Epidemiology	E. Coil Outbreak	DEOC 1	404-553-7618	12/7/2006 9:32	12/7/2006 22:21	849

E. Coll Event Accountability  
 Wednesday 12/6/06

UserID	FirstName	LastName	FuncRole	Event	Location	Phone	TimeIn	TimeOut	AccountID
<b>DEO Staff</b>									
epf8	Harry	Davis	Watch Staff Planning Section Chief	Daily Operations	DEOC 21	404-553-7503	12/6/2006 16:59	12/7/2006 7:13	839
cwy2	Thomas	Reynolds	Incident Action Plan	E. Coll Outbreak	DEOC 1	404-553-7815	12/6/2006 16:35	12/7/2006 7:13	838
ft5	Jacqueline	Evans	Senior Science Officer	E. Coll Outbreak	DEOC 21	404-553-7810	12/6/2006 14:34	12/7/2006 7:13	837
ava3	Dennis	Spears	Information Operations	E. Coll Outbreak	DEOC 21	(404) 553- 7816	12/6/2006 14:32	12/7/2006 7:13	836
epg0	Joseph	Tribble	Incident Action Plan	E. Coll Outbreak	DEOC 21	404-553-7813	12/6/2006 14:31	12/7/2006 7:13	835
cfv4	Janet	Smith	Demob Planner	E. Coll Outbreak	DEOC 21	404-553-7810	12/6/2006 14:30	12/7/2006 7:13	834
ctz6	Sonayia	Akinlade	(Select a Functional Role)	(Select an Event)	DEOC 21	404-639-7811	12/6/2006 14:30	12/7/2006 7:13	833
ft5	Jacqueline	Evans	Operations Section Chief	E. Coll Outbreak	(Select a Location)	404-553-7810	12/6/2006 14:01	12/7/2006 7:13	832
rao1	Ralph	O'Connor	Duty Officer	Daily Operations	DEOC 21	404-553-7555	12/6/2006 12:36	12/7/2006 7:13	831
rvr3	Randy	Riggs			DEOC 21	404-553-7505	12/6/2006 5:59	12/6/2006 15:17	830

E. Coil Event (Taco Bell) Accountability  
 Thursday 12/7/06

ten9	Thai-An	Nguyen	Epidemiology	E. Coil Outbreak	DEOC 21	770-553-7616	12/7/2006 9:31	12/8/2006 9:21	848
fex6	Anandi	Sheth	Epidemiology Information Management	E. Coil Outbreak	DEOC 21	770-553-7617	12/7/2006 9:18	12/8/2006 15:28	847
fk3	Cassie	Sheldon	Information Management	E. Coil Outbreak	DEOC 21	404-639-4302	12/7/2006 13:19	12/8/2006 13:56	859
dln7	Tanya	Johnson	Information Management	E. Coil Outbreak	DEOC 21	(404) 553-7766	12/7/2006 11:49	12/7/2006 18:04	858
cwk2	Roger	Harlan	Information Operations	E. Coil Outbreak	DEOC 21	553-7812	12/7/2006 10:45	12/8/2006 6:39	857



E. Coli Event (Taco Bell) Accountability  
Friday 12/8/06

UserID	FirstName	LastName	FuncRole	Event	Location	Phone	TimeIn	TimeOut	AccountID
<b>DEO Staff</b>									
bd18	Addie	Edwards	Watch Staff	Daily Operations	DEOC 21	404-553-7502	12/8/2006 13:02	12/9/2006 15:53	874
ep18	Harry	Davis	Watch Staff Planning	Operations	DEOC 1	404-639-5142	12/8/2006 6:59	12/8/2006 15:34	863
cw12	Thomas	Reynolds	Section Chief	E. Coli Outbreak	DEOC 21	404-553-7815	12/8/2006 17:12	12/8/2006 18:10	878
ep10	Joseph	Tribble	Information Operations	E. Coli Outbreak	DEOC 21	404-553-7813	12/8/2006 10:10	12/9/2006 15:53	870
ft15	Jacqueline	Evans	Incident Action Plan	E. Coli Outbreak	DEOC 21	404-553-7810	12/8/2006 13:41	12/9/2006 15:53	875
rv13	Randy	Riggs	**Daily Operations**	E. Coli Outbreak	DEOC 21	404-553-7747	12/8/2006 14:06	12/9/2006 15:53	877
jt16	Jimmie	Forther	Audiovisual/Co mmunications	E. Coli Outbreak	DEOC 21	404-553-7540	12/8/2006 14:03	12/9/2006 15:53	876
ct16	Sonayia	Akinlade	Demob Planner	E. Coli Outbreak	DEOC 21	404-553-7810	12/8/2006 6:18		861
ev17	Donovan	Williams	Duty Officer	Daily Operations	DEOC 21	404-553-7505	12/8/2006 7:16	12/8/2006 15:28	864
UserID	FirstName	LastName	FuncRole	Event	Location	Phone	TimeIn	TimeOut	AccountID
<b>Other Staff</b>									
fey5	Umid	Sharapov	Epidemiology	E. Coli Outbreak	DEOC 21	404-639-2839	12/8/2006 20:16	12/9/2006 19:07	879
ft10	Sadiya	Muqueeth	Epidemiology	E. Coli Outbreak	DEOC 21	404-553-7614	12/8/2006 9:21	12/8/2006 22:10	868
zmo2	Matthew	Biggerstaff	Epidemiology	E. Coli Outbreak	DEOC 21	404-553-7615	12/8/2006 8:56	12/9/2006 15:53	867
zly6	Samir	Sodha	Epidemiology	E. Coli Outbreak	DEOC 21	404-553-7618	12/8/2006 8:54	12/9/2006 1:10	866
zex5	Rachel	Woodruff	Epidemiology	E. Coli Outbreak	DEOC 21	404-553-7735	12/8/2006 8:31	12/9/2006 15:53	865
epc8	Emily	Cramer	Information Management	E. Coli Outbreak	DEOC 21	404-639-7768	12/8/2006 12:11	12/9/2006 15:53	873

E. Coli Event (Taco Bell) Accountability  
 Friday 12/8/06

fk3	Cassie	Sheldon	Information Management	E. Coli Outbreak	DEOC 21	404-639-4302	12/8/2006 12:02	12/8/2006 13:56	872
cay2	Catherine	Young	Information Management	E. Coli Outbreak	DEOC 21	404-553-7766	12/8/2006 11:06	12/8/2006 18:59	871
cwk2	Roger	Harlan	Information Operations	E. Coli Outbreak	DEOC 21	553-7812	12/8/2006 6:40		862
ten9	Thai-An	Nguyen	Team Database	E. Coli Outbreak	DEOC 21	404-553-7616	12/8/2006 9:22	12/8/2006 18:04	869

\*\*\*Information for internal use only\*\*\*

## Multi-state *E. coli* O157 / Taco Bell Outbreak

Updated numbers for  
Monday, December 18, 2006

\*\*\*Information for internal use only\*\*\*

**Table 1.** Confirmed and probable cases in the *E. coli* O157 / Taco Bell outbreak reported to CDC as of December 18, 2006, 12:00pm EST

State	Confirmed	Probable	
DE	2	0	0
NH	0	0	1
NJ	26	11	46
NY	17	8	333
PA	10	6	68
SC	1	0	0
Ontario	1	0	0
<b>Grand Total*</b>	<b>56</b>	<b>25</b>	<b>448</b>

\*Total for U.S. only and does not include Ontario case

- **6** states reported cases
  - 5 states reporting confirmed and/or probable cases (DE, NJ, NY, PA, SC)
- **56** confirmed, **25** probable, **2** possible, and **448** suspect cases reported to CDC
  - **81** confirmed and probable cases in U.S. reported publicly
- **1** confirmed case reported from Ontario, Canada.
  - Case information is not included in summary statistics.

Updated Numbers as of 12:00pm  
EST, Monday, December 18, 2006

**Table 2.** Confirmed and probable cases in the *E. coli* O157 / Taco Bell outbreak by state of Taco Bell exposure as reported to CDC as of December 18, 2006, 12:00pm EST

StateExposure	Total
DE	1
NJ	39
NY	25
PA	16
<b>Grand Total*</b>	<b>81</b>

\*One Ontario case not reported in these numbers reported eating at a Taco Bell in Malone, NY.

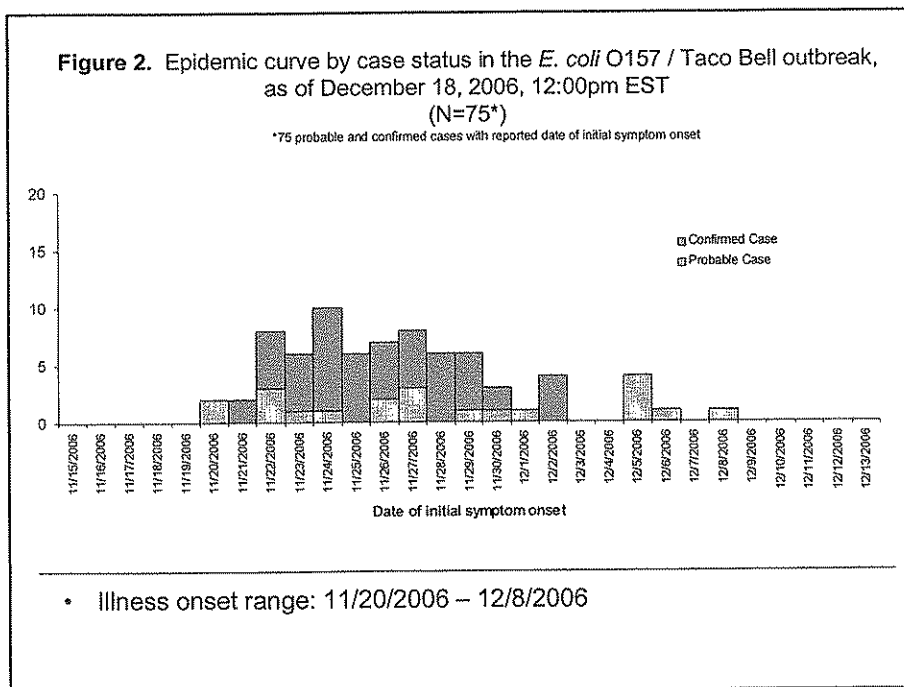
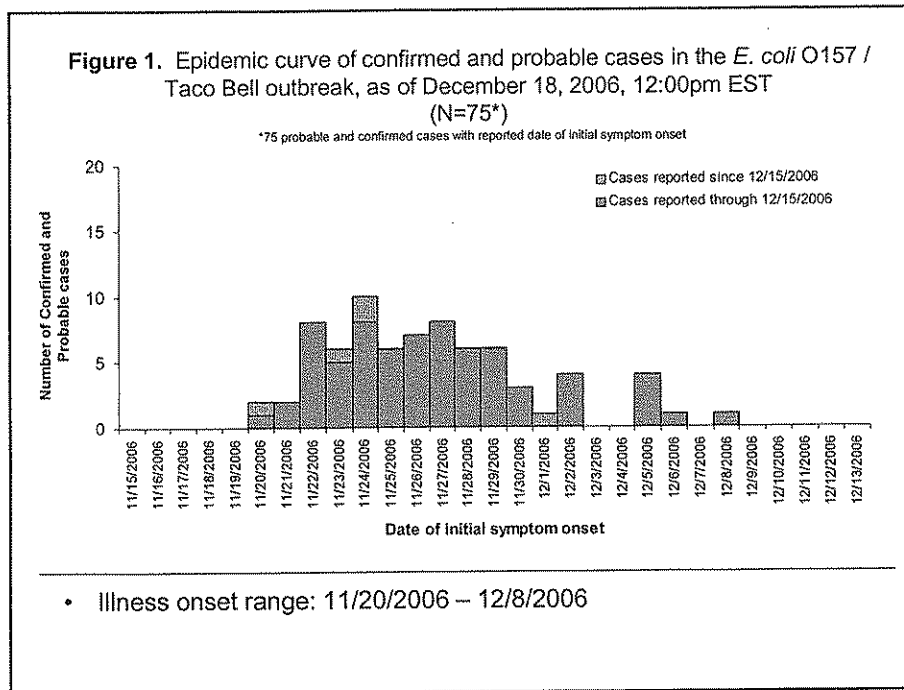
**Table 3.** Demographic characteristics of confirmed and probable cases in the *E. coli* O157 / Taco Bell outbreak, as of December 18, 2006, 12:00pm EST

<b>Demographics</b>	
Age in years, range (median), (N=78)	18 (4-61)
<b>Age Categories, n (%), (N=78)</b>	
< 5 years	1 (1)
5 - 17 years	35 (45)
18 - 59 years	40 (51)
> 59 years	2 (3)
<b>Gender, n (%), (N=80)</b>	
Female	43 (54)
Male	37 (46)

**Table 4.** Patient outcomes for confirmed and probable cases in the *E. coli* O157 / Taco Bell outbreak, as of December 18, 2006, 12:00pm EST

Outcome, N=81	n (%)	HUS Cases, N=8
Hospitalized	55 (68)	Median age (years) 11
HUS	8 (10)	Range (years) 6-51
Death	0 (0)	

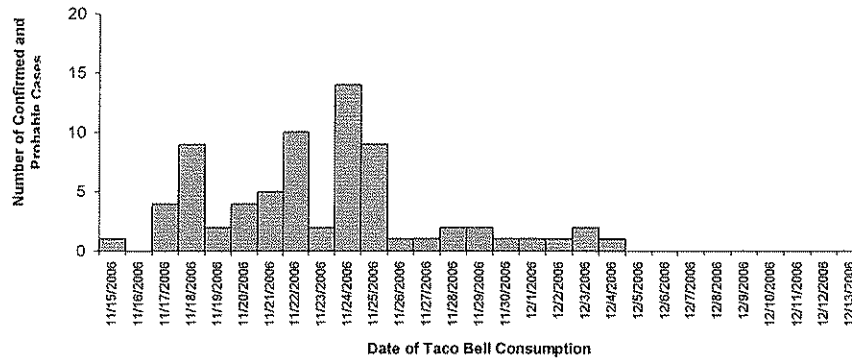
\*Cases with missing outcome information were considered to not have outcome



\*\*\*Information for internal use only\*\*\*

**Figure 3. TACO BELL CONSUMPTION Epi Curve:** Epidemic curve of confirmed and probable cases by reported date of Taco Bell Consumption, as of December 18, 2006, 12:00pm EST (N=73\*)

\*73 probable and confirmed cases with reported date of Taco Bell consumption



- Date of Taco Bell consumption range: 11/15/2006 – 12/4/2006

193622

ID number (State Lab ID if available) \_\_\_\_\_

### NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6) \_\_\_\_\_

Age \_\_\_\_\_ Sex  M  F City \_\_\_\_\_

Interviewer name Casey Barton

Who was interviewed? Case \_\_\_\_\_ (b)(6)

Stool specimen collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Case Status (please circle)  Confirmed

# disconnected /  
not in service

First I will ask you some questions about

What is the date and time that you first began

Date of onset of diarrhea: \_\_\_\_\_

VI PM

What is the date and time that you first noticed

vomiting, abdominal cramps, fever):

Date of onset of other symptom: \_\_\_\_\_

AM PM

Are you a Taco Bell employee? (please circle)

#### I. SYMPTOMS AND SEVERITY OF ILLNESS

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input type="checkbox"/>	Did the patient die?

#### II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N		(Specify street, city, state for each location)
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ____/____/2006 _____ Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. _____ contact number _____ which restaurant? _____	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

Y	?	N	ORDER SUBSTITUTIONS
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.
			Name of menu item: 1. _____ 2. _____ 3. _____
			<input type="checkbox"/> Hold tomatoes
			<input type="checkbox"/> Hold lettuce
			<input type="checkbox"/> Hold beef
			<input type="checkbox"/> Hold chicken
			<input type="checkbox"/> Hold cheese
			<input type="checkbox"/> Hold sour cream
			<input type="checkbox"/> Hold any onions
			<input type="checkbox"/> Hold white onions
			<input type="checkbox"/> Hold green onions
			<input type="checkbox"/> Hold olives
			<input type="checkbox"/> Substitute beans for meat
			<input type="checkbox"/> Hold sauce (specify type) _____
			<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

Y	?	N	If you cannot remember what menu item you ordered, do you know if you ordered:
A	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
F	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y	?	N	
G	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
H	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
J	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
L	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	Olives
S	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**



Group 4

## **E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE INSTRUCTIONS**

Please interview all confirmed or probable cases with the attached questionnaire. **Please document the State Lab ID (or other ID number if Lab ID not available) on EACH page of the questionnaire.**

Intro:

**"Hello, my name is \_\_\_\_\_, and I am working with the \_\_\_\_\_ State Health Department. We are investigating an outbreak of E. coli O157:H7 infections. Do you have time to answer some questions about your illness?"**

Please make sure to mark the interviewee's answer to every question in the introductory section of the questionnaire, particularly date of symptom onset and whether or not the person is a Taco Bell employee.

### **I. SYMPTOMS AND SEVERITY OF ILLNESS**

Please make sure to mark "Y", "?" (maybe/ don't know), or "N" for EACH question.

### **II. RESTAURANT EXPOSURES**

Please make sure to mark "Y", "?" (maybe/ don't know), or "N" for EACH question. Please also make sure to document the location and date for each restaurant. If there were multiple locations or dates, please document this. Please also ask each person about their dining companions, document the restaurant at which they had the dining companion, and write the names and contact numbers of their dining companions.

### **III. TACO BELL EXPOSURES**

Please read ALL of the instructions listed after this section to the interviewee. If the interviewee knows exactly which menu items they ate, you do not need to read all of the menu items, but please mark those menu items they ate as "Y" and mark "N" on the remaining items. Please document how many of that menu item the interviewee ate in the "#" column next to the respective menu item. If the interviewee does not know which items they ate, please read all of the menu items and mark "Y", "N" or "?" as appropriate. If they still do not remember which menu items, please mark "I don't remember" under the "Misc." section. Please refer to the following pages for a detailed description of each menu item if this is needed to help identify which menu item was eaten.

Please document ALL order substitutions or special orders. If the interviewee made an order substitution, please write the name of the menu item that they ordered and check off which order substitution. If they do not remember which substitution, please read all of the choices and check as appropriate.

If a person does not recall which menu item they ordered, please ask which type of item they ordered and whether their menu item contained the listed foods. Please make sure to mark "Y," "N," or "?" for EACH item.

***If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, [ssodha@cdc.gov](mailto:ssodha@cdc.gov), (404) 639-2234 or Anandi Sheth/ CDC Enterics, [asheth@cdc.gov](mailto:asheth@cdc.gov), (404) 639-1984.***

**PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

Group 4

E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE INSTRUCTIONS

Please interview all confirmed or probable cases with the attached questionnaire. Please document the State Lab ID (or other ID number if Lab ID not available) on EACH page of the questionnaire.

Intro:

"Hello, my name is \_\_\_\_\_, and I am working with the PA State Health Department. We are investigating an outbreak of E. coli O157:H7 infections. Do you have time to answer some questions about your illness?"

Please make sure to mark the interviewee's answer to every question in the introductory section of the questionnaire. Person is a Taco Bell employee.

I. SYMPTO Please make sure to 12/9 1:25 PM

II. RESTAU (b)(6) willing

Please make sure to sure to document the to talk but parents were please document this. not available to give consent. restaurant at which the dining companions.

III. TACO BE Suggested calling back ~ 3 PM

Please read ALL of th exactly which menu it S. VINDIENI

menu items they ate a menu item the interviewee does not know which items interviewee does as appropriate. If they still do not rem 12/9 4:40 pm

Please refer to the foll identify which menu it (b)(6) parents out again

Please document ALL She asked that we call please write the name Sunday daytime - willing do not remember whic

If a person does not re to talk. whether their menu ite

item. - M. Resnick

If you have any qu ssodha@cdc.gov/, 12/10/06 1:22pm terics, @cdc.gov, (404) 639-1984.

PLEASE FAX COM No answer (P. Juliao) 12/10/06 4:16 p.m. No answer (N. Patel) -2205, ATTN: SAMIR SODHA

ID number (State Lab ID if available) \_\_\_\_\_

# NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number <sup>(b)(6)</sup> \_\_\_\_\_

Age 15 Sex  M  F State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_/\_\_\_\_/2006

Case Status (please circle) Confirmed Probable

## First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes No

## I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input type="checkbox"/>	Did the patient die?

## II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N		(Specify street, city, state for each location)
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ____/____/2006 _____ Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. _____ contact number _____ which restaurant? _____	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

Y	?	N	ORDER SUBSTITUTIONS			
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.		
Name of menu item:	1. _____	2. _____	3. _____			
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes			
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce			
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef			
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken			
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese			
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream			
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions			
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions			
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions			
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives			
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat			
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____			
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____			

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

Y	?	N	If you cannot remember what menu item you ordered, do you know if you ordered:	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y	?	N	
G	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
H	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
J	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
L	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	Olives
S	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

**E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE INSTRUCTIONS**

Please interview all confirmed or probable cases with the attached questionnaire. Please document the State Lab ID (or other ID number if Lab ID not available) on EACH page of the questionnaire.

Intro:

"Hello, my name is \_\_\_\_\_, and I am working with the NJ State Health Department. We are investigating an outbreak of E. coli O157:H7 infections. Do you have time to answer some questions about your illness?"

Please make sure # 193569 question in the introductory section whether or not the person is a Taco Bell employee. 12/10 @ 11:30a.m. No answer (Angie Weber)

I. **SYM** 12/10 @ 1:45 p.m. No answer (Nehal Patel)  
Please make sure 12/10 @ 4:15 p.m. " " " " CH question.

II. **RES**  
Please make sure to document restaurant at which dining companion were multiple locations or dates, including companions, document the names and contact numbers of their

III. **TACC**  
Please read ALL menu items they ate in the "#" column next to the respective menu item. If the interviewee does not know which items they ate, please read all of the menu items and mark "Y," "N" or "?" as appropriate. If they still do not remember which menu items, please mark "I don't remember" under the "Misc." section. Please refer to the following pages for a detailed description of each menu item if this is needed to help identify which menu item was eaten.

Please document ALL order substitutions or special orders. If the interviewee made an order substitution, please write the name of the menu item that they ordered and check off which order substitution. If they do not remember which substitution, please read all of the choices and check as appropriate.

If a person does not recall which menu item they ordered, please ask which type of item they ordered and whether their menu item contained the listed foods. Please make sure to mark "Y," "N," or "?" for EACH item.

**If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, [ssodha@cdc.gov](mailto:ssodha@cdc.gov), (404) 639-2234 or Anandi Sheth/ CDC Enterics, [asheth@cdc.gov](mailto:asheth@cdc.gov), (404) 639-1984.**

**PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) \_\_\_\_\_

### NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number \_\_\_\_\_

Age \_\_\_\_\_ Sex  M  F State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_/\_\_\_\_/2006

Case Status (please circle) Confirmed Probable

#### First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes No

#### I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

<b>Y ? N</b>	Did you have any of these symptoms?	<b>Y ? N</b>	
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Vomiting?	H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you receive antibiotics for your illness?
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did the patient die?

#### II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

<b>Y ? N</b>	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ____/____/2006
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any other restaurant?	
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, name 1. _____ contact number _____ which restaurant? _____	
	2. _____ contact number _____ which restaurant? _____	
	3. _____ contact number _____ which restaurant? _____	
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

**E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE INSTRUCTIONS**

Please interview all confirmed or probable cases with the attached questionnaire. Please document the State Lab ID (or other ID number if Lab ID not available) on EACH page of the questionnaire.

Intro:

"Hello, my name is \_\_\_\_\_, and I am working with the \_\_\_\_\_ State Health Department. We are investigating an outbreak of E. coli O157:H7 infections. Do you have time to answer \_\_\_\_\_ about your illness?"

Please make sure to make  
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PLEASE FAX COMPLETED QUESTIONNAIRES TO \_\_\_\_\_

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IR SODHA



ID number (State Lab ID if available) 193868

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number \_\_\_\_\_  
Age \_\_\_\_\_ Sex  M  F State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_/\_\_\_\_/2006

Case Status (please circle) Confirmed Probable

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N		(Specify street, city, state for each location)
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ____/____/2006 _____ Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. _____ contact number _____ which restaurant? _____	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) 193868

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 19 Sex  M  F State NJ County Bergen City Englewood City

Interviewer name \_\_\_\_\_ Date of interview 1 / 1 / 2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_\_ / \_\_\_\_\_ / 2006

Case Status (please circle) Confirmed Probable

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: \_\_\_\_\_ AM \_\_\_\_\_ PM

What is the date and time that you first noticed symptoms (nausea, vomiting, abdominal cramps, diarrhea, bloody diarrhea, fever):

Date of onset of other symptoms \_\_\_\_\_

Are you a Taco Bell employee? (please circle)

**I. SYMPTOMS AND SEVERITY OF ILLNESS. N**

- | Y | ?                        | N                        | Did you have any of these symptoms? |
|---|--------------------------|--------------------------|-------------------------------------|
| A | <input type="checkbox"/> | <input type="checkbox"/> | Any Nausea?                         |
| B | <input type="checkbox"/> | <input type="checkbox"/> | Any Vomiting?                       |
| C | <input type="checkbox"/> | <input type="checkbox"/> | Any Abdominal cramps?               |
| D | <input type="checkbox"/> | <input type="checkbox"/> | Any Diarrhea?                       |
| E | <input type="checkbox"/> | <input type="checkbox"/> | Any Bloody diarrhea?                |
| F | <input type="checkbox"/> | <input type="checkbox"/> | Any Fever?                          |

193868  
Case Paire  
12/10/06 2:25 PM  
Tried - no answer

**II. RESTAURANT EXPOSURES. Now I will ask you to answer these questions for the 7 days prior to the onset of your illness.**

- | Y | ?                        | N                        | Did you eat at any restaurants?   | Date                |
|---|--------------------------|--------------------------|---|---------------------|
| A | <input type="checkbox"/> | <input type="checkbox"/> | Did you eat at any restaurants?   | ____/____/2006      |
| B | <input type="checkbox"/> | <input type="checkbox"/> | Did you eat at any Taco Bell? If yes, Location _____  | Date ____/____/2006 |
| C | <input type="checkbox"/> | <input type="checkbox"/> | Did you eat at any Kentucky Fried Chicken (KFC)? If yes, Location _____   | Date ____/____/2006 |
| D | <input type="checkbox"/> | <input type="checkbox"/> | Did you eat at any A & W All American Food? If yes, Location _____  | Date ____/____/2006 |
| E | <input type="checkbox"/> | <input type="checkbox"/> | Did you eat at any Long John Silver's? If yes, Location _____   | Date ____/____/2006 |
| F | <input type="checkbox"/> | <input type="checkbox"/> | Did you eat at any Pizza Hut? If yes, Location _____  | Date ____/____/2006 |
| G | <input type="checkbox"/> | <input type="checkbox"/> | Did you eat at McDonalds? If yes, Location _____  | Date ____/____/2006 |
| H | <input type="checkbox"/> | <input type="checkbox"/> | Did you eat at Subway? If yes, Location _____   | Date ____/____/2006 |
| I | <input type="checkbox"/> | <input type="checkbox"/> | Did you eat at Blimpies? If yes, Location _____   | Date ____/____/2006 |
| J | <input type="checkbox"/> | <input type="checkbox"/> | Did you eat at any other restaurant?  |                     |
| K | <input type="checkbox"/> | <input type="checkbox"/> | Did you have a dining companion? If yes, name 1. _____ contact number _____ which restaurant? _____   |                     |
|   |                          |                          | 2. _____ contact number _____ which restaurant? _____   |                     |
|   |                          |                          | 3. _____ contact number _____ which restaurant? _____   |                     |
| M | <input type="checkbox"/> | <input type="checkbox"/> | Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant? If yes, which dining companion (specify name) _____ |                     |

Y ? N ORDER SUBSTITUTIONS				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.
Name of menu item:	1. _____	2. _____	3. _____	
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

Y ? N		If you cannot remember what menu item you ordered, do you know if you ordered:		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Olives
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

## **E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE INSTRUCTIONS**

Please interview all confirmed or probable cases with the attached questionnaire. **Please document the State Lab ID (or other ID number if Lab ID not available) on EACH page of the questionnaire.**

Intro:

***"Hello, my name is \_\_\_\_\_, and I am working with the \_\_\_\_\_ State Health Department. We are investigating an outbreak of E. coli O157:H7 infections. Do you have time to answer some questions about your illness?"***

Please make sure to mark the interviewee's answer to every question in the introductory section of the questionnaire, particularly date of symptom onset and whether or not the person is a Taco Bell employee.

### **I. SYMPTOMS AND SEVERITY OF ILLNESS**

Please make sure to mark "Y", "?" (maybe/ don't know), or "N" for EACH question.

### **II. RESTAURANT EXPOSURES**

Please make sure to mark "Y", "?" (maybe/ don't know), or "N" for EACH question. Please also make sure to document the location and date for each restaurant. If there were multiple locations or dates, please document this. Please also ask each person about their dining companions, document the restaurant at which they had the dining companion, and write the names and contact numbers of their dining companions.

### **III. TACO BELL EXPOSURES**

Please read ALL of the instructions listed after this section to the interviewee. If the interviewee knows exactly which menu items they ate, you do not need to read all of the menu items, but please mark those menu items they ate as "Y" and mark "N" on the remaining items. Please document how many of that menu item the interviewee ate in the "#" column next to the respective menu item. If the interviewee does not know which items they ate, please read all of the menu items and mark "Y", "N" or "?" as appropriate. If they still do not remember which menu items, please mark "I don't remember" under the "Misc." section. Please refer to the following pages for a detailed description of each menu item if this is needed to help identify which menu item was eaten.

Please document ALL order substitutions or special orders. If the interviewee made an order substitution, please write the name of the menu item that they ordered and check off which order substitution. If they do not remember which substitution, please read all of the choices and check as appropriate.

If a person does not recall which menu item they ordered, please ask which type of item they ordered and whether their menu item contained the listed foods. Please make sure to mark "Y," "N," or "?" for EACH item.

***If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, [ssodha@cdc.gov](mailto:ssodha@cdc.gov), (404) 639-2234 or Anandi Sheth/ CDC Enterics, [asheth@cdc.gov](mailto:asheth@cdc.gov), (404) 639-1984.***

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**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	<b>Big Bell Value Menu</b>	#	Y	?	N	<b>Chalupas</b>	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	___
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	___	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	___
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	___	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	___
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	___	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	___
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	___	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	___
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	___
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	___	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	___	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	___
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	___	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	___
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	___
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	___
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	___
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	___	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	___
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	___	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	___
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	___	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	___
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	___
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	___	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	___
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	___	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	___
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	___	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	___
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	___	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	___
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	___	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	___
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	___	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	___
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	___
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	___
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	___	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	___
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	___
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	___	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	___	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	___
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	___

ID number (State Lab ID if available) \_\_\_\_\_

Y ? N		ORDER SUBSTITUTIONS		
A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.		
Name of menu item:	1. _____	2. _____	3. _____	
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<b>IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:</b>				
Y ? N		If you cannot remember what menu item you ordered, do you know if you ordered:		
A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Taco?		
B	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?		
C	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?		
D	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?		
E	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?		
F	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____		
		If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):		
Y ? N				
G	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes		
H	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce		
I	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef		
J	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken		
K	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream		
L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese		
M	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans		
N	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions		
O	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions		
P	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions		
Q	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak		
R	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives		
S	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)		
T	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____		

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**





ID number (State Lab ID if available) \_\_\_\_\_

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___				<b>Nachos &amp; Sides</b>	
			<b>Tacos</b>		A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	___
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	___	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	___
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	___	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	___
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	___	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	___
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	___	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	___
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	___
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	___				<b>Specialties</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	___	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	___
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	___	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	___
			<b>Burritos</b>		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	___
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	___
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	___
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	___	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	___
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	___	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	___
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	___	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	___
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	___
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	___	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	___
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	___	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	___
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	___	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	___
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	___	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	___
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	___	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	___
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	___	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	___
			<b>Gorditas</b>					<b>Quesadillas</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	___
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	___
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	___				<b>Bowls</b>	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	___
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	___
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	___				<b>Misc.</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	___	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	___
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	___

Y	?	N	ORDER SUBSTITUTIONS	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.
Name of menu item:			1. _____	
			2. _____	
			3. _____	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold tomatoes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold lettuce
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold beef
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold chicken
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold cheese
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold sour cream
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold any onions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold white onions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold green onions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold olives
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substitute beans for meat
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold sauce (specify type) _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold tomatoes
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold lettuce
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold beef
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold chicken
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold cheese
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold sour cream
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold any onions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold white onions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold green onions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold olives
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substitute beans for meat
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold sauce (specify type) _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<b>IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:</b>				
	<b>Y</b>	<b>?</b>	<b>N</b>	If you cannot remember what menu item you ordered, do you know if you ordered:
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____
				If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):
	<b>Y</b>	<b>?</b>	<b>N</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Olives
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available)

193357



NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number

(b)(6)

Age Sex M F State County City

Interviewer name Date of interview / /2006

Who was interviewed? Case Spouse Parent

Stool specimen collection date: / / 2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first became ill?

Date of onset of diarrhea

What is the date and time that you first became ill (stool, abdominal cramps, fever):

Date of onset of other symptoms

Are you a Taco Bell employee? (please specify)

Tried to call 12/8/06 AM, but not available JL

no answer

I. SYMPTOMS AND SEVERITY OF ILLNESS.

Table with columns Y, ?, N and rows A-F for symptoms: Any Nausea, Any Vomiting, Any Abdominal cramp, Any Diarrhea, Any Bloody diarrhea, Any Fever?

II. RESTAURANT EXPOSURES. Now answer these questions for the 7 days before you became ill. Please

Table with columns Y, ?, N and rows A-M for restaurant exposures: Did you eat at any restaurants? Did you eat at any Taco Bell? Did you eat at any Kentucky Fried Chicken (KFC)? Did you eat at any A & W All American Food? Did you eat at any Long John Silver's? Did you eat at any Pizza Hut? Did you eat at McDonalds? Did you eat at Subway? Did you eat at Blimpies? Did you eat at any other restaurant? Did you have a dining companion? Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?

ID number (State Lab ID if available) \_\_\_\_\_

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___				<b>Nachos &amp; Sides</b>	
			<b>Tacos</b>		A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	___
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	___	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	___
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	___	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	___
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	___	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	___
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	___	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	___
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	___
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	___				<b>Specialties</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	___	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	___
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	___	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	___
			<b>Burritos</b>		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	___
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	___
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	___
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	___	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	___
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	___	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	___
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	___	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	___
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	___
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	___	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	___
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	___	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	___
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	___	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	___
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	___	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	___
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	___	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	___
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	___	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	___
			<b>Gorditas</b>					<b>Quesadillas</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	___
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	___
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	___				<b>Bowls</b>	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	___
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	___
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	___				<b>Misc.</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	___	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	___
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	___

ID number (State Lab ID if available) \_\_\_\_\_

Y ? N ORDER SUBSTITUTIONS				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.
Name of menu item:	1. _____	2. _____	3. _____	
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<b>IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:</b>				
	<b>Y ? N</b>	If you cannot remember what menu item you ordered, do you know if you ordered:		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____
If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):				
	<b>Y ? N</b>			
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Olives
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

(b)(6)

ID number (State Lab ID if available) 193942 (b)(6)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 51 Sex  M  F State \_\_\_\_\_ County Middlesex City Piscataway Township

Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_/\_\_\_\_/2006

Case Status (please circle) Confirmed Probable

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes No

**I. SYMPTOMS AND SEVERITY**

and illness.

Y	?	N	Did you have any	
A	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	illness?
B	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	ness?
C	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cr	
D	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	
E	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrh	ndrome)?
F	<input type="checkbox"/>	<input type="checkbox"/>	Any Fever?	

*Wrong #*

**II. RESTAURANT EXPOSURES.**  
answer these questions for the

ten. Please

Y	?	N	Did you eat a	h location)
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat a	Date ____/____/2006
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat a	Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at	Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at	Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at	Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at	Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. _____ contact number _____ which restaurant? _____	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

ID number (State Lab ID if available) \_\_\_\_\_

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
<b>Big Bell Value Menu</b>					<b>Chalupas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	___
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	___	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	___
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	___	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	___
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	___	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	___
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	___	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	___
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	___
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	___	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	___	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	___
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	___	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	___
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	___
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	___
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	___
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	___	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	___
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	___	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	___
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	___	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	___
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	___
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	___	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	___
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	___	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	___
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	___	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	___
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	___	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	___
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	___	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	___
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	___	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	___
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	___
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	___
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	___	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	___
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	___
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	___	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	___	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	___
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	___



ID number (State Lab ID if available) \_\_\_\_\_

Y	?	N	ORDER SUBSTITUTIONS	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.
Name of menu item:	1. _____	2. _____	3. _____	
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<b>IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:</b>				
Y	?	N	If you cannot remember what menu item you ordered, do you know if you ordered:	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A Taco?	
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A Burrito?	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A Quesadilla?	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> A Salad?	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nachos?	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (ex., gordita, chalupa, etc) Describe _____	
If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):				
Y	?	N		
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tomatoes	
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lettuce	
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ground beef	
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chicken	
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sour Cream	
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cheese	
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beans	
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Green onions	
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> White onions	
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Any onions	
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Steak	
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Olives	
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sauce (ex., mild, hot, fire)	
T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (specify) _____	

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) 194014

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)  
Age 20 Sex  M  F State NJ County \_\_\_\_\_ City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_/\_\_\_\_/2006

Case Status (please circle) Confirmed Probable

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

Are you a Taco Bell employee? (please state)

**I. SYMPTOMS AND SEVERITY**

**Symptoms and illness.**

Y	?	N	Did you have	
A	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea	for your illness?
B	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting	or your illness?
C	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal Cramps	
D	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea	s _____
E	<input type="checkbox"/>	<input type="checkbox"/>	Any Blood in Stool	remic syndrome)?
F	<input type="checkbox"/>	<input type="checkbox"/>	Any Fever	illness?

*Called # 12/8/06 but no answer; phone static when ringing JL*

**II. RESTAURANT EXPOSURE**

**have eaten. Please**

answer these questions

Y	?	N	Did you eat at	Date
A	<input type="checkbox"/>	<input type="checkbox"/>	_____	____/____/2006
B	<input type="checkbox"/>	<input type="checkbox"/>	_____	____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	_____	____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	_____	____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	_____	____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. _____ contact number _____ which restaurant? _____	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___				<b>Nachos &amp; Sides</b>	
			<b>Tacos</b>		A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	___
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	___	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	___
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	___	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	___
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	___	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	___
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	___	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	___
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	___
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	___				<b>Specialties</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	___	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	___
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	___	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	___
			<b>Burritos</b>		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	___
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	___
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	___
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	___	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	___
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	___	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	___
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	___	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	___
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	___
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	___	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	___
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	___	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	___
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	___	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	___
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	___	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	___
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	___	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	___
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	___	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	___
			<b>Gorditas</b>					<b>Quesadillas</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	___
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	___
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	___				<b>Bowls</b>	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	___
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	___
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	___				<b>Misc.</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	___	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	___
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	___

ID number (State Lab ID if available) \_\_\_\_\_

Y	?	N	ORDER SUBSTITUTIONS
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.
Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<b>IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.</b>			
Y	?	N	If you cannot remember what menu item you ordered, do you know if you ordered:
A	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
F	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____
If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):			
Y	?	N	
G	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
H	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
J	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
L	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	Olives
S	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) 193622

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 10 Sex  M  F State NJ County Merler City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_/\_\_\_\_/2006

Case Status (please circle) Confirmed Probable

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N		
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	(Specify street, city, state for each location)
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ____/____/2006 _____ Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			if yes, name 1. _____ contact number _____ which restaurant? _____	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

ID number (State Lab ID if available) \_\_\_\_\_

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	<b>Big Bell Value Menu</b>	#	Y	?	N	<b>Chalupas</b>	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___				<b>Nachos &amp; Sides</b>	
			<b>Tacos</b>		A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	___
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	___	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	___
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	___	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	___
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	___	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	___
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	___	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	___
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	___
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	___				<b>Specialties</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	___	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	___
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	___	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	___
			<b>Burritos</b>		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	___
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	___
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	___
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	___	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	___
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	___	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	___
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	___	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	___
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	___
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	___	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	___
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	___	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	___
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	___	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	___
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	___	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	___
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	___	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	___
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	___	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	___
			<b>Gorditas</b>					<b>Quesadillas</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	___
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	___
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	___				<b>Bowls</b>	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	___
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	___
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	___				<b>Misc.</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	___	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	___
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	___

ID number (State Lab ID if available) \_\_\_\_\_

Y	?	N	<b>ORDER SUBSTITUTIONS</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.			
			1. _____ 2. _____ 3. _____			
Name of menu item:			<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Hold tomatoes  <input type="checkbox"/> Hold lettuce  <input type="checkbox"/> Hold beef  <input type="checkbox"/> Hold chicken  <input type="checkbox"/> Hold cheese  <input type="checkbox"/> Hold sour cream  <input type="checkbox"/> Hold any onions  <input type="checkbox"/> Hold white onions  <input type="checkbox"/> Hold green onions  <input type="checkbox"/> Hold olives  <input type="checkbox"/> Substitute beans for meat  <input type="checkbox"/> Hold sauce (specify type) _____  <input type="checkbox"/> Other _____                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Hold tomatoes  <input type="checkbox"/> Hold lettuce  <input type="checkbox"/> Hold beef  <input type="checkbox"/> Hold chicken  <input type="checkbox"/> Hold cheese  <input type="checkbox"/> Hold sour cream  <input type="checkbox"/> Hold any onions  <input type="checkbox"/> Hold white onions  <input type="checkbox"/> Hold green onions  <input type="checkbox"/> Hold olives  <input type="checkbox"/> Substitute beans for meat  <input type="checkbox"/> Hold sauce (specify type) _____  <input type="checkbox"/> Other _____                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Hold tomatoes  <input type="checkbox"/> Hold lettuce  <input type="checkbox"/> Hold beef  <input type="checkbox"/> Hold chicken  <input type="checkbox"/> Hold cheese  <input type="checkbox"/> Hold sour cream  <input type="checkbox"/> Hold any onions  <input type="checkbox"/> Hold white onions  <input type="checkbox"/> Hold green onions  <input type="checkbox"/> Hold olives  <input type="checkbox"/> Substitute beans for meat  <input type="checkbox"/> Hold sauce (specify type) _____  <input type="checkbox"/> Other _____                 </td> </tr> </table>	<input type="checkbox"/> Hold tomatoes <input type="checkbox"/> Hold lettuce <input type="checkbox"/> Hold beef <input type="checkbox"/> Hold chicken <input type="checkbox"/> Hold cheese <input type="checkbox"/> Hold sour cream <input type="checkbox"/> Hold any onions <input type="checkbox"/> Hold white onions <input type="checkbox"/> Hold green onions <input type="checkbox"/> Hold olives <input type="checkbox"/> Substitute beans for meat <input type="checkbox"/> Hold sauce (specify type) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Hold tomatoes <input type="checkbox"/> Hold lettuce <input type="checkbox"/> Hold beef <input type="checkbox"/> Hold chicken <input type="checkbox"/> Hold cheese <input type="checkbox"/> Hold sour cream <input type="checkbox"/> Hold any onions <input type="checkbox"/> Hold white onions <input type="checkbox"/> Hold green onions <input type="checkbox"/> Hold olives <input type="checkbox"/> Substitute beans for meat <input type="checkbox"/> Hold sauce (specify type) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Hold tomatoes <input type="checkbox"/> Hold lettuce <input type="checkbox"/> Hold beef <input type="checkbox"/> Hold chicken <input type="checkbox"/> Hold cheese <input type="checkbox"/> Hold sour cream <input type="checkbox"/> Hold any onions <input type="checkbox"/> Hold white onions <input type="checkbox"/> Hold green onions <input type="checkbox"/> Hold olives <input type="checkbox"/> Substitute beans for meat <input type="checkbox"/> Hold sauce (specify type) _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Hold tomatoes <input type="checkbox"/> Hold lettuce <input type="checkbox"/> Hold beef <input type="checkbox"/> Hold chicken <input type="checkbox"/> Hold cheese <input type="checkbox"/> Hold sour cream <input type="checkbox"/> Hold any onions <input type="checkbox"/> Hold white onions <input type="checkbox"/> Hold green onions <input type="checkbox"/> Hold olives <input type="checkbox"/> Substitute beans for meat <input type="checkbox"/> Hold sauce (specify type) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Hold tomatoes <input type="checkbox"/> Hold lettuce <input type="checkbox"/> Hold beef <input type="checkbox"/> Hold chicken <input type="checkbox"/> Hold cheese <input type="checkbox"/> Hold sour cream <input type="checkbox"/> Hold any onions <input type="checkbox"/> Hold white onions <input type="checkbox"/> Hold green onions <input type="checkbox"/> Hold olives <input type="checkbox"/> Substitute beans for meat <input type="checkbox"/> Hold sauce (specify type) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Hold tomatoes <input type="checkbox"/> Hold lettuce <input type="checkbox"/> Hold beef <input type="checkbox"/> Hold chicken <input type="checkbox"/> Hold cheese <input type="checkbox"/> Hold sour cream <input type="checkbox"/> Hold any onions <input type="checkbox"/> Hold white onions <input type="checkbox"/> Hold green onions <input type="checkbox"/> Hold olives <input type="checkbox"/> Substitute beans for meat <input type="checkbox"/> Hold sauce (specify type) _____ <input type="checkbox"/> Other _____				
<b>IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:</b>						
			If you cannot remember what menu item you ordered, do you know if you ordered:			
Y	?	N				
A	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?			
B	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?			
C	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?			
D	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?			
E	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?			
F	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____			
			If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):			
Y	?	N				
G	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes			
H	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce			
I	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef			
J	<input type="checkbox"/>	<input type="checkbox"/>	Chicken			
K	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream			
L	<input type="checkbox"/>	<input type="checkbox"/>	Cheese			
M	<input type="checkbox"/>	<input type="checkbox"/>	Beans			
N	<input type="checkbox"/>	<input type="checkbox"/>	Green onions			
O	<input type="checkbox"/>	<input type="checkbox"/>	White onions			
P	<input type="checkbox"/>	<input type="checkbox"/>	Any onions			
Q	<input type="checkbox"/>	<input type="checkbox"/>	Steak			
R	<input type="checkbox"/>	<input type="checkbox"/>	Olives			
S	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)			
T	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____			

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) 193955

Control A **B** (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner **Reverse directory**

Age \_\_\_\_\_ Sex  M  F State NJ County \_\_\_\_\_ City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006

Who was interviewed? Control \_\_\_\_\_ Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes No (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_\_/\_\_\_\_/2006 (fill in case illness onset date)

Y	?	N			
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	(Specify street, city, state for each location)
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

**If the control did not eat at Taco Bell, please end interview.**

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—						



ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) 193955

Control (A) B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age \_\_\_\_\_ Sex  M  F State NY County \_\_\_\_\_ City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006

Who was interviewed? Control \_\_\_\_\_ Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes No (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes No

**I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_\_/\_\_\_\_/2006 (fill in case illness onset date)**

Y	?	N		(Specify street, city, state for each location)
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	Date ____/____/2006
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	Date ____/____/2006

**If the control did not eat at Taco Bell, please end interview.**

**II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).**

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

Restaurant Study

Call back around 6 or 7 Friday night to speak with wife?  
(b)(6)

Completed

ID number (State Lab ID if available) ~~193793~~ 693793

Control (A) B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 52 Sex M F State NJ County Middle City Milford

Interviewer name Date of interview / /2006

Who was interviewed? Control Parent

Have you been ill with vomiting or diarrhea since November 1st? Yes No (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes No  
11/24 - 11/30 11/24 - 11/30  
11/18 - 11/22

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to / /2006 (fill in case illness onset date)

Table with 3 columns: Y, ?, N and questions about eating at various restaurants (A-J) with location and date fields.

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate.

Table with 4 columns: Y, ?, N, Big Bell Value Menu, #, Chalupas, #. Lists menu items like burrito grande, spicy chicken, double decker taco, etc.

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

# Restaurant study

ID number (State Lab ID if available) 193793 193793 Control A  B (circle)

## NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_  
 Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
 Age 32 Sex  M  F State NJ County Mid City Piscataway  
 Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006  
 Who was interviewed? Control \_\_\_\_\_ Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>?  Yes  No (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

### I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_\_/\_\_\_\_/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ____/____/2006 _____ Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

### II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

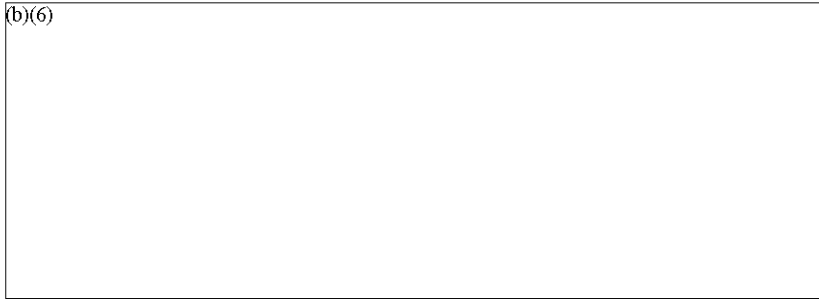
**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

Dr.'s office 193942

→ stool

~~XXXXXXXXXXXXXXXXXXXX~~

(b)(6)





193942

ID number (State Lab ID if available)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6)

Age Sex M F State NJ County City

Interviewer name Date of interview / /2006

Who was interviewed? Case Spouse Parent

Stool specimen collection date: / / 2006

Case Status (please circle) Confirmed Probable

12/10 - 11:40am

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: / / 2006

Time:

- Wrong phone # above. Called information, and there is nothing listed (Angie Weber)

What is the date and time that you first noticed symptoms other than diarrhea

Date of onset of other symptoms / / 2006

Are you a Taco Bell employee? (please circle) Yes No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some qu

Table with columns Y ? N and rows A-F, G-L for various symptoms like Nausea, Vomiting, Abdominal cramps, Diarrhea, Bloody diarrhea, Fever, Hospital nights, HUS, Antibiotics, Patient die.

#193942

II. RESTAURANT EXPOSURES. Now I will ask answer these questions for the 7 days prio

about places where you may have eaten. Please

Form with columns Y ? N and rows A-K for restaurant exposure questions, including dates and names of restaurants.

12/10/06 This phone # is to a doctors office that is closed

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

Group 4

## **E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE INSTRUCTIONS**

Please interview all confirmed or probable cases with the attached questionnaire. **Please document the State Lab ID (or other ID number if Lab ID not available) on EACH page of the questionnaire.**

Intro:

**"Hello, my name is \_\_\_\_\_, and I am working with the \_\_\_\_\_ State Health Department. We are investigating an outbreak of E. coli O157:H7 infections. Do you have time to answer some questions about your illness?"**

Please make sure to mark the interviewee's answer to every question in the introductory section of the questionnaire, particularly date of symptom onset and whether or not the person is a Taco Bell employee.

### **I. SYMPTOMS AND SEVERITY OF ILLNESS**

Please make sure to mark "Y", "?" (maybe/ don't know), or "N" for EACH question.

### **II. RESTAURANT EXPOSURES**

Please make sure to mark "Y", "?" (maybe/ don't know), or "N" for EACH question. Please also make sure to document the location and date for each restaurant. If there were multiple locations or dates, please document this. Please also ask each person about their dining companions, document the restaurant at which they had the dining companion, and write the names and contact numbers of their dining companions.

### **III. TACO BELL EXPOSURES**

Please read ALL of the instructions listed after this section to the interviewee. If the interviewee knows exactly which menu items they ate, you do not need to read all of the menu items, but please mark those menu items they ate as "Y" and mark "N" on the remaining items. Please document how many of that menu item the interviewee ate in the "#" column next to the respective menu item. If the interviewee does not know which items they ate, please read all of the menu items and mark "Y", "N" or "?" as appropriate. If they still do not remember which menu items, please mark "I don't remember" under the "Misc." section. Please refer to the following pages for a detailed description of each menu item if this is needed to help identify which menu item was eaten.

Please document ALL order substitutions or special orders. If the interviewee made an order substitution, please write the name of the menu item that they ordered and check off which order substitution. If they do not remember which substitution, please read all of the choices and check as appropriate.

If a person does not recall which menu item they ordered, please ask which type of item they ordered and whether their menu item contained the listed foods. Please make sure to mark "Y," "N," or "?" for EACH item.

***If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, [ssodha@cdc.gov](mailto:ssodha@cdc.gov), (404) 639-2234 or Anandi Sheth/ CDC Enterics, [asheth@cdc.gov](mailto:asheth@cdc.gov), (404) 639-1984.***

**PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) 7

NOVEMBER 2006 - E. COLLO157 OUTBREAK - CASE QUESTIONNAIRE

Phone number (b)(6) \_\_\_\_\_  
Age 40 Sex  M  F State PA County Northampton City Bethlehem

Interviewer name Julie Zumas Date of interview 12/8/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 12/8/2006

Case Status (please circle) Confirmed  **Probable**

First I will ask you some questions about your illness.  
What is the date and time that you first began having diarrhea? 25<sup>th</sup> pain & burning

Date of onset of diarrhea: 11/26/2006 Time: \_\_\_\_\_:\_\_\_\_\_: **AM** PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/25/2006 Time: \_\_\_\_\_:\_\_\_\_\_: **AM** PM in evening

Are you a Taco Bell employee? (please circle) Yes  **No**

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit a health care provider for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Vomiting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea? - <u>not as much</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

burning more

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N		(Specify street, city, state for each location)	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>U Blvd.</u>	Date <u>11-24/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?		
			If yes, name 1. _____ contact number _____ which restaurant? _____		
			2. _____ contact number _____ which restaurant? _____		
			3. _____ contact number _____ which restaurant? _____		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
			If yes, which dining companion (specify name) _____		

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—				<b>Nachos &amp; Sides</b>	
			<b>Tacos</b>		A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—				<b>Specialties</b>	
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	1/2	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
			<b>Burritos</b>		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	1
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	02	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
			<b>Gorditas</b>					<b>Quesadillas</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—				<b>Bowls</b>	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—				<b>Misc.</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <i>How many items - which name to use?</i>	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other <i>grilled burrito (rice, beans, lettuce, cheese)</i>	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire) <i>chicken</i>	—

Case Questionnaire

ID number (State Lab ID if available)   

	1. _____	2. _____	3. _____
<p><b>Y ? N</b> A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><b>ORDER SUBSTITUTIONS</b></p> <p>Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.</p> <p>Name of menu item:</p>	<input type="checkbox"/> Hold tomatoes <input type="checkbox"/> Hold lettuce <input type="checkbox"/> Hold beef <input type="checkbox"/> Hold chicken <input type="checkbox"/> Hold cheese <input type="checkbox"/> Hold sour cream <input type="checkbox"/> Hold any onions <input type="checkbox"/> Hold white onions <input type="checkbox"/> Hold green onions <input type="checkbox"/> Hold olives <input type="checkbox"/> Substitute beans for meat <input type="checkbox"/> Hold sauce (specify type) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Hold tomatoes <input type="checkbox"/> Hold lettuce <input type="checkbox"/> Hold beef <input type="checkbox"/> Hold chicken <input type="checkbox"/> Hold cheese <input type="checkbox"/> Hold sour cream <input type="checkbox"/> Hold any onions <input type="checkbox"/> Hold white onions <input type="checkbox"/> Hold green onions <input type="checkbox"/> Hold olives <input type="checkbox"/> Substitute beans for meat <input type="checkbox"/> Hold sauce (specify type) _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Hold tomatoes <input type="checkbox"/> Hold lettuce <input type="checkbox"/> Hold beef <input type="checkbox"/> Hold chicken <input type="checkbox"/> Hold cheese <input type="checkbox"/> Hold sour cream <input type="checkbox"/> Hold any onions <input type="checkbox"/> Hold white onions <input type="checkbox"/> Hold green onions <input type="checkbox"/> Hold olives <input type="checkbox"/> Substitute beans for meat <input type="checkbox"/> Hold sauce (specify type) _____ <input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

<b>Y ? N</b>	If you cannot remember what menu item you ordered, do you know if you ordered:
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Taco?
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

<b>Y ? N</b>	
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) ★

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 51

Sex  M  F

State PA

County Lehigh

City Bethlehem

Interviewer name Julie Z

Date of interview 12/8 /2006

Who was interviewed? Case

Spouse

Parent

Stool specimen collection date: \_\_\_/\_\_\_/2006

Case Status (please circle) Confirmed

Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/22 /2006

Time: \_\_\_:\_\_\_:\_\_\_ (AM) PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms \_\_\_/\_\_\_/2006

Time: \_\_\_:\_\_\_:\_\_\_ AM PM None

Are you a Taco Bell employee? (please circle)

Yes

No

**I. SYMPTOMS AND SEVERITY OF ILLNESS.** Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Vomiting?	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Abdominal cramps?	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Bimble's?
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?
M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?

(Specify street, city, state for each location)

If yes, Location U Blvd. Date 11-24 /2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, name 1. (b)(6) \_\_\_\_\_ contact number \_\_\_\_\_ which restaurant? Chinese - Hard Wok (Easton Ave) 11/18/06

2. \_\_\_\_\_ contact number \_\_\_\_\_ which restaurant? Seafood Pasta Fried Dumplings Spring Roll

3. \_\_\_\_\_ contact number \_\_\_\_\_ which restaurant? Lo Mein Walnut Shrimp

ID number (State Lab ID if available) *★*

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken <sup>1/2</sup>	---
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	---
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	---	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	---
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	---
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	<b>Specialties</b>				
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	1-2	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	Other <u>bits of new menu</u>	---
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---





ID number (State Lab ID if available) PANED55:PT ID-2098349 Inv# 2494886

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number: (b)(6)

Age 18 Sex  M  F State PA County Philadelphia City Philadelphia

Interviewer name Larry Sundberg Date of interview 12/12/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_\_/\_\_\_\_\_/2006 -None

Case Status (please circle) Confirmed \_\_\_\_\_ Probable \_\_\_\_\_ Suspect

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/02/2006 Time: 11:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 12/01/2006 Time: 11:00 AM PM 1

Are you a Taco Bell employee? (please circle) Yes \_\_\_\_\_ No Yes

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y ? N	Did you have any of these symptoms?	Y ? N	Phone consult E Temple Univ Health Services = Y
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Any Nausea?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	G Did you visit a health care provider for your illness?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B Any Vomiting?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	H Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	C Any Abdominal cramps?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	I Were you hospitalized overnight? If yes, number of hospital nights _____
<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	D Any Diarrhea?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	J Did you develop HUS (hemolytic uremic syndrome)?
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	E Any Bloody diarrhea?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	K Did you receive antibiotics for your illness?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	F Any Fever?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	L Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y ? N	Did you eat at any restaurants?	Location	Date
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Did you eat at any restaurants?	<u>Temple Univ student cafeteria - most days</u>	<u>12/1/2006</u>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	B Did you eat at any Taco Bell?	<u>Temple Univ campus</u>	<u>12/1/2006</u>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	C Did you eat at any Kentucky Fried Chicken (KFC)?	_____	_____/_____/2006
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	D Did you eat at any A & W All American Food?	_____	_____/_____/2006
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	E Did you eat at any Long John Silver's?	_____	_____/_____/2006
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	F Did you eat at any Pizza Hut?	_____	_____/_____/2006
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	G Did you eat at McDonald's?	_____	_____/_____/2006
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	H Did you eat at Subway?	_____	_____/_____/2006
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	I Did you eat at Blimpies?	_____	_____/_____/2006
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	J Did you eat at any other restaurant?	_____	_____/_____/2006
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	K Did you have a dining companion?	If yes, name 1. _____ contact number _____ which restaurant? _____ 2. _____ contact number _____ which restaurant? _____ 3. _____ contact number _____ which restaurant? _____	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	M Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	If yes, which dining companion (specify name) _____	

Case Questionnaire Frequently eats at the Temple U Taco Bell. - Not sure if/when he ate there in the week before onset.

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	---	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	---
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	---	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	---
<b>Burritos</b>					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	---
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	---	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	---	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	---	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	---
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	---
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	---	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	---
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	---
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	---	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	---	<b>Bowls</b>				
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	---	<b>Misc.</b>				
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

Case Questionnaire  
 Yes - checked items are those he normally orders. Items checked  
 No are ones he never gets

ID number (State Lab ID if available) PA NE057: PT ID # 2098349 Inv # 2494886

Y	?	N	ORDER SUBSTITUTIONS
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.
			1. <u>All items</u> 2. _____ 3. _____
Name of menu item:	<input type="checkbox"/>	<input type="checkbox"/>	Hold tomatoes
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hold lettuce
	<input type="checkbox"/>	<input type="checkbox"/>	Hold beef
	<input type="checkbox"/>	<input type="checkbox"/>	Hold chicken
	<input type="checkbox"/>	<input type="checkbox"/>	Hold cheese
	<input type="checkbox"/>	<input type="checkbox"/>	Hold sour cream
	<input type="checkbox"/>	<input type="checkbox"/>	Hold any onions
	<input type="checkbox"/>	<input type="checkbox"/>	Hold white onions
	<input type="checkbox"/>	<input type="checkbox"/>	Hold green onions
	<input type="checkbox"/>	<input type="checkbox"/>	Hold olives
	<input type="checkbox"/>	<input type="checkbox"/>	Substitute beans for meat
	<input type="checkbox"/>	<input type="checkbox"/>	Hold sauce (specify type) _____
	<input type="checkbox"/>	<input type="checkbox"/>	Other <u>Beans</u>

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex. mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) PA 88

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 29 Sex  M  F State PA County Berks City Boyerstown

Interviewer name Regan Rickett Date of interview 12/12/2006

Who was interviewed? Case  Spouse  Parent

Stool specimen collection date: 12/9/2006

Case Status (please circle) Confirmed  **Probable**

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/5/2006 Time: 9:00 **AM**  PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 12/5/2006 Time: 9:00 **AM**  PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?				If yes, number of hospital nights <u>1</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Bloody diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell? If yes, Location <u>Gilbertsville</u> Date <u>12/3/2006</u> <u>TACO Bell</u> Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)? If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food? If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's? If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut? If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds? If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway? If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies? If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you have a dining companion? If yes, name 1. _____ contact number _____ which restaurant? _____ 2. _____ contact number _____ which restaurant? _____ 3. _____ contact number _____ which restaurant? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant? If yes, which dining companion (specify name) _____

ID number (State Lab ID if available) PA 88

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
<b>Big Bell Value Menu</b>					<b>Chalupas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme-ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme-chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme-steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja-ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja-chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco-ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja-steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco-chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese-ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco-steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese-chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese-steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos supreme	1
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	2	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme-ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme-chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme-steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito-ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito-chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito-steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt-ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme-ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt-chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme-chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt-steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme-steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad-ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito-ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad-chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito-chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad-steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito-steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express-ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito-ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express-chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito-chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express-steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito-steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme-ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme-chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme-steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja-ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja-chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja-steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese-ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese-chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese-steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

PA 88

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Y ? N** **IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

A    If you cannot remember what menu item you ordered, do you know if you ordered:

B    A Taco?

C    A Burrito?

D    A Quesadilla?

E    A Salad?

F    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**Y ? N** If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

Grp 3

### Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193932 Case Telephone: (b)(6) 6125  
 Case address: (b)(6) City Monro E Township  
 State N.J. Zip 08831

Controls will be located by using the reverse address directory:

Directions

Use the White Pages web site below

[http://www.whitepages.com/10001/reverse\\_address](http://www.whitepages.com/10001/reverse_address)

Click "Find Neighbors" (along top). Type in case-patient's home address, check "include surrounding area," and click "search." This will generate a list of neighborhood contacts.

If the reverse address directory fails to generate any other addresses or fails to generate enough to obtain 2 controls, use the reverse phone directory at the following web site:

[http://www.whitepages.com/10001/reverse\\_phone](http://www.whitepages.com/10001/reverse_phone), using the case-patient's phone number.

Please see attached "Control Finding Instructions" before starting for more detailed instructions.

Write in control numbers you have attempted and indicate which ones you interviewed please

No.	Phone	Time	Date	Response/Result (refused, not home, busy)	Interview completed
1.	(b)(6)	3:45	12/9/2006	Busy (call back later)	<input checked="" type="checkbox"/>
2.	(b)(6)	3:48	12/9/2006		<input type="checkbox"/>
3.	(b)(6)	4:20	12/9/2006	Not Home	<input type="checkbox"/>
4.	(b)(6)	4:21	12/9/2006	Not Home	<input type="checkbox"/>
5.	(b)(6)	4:25	12/9/2006	Not Home	<input type="checkbox"/>
6.	(b)(6)	4:35	12/9/2006	Not Home	<input type="checkbox"/>
7.	(b)(6)	4:40	12/9/2006	Not Home	<input type="checkbox"/>
8.	(b)(6)	5:15	12/9/2006	Not Home	<input type="checkbox"/>
9.	(b)(6)	5:20	12/9/2006	Not Home	<input type="checkbox"/>
10.	(b)(6)	5:30	12/9/2006	Not Home	<input type="checkbox"/>
11.	(b)(6)	5:45	12/9/2006	Not Home	<input type="checkbox"/>
12.					<input type="checkbox"/>
13.					<input type="checkbox"/>
14.					<input type="checkbox"/>
15.					<input type="checkbox"/>
16.					<input type="checkbox"/>
17.					<input type="checkbox"/>
18.					<input type="checkbox"/>
19.					<input type="checkbox"/>
20.					<input type="checkbox"/>



Case State ID: 193932 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08831

Control phone number: (b)(6) County \_\_\_\_\_

CONTROL'S AGE <sup>1-60</sup> 42 INTERVIEWER'S NAME Nelson Arboleda

CONTROL'S SEX  MALE  FEMALE DATE OF INTERVIEW 12/9/2006

CONTROL A B (CIRCLE ONE)

**RESTAURANT EXPOSURES.** I will ask you some questions about places where you may have eaten. Please answer these questions for the 7<sup>day</sup> period from November 24<sup>th</sup>, the day after Thanksgiving, to November 30<sup>th</sup>.

Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<del>Did you eat at any restaurants?</del> (Specify street, city, state for <u>each</u> location please)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Taco Bell? ..... If yes, Location #1 _____ Date ____/____/2006 Location #2 (if more than 1) _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)? ... If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food? ..... If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's? ..... If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut? ..... If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any McDonalds? ..... If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Subway? ..... If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies? ..... If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>DOMINICASS.</u>

**Thank you very much for your participation!**

CRP 3

### Escherichia coli O157:H7 Telephone Interviews

Case state ID#: \_\_\_\_\_ Case Telephone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_  
 Case address: \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

**Controls will be located by using the reverse address directory:**

Directions

Use the White Pages web site below

[http://www.whitepages.com/10001/reverse address](http://www.whitepages.com/10001/reverse_address)

Click "Find Neighbors" (along top). Type in case-patient's home address, check "include surrounding area," and click "search." This will generate a list of neighborhood contacts.

If the reverse address directory fails to generate any other addresses or fails to generate enough to obtain 2 controls, use the reverse phone directory at the following web site:

[http://www.whitepages.com/10001/reverse phone](http://www.whitepages.com/10001/reverse_phone), using the case-patient's phone number.

**Please see attached "Control Finding Instructions" before starting for more detailed instructions.**

Write in control numbers you have attempted and indicate which ones you interviewed please

No.	Phone	Time	Date	Response/Result (refused, not home, busy)	Interview completed
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

Case State ID: 193932 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 07931

Control phone number: (b)(6) County \_\_\_\_\_

CONTROL'S AGE 39 INTERVIEWER'S NAME Nelson Ashofeda

CONTROL'S SEX  MALE  FEMALE DATE OF INTERVIEW 12 9 2006

CONTROL A B (CIRCLE ONE)

**RESTAURANT EXPOSURES. I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 period from November 24<sup>th</sup>, the day after Thanksgiving, to November 30<sup>th</sup>.**

Y	?	N		
<del>A</del>	<input type="checkbox"/>	<input type="checkbox"/>	<del>Did you eat at any restaurants?</del>	(Specify street, city, state for <u>each</u> location please)
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Taco Bell? .....	If yes, Location #1 _____ Date ___/___/2006 Location #2 (if more than 1) _____ Date ___/___/2006
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)? ...	If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food? .....	If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's? .....	If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut? .....	If yes, Location _____ Date ___/___/2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds? .....	If yes, Location _____ Date ___/___/2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Subway? .....	If yes, Location _____ Date ___/___/2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies? .....	If yes, Location _____ Date ___/___/2006
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	

**Thank you very much for your participation!**

## Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193704 Case Telephone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_  
 Case address: \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

**Controls will be located by using the reverse address directory:**

Directions

Use the White Pages web site below

[http://www.whitepages.com/10001/reverse\\_address](http://www.whitepages.com/10001/reverse_address)

Click "Find Neighbors" (along top). Type in case-patient's home address, check "include surrounding area," and click "search." This will generate a list of neighborhood contacts.

If the reverse address directory fails to generate any other addresses or fails to generate enough to obtain 2 controls, use the reverse phone directory at the following web site: [http://www.whitepages.com/10001/reverse\\_phone](http://www.whitepages.com/10001/reverse_phone), using the case-patient's phone number.

**Please see attached "Control Finding Instructions" before starting for more detailed instructions.**

Write in control numbers you have attempted and indicate which ones you interviewed please

No.	Phone	Time	Date	Response/Result (refused, not home, busy)	Interview completed	
1.	(b)(6)			NA		
2.				NO Taco Bell.		
3.				NA		
4.				NO Taco Bell.		
5.				NA		
6.				NA		
7.				NA		
8.				NA		
9.						
10.					BZ	
11.					NA	
12.					NA	
13.					BZ	
14.					DISCONNECTED	
15.					NO Taco Bell	
16.					NA	
17.					NA	
18.					NA	
19.					↓	
20.					NO Taco Bell	
				NO Taco Bell		

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_  
 Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
 Age \_\_\_\_\_ Sex  M  F State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_  
 Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006  
 Who was interviewed? Control \_\_\_\_\_ Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes No (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_\_/\_\_\_\_/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	Date ____/____/2006
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	Date ____/____/2006

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—					

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**



**Delaware Health & Social Services**  
Division of Public Health

Health Information and  
Epidemiology

**Health Information and Epidemiology**  
**FACSIMILE TRANSMITTAL SHEET**

To: Samir Sodha	From: Sue Shore
Fax number: 404-639-2205	Telephone: 302-744-4794
Date: 12/11/06	Time:
No. of pages (including cover): 4	Fax number: 302-739-3171

**Comments:**

Control Questionnaire

Health Information and Science Administration  
Office: (302) 744-4541  
Fax: 302-739-3171

ID number (State Lab ID if available) \_\_\_\_\_ Control **A** B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)  
 Method of control selection (please circle) **Dining Companion** Other Taco Bell diner Reverse directory  
 Age 44 Sex  M  F State DE County New Castle City Hockessin  
 Interviewer name Paula Eggers Date of interview 12, 13 /2006  
 Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 12, 13 /2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Concord Pike</u>	Date <u>12, 27</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	---					



ID number (State Lab ID if available) Control A B (circle)

Y	?	N	Item	#	Y	?	N	Item	#					
<b>Tacos</b>														
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—					
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—					
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos biggrande	—					
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—					
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—					
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—					
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>									
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—					
<b>Burritos</b>														
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—					
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—					
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—					
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—					
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—					
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—					
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—					
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—					
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—					
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—					
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—					
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—					
<b>Gorditas</b>														
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—					
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—					
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Quesadillas</b>									
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—					
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—					
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Bowls</b>									
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—					
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—					
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	<b>Misc.</b>									
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____														
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____														
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I don't remember														
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)														

ID number (State Lab ID if available) \_\_\_\_\_ Control **A** **B** (circle)

**Y ? N ORDER SUBSTITUTIONS**  
**A**    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

**A**    A Taco?

**B**    A Burrito?

**C**    A Quesadilla?

**D**    A Salad?

**E**    Nachos?

**F**    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

**G**    Tomatoes

**H**    Lettuce

**I**    Ground beef

**J**    Chicken

**K**    Sour Cream

**L**    Cheese

**M**    Beans

**N**    Green onions

**O**    White onions

**P**    Any onions

**Q**    Steak

**R**    Olives

**S**    Sauce (ex., mild, hot, fire)

**T**    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

Group 4

These are O157⊕  
cases

## E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE INSTRUCTIONS

Please interview all confirmed or probable cases with the attached questionnaire. **Please document the State Lab ID (or other ID number if Lab ID not available) on EACH page of the questionnaire.**

Intro:

*"Hello, my name is \_\_\_\_\_, and I am working with the NJ State Health Department. We are investigating an outbreak of E. coli O157:H7 infections. Do you have time to answer some questions about your illness?"*

Please make sure to mark the interviewee's answer to every question in the introductory section of the questionnaire, particularly date of symptom onset and whether or not the person is a Taco Bell employee.

### I. SYMPTOMS AND SEVERITY OF ILLNESS

Please make sure to mark "Y", "?" (maybe/ don't know), or "N" for EACH question.

### II. RESTAURANT EXPOSURES

Please make sure to mark "Y", "?" (maybe/ don't know), or "N" for EACH question. Please also make sure to document the location and date for each restaurant. If there were multiple locations or dates, please document this. Please also ask each person about their dining companions, document the restaurant at which they had the dining companion, and write the names and contact numbers of their dining companions.

### III. TACO BELL EXPOSURES

Please read ALL of the instructions listed after this section to the interviewee. If the interviewee knows exactly which menu items they ate, you do not need to read all of the menu items, but please mark those menu items they ate as "Y" and mark "N" on the remaining items. Please document how many of that menu item the interviewee ate in the "#" column next to the respective menu item. If the interviewee does not know which items they ate, please read all of the menu items and mark "Y", "N" or "?" as appropriate. If they still do not remember which menu items, please mark "I don't remember" under the "Misc." section. Please refer to the following pages for a detailed description of each menu item if this is needed to help identify which menu item was eaten.

Please document ALL order substitutions or special orders. If the interviewee made an order substitution, please write the name of the menu item that they ordered and check off which order substitution. If they do not remember which substitution, please read all of the choices and check as appropriate.

If a person does not recall which menu item they ordered, please ask which type of item they ordered and whether their menu item contained the listed foods. Please make sure to mark "Y", "N," or "?" for EACH item.

*If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, [ssodha@cdc.gov](mailto:ssodha@cdc.gov), (404) 639-2234 or Anandi Sheth/ CDC Enterics, [asheth@cdc.gov](mailto:asheth@cdc.gov), (404) 639-1984.*

**PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) 193357

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number <sup>(b)(6)</sup> \_\_\_\_\_

Age \_\_\_\_\_ Sex  M  F State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_/\_\_\_\_/2006

Case Status (please circle) Confirmed Probable

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N		
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	(Specify street, city, state for each location)
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. _____ contact number _____ which restaurant? _____	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

JK

ID number (State Lab ID if available) UNMATCHED PA CONTROL Control A B (circle)  
NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number (b)(6)  
Method of control selection (please circle) Control Dining Companion Other Taco Bell diner Reverse directory  
Age 54 Sex  M  F State PA County Berks City oleg  
Interviewer name Aegan Robert Date of interview 12/13/2006  
Who was interviewed? Control 2 Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/16/2006 (fill in case illness onset date) Nov. 15th to present

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>TACO BELL</u> Date <u>11/16/2006</u>	
				<u>Gilbertsville</u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>YORK, PA</u> Date <u>1/2006</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>Gilbertsville</u> Date <u>weekly</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	___	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	___	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	___					

JK

Unmatched PA Control

ID number (State Lab ID if available)				Control A B (circle)			
Y	?	N		Y	?	N	
<b>Tacos</b>				<b>Nachos &amp; Sides</b>			
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	<b>Specialties</b>			
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
<b>Burritos</b>				B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
<b>Gorditas</b>				O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	<b>Quesadillas</b>			
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	<b>Bowls</b>			
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	<b>Misc.</b>			
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
				C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember
				D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild <u>hot</u> fire)

JK

ID number (State Lab ID if available) unmatched PA CONTROL Control A B (circle)

**Y ? N**  
**A**    **ORDER SUBSTITUTIONS**  
 Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N	Question
A <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	A Taco?
B <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	A Burrito?
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	A Quesadilla?
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	A Salad?
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Nachos?
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	Item
G <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Tomatoes
H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
I <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Ground beef
J <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Chicken
K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Sour Cream
L <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
M <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
N <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Green onions
O <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	White onions
P <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Any onions
Q <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Steak
R <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Olives
S <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Other (specify) _____

*CONTROL had one item either a taco or burrito*

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA



ID number (State Lab ID if available) 194614

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 20 Sex  M  F State NJ County Middle Sex City Metuchen

Interviewer name Muggeeth Date of interview 12/13 /2006

Who was interviewed? Case X Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 12/26 /2006

Case Status (please circle) Confirmed Probable Doesn't know.

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/25 /2006 Time: 1:00 (AM) PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/22 /2006 Time: \_\_\_\_\_:\_\_\_\_ (AM) PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit an emergency room for your illness? <u>24<sup>th</sup> yes not 2nd time</u>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? <u>5 sun - fr.</u> If yes, number of hospital nights
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)? <u>@ 1st, not the 2nd time</u>
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness? <u>friday @ 1st, not the 2nd time</u>
F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>South Plainfield NJ</u> Date <u>11/24</u> /2006 <u>eats every for</u>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. (b)(6) contact number (b)(6) which restaurant? <u>TB, south plainfield.</u>	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. Bean Burrito 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input checked="" type="checkbox"/> Other <u>Red Sauce</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) 193950

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age \_\_\_\_\_ Sex  M  F State NJ County \_\_\_\_\_ City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_/\_\_\_\_/2006

Case Status (please circle) Confirmed Probable

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N		
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	(Specify street, city, state for each location)
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. _____ contact number _____ which restaurant? _____	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

Group 4

## **E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE INSTRUCTIONS**

Please interview all confirmed or probable cases with the attached questionnaire. **Please document the State Lab ID (or other ID number if Lab ID not available) on EACH page of the questionnaire.**

Intro:

**"Hello, my name is \_\_\_\_\_, and I am working with the \_\_\_\_\_ State Health Department. We are investigating an outbreak of E. coli O157:H7 infections. Do you have time to answer some questions about your illness?"**

Please make sure to mark the interviewee's answer to every question in the introductory section of the questionnaire, particularly date of symptom onset and whether or not the person is a Taco Bell employee.

### **I. SYMPTOMS AND SEVERITY OF ILLNESS**

Please make sure to mark "Y", "?" (maybe/ don't know), or "N" for EACH question.

### **II. RESTAURANT EXPOSURES**

Please make sure to mark "Y", "?" (maybe/ don't know), or "N" for EACH question. Please also make sure to document the location and date for each restaurant. If there were multiple locations or dates, please document this. Please also ask each person about their dining companions, document the restaurant at which they had the dining companion, and write the names and contact numbers of their dining companions.

### **III. TACO BELL EXPOSURES**

Please read ALL of the instructions listed after this section to the interviewee. If the interviewee knows exactly which menu items they ate, you do not need to read all of the menu items, but please mark those menu items they ate as "Y" and mark "N" on the remaining items. Please document how many of that menu item the interviewee ate in the "#" column next to the respective menu item. If the interviewee does not know which items they ate, please read all of the menu items and mark "Y", "N" or "?" as appropriate. If they still do not remember which menu items, please mark "I don't remember" under the "Misc." section. Please refer to the following pages for a detailed description of each menu item if this is needed to help identify which menu item was eaten.

Please document ALL order substitutions or special orders. If the interviewee made an order substitution, please write the name of the menu item that they ordered and check off which order substitution. If they do not remember which substitution, please read all of the choices and check as appropriate.

If a person does not recall which menu item they ordered, please ask which type of item they ordered and whether their menu item contained the listed foods. Please make sure to mark "Y", "N," or "?" for EACH item.

***If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, [ssodha@cdc.gov](mailto:ssodha@cdc.gov), (404) 639-2234 or Anandi Sheth/ CDC Enterics, [asheth@cdc.gov](mailto:asheth@cdc.gov), (404) 639-1984.***

**PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

enforce

ID number (State Lab ID if available) 193 958

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 11 Sex  M  F State NJ County Middlesex City Piscataway Twp

Interviewer name M. Glendon Date of interview 12/9/2006

Who was interviewed? Case            Spouse            Parent

Stool specimen collection date: 12/1/2006

Case Status (please circle) Confirmed            Probable           

**DUPLICATE COPY**

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/29/2006 Time: 1:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/29/2006 Time: 1:00 AM PM

Are you a Taco Bell employee? (please circle) Yes            No           

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? if yes, number of hospital nights <u>2</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Stetson Row</u> Date <u>11/29/2006</u>	
				<u>Scout's Honor</u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>          </u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location <u>          </u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location <u>          </u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location <u>          </u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>          </u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>          </u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location <u>          </u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?		
			If yes, name 1. <u>(b)(6)</u> contact number <u>Same</u> which restaurant? <u>Taco Bell</u>		
			2. <u>          </u> contact number <u>          </u> which restaurant? <u>          </u>		
			3. <u>          </u> contact number <u>          </u> which restaurant? <u>          </u>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
			If yes, which dining companion (specify name) <u>See case # 193 796</u>		

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III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#		
<b>Big Bell Value Menu</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>					
<b>Tacos</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>											
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- ground beef (standard)	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- chicken	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- steak/ carne asada	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
<b>Gorditas</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Quesadillas</b>					
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Bowls</b>					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	<b>Misc.</b>					
<b>Misc.</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

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**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordito, chalupa, etc) Describe \_\_\_\_\_

**Y ? N** If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA



ID number (State Lab ID if available) NY 016 Control A B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_  
 Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
 Age \_\_\_\_\_ Sex  M  F State \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_  
 Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006  
 Who was interviewed? Control \_\_\_\_\_ Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes No (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_\_/\_\_\_\_/2006 (fill in case illness onset date)

Y	?	N		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview (Specify street, city, state for each location)
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell? If yes, Location _____ Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)? If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food? If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's? If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut? if yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds? If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway? If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies? If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?

**If the control did not eat at Taco Bell, please end interview.**

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___						

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) NY-016 Control A B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_  
 Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
 Age 32 Sex  M  F State NY County Oneida City Saugwat  
 Interviewer name \_\_\_\_\_ Date of interview 12 / 12 / 2006  
 Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/24/2006 (fill in case illness onset date)**

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Singer Town Mall</u> Date <u>11/10/2006</u> <u>New Hartford</u> Date <u>      </u> / <u>      </u> / 2006
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____ / ____ / 2006
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____ / ____ / 2006
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____ / ____ / 2006
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____ / ____ / 2006
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____ / ____ / 2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____ / ____ / 2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____ / ____ / 2006
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	If yes, Location _____ Date ____ / ____ / 2006

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).**

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—						

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N**

If you cannot remember what menu item you ordered, do you know if you ordered:

A

A Taco?

B

A Burrito?

C

A Quesadilla?

D

A Salad?

E

Nachos?

F

Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G

Tomatoes

H

Lettuce

I

Ground beef

J

Chicken

K

Sour Cream

L

Cheese

M

Beans

N

Green onions

O

White onions

P

Any onions

Q

Steak

R

Olives

S

Sauce (ex., mild, hot, fire)

T

Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available)

193545 193546

# NOVEMBER 2006 - E. COLI O157 OUTBREAK - CASE QUESTIONNAIRE

Phone number

(b)(6)

Age 17

Sex  M  F

State NY

County Madison

City Edison

Interviewer name

Erica Venzler

Date of interview 12/8/2006

Who was interviewed? Case

Spouse

Parent

Stool specimen collection date: 11/25/2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/22/2006

Time: 1:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?

Date of onset of other symptoms 11/22/2006

Time: 1:00 AM PM

Are you a Taco Bell employee? (please circle)

Yes

No

## I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>4</u>
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

## II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y ? N		(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any restaurants?	
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Stetson Road</u> Date <u>11/8/2006</u>
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1/2006</u>
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>1/2006</u>
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any other restaurant?	<u>Skyline Diner, college cafeteria</u>
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
	If yes, name 1. <u>(b)(6)</u> contact number <u>(b)(6)</u> which restaurant? <u>Taco Bell</u>	
	2. _____ contact number _____ which restaurant? _____	
	3. _____ contact number _____ which restaurant? _____	
M <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

ID number (State Lab ID if available) \_\_\_\_\_

193545

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
<b>Big Bell Value Menu</b>					<b>Chalupas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	49	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

**Y ? N ORDER SUBSTITUTIONS**  
 A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. <u>Tacos</u>	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input checked="" type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

<b>Y ? N</b>	A Taco?
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

<b>Y ? N</b>	Tomatoes
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**



# DEPARTMENT OF HEALTH

*AKK*  
*Samir*

*Edward G. Rendell, Governor*  
*Calvin B. Johnson, M.D., M.P.H., Secretary of Health*

## FAX

To: *Dr. Samir Sodha*

From: *Tai Chen*  
PA Department of Health  
Bureau of Epidemiology

Fax #: *770-488-7107*

Fax #:

Phone #

Phone # *717-756-9891*

Pages: *4*

Date:

*12/14/06*

Comments:

*Additional control from Philadelphia*

*- ? match to PA 24 if necessary*

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DISEASE CONTROL

Fax: 215-545-8362

Dec 14 2006 14:56

P. 02

ID number (State Lab ID if available)

Control A B (circle)

**NOVEMBER 2006 - E. COLI O157 OUTBREAK - CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
 Age 24 Sex  M  F State PA County Philadelphia City Philadelphia

Interviewer name Sinden Date of interview 12/14/2006

Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview)

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 1/1/2006 (fill in case illness onset date) 11/15/2006

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Walnut &amp; 34th (Penn)</u> Date <u>12/9/2006</u> <u>Monday before closing</u>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1/2006</u>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date <u>1/2006</u>
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Bimbas?	If yes, Location _____ Date <u>1/2006</u>
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	If yes, Location _____ Date <u>1/2006</u>

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu name you ate for all Taco Bell visits. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fra) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	Y	?	N	Chalupa	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes				

Control Questionnaire

DISEASE CONTROL

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P. 03

ID number (State Lab ID if available)

Control A B (circle)

Y	?	N		Y	?	N		
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>Specialties</b>
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
				O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>Quesadillas</b>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>Bowls</b>
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<b>Misc.</b>
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DISEASE CONTROL

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P. 04

ID number (State Lab ID if available)

Control A B (circle)

Y ? N  
A

ORDER SUBSTITUTIONS

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- Hold tomatoes
- Hold lettuce
- Hold beef
- Hold chicken
- Hold cheese
- Hold sour cream
- Hold any onions
- Hold white onions
- Hold green onions
- Hold olives
- Substitute beans for meat
- Hold sauce (specify type)
- Other

2.

- Hold tomatoes
- Hold lettuce
- Hold beef
- Hold chicken
- Hold cheese
- Hold sour cream
- Hold any onions
- Hold white onions
- Hold green onions
- Hold olives
- Substitute beans for meat
- Hold sauce (specify type)
- Other

3.

- Hold tomatoes
- Hold lettuce
- Hold beef
- Hold chicken
- Hold cheese
- Hold sour cream
- Hold any onions
- Hold white onions
- Hold green onions
- Hold olives
- Substitute beans for meat
- Hold sauce (specify type)
- Other

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.

Y ? N  
A     
B     
C     
D     
E     
F

If you cannot remember what menu item you ordered, do you know if you ordered:

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N  
G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify)

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

ID number (State Lab ID if available) NY024

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

*Entered*

Phone number \_\_\_\_\_

Age 43 Sex  M  F State NY

County SUFFOLK City Mt Sinai

Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_/\_\_\_\_/2006

Case Status (please circle) Confirmed  Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/8 /2006 Time: \_\_\_\_:\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_:\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Any Vomiting?	H <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you receive antibiotics for your illness?
F <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>PORT JEFF STATION</u> Date <u>12/3</u> /2006
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
C <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
D <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
E <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
F <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
G <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
H <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
I <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at any other restaurant?	
J <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
K <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	If yes, name 1. _____ contact number _____ which restaurant? _____	
	2. _____ contact number _____ which restaurant? _____	
	3. _____ contact number _____ which restaurant? _____	
M <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

ID number (State Lab ID if available)

NY024

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N		Y	?	N	
			<b>Big Bell Value Menu</b>				<b>Chalupas</b>
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes				<b>Nachos &amp; Sides</b>
			<b>Tacos</b>	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken				<b>Specialties</b>
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
			<b>Burritos</b>	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	O	<input checked="" type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
			<b>Gorditas</b>				<b>Quesadillas</b>
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada				<b>Bowls</b>
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada				<b>Misc.</b>
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>CHALUPA</u>
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
				D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

ID number (State Lab ID if available)

NY024

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

- A
- B
- C
- D
- E
- F

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) NY 024

Control (A) B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 63 Sex  M  F State NY County SUFFOLK City PORT JEFFERSON

Interviewer name \_\_\_\_\_ Date of interview 1 / 1 /2006

Who was interviewed? Control  Parent \_\_\_\_\_

*Entered*  
*STATION*

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 1 / 1 /2006 (fill in case illness onset date)

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	(Specify street, city, state for each location)
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>PORT JEFF STATION</u> Date <u>11/23/2006</u> " " " " Date <u>12/1/2006</u>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---						



ID number (State Lab ID if available)

NY024

Control

A (circled)

B (circle)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	3	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	1
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	3	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) NY 024

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A  B   Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**if you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

NY023

ID number (State Lab ID if available)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number

Age 36

Sex  M  F

State NY

County St. Lawrence

City Norwood

Interviewer name KC

Date of interview 12/12/2006

Who was interviewed? Case  Spouse  Parent

Stool specimen collection date: 12/8/2006

Case Status (please circle) Confirmed  Probable

Entered

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/4/2006

Time: 8:00 AM  PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?

Date of onset of other symptoms 12/4/2006

Time: 7:00 AM  PM

Are you a Taco Bell employee? (please circle) Yes  No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Any Nausea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G Did you visit a health care provider for your illness?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B Any Vomiting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C Any Abdominal cramps?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Were you hospitalized overnight? If yes, number of hospital nights _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Any Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J Did you develop HUS (hemolytic uremic syndrome)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E Any Bloody diarrhea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K Did you receive antibiotics for your illness?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Did you eat at any restaurants?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B Did you eat at any Taco Bell?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C Did you eat at any Kentucky Fried Chicken (KFC)?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D Did you eat at any A & W All American Food?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E Did you eat at any Long John Silver's?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Did you eat at any Pizza Hut?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G Did you eat at McDonalds?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you eat at Subway?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Did you eat at Blimpies?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J Did you eat at any other restaurant?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K Did you have a dining companion?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	M Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?

(Specify street, city, state for each location)

If yes, Location Massena Date 11/28/2006

Salmon Run Mall Date 12/3/2006

Malone Date 12/6/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, Location \_\_\_\_\_ Date \_\_\_/\_\_\_/2006

If yes, name 1. PJ contact number \_\_\_\_\_ which restaurant? Malone

2. \_\_\_\_\_ contact number \_\_\_\_\_ which restaurant? \_\_\_\_\_

3. \_\_\_\_\_ contact number \_\_\_\_\_ which restaurant? \_\_\_\_\_

If yes, which dining companion (specify name) \_\_\_\_\_

Combo w/a Taco Bell

Case Questionnaire

Dining companion did not eat at the implicated Taco Bell (Massena)

NY023

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>mashed potato bowl</u>	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other <u>w/ chicken &amp; gravy</u>	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

2 on 11/28  
1 on 12/3

KFC

ID number (State Lab ID if available) NY023

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

ID number (State Lab ID, if available) NY023 Control A B (circle)  
**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_  
 Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory \_\_\_\_\_  
 Age 15 Sex  M  F State NY County St. Lawrence City Massena  
 Interviewer name B Trejos Date of interview 12/14/2006  
 Who was interviewed? Control \_\_\_\_\_ Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Massena</u> Date <u>12/14/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Billimpies?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—					

NY023

ID number (State Lab ID if available)

Control

A

B (circle)

Y	?	N		#	Y	?	N		#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tacos	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nachos & Sides
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos beligrande
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken					cinnamon twists
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada					<b>Specialties</b>
				grilled steak soft taco	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
				<b>Burritos</b>	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
				<b>Gorditas</b>	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)					<b>Quesadillas</b>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)					<b>Bowls</b>
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)					<b>Misc.</b>
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
					C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
					D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

NY023

ID number (State Lab ID if available)

Control **A** B (circle)

**Y ? N**  
**A**

**ORDER SUBSTITUTIONS**  
 Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N**  
**A**    A Taco?  
**B**    A Burrito?  
**C**    A Quesadilla?  
**D**    A Salad?  
**E**    Nachos?  
**F**    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**

**G**    Tomatoes  
**H**    Lettuce  
**I**    Ground beef  
**J**    Chicken  
**K**    Sour Cream  
**L**    Cheese  
**M**    Beans  
**N**    Green onions  
**O**    White onions  
**P**    Any onions  
**Q**    Steak  
**R**    Olives  
**S**    Sauce (ex., mild, hot, fire)  
**T**    Other (specify) \_\_\_\_\_



ID number (State Lab ID if available) \_\_\_\_\_

NY021

*entered*

**NOVEMBER 2006-E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number \_\_\_\_\_

Age 51

Sex  M  F

State NY

County Nassau city Seaford

Interviewer name B. Sollog

Date of interview 12/8/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 11/28/2006

Case Status (please circle) Confirmed  **Probable**

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/20/2006 Time: 4:00 AM **PM**

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/21/2006 Time: \_\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes  **No**

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>8</u>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpie?
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?
			If yes, name 1. <u>husband</u> contact number _____ which restaurant? <u>Taco Bell</u>
			2. _____ contact number _____ which restaurant? _____
			3. _____ contact number _____ which restaurant? _____
M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?
			If yes, which dining companion (specify name) _____

ID number (State Lab ID if available)

N4021

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	---	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard ls ground beef)	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard ls ground beef)	---	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos biggrande	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard ls ground beef)	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	---	<b>Specialties</b>				
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	---
<b>Burritos</b>					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	---
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	---	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	---	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	---	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	---	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	---
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	---
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	---	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	---
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	---
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	---	<b>Bowls</b>				
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	---	<b>Misc.</b>				
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

ID number (State Lab ID if available) \_\_\_\_\_

NY021

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. Taco Salad 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input checked="" type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

Entered

ID number (State Lab ID if available) NY021

Control A B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
Age 55 Sex M  F State NY County Nassau City Seaford  
Interviewer name B. Sollog Date of interview 12/8 /2006  
Who was interviewed? Control X Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes No (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 12/8 /2006 (fill in case illness onset date)

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Sunset Hwy Seaford</u> Date <u>11/19</u> /2006
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____ / ____ /2006
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____ / ____ /2006
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____ / ____ /2006
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizzas Hut?	If yes, Location _____ Date ____ / ____ /2006
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____ / ____ /2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____ / ____ /2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____ / ____ /2006
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	_____ Date ____ / ____ /2006

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito.	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	---	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	<u>12</u>
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	---					

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ID number (State Lab ID if available)

Control **A** B (circle)

Y	?	N		#	Y	?	N		#
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Tacos</b>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Nachos &amp; Sides</b>	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)...	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) \_\_\_\_\_

NY021

Control

**A**

B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N**  
A     
B     
C     
D     
E     
F

If you cannot remember what menu item you ordered, do you know if you ordered:

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**  
G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mld, hot, fire)
- Other (specify) \_\_\_\_\_

ID number (State Lab ID if available) NY022 *Entered*

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number \_\_\_\_\_ Age 19 Sex  M  F State NY County Nassau city Lynbrook

Interviewer name IG Date of interview 12/12/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: \_\_\_\_\_/\_\_\_\_\_/2006

Case Status (please circle) Confirmed  **Probable**

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/11/2006 Time: 12:00 **AM**  PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 12/11/2006 Time: 1:00 **AM**  PM

Are you a Taco Bell employee? (please circle) Yes  **No**

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Any Nausea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G Did you visit a health care provider for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B Any Vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C Any Abdominal cramps?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Were you hospitalized overnight? If yes, number of hospital nights _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Any Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J Did you develop HUS (hemolytic uremic syndrome)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	E Any Bloody diarrhea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K Did you receive antibiotics for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Did you eat at any restaurants?	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B Did you eat at any Taco Bell?	If yes, Location <u>Lynbrook</u> Date <u>11/26/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G Did you eat at McDonald's?	If yes, Location <u>Jarvis, Queens</u> Date <u>11/30/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you eat at Subway?	If yes, Location _____ Date ___/___/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J Did you eat at any other restaurant?		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	K Did you have a dining companion?		
			If yes, name 1. _____ contact number _____ which restaurant? _____		
			2. _____ contact number _____ which restaurant? _____		
			3. _____ contact number _____ which restaurant? _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	M Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
			If yes, which dining companion (specify name) _____		

NY022

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—				<b>Nachos &amp; Sides</b>	
			<b>Tacos</b>		A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—				<b>Specialties</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
			<b>Burritos</b>		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
			<b>Gorditas</b>					<b>Quesadillas</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—				<b>Bowls</b>	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—				<b>Misc.</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—



NY022

ID number (State Lab ID if available)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. Chicken Quesadillas 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input checked="" type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input checked="" type="checkbox"/> Hold sauce (specify type) <u>hot</u>	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

entered

NY020

ID number (State Lab ID if available) \_\_\_\_\_

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number \_\_\_\_\_  
Age 12 Sex  M  F State NY County Nassau City Hempsted

Interviewer name B. Sollog Date of interview 12/8 /2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent

Stool specimen collection date: 11/25 /2006

Case Status (please circle) ~~Confirmed~~ Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/23 /2006 Time: \_\_\_\_\_:\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/23 /2006 Time: \_\_\_\_\_:\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS.** Now I will ask you some questions about your symptoms and illness.

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>9</u>
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Any Bloody diarrhea? <u>dark?</u>	K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you receive antibiotics for your illness?
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y ? N		(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any restaurants?	
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell? <u>4x's</u>	If yes, Location <u>Peninsula Blvd Hempstead</u> Date <u>1</u> /2006
		<u>Front St. &amp; Meadow</u> Date <u>1</u> /2006
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1</u> /2006
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1</u> /2006
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1</u> /2006
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1</u> /2006
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date <u>1</u> /2006
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1</u> /2006
I <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1</u> /2006
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any other restaurant?	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
	If yes, name 1. <u>Family</u> contact number _____ which restaurant? <u>Taco Bell</u>	
	2. <u>Family</u> contact number _____ which restaurant? <u>Taco Bell</u>	
	3. <u>Family</u> contact number _____ which restaurant? <u>Taco Bell</u>	
M <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

N4020

ID number (State Lab ID if available) \_\_\_\_\_

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cheesy fiesta potatoes	___	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	___
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> original taco (standard is ground beef)	___	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	___
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> taco supreme (standard is ground beef)	___	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	___
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco (standard is ground beef)	___	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	___
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ranchero chicken soft taco	___	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	___
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	___
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- chicken	___	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- steak/ carne asada	___	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	___
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled steak soft taco	___	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	___
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	___
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> bean burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	___
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7 layer burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	___
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chili cheese burrito	___	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	___
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- ground beef (standard)	___	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	___
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- chicken	___	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	___
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- steak/ carne asada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	___
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- ground beef (standard)	___	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	___
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- chicken	___	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	___
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- steak/ carne asada	___	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	___
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- ground beef (standard)	___	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	___
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- chicken	___	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	___
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- steak/ carne asada	___	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	___
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	___
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	___
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- steak/ carne asada	___	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	___
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	___
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- steak/ carne asada	___	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- ground beef (standard)	___	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other <u>Cheesy Gordita Crunch</u>	___
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- steak/ carne asada	___	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	___
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	___

ID number (State Lab ID if available) \_\_\_\_\_

NY020

**Y ? N** **ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**IF YOU CANNOT REMEMBER WHAT MENU ITEM(S) YOU ORDERED, did any of your menu items contain (check all that apply):**

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

ID number (State Lab ID if available)

NY020

Control

A (circled) B (circle) *entered*

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 44 Sex M F State NY County Nassau City Hempsted

Interviewer name B Sollog Date of interview 12, 8 /2006

Who was interviewed? Control X Parent

Have you been ill with vomiting or diarrhea since November 1st? Yes No (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/12/2006 (fill in case illness onset date)

Table with 10 rows (A-J) and 3 columns: Y, ?, N. Questions include: Did you eat at any restaurants?, Did you eat at any Taco Bell?, Did you eat at any Kentucky Fried Chicken (KFC)?, Did you eat at any A & W All American Food?, Did you eat at any Long John Silver's?, Did you eat at any Pizza Hut?, Did you eat at McDonalds?, Did you eat at Subway?, Did you eat at Billmpies?, Did you eat at any other restaurant? Location and date fields are filled for A and B.

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Table with 2 main sections: Big Bell Value Menu and Chalupas. Each section has columns Y, ?, N and #. Items include burritos, tacos, and various chalupas.

NY020

ID number (State Lab ID if available)

Control **A** B (circle)

Y	?	N		#	Y	?	N		#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	Z	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>					
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	L	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>						B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>						O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
						C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
						D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

NY020

Control

A

B (circle)

Y ? N

ORDER SUBSTITUTIONS

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

1. TACO Supreme

2. \_\_\_\_\_

3. \_\_\_\_\_

Hold tomatoes

Hold tomatoes

Hold tomatoes

Hold lettuce

Hold lettuce

Hold lettuce

Hold beef

Hold beef

Hold beef

Hold chicken

Hold chicken

Hold chicken

Hold cheese

Hold cheese

Hold cheese

Hold sour cream

Hold sour cream

Hold sour cream

Hold any onions

Hold any onions

Hold any onions

Hold white onions

Hold white onions

Hold white onions

Hold green onions

Hold green onions

Hold green onions

Hold olives

Hold olives

Hold olives

Substitute beans for meat

Substitute beans for meat

Substitute beans for meat

Hold sauce (specify type) \_\_\_\_\_

Hold sauce (specify type) \_\_\_\_\_

Hold sauce (specify type) \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N

If you cannot remember what menu item you ordered, do you know if you ordered:

A

A Taco?

B

A Burrito?

C

A Quesadilla?

D

A Salad?

E

Nachos?

F

Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

G

Tomatoes

H

Lettuce

I

Ground beef

J

Chicken

K

Sour Cream

L

Cheese

M

Beans

N

Green onions

O

White onions

P

Any onions

Q

Steak

R

Olives

S

Sauce (ex., mild, hot, fire)

T

Other (specify) \_\_\_\_\_

Entered

ID number (State Lab ID if available) NY020 Control ~~A~~ B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner \_\_\_\_\_ Reverse directory \_\_\_\_\_  
Age 10 Sex X M  F  State NY County Nassau City Hempstead  
Interviewer name B Sollog Date of interview 12, 8 /2006  
Who was interviewed? Control \_\_\_\_\_ Parent X

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Peninsula Hempstead</u>	Date ___/___/2006?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					



ID number (State Lab ID if available)

N4020

Control

A

B (circle)

Y	?	N		#	Y	?	N		#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tacos	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nachos & Sides
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken					cinnamon twists
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada					<b>Specialties</b>
				grilled steak soft taco	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
				<b>Burritos</b>	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
				<b>Gorditas</b>	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)					<b>Quesadillas</b>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)					<b>Bowls</b>
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)					Misc. <b>Taco Bell/Pizza Hut Combo</b>
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <b>pizza, bread stx</b>
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
					C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
					D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

ID number (State Lab ID if available)

N4020

Control

A

B (circle)

Y ? N  
A

**ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.**

Y ? N

If you cannot remember what menu item you ordered, do you know if you ordered:

A     
B     
C     
D     
E     
F

A Taco?

A Burrito?

A Quesadilla?

A Salad?

Nachos?

Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

Tomatoes

Lettuce

Ground beef

Chicken

Sour Cream

Cheese

Beans

Green onions

White onions

Any onions

Steak

Olives

Sauce (ex., mild, hot, fire)

Other (specify) \_\_\_\_\_

entered

ID number (State Lab ID if available) NY019

NOVEMBER 2006-E. COLI O157 OUTBREAK-CASE QUESTIONNAIRE

Phone number: \_\_\_\_\_

Age 16 Sex  M  F State NY County Nassau City Rockville Center

Interviewer name Steve Jacobs Date of interview 12/8/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent

Stool specimen collection date: 11/25/2006

Case Status (please circle) Confirmed  Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/23/2006 Time: 8:00 AM  PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/20/2006 Time: 5:30 AM  PM

Are you a Taco Bell employee? (please circle) Yes  No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Peninsula Blvd Hempsted NY</u> Date <u>11/18/2006</u>
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
F <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date ____/____/2006
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpie?	If yes, Location _____ Date ____/____/2006
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
	If yes, name 1. <u>(b)(6)</u> contact number _____ which restaurant? <u>TB</u>	
	2. _____ contact number _____ which restaurant? <u>TB</u>	
	3. _____ contact number _____ which restaurant? <u>TB</u>	
K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

Case Questionnaire

\* working on the controls

NY019

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET), Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos	—
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos belly grande	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> pinto & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled steak soft taco	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchilito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchilito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchilito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- ground beef (standard)	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other <u>Cheesy Gordita Crunch</u>	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)	—

NY019

ID number (State Lab ID if available)

**ORDER SUBSTITUTIONS**

Y ? N  
 A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input checked="" type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input checked="" type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input checked="" type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input checked="" type="checkbox"/> Hold sour cream	<input checked="" type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input checked="" type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input checked="" type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type)	<input type="checkbox"/> Hold sauce (specify type)	<input type="checkbox"/> Hold sauce (specify type)
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.

Y ? N  
 A    If you cannot remember what menu item you ordered, do you know if you ordered:

H    A Taco?

C    A Burrito?

D    A Quesadilla?

E    A Salad?

F    Nachos?

Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

if you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

G    Tomatoe

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    white onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

ID number (State Lab ID if available) \_\_\_\_\_

NY018

entered

**NOVEMBER 2006-E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number \_\_\_\_\_

Age 15

Sex  M  F

State NY

County Richmond City New York

Interviewer name V. Reddy

Date of interview 12, 8 /2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent

Stool specimen collection date: 11, 28 /2006

Case Status (please circle) Confirmed  Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11, 24 /2006 Time: ? AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11, 24 /2006 Time: ? AM PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS.** Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? if yes, number of hospital nights <u>3</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N		(Specify street, city, state for each location)	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	<u>Forest Ave 50</u> <u>Staten Island</u>	<u>12/2</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?		<u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?		<u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?		<u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?		<u>1</u> /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?	<u>Forest Ave</u> <u>Staten Island</u>	<u>12/2</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?		<u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Bimble's?		<u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?		
			If yes, name 1. <u>Parent</u> contact number _____ which restaurant? <u>Taco Bell</u>		
			2. <u>Sibling</u> contact number _____ which restaurant? <u>Taco Bell</u>		
			3. <u>Sibling</u> contact number _____ which restaurant? _____		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
			If yes, which dining companion (specify name) _____		

NY018

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chelupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken soft taco	___	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken burrito	___	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- chicken	___	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> caramel apple empanada	___	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cheesy fiesta potatoes	___	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	___
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> original taco (standard is ground beef)	___	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	___
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> taco supreme (standard is ground beef)	___	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	___
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco (standard is ground beef)	___	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	___
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ranchero chicken soft taco	___	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	___
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- ground beef (standard)	___	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	___
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- chicken	___	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- steak/ carne asada	___	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	___
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled steak soft taco	___	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	___
<b>Burritos</b>					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	___
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> bean burrito	___	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	___
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7 layer burrito	___	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	___
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chili cheese burrito	___	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- ground beef (standard)	___
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> burrito supreme- ground beef (standard)	___	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- chicken	___
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- chicken	___	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- steak/ carne asada	___
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- steak/ carne asada	___	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	___
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- ground beef (standard)	___	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	___
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- chicken	___	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	___
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- steak/ carne asada	___	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	___
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- ground beef (standard)	___	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	___
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- chicken	___	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	___
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- steak/ carne asada	___	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	___
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- ground beef (standard)	___	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	___
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- chicken	___	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	___
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- steak/ carne asada	___	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- ground beef (standard)	___	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	___
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- chicken	___	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	___
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- steak/ carne asada	___	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- ground beef (standard)	___	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	___
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- chicken	___	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	___
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- steak/ carne asada	___	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	___
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	___

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**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Taco?
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

**Y ? N** If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____



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NY018

Control

entered  
A B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_

Method of control selection (please circle)

Dining Companion

Other Taco Bell diner

Reverse directory

Age 37

Sex  M  F

State NY

County Richmond

City New York

Interviewer name V. Reddy

Date of interview 12/8 /2006

Who was interviewed? Control

Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>?

Yes

No

(If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle)

Yes

No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/24/2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Forest Ave Staten Isl.</u>	Date <u>11/24</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>/</u> /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>Forest Ave</u>	Date <u>11/24</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	---	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	---					

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Control **A** B (circle)

Y	?	N		#	Y	?	N		#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	---	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos ballgrande	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	---
<b>Burritos</b>						B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	---
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	baan burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	---	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	---	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	---	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	---
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	---	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	---
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	---
<b>Gorditas</b>						O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	---	<b>Quesadillas</b>					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	---	<b>Bowls</b>					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	<b>Misc.</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
						C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	---
						D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

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ID number (State Lab ID if available) \_\_\_\_\_

Control **A** B (circle)

Y ? N  
A

**ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- |  |  |  |
|--|--|--|
| 1. _____   | 2. _____   | 3. _____   |
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

Y ? N  
A     
B     
C     
D     
E     
F

If you cannot remember what menu item you ordered, do you know if you ordered:

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N  
G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

entered

ID number (State Lab ID if available) NY 018 Control A B (circle)  
NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
Age 11 Sex  M  F State NY County Richmond city New York  
Interviewer name V. Reddy Date of interview 12/8 /2006  
Who was interviewed? Control \_\_\_\_\_ Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/24 /2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Forest Ave</u>	Date <u>11/24</u> /2006
				<u>Staten Island</u>	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>1</u> /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>Forest Ave</u>	Date <u>11/22</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito.	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	---					

NY018

ID number (State Lab ID if available)

Control A B (circle)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<b>Specialties</b>				
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	---
<b>Burritos</b>					B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	---
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	---
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	---	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	---
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	---	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	---
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	---	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	---
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	---
<b>Gorditas</b>					O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	---	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	---	<b>Bowls</b>				
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	---
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	<b>Misc.</b>				
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

ID number (State Lab ID if available) NY018 Control A **B** (circle)

**Y ? N**  
**A**    **ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N**  
**A**    If you cannot remember what menu item you ordered, do you know if you ordered:

**B**    A Taco?

**C**    A Burrito?

**D**    A Quesadilla?

**E**    A Salad?

**F**    Nachos?

**F**    Other (ex., gordita, chakupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

**G**    Tomatoes

**H**    Lettuce

**I**    Ground beef

**J**    Chicken

**K**    Sour Cream

**L**    Cheese

**M**    Beans

**N**    Green onions

**O**    White onions

**P**    Any onions

**Q**    Steak

**R**    Olives

**S**    Sauce (ex., mild, hot, fire)

**T**    Other (specify) \_\_\_\_\_

ID number (State Lab ID if available) NYC-100368441 (control) Control A B (circle) **C** D E  
**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

NY018 *entire*

Control Phone number \_\_\_\_\_  
 Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
 Age 30 Sex  M  F State NY County Richmond City New York  
 Interviewer name V. Reddy Date of interview 12/9 2006  
 Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 12/9 2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Forest Ave, Staten Is</u> Date <u>11/24</u> 2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

NY018

ID number (State Lab ID if available) NYC-100368441 (control) Control A B (circle) **C** D

Y	?	N	Tacos	#	Y	?	N	Nachos & Sidas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos belgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—				<b>Specialties</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
			<b>Burritos</b>		B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
			<b>Gorditas</b>		O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—				<b>Quesadillas</b>	
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—				<b>Bowls</b>	
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—				Misc.	
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—



NY018

ID number (State Lab ID) if available NYC-100368441 (control)

Control A B (circle **C**) D

**Y ? N ORDER SUBSTITUTIONS**  
A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gorditas, chalups, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID) if available NAC-100368441 (control) Control A B (circle) C (D)  
**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

N4018

Entered

Control Phone number \_\_\_\_\_  
 Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
 Age 12 Sex  M  F State NY County Richmond City New York  
 Interviewer name V. Reddy Date of interview 12/9 2006  
 Who was interviewed? Control \_\_\_\_\_ Parent X

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 1 / 1 / 2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Forest Ave, Staten Is</u> Date <u>11/24</u> / 2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date _____ / 2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date _____ / 2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date _____ / 2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date _____ / 2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>Forest Ave</u> Date <u>11/22</u> / 2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date _____ / 2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date _____ / 2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					

NY018

ID number (State Lab ID if available) NYC-100368441 (control)

Control A B (circle) **C** **D**

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)		A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	1-2	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)		C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco		D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)		E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken		F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada		<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco		A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	
<b>Burritos</b>					B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito		C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito		D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito		E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)		F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken		G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada		H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)		I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken		J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada		K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)		L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken		M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada		N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	
<b>Gorditas</b>					O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dow baja blast	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)		<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken		A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada		B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)		<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken		A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada		B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)		<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken		A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada		B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	
					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	

N4018

ID number (State Lab ID) if available NYC-1003128441 (control)

Control A B (circle) C D

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**Y ? N** If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

NY018 entered  
CD E

ID number (State Lab ID if available) NYC-100368441 (control) Control A B (circle)  
NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
Age 9 Sex  M  F State NY County Richmond City New York  
Interviewer name V. Reddy Date of Interview 12/9 /2006  
Who was interviewed? Control \_\_\_\_\_ Parent X

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 1 / 1 /2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Forest Ave, Staten Is</u> Date <u>11/24</u> /2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date _____ /2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date _____ /2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date _____ /2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date _____ /2006	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Forest Ave</u> Date <u>11/22</u> /2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date _____ /2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date _____ /2006	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	---					

NY 018

ID number (State Lab ID if available) NYC-100368441 (control?) Control A B (circle) C D E

Y	?	N		#	Y	?	N		#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	1.2	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos boligrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>						B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchilito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchilito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchilito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximeit- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximeit- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximeit- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>						O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
						C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
						D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

NY018

ID number (State Lab ID if available)

NYC-100368441 (control)

Control

A

B (circle)

C D E

Y ? N

**ORDER SUBSTITUTIONS**

A  B  C

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

Y ? N

If you cannot remember what menu item you ordered, do you know if you ordered:

A  B  C   
D  E  F

- A Tacos?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

G  H  I  J  K  L  M  N  O  P  Q  R  S  T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) NY017

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number \_\_\_\_\_

Age 20

Sex  M  F

State NY

County Otsego

City Cooperstown

Interviewer name Corena Martin

Date of interview 12, 5 /2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 12, 1 /2006

Case Status (please circle) Confirmed  **Probable**

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11, 29 /2006 Time: 7:00 **AM** PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11, 28 /2006 Time: 7:00 AM **PM**

Are you a Taco Bell employee? (please circle) Yes  **No**

**I. SYMPTOMS AND SEVERITY OF ILLNESS.** Now I will ask you some questions about your symptoms and illness.

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>1</u>
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uramic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Songertown Mall</u> Date <u>11, 24</u> /2006
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	<u>New Hartford, NY</u> Date <u>1</u> /2006
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1</u> /2006
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1</u> /2006
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1</u> /2006
F <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Oneonta, NY South St</u> Date <u>11, 27</u> /2006
G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1</u> /2006
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1</u> /2006
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you have a dining companion?	
K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	If yes, name 1. _____ contact number _____ which restaurant? _____	
	2. _____ contact number _____ which restaurant? _____	
	3. _____ contact number _____ which restaurant? _____	
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

*to be entered in item study on 12/11/06 entered*



ID number (State Lab ID if available) \_\_\_\_\_

N4017

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken soft taco	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> caramel apple empanada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cheesy fiesta potatoes	---	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos	---
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> original taco (standard is ground beef)	10	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos supreme	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco supreme (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos big grande	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco (standard is ground beef)	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> pintos & cheese	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ranchero chicken soft taco	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mexican rice	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cinnamon twists	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- chicken	---	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- steak/ carne asada	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> crunchwrap supreme	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled steak soft taco	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mexican pizza	---
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- ground beef (standard)	---
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> bean burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- chicken	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7 layer burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- steak/ carne asada	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chili cheese burrito	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> maximek- ground beef (standard)	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- ground beef (standard)	---	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> maximek- chicken	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- chicken	---	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> maximek- steak/ carne asada	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- steak/ carne asada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- ground beef (standard)	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- ground beef (standard)	---	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- chicken	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- chicken	---	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- steak/ carne asada	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- steak/ carne asada	---	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- ground beef (standard)	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- ground beef (standard)	---	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- chicken	---
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- chicken	---	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- steak/ carne asada	---
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- steak/ carne asada	---	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mountain dew baja blast	---
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chicken quesadilla	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> steak quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- steak/ carne asada	---	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> zesty chicken border bowl	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> southwest steak border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- steak/ carne asada	---	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Other _____	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- steak/ carne asada	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> I don't remember	---
					D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)	---

NY017

ID number (State Lab ID if available)

**Y ? N** **ORDER SUBSTITUTIONS**

**A**    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

**A**    A Taco?

**B**    A Burrito?

**C**    A Quesadilla?

**D**    A Salad?

**E**    Nachos?

**F**    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**IF YOU CANNOT REMEMBER WHAT MENU ITEM(S) YOU ORDERED, DID ANY OF YOUR MENU ITEMS CONTAIN (CHECK ALL THAT APPLY):**

**Y ? N**

**G**    Tomatoes

**H**    Lettuce

**I**    Ground beef

**J**    Chicken

**K**    Sour Cream

**L**    Cheese

**M**    Beans

**N**    Green onions

**O**    White onions

**P**    Any onions

**Q**    Steak

**R**    Olives

**S**    Sauce (ex., mild, hot, fire)

**T**    Other (specify) \_\_\_\_\_

NY016

Entered

Lab ID if available  
2006-E. COLI O157 OUTBREAK-CASE QUESTIONNAIRE

Number 28

Sex  M  F State NY County Oneida City Saugoit

Interviewer name Hallie Gabriel Date of interview 12/04/2006

Who was interviewed? Case  Spouse  Parent

Stool specimen collection date: 11/30/2006

Case Status (please circle) Confirmed  **Probable**

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/27/2006 Time: ? AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?

Date of onset of other symptoms 11/27/2006 Time: ? AM PM

Are you a Taco Bell employee? (please circle) Yes  **No**

changed the yes to unknown in food sect due to poor recall

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Bloody diarrhea?	K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you receive antibiotics for your illness? <u>Stopped 12/2/06</u>
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

if you had more than 1 meal

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>North Utica, NY</u> Date <u>10/2006</u>
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1/2006</u>
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
F <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>Washington Hills, NY</u> Date <u>7/06/2006</u>
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>
I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any other restaurant?	If yes, Location _____ Date <u>1/2006</u>
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	If yes, name 1. _____ contact number _____ which restaurant? _____	
	2. _____ contact number _____ which restaurant? _____	
	3. _____ contact number _____ which restaurant? _____	
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

Case Questionnaire

dined alone, no controls to interview

NY014

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken soft taco	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> caramel apple empanada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cheesy fiesta potatoes	---				<b>Nachos &amp; Sides</b>	
			<b>Tacos</b>		A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos	---
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> original taco (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos supreme	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco supreme (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos biggrande	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco (standard is ground beef)	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> pintos & cheese	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ranchero chicken soft taco	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mexican rice	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cinnamon twists	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- chicken	---				<b>Specialties</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- steak/ carne asada	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> crunchwrap supreme	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled steak soft taco	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mexican pizza	---
			<b>Burritos</b>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- ground beef (standard)	---
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> bean burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- chicken	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7 layer burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- steak/ carne asada	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chili cheese burrito	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> maxmelt- ground beef (standard)	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- ground beef (standard)	---	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> maxmelt- chicken	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- chicken	---	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> maxmelt- steak/ carne asada	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- steak/ carne asada	---	I	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- ground beef (standard)	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- ground beef (standard)	---	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- chicken	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- chicken	---	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- steak/ carne asada	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- steak/ carne asada	---	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- ground beef (standard)	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- ground beef (standard)	---	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- chicken	---
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- chicken	---	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- steak/ carne asada	---
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- steak/ carne asada	---	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mountain dew baja blast	---
			<b>Gorditas</b>					<b>Quesadillas</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chicken quesadilla	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> steak quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- steak/ carne asada	---				<b>Bowls</b>	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> zesty chicken border bowl	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> southwest steak border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- steak/ carne asada	---				<b>Misc.</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Other _____	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- steak/ carne asada	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> I don't remember	---
					D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)	---

same I changed to @Bened unknown

NY016

ID number (State Lab ID if available)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.**

If you cannot remember what menu item you ordered, do you know if you ordered:

**Y ? N**

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

NY 016 - Keyfile

Changed at 2 ways under food items to due to poor recall

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Age 28y Sex M State NY County Oneida City Saranac

Interviewer name Hollie Gabriel Date of interview 12/4/2006

Who was interviewed? Case Spouse Parent

Stool specimen collection date: 11/30/2006

Case Status (please circle) Confirmed Probable

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/27/2006 Time: AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?

Date of onset of other symptoms: 11/27/2006 Time: AM PM

Are you a Taco Bell employee? (please circle) Yes No

SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Table with 2 columns of symptoms and severity questions. Includes items like 'Any Nausea?', 'Any Vomiting?', 'Any Abdominal cramps?', 'Any Diarrhea?', 'Any Bloody diarrhea?', 'Any Fever?', 'Did you visit a health care provider...', 'Did you develop HUS...', 'Did you receive antibiotics...', 'Did the patient die?'

RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Table with restaurant exposure questions. Includes items like 'Did you eat at any restaurants?', 'Did you eat at any Taco Bell?', 'Did you eat at any Kentucky Fried Chicken (KFC)?', 'Did you eat at any A & W All American Food?', 'Did you eat at any Long John Silver's?', 'Did you eat at any Pizza Hut?', 'Did you eat at McDonalds?', 'Did you eat at Subway?', 'Did you eat at Bimble's?', 'Did you eat at any other restaurant?', 'Did you have a dining companion?'

Can't recall Can't recall

Dined alone, no contact to interview.

NY016

number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes
<b>Tacos</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco
<b>Burritos</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito
C	<input type="checkbox"/>	<input type="checkbox"/>	phil cheese burrito
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada
<b>Gorditas</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada

Y	?	N	Chalupas
A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada
<b>Nachos &amp; Sides</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	nachos
B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
C	<input type="checkbox"/>	<input type="checkbox"/>	nachos big grande
D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists
<b>Specialties</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)
G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken
H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
<b>Quesadillas</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
<b>Bowls</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
<b>Misc.</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

NY016

ID number (State Lab ID if available)

ORDER SUBSTITUTIONS

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Y ? N
A

Name of menu item:

- 1. Hold tomatoes, Hold lettuce, Hold beef, Hold chicken, Hold cheese, Hold sour cream, Hold any onions, Hold white onions, Hold green onions, Hold olives, Substitute beans for meat, Hold sauce (specify type), Other
2. Hold tomatoes, Hold lettuce, Hold beef, Hold chicken, Hold cheese, Hold sour cream, Hold any onions, Hold white onions, Hold green onions, Hold olives, Substitute beans for meat, Hold sauce (specify type), Other
3. Hold tomatoes, Hold lettuce, Hold beef, Hold chicken, Hold cheese, Hold sour cream, Hold any onions, Hold white onions, Hold green onions, Hold olives, Substitute beans for meat, Hold sauce (specify type), Other

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N
A   
B   
C   
D   
E   
F

A Taco?

A Burrito?

A Quesadilla?

A Salad?

Nachos?

Other (ex., gordita, chalupa, etc): Describe

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N
G   
H   
I   
J   
K   
L   
M   
N   
O   
P   
Q   
R   
S   
T

Tomatoes

Lettuce

Ground beef

Chicken

Sour Cream

Cheese

Beans

Green onions

White onions

Any onions

Steak

Olives

Sauce (ex., mild, hot, fire)

Other (specify)



worried  
well

entered  
A (circle)  
B (circle)

ID number (State Lab ID if available) NY016 Control A (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
Age 51 Sex  M  F State NY County Oneida City Sagitt  
Interviewer name Nancy Mirch Date of interview 12/12/2006  
Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/20/2006 (fill in case illness onset date)

Y	?	N			
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Genesee St. Utica</u> Date <u>11/27/2006</u> <u>Genesee St. Utica</u> Date <u>11/29/2006</u>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Genesee St. Utica</u> Date <u>11/28/2006</u>
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	I
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	1	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	1
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	2	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	2
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	3	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	3
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	4	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	4
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	5	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	5
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	6	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	6
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	7	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	8	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	1
<b>Burritos</b>					B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	2
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	1	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	3
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	2	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	4
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	3	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	5
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	4	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	6
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	5	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	7
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	6	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	8
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	7	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	9
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	8	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	10
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	9	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	11
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	10	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	12
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	11	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	13
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	12	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	14
<b>Gorditas</b>					O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	15
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	1	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	2	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	1
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	3	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	2
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	4	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	5	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	1
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	6	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	2
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	7	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	8	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	1
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	9	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	2
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	3
					D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot <u>fire</u> )	4

ID number (State Lab ID if available) \_\_\_\_\_

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

entered

NY015

ID number (State Lab ID if available)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number

Age 17

Sex M F

State NY

County Suffolk

City Middle Island

Interviewer name Date of interview 12/5/2006

Who was interviewed? Case Spouse Parent X

Stool specimen collection date: 11/29/2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: / / 2006 Time: : AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?

Date of onset of other symptoms 11/27/2006 Time: : AM PM

Are you a Taco Bell employee? (please circle) Yes No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Table with 2 columns of symptoms and severity questions (A-F, G-L) with Y, ?, N checkboxes.

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Form with restaurant exposure questions (A-K) and dining companion information (M) with checkboxes and location/date fields.

NY015

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	#	Y	?	N	#
<b>Big Bell Value Menu</b>				<b>Chalupas</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	<b>Nachos &amp; Sides</b>			
<b>Tacos</b>				A	<input type="checkbox"/>	<input type="checkbox"/>	nachos
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	<b>Specialties</b>			
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
<b>Burritos</b>				C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	F	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- ground beef (standard)
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	G	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- chicken
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	H	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- steak/ carne asada
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
<b>Gorditas</b>				<b>Quesadillas</b>			
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	<b>Bowls</b>			
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	<b>Misc.</b>			
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I don't remember
				D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

NY015

ID number (State Lab ID if available)

**ORDER SUBSTITUTIONS**

Y ? N  
A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

- Y ? N  
A     
B     
C     
D     
E     
F

If you cannot remember what menu item you ordered, do you know if you ordered:

A Taco?

A Burrito?

A Quesadilla?

A Salad?

Nachos?

Other (ex., gordita, chalupa, etc) Describe

Chalupa Supreme #2

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

- Y ? N  
G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

Tomatoes

Lettuce

Ground beef

Chicken

Sour Cream

Cheese

Beans

Green onions

White onions

Any onions

Steak

Olives

Sauce (ex., mild, hot, fire)

Other (specify)

soft taco shell

worried well

Entered

ID number (State Lab ID if available) NY015

Control A B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
Age \_\_\_\_\_ Sex  M  F State NY County Suffolk City \_\_\_\_\_  
Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006  
Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_\_/\_\_\_\_/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Deer Park</u> Date <u>11/30/2006</u>
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Bimplys?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaires. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—					

ID number (State Lab ID if available)

NY015

Control

A (circled)

B (circle)

Y	?	N		#	Y	?	N		#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Tacos</b>	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<b>Nachos &amp; Sides</b>	—
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
C	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
D	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
E	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—				cinnamon twists	—
H	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—				<b>Specialties</b>	
			grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
			<b>Burritos</b>		B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
			<b>Gorditas</b>		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—				<b>Quesadillas</b>	
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—				<b>Bowls</b>	
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—				<b>Misc.</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—



ID number (State Lab ID if available)

NY015

Control

A

B (circle)

Y ? N ORDER SUBSTITUTIONS

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- |  |  |  |
|--|--|--|
| 1. _____   | 2. _____   | 3. _____   |
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N

If you cannot remember what menu item you ordered, do you know if you ordered:

- A    A Taco?
- B    A Burrito?
- C    A Quesadilla?
- D    A Salad?
- E    Nachos?
- F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

- G    Tomatoes
- H    Lettuce
- I    Ground beef
- J    Chicken
- K    Sour Cream
- L    Cheese
- M    Beans
- N    Green onions
- O    White onions
- P    Any onions
- Q    Steak
- R    Olives
- S    Sauce (ex., mild, hot, fire)
- T    Other (specify) \_\_\_\_\_

entered

NY014

ID number (State Lab ID if available)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number

Age 11 Sex M F State NY County Suffolk City Brentwood

Interviewer name Date of interview / /2006

Who was interviewed? Case Spouse Parent

Stool specimen collection date: 12/1/2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/29/2006 Time: 4:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/29/2006 Time: 4:00 AM PM

Are you a Taco Bell employee? (please circle) Yes No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Table with 2 columns of symptoms and severity questions (A-L) with checkboxes for Yes, No, and Unsure.

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Form with restaurant exposure questions (A-M) and dining companion details, including handwritten answers like 'Roosevelt Field' and 'Hicksville Mall'.

NY014

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___				<b>Nachos &amp; Sidas</b>	
			<b>Tacos</b>		A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	___
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	5	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	___
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	___	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	___
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	___	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	___
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	___	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	___
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	___
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	___				<b>Specialties</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	___	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	___
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	___	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	___
			<b>Burritos</b>		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	___
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	___
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	___
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	___	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	___
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	___	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	___
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	___	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	___
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	___
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	___	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	___
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	___	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	___
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	___	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	___
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	___	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	___
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	___	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	___
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	___	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	___
			<b>Gorditas</b>					<b>Quesadillas</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	___
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	___
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	___				<b>Bowls</b>	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	___
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	___
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	___				<b>Misc.</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	___	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	___
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	___

NY014

ID number (State Lab ID if available)

Y ? N  
A

**ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.**

**Y ? N**  
If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?  
 B    A Burrito?  
 C    A Quesadilla?  
 D    A Salad?  
 E    Nachos?  
 F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**IF YOU CANNOT REMEMBER WHAT MENU ITEM(S) YOU ORDERED, DID ANY OF YOUR MENU ITEMS CONTAIN (check all that apply):**

**Y ? N**

G    Tomatoes  
 H    Lettuce  
 I    Ground beef  
 J    Chicken  
 K    Sour Cream  
 L    Cheese  
 M    Beans  
 N    Green onions  
 O    White onions  
 P    Any onions  
 Q    Steak  
 R    Olives  
 S    Sauce (ex., mild, hot, fire)  
 T    Other (specify) \_\_\_\_\_

entered  
A B (circle)

ID number (State Lab ID if available) NY014

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age \_\_\_\_\_ Sex  M  F State NY County Suffolk City Brentwood

Interviewer name CB Date of interview 12 / 8 /2006

Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11 / 29 /2006 (fill in case illness onset date)

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- if no, end interview	(Specify street, city, state for each location)
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Roosevelt Mall</u> Date <u>11 / 29 /2006</u> <u>Hickville Mall</u> Date <u>1 / 28 /2006</u>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____ / ____ /2006
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____ / ____ /2006
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____ / ____ /2006
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____ / ____ /2006
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____ / ____ /2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____ / ____ /2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____ / ____ /2006
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	<u>1</u>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	<u>1</u>	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—						

ID number (State Lab ID if available)

NY014

Control

A

B (circle)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	3	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

NY014

Control

A

B (circle)

Y ? N ORDER SUBSTITUTIONS

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N

If you cannot remember what menu item you ordered, do you know if you ordered:

- A    A Taco?
- B    A Burrito?
- C    A Quesadilla?
- D    A Salad?
- E    Nachos?
- F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

- G    Tomatoes
- H    Lettuce
- I    Ground beef
- J    Chicken
- K    Sour Cream
- L    Cheese
- M    Beans
- N    Green onions
- O    White onions
- P    Any onions
- Q    Steak
- R    Olives
- S    Sauce (ex., mild, hot, fire)
- T    Other (specify) \_\_\_\_\_

entered

ID number (State Lab ID if available) \_\_\_\_\_

NY013

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number \_\_\_\_\_

Age 18

Sex  M  F

State NY

County Suffolk

City Port Jefferson

Interviewer name \_\_\_\_\_

Date of interview 12, 4 /2006

Who was interviewed? Case

Spouse \_\_\_\_\_

Parent \_\_\_\_\_

Stool specimen collection date: 11, 30 /2006

Case Status (please circle)

Confirmed

Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: \_\_\_\_\_ / 2006

Time: \_\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?

Date of onset of other symptoms 11, 26 /2006

Time: 11:02 AM PM

Are you a Taco Bell employee? (please circle) Yes No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	Did you visit a health care provider for your illness?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Any Nausea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G Did you visit a health care provider for your illness?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B Any Vomiting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H Did you visit an emergency room for your illness?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C Any Abdominal cramps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Were you hospitalized overnight? if yes, number of hospital nights <u>2</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Any Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J Did you develop HUS (hemolytic uremic syndrome)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E Any Bloody diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K Did you receive antibiotics for your illness?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N	Did you eat at any restaurants?	(Specify street, city, state for each location)	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Did you eat at any restaurants?	<u>Rte 47 Port Jefferson</u>	<u>11/21/2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B Did you eat at any Taco Bell?		/ / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C Did you eat at any Kentucky Fried Chicken (KFC)?		/ / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D Did you eat at any A & W All American Food?		/ / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E Did you eat at any Long John Silver's?		/ / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Did you eat at any Pizza Hut?		/ / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G Did you eat at McDonald's?		/ / 2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H Did you eat at Subway?		/ / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Did you eat at Blimpies?		/ / 2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J Did you eat at any other restaurant?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K Did you have a dining companion? if yes, name 1. <u>(b)(6)</u> 2. _____ 3. _____	contact number _____ which restaurant? <u>Taco Bell</u> contact number _____ which restaurant? _____ contact number _____ which restaurant? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	M Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant? if yes, which dining companion (specify name) _____		



NY013

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	#	Y	?	N	#
<b>Big Bell Value Menu</b>							
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	A	<input type="checkbox"/>	<input type="checkbox"/>	Chalupas
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)
C	<input type="checkbox"/>	<input type="checkbox"/>	copy chicken soft taco	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken
D	<input type="checkbox"/>	<input type="checkbox"/>	copy chicken burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)
I	<input type="checkbox"/>	<input type="checkbox"/>	caromal apple empanada	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes				chalupa nacho cheese- steak/ carne asada
<b>Tacos</b>							
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nachos & Sides
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
D	<input type="checkbox"/>	<input type="checkbox"/>	rancho chicken soft taco	D	<input type="checkbox"/>	<input type="checkbox"/>	nachos beligrande
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	E	<input type="checkbox"/>	<input type="checkbox"/>	pinos & cheese
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	F	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada				cinamon wheat
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	<b>Specialties</b>			
<b>Burritos</b>							
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
C	<input type="checkbox"/>	<input type="checkbox"/>	chili conasa burrito	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	F	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- ground beef (standard)
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	G	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- chicken
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	H	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- steak/ carne asada
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
<b>Gorditas</b>							
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	A	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	C	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	<b>Quesadillas</b>			
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita bajo- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	<b>Bowls</b>			
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
<b>Misc.</b>							
A	<input type="checkbox"/>	<input type="checkbox"/>		A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
B	<input type="checkbox"/>	<input type="checkbox"/>		B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
C	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
D	<input type="checkbox"/>	<input type="checkbox"/>		D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

NY013

ID number (State Lab ID if available)

**ORDER SUBSTITUTIONS**

Y ? N  
A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N	A Taco?
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions
X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions
Z <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	aa <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stalk
aa <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ab <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives
ab <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ac <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex, mild, hot, fire)
ac <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ad <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____

entered

ID number (State Lab ID if available) NY 013

Control (A) B (circle)

# NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 21 Sex ♀ M  F  State NY County SUFFOLK City PORT JEFFERSON

Interviewer name \_\_\_\_\_ Date of interview 12/5 /2006

Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/26/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview		<u>11/21/2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>PORT JEFFERSON NY</u>	Date <u>11/21/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date <u>   </u> / <u>   </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date <u>   </u> / <u>   </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date <u>   </u> / <u>   </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>   </u> / <u>   </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____	Date <u>   </u> / <u>   </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date <u>   </u> / <u>   </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date <u>   </u> / <u>   </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					



ID number (State Lab ID if available)

NY013

Control **A**

B (circle)

**Y ? N** **ORDER SUBSTITUTIONS**  
 A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. <input type="checkbox"/> Hold tomatoes	2. <input type="checkbox"/> Hold tomatoes	3. <input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input checked="" type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.**

**Y ? N**  
 A    A Taco?  
 B    A Burrito?  
 C    A Quesadilla?  
 D    A Saled?  
 E    Nachos?  
 F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**if you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**  
 G    Tomatoes  
 H    Lettuce  
 I    Ground beef  
 J    Chicken  
 K    Sour Cream  
 L    Cheese  
 M    Beans  
 N    Green onions  
 O    White onions  
 P    Any onions  
 Q    Steak  
 R    Olives  
 S    Sauce (ex., mild, hot, fire)  
 T    Other (specify) \_\_\_\_\_

entered

ID number (State Lab ID if available) NY013 Control A B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_ Method of control selection (please circle) Dining Companion Other Taco Bell diner \_\_\_\_\_ Reverse directory \_\_\_\_\_

Age 18 Sex  M  F State Ny County SUFFOLK City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview 12/5 /2006

Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/26/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>PORT JEFFERSON, NY</u> Date <u>11/21/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---					

ID number (State Lab ID if available)

NY013

Control

A

B

(circle)

Y	?	N		#	Y	?	N		#		
<b>Tacos</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximeit- ground beef (standard)	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximeit- chicken	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximeit- steak/ carne asada	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
<b>Gorditas</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Quesadillas</b>					
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Bowls</b>					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	<b>Misc.</b>					
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) NY013

Control A **B** (circle)

**Y ? N ORDER SUBSTITUTIONS**  
A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. <u>BEEF SOFT TACO</u>	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input checked="" type="checkbox"/> Other <u>Add sour cream</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**IF YOU CANNOT REMEMBER WHAT MENU ITEM(S) YOU ORDERED, did any of your menu items contain (check all that apply):**

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_



ID number (State Lab ID if available) NY013 CONTROL C Control A B (circle) C  
NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
Age 17 Sex  M  F State NY County SUFFOLK City \_\_\_\_\_  
Interviewer name \_\_\_\_\_ Date of interview 12/5 /2006  
Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/26/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>POST JEFFERSON</u> Date <u>11/21/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---					

ID number (State Lab ID if available)

NY013 CTRLC

Control

A

B (circle)

C

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	1	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

NY013 CTRL C

Control

A

B (circle)

C

Y ? N ORDER SUBSTITUTIONS

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- |  |  |  |
|--|--|--|
| 1. _____   | 2. _____   | 3. _____   |
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N

If you cannot remember what menu item you ordered, do you know if you ordered:

A

B

C

D

E

F

A Taco?

A Burrito?

A Quesadilla?

A Salad?

Nachos?

Other (ex., gordita, chalupa, etc)

Describe

Chicken chalupa x 2

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

Tomatoes

Lettuce

Ground beef

Chicken

Sour Cream

Cheese

Beans

Green onions

White onions

Any onions

Steak

Olives

Sauce (ex., mild, hot, fire)

Other (specify) \_\_\_\_\_

ID number (State Lab ID if available) NY013 CONTROL D Control A B (circle) D  
**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_  
 Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
 Age 15 Sex  M  F State NY County SUFFOLK City \_\_\_\_\_  
 Interviewer name \_\_\_\_\_ Date of interview 12/5/2006  
 Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/26/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>BOET JEFFERSON, NY</u>	Date <u>11/21/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					

NY013D

1

ID number (State Lab ID if available)

Control

A

B (circle)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	—				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—				
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	1				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—				
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—				
<b>Burritos</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—				
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—				
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—				
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—				
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—				
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—				
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—				
<b>Gorditas</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—				
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—				
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—				
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—				
<b>Nachos &amp; Sides</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—				
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—				
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—				
<b>Specialties</b>									
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	1				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—				
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—				
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—				
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—				
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—				
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—				
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—				
M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—				
N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—				
O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—				
<b>Quesadillas</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—				
<b>Bowls</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—				
<b>Misc.</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—				
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—				

ID number (State Lab ID if available)

NY013D

Control A B (circle)

D

Y ? N ORDER SUBSTITUTIONS

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

1. BEF Q TACO

2. \_\_\_\_\_

3. \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hold tomatoes                      | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                       | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                          | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                       | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                        | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                    | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                    | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions                  | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions                  | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                        | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat          | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____    | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input checked="" type="checkbox"/> Other <u>SOUR CREAM</u> | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N

If you cannot remember what menu item you ordered, do you know if you ordered:

- A    A Taco?
- B    A Burrito?
- C    A Quesadilla?
- D    A Salad?
- E    Nachos?
- F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

- G    Tomatoes
- H    Lettuce
- I    Ground beef
- J    Chicken
- K    Sour Cream
- L    Cheese
- M    Beans
- N    Green onions
- O    White onions
- P    Any onions
- Q    Steak
- R    Olives
- S    Sauce (ex., mild, hot, fire)
- T    Other (specify) \_\_\_\_\_

entire

ID number (State Lab ID if available) NY012

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number \_\_\_\_\_ State NY County Suffolk City Brookhaven

Age 27 Sex  M  F Date of Interview 11/28 /2006

Interviewer name \_\_\_\_\_ Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 12/1 /2006

Case Status (please circle) Confirmed  **Probable**

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?  
Date of onset of diarrhea: 11/28 /2006 Time: \_\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?  
Date of onset of other symptoms 11/28 /2006 Time: \_\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes  No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Vomiting?	H	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>6</u>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N	Did you eat at any restaurants?	(Specify street, city, state for each location)	Date
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	<u>Ate 112 Patchogue NY</u>	<u>11/25/2006</u>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	<u>(1670yers)</u>	<u>11/26/2006</u>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	_____	<u>1/2006</u>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	_____	<u>1/2006</u>
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	_____	<u>1/2006</u>
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	_____	<u>1/2006</u>
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	_____	<u>1/2006</u>
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	_____	<u>1/2006</u>
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	_____	<u>1/2006</u>
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	_____	_____
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	_____	_____
			If yes, name 1. <u>Michelle</u> contact number <u>chad A</u> which restaurant? <u>TB 11/25</u>		
			2. <u>Michelle</u> contact number <u>chad B</u> which restaurant? <u>TB 11/25</u>		
			3. <u>Michelle</u> contact number <u>chad C</u> which restaurant? <u>TB 11/25</u>		
M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
			If yes, which dining companion (specify name)		

NY012

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken soft taco	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- chicken	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> caramel apple empanada	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cheesy fiesta potatoes	---	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> original taco (standard is ground beef)	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco supreme (standard is ground beef)	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos beige/grande	---
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> soft taco (standard is ground beef)	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ranchero chicken soft taco	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twist	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- chicken	---	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- steak/ carne asada	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled steak soft taco	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	---
<b>Burritos</b>					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchinito- ground beef (standard)	---
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> bean burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchinito- chicken	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7 layer burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchinito- steak/ carne asada	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chili cheese burrito	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- ground beef (standard)	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- chicken	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- steak/ carne asada	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- ground beef (standard)	---	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- chicken	---	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- steak/ carne asada	---	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- ground beef (standard)	---	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	---
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- chicken	---	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	---
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- steak/ carne asada	---	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain new baja blast	---
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- steak/ carne asada	---	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zoety chicken border bowl	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- steak/ carne asada	---	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- steak/ carne asada	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---



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**ORDER SUBSTITUTIONS**

Y  ?  N   
 A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z  AA  AB  AC  AD  AE  AF  AG  AH  AI  AJ  AK  AL  AM  AN  AO  AP  AQ  AR  AS  AT  AU  AV  AW  AX  AY  AZ  BA  BB  BC  BD  BE  BF  BG  BH  BI  BJ  BK  BL  BM  BN  BO  BP  BQ  BR  BS  BT  BU  BV  BW  BX  BY  BZ  CA  CB  CC  CD  CE  CF  CG  CH  CI  CJ  CK  CL  CM  CN  CO  CP  CQ  CR  CS  CT  CU  CV  CW  CX  CY  CZ  DA  DB  DC  DD  DE  DF  DG  DH  DI  DJ  DK  DL  DM  DN  DO  DP  DQ  DR  DS  DT  DU  DV  DW  DX  DY  DZ  EA  EB  EC  ED  EE  EF  EG  EH  EI  EJ  EK  EL  EM  EN  EO  EP  EQ  ER  ES  ET  EU  EV  EW  EX  EY  EZ  FA  FB  FC  FD  FE  FF  FG  FH  FI  FJ  FK  FL  FM  FN  FO  FP  FQ  FR  FS  FT  FU  FV  FW  FX  FY  FZ  GA  GB  GC  GD  GE  GF  GG  GH  GI  GJ  GK  GL  GM  GN  GO  GP  GQ  GR  GS  GT  GU  GV  GW  GX  GY  GZ  HA  HB  HC  HD  HE  HF  HG  HH  HI  HJ  HK  HL  HM  HN  HO  HP  HQ  HR  HS  HT  HU  HV  HW  HX  HY  HZ  IA  IB  IC  ID  IE  IF  IG  IH  II  IJ  IK  IL  IM  IN  IO  IP  IQ  IR  IS  IT  IU  IV  IW  IX  IY  IZ  JA  JB  JC  JD  JE  JF  JG  JH  JI  JJ  JL  JM  JN  JO  JP  JQ  JR  JS  JT  JU  JV  JW  JX  JY  JZ  KA  KB  KC  KD  KE  KF  KG  KH  KI  KJ  KL  KM  KN  KO  KP  KQ  KR  KS  KT  KU  KV  KW  KX  KY  KZ  LA  LB  LC  LD  LE  LF  LG  LH  LI  LJ  LK  LL  LM  LN  LO  LP  LQ  LR  LS  LT  LU  LV  LW  LX  LY  LZ  MA  MB  MC  MD  ME  MF  MG  MH  MI  MJ  MK  ML  MM  MN  MO  MP  MQ  MR  MS  MT  MU  MV  MW  MX  MY  MZ  NA  NB  NC  ND  NE  NF  NG  NH  NI  NJ  NK  NL  NM  NO  NP  NQ  NR  NS  NT  NU  NV  NW  NX  NY  NZ  OA  OB  OC  OD  OE  OF  OG  OH  OI  OJ  OK  OL  OM  ON  OO  OP  OQ  OR  OS  OT  OU  OV  OW  OX  OY  OZ  PA  PB  PC  PD  PE  PF  PG  PH  PI  PJ  PK  PL  PM  PN  PO  PP  PQ  PR  PS  PT  PU  PV  PW  PX  PY  PZ  QA  QB  QC  QD  QE  QF  QG  QH  QI  QJ  QK  QL  QM  QN  QO  QP  QQ  QR  QS  QT  QU  QV  QW  QX  QY  QZ  RA  RB  RC  RD  RE  RF  RG  RH  RI  RJ  RK  RL  RM  RN  RO  RP  RQ  RR  RS  RT  RU  RV  RW  RX  RY  RZ  SA  SB  SC  SD  SE  SF  SG  SH  SI  SJ  SK  SL  SM  SN  SO  SP  SQ  SR  SS  ST  SU  SV  SW  SX  SY  SZ  TA  TB  TC  TD  TE  TF  TG  TH  TI  TJ  TK  TL  TM  TN  TO  TP  TQ  TR  TS  TT  TU  TV  TW  TX  TY  TZ  UA  UB  UC  UD  UE  UF  UG  UH  UI  UJ  UK  UL  UM  UN  UO  UP  UQ  UR  US  UT  UU  UV  UW  UX  UY  UZ  VA  VB  VC  VD  VE  VF  VG  VH  VI  VJ  VK  VL  VM  VN  VO  VP  VQ  VR  VS  VT  VU  VV  VW  VX  VY  VZ  WA  WB  WC  WD  WE  WF  WG  WH  WI  WJ  WK  WL  WM  WN  WO  WP  WQ  WR  WS  WT  WU  WV  WW  WX  WY  WZ  XA  XB  XC  XD  XE  XF  XG  XH  XI  XJ  XK  XL  XM  XN  XO  XP  XQ  XR  XS  XT  XU  XV  XW  XX  XY  XZ  YA  YB  YC  YD  YE  YF  YG  YH  YI  YJ  YK  YL  YM  YN  YO  YP  YQ  YR  YS  YT  YU  YV  YW  YX  YZ  ZA  ZB  ZC  ZD  ZE  ZF  ZG  ZH  ZI  ZJ  ZK  ZL  ZM  ZN  ZO  ZP  ZQ  ZR  ZS  ZT  ZU  ZV  ZW  ZX  ZY  ZZ

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Hold tomatoes  Hold tomatoes  Hold tomatoes  
 Hold lettuce  Hold lettuce  Hold lettuce  
 Hold beef  Hold beef  Hold beef  
 Hold chicken  Hold chicken  Hold chicken  
 Hold cheese  Hold cheese  Hold cheese  
 Hold sour cream  Hold sour cream  Hold sour cream  
 Hold any onions  Hold any onions  Hold any onions  
 Hold white onions  Hold white onions  Hold white onions  
 Hold green onions  Hold green onions  Hold green onions  
 Hold olives  Hold olives  Hold olives  
 Substitute beans for meat  Substitute beans for meat  Substitute beans for meat  
 Hold sauce (specify type) \_\_\_\_\_  Hold sauce (specify type) \_\_\_\_\_  Hold sauce (specify type) \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_  Other \_\_\_\_\_

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y  ?  N   
 A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z  AA  AB  AC  AD  AE  AF  AG  AH  AI  AJ  AK  AL  AM  AN  AO  AP  AQ  AR  AS  AT  AU  AV  AW  AX  AY  AZ  BA  BB  BC  BD  BE  BF  BG  BH  BI  BJ  BK  BL  BM  BN  BO  BP  BQ  BR  BS  BT  BU  BV  BW  BX  BY  BZ  CA  CB  CC  CD  CE  CF  CG  CH  CI  CJ  CK  CL  CM  CN  CO  CP  CQ  CR  CS  CT  CU  CV  CW  CX  CY  CZ  DA  DB  DC  DD  DE  DF  DG  DH  DI  DJ  DK  DL  DM  DN  DO  DP  DQ  DR  DS  DT  DU  DV  DW  DX  DY  DZ  EA  EB  EC  ED  EE  EF  EG  EH  EI  EJ  EK  EL  EM  EN  EO  EP  EQ  ER  ES  ET  EU  EV  EW  EX  EY  EZ  FA  FB  FC  FD  FE  FF  FG  FH  FI  FJ  FK  FL  FM  FN  FO  FP  FQ  FR  FS  FT  FU  FV  FW  FX  FY  FZ  GA  GB  GC  GD  GE  GF  GG  GH  GI  GJ  GK  GL  GM  GN  GO  GP  GQ  GR  GS  GT  GU  GV  GW  GX  GY  GZ  HA  HB  HC  HD  HE  HF  HG  HH  HI  HJ  HK  HL  HM  HN  HO  HP  HQ  HR  HS  HT  HU  HV  HW  HX  HY  HZ  IA  IB  IC  ID  IE  IF  IG  IH  II  IJ  IK  IL  IM  IN  IO  IP  IQ  IR  IS  IT  IU  IV  IW  IX  IY  IZ  JA  JB  JC  JD  JE  JF  JG  JH  JI  JJ  JL  JM  JN  JO  JP  JQ  JR  JS  JT  JU  JV  JW  JX  JY  JZ  KA  KB  KC  KD  KE  KF  KG  KH  KI  KJ  KL  KM  KN  KO  KP  KQ  KR  KS  KT  KU  KV  KW  KX  KY  KZ  LA  LB  LC  LD  LE  LF  LG  LH  LI  LJ  LK  LL  LM  LN  LO  LP  LQ  LR  LS  LT  LU  LV  LW  LX  LY  LZ  MA  MB  MC  MD  ME  MF  MG  MH  MI  MJ  MK  ML  MM  MN  MO  MP  MQ  MR  MS  MT  MU  MV  MW  MX  MY  MZ  NA  NB  NC  ND  NE  NF  NG  NH  NI  NJ  NK  NL  NM  NO  NP  NQ  NR  NS  NT  NU  NV  NW  NX  NY  NZ  OA  OB  OC  OD  OE  OF  OG  OH  OI  OJ  OK  OL  OM  ON  OO  OP  OQ  OR  OS  OT  OU  OV  OW  OX  OY  OZ  PA  PB  PC  PD  PE  PF  PG  PH  PI  PJ  PK  PL  PM  PN  PO  PP  PQ  PR  PS  PT  PU  PV  PW  PX  PY  PZ  QA  QB  QC  QD  QE  QF  QG  QH  QI  QJ  QK  QL  QM  QN  QO  QP  QQ  QR  QS  QT  QU  QV  QW  QX  QY  QZ  RA  RB  RC  RD  RE  RF  RG  RH  RI  RJ  RK  RL  RM  RN  RO  RP  RQ  RR  RS  RT  RU  RV  RW  RX  RY  RZ  SA  SB  SC  SD  SE  SF  SG  SH  SI  SJ  SK  SL  SM  SN  SO  SP  SQ  SR  SS  ST  SU  SV  SW  SX  SY  SZ  TA  TB  TC  TD  TE  TF  TG  TH  TI  TJ  TK  TL  TM  TN  TO  TP  TQ  TR  TS  TT  TU  TV  TW  TX  TY  TZ  UA  UB  UC  UD  UE  UF  UG  UH  UI  UJ  UK  UL  UM  UN  UO  UP  UQ  UR  US  UT  UU  UV  UW  UX  UY  UZ  VA  VB  VC  VD  VE  VF  VG  VH  VI  VJ  VK  VL  VM  VN  VO  VP  VQ  VR  VS  VT  VU  VV  VW  VX  VY  VZ  WA  WB  WC  WD  WE  WF  WG  WH  WI  WJ  WK  WL  WM  WN  WO  WP  WQ  WR  WS  WT  WU  WV  WW  WX  WY  WZ  XA  XB  XC  XD  XE  XF  XG  XH  XI  XJ  XK  XL  XM  XN  XO  XP  XQ  XR  XS  XT  XU  XV  XW  XX  XY  XZ  YA  YB  YC  YD  YE  YF  YG  YH  YI  YJ  YK  YL  YM  YN  YO  YP  YQ  YR  YS  YT  YU  YV  YW  YX  YZ  ZA  ZB  ZC  ZD  ZE  ZF  ZG  ZH  ZI  ZJ  ZK  ZL  ZM  ZN  ZO  ZP  ZQ  ZR  ZS  ZT  ZU  ZV  ZW  ZX  ZY  ZZ

Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y  ?  N   
 a  Tomatoes  
 h  Lettuce  
 j  Ground beef  
 J  Chicken  
 K  Sour Cream  
 L  Cheese  
 M  Beans  
 N  Green onions  
 o  White onions  
 P  Any onions  
 Q  Steak  
 R  Olives  
 S  Sauce (ex., mild, hot, fire)  
 T  Other (specify) \_\_\_\_\_

entered

ID number (State Lab ID if available) NY012 Control A B (circle)  
**NOVEMBER 2006-E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner \_\_\_\_\_ Reverse directory \_\_\_\_\_  
Age 4 Sex  M  F State NY County Suffolk City Brookhaven  
Interviewer name \_\_\_\_\_ Date of interview 12/4 /2006  
Who was interviewed? Control \_\_\_\_\_ Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/28/2006 (fill in case illness onset date)

Y	?	N	Question	Location	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - if no, end interview	<u>Patchogue NY</u>	<u>11/25/2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Bimbo's?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	_____	_____/_____/2006

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fests potatoes	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		---

Control Questionnaire

NY012

Control A B (circle)

ID number (State Lab ID if available)

Tacos			#	Y	?	N		#	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard ie ground beef)		<input type="checkbox"/>	<input type="checkbox"/>		<b>Nachos &amp; Sides</b>	
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)		<input type="checkbox"/>	<input type="checkbox"/>		nachos	
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)		<input type="checkbox"/>	<input type="checkbox"/>		nachos supreme	
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	manchero chicken soft taco		<input type="checkbox"/>	<input type="checkbox"/>		nachos bellgrande	
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)		<input type="checkbox"/>	<input type="checkbox"/>		pintos & cheese	
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken		<input type="checkbox"/>	<input type="checkbox"/>		mexican rice	
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada		<input type="checkbox"/>	<input type="checkbox"/>		cinnamon twists	
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco		<input type="checkbox"/>	<input type="checkbox"/>		<b>Specialties</b>	
<b>Burritos</b>				A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme		
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito		B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito		C	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- ground beef (standard)	
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito		D	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- chicken	
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)		E	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- steak/ carne asada	
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken		F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada		G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)		H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken		I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada		J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)		K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken		L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada		M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	
<b>Gorditas</b>				N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada		
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken		<b>Quesadillas</b>				
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada		A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)		B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken		<b>Bowls</b>				
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada		A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)		B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken		<b>Misc.</b>				
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada		A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	
					B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	

ID number (State Lab ID if available)

NY012

Control

A

B (circle)

**ORDER SUBSTITUTIONS**  
 Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.) If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type)	<input type="checkbox"/> Hold sauce (specify type)	<input type="checkbox"/> Hold sauce (specify type)	<input type="checkbox"/> Hold sauce (specify type)
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

if you cannot remember what menu item you ordered, do you know if you ordered:

Y	?	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y	?	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White onions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steak
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Olives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, hot)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

entered

ID number (State Lab ID if available) NY012 Control A B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_  
 Method of control selection (please circle) Dining Companion Other Taco Bell diner \_\_\_\_\_ Reverse directory \_\_\_\_\_  
 Age 10 Sex  M  F State NY County Suffolk City Brookhaven  
 Interviewer name \_\_\_\_\_ Date of interview 12/4 /2006  
 Who was interviewed? Control \_\_\_\_\_ Parent

I have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/29 2006 (fill in case illness onset date)

Y ? N	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	Date
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	<u>Pat Choquette NY</u>	<u>11/29</u> /2006
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	_____	_____/_____/2006
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	_____	_____/_____/2006
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	_____	_____/_____/2006
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	_____	_____/_____/2006
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonald's?	_____	_____/_____/2006
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	_____	_____/_____/2006
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpie's?	_____	_____/_____/2006
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?	_____	_____/_____/2006

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y ? N	Big Bell Value Menu	#	Y ? N	Chalupas	#
A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	1/2 lb beef corn/cheese burrito	---	B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	chalupa supreme- chicken	---
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	spicy chicken soft taco	---	C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	suicy chicken burrito	---	D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	chalupa baja- chicken	---
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	double decker taco- chicken	---	G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	caramel apple empanada	---	I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	cheesy fiesta potatoes	---			

NY012

Control A B (circle)

ID number (State Lab ID if available)

Y	?	N		#	Y	?	N		#
			<b>Tacos</b>					<b>Nachos &amp; Sides</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)		A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)		B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)		C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgranda	
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco		D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)		E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken		F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada					<b>Specialties</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco		A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	
			<b>Burritos</b>		B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito		C	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- ground beef (standard)	
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito		D	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- chicken	
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito		E	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- steak/ carne asada	
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)		F	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- ground beef (standard)	
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken		G	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- chicken	
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada		H	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- steak/ carne asada	
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)		I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken		J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada		K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)		L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken		M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada		N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	
			<b>Gorditas</b>		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)					<b>Quesadillas</b>	
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken		A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada		B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)					<b>Bowls</b>	
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken		A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada		B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)					<b>Misc.</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken		A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada		A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., milk, hot, fire)	

ID number (State Lab ID if available)

NY012

Control

A

B (circle)

**ORDER SUBSTITUTIONS**

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

If you cannot remember what menu item you ordered, do you know if you ordered:

Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
F	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y	?	N	
G	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
H	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
J	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
L	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	Olives
S	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

ID number (State Lab ID if available) NY012 Control A B (circle) C entered  
**NOVEMBER 2006--E. COLI O157 OUTBREAK-CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner \_\_\_\_\_ Reverse directory \_\_\_\_\_  
Age 9 Sex X M  F  State NY County Suffolk City Brookhaven  
Interviewer name \_\_\_\_\_ Date of interview 12/4/2006  
Who was interviewed? Control \_\_\_\_\_ Parent X

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/28/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	<u>Pathogue</u>	<u>11/28/2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Dillpick's?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	_____	_____/_____/2006

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 in cheesy bean & rice burrito grande soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		---

Control Questionnaire



ID number (State Lab ID if available)

NY012

Control A

B (circle)

C

ID number (State Lab ID if available)			#	Y	?	N		#
<b>Tacos</b>								
A	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard ground beef)	
B	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard ground beef)	
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard ground beef)	
D	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	
E	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	
F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	
G	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	
H	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	
<b>Burritos</b>								
A	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	
B	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	
C	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	
D	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	
E	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	
F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	
G	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	
H	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	
I	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	
J	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	
K	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	
L	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	
<b>Gorditas</b>								
A	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	
B	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	
C	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	
D	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	
E	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	
F	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	
G	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	
H	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	
I	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	
<b>Nachos &amp; Sides</b>								
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos ballgrande	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon pasta	
<b>Specialties</b>								
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- ground beef (standard)	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- chicken	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- steak/ carne asada	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	
<b>Quesadillas</b>								
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	
<b>Bowls</b>								
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	waxy chicken border bowl	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	
<b>Misc.</b>								
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	
				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (o.g., mild, hot, fire)	

ID number (State Lab ID if available)

NY012

Control

A

B (circle)

C

**ORDER SUBSTITUTIONS**  
 Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- |  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> Hold tomatoes          | 2. <input type="checkbox"/> Hold tomatoes          | 3. <input type="checkbox"/> Hold tomatoes          |
| <input type="checkbox"/> Hold lettuce              | <input type="checkbox"/> Hold lettuce              | <input type="checkbox"/> Hold lettuce              |
| <input type="checkbox"/> Hold beef                 | <input type="checkbox"/> Hold beef                 | <input type="checkbox"/> Hold beef                 |
| <input type="checkbox"/> Hold chicken              | <input type="checkbox"/> Hold chicken              | <input type="checkbox"/> Hold chicken              |
| <input type="checkbox"/> Hold cheese               | <input type="checkbox"/> Hold cheese               | <input type="checkbox"/> Hold cheese               |
| <input type="checkbox"/> Hold sour cream           | <input type="checkbox"/> Hold sour cream           | <input type="checkbox"/> Hold sour cream           |
| <input type="checkbox"/> Hold any onions           | <input type="checkbox"/> Hold any onions           | <input type="checkbox"/> Hold any onions           |
| <input type="checkbox"/> Hold white onions         | <input type="checkbox"/> Hold white onions         | <input type="checkbox"/> Hold white onions         |
| <input type="checkbox"/> Hold green onions         | <input type="checkbox"/> Hold green onions         | <input type="checkbox"/> Hold green onions         |
| <input type="checkbox"/> Hold olives               | <input type="checkbox"/> Hold olives               | <input type="checkbox"/> Hold olives               |
| <input type="checkbox"/> Substitute beans for meat | <input type="checkbox"/> Substitute beans for meat | <input type="checkbox"/> Substitute beans for meat |
| <input type="checkbox"/> Hold sauce (specify type) | <input type="checkbox"/> Hold sauce (specify type) | <input type="checkbox"/> Hold sauce (specify type) |
| <input type="checkbox"/> Other                     | <input type="checkbox"/> Other                     | <input type="checkbox"/> Other                     |

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**  
 If you cannot remember what menu item you ordered, do you know if you ordered:

- Y ? N  
 A     
 B     
 C     
 D     
 E     
 F

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., sardita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

- Y ? N  
 G     
 H     
 I     
 J     
 K     
 L     
 M     
 N     
 O     
 P     
 Q     
 R     
 S     
 T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

entered

ID number (State Lab ID if available) NY011  
NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6)  
Age 21 Sex  M  F State NY County SUFFOLK City MT SINAI

Interviewer name SCHWEITZER Date of interview 12/4 /2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 11/27 /2006

Case Status (please circle) Confirmed  Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/25 /2006 Time: \_\_\_\_\_ AM  PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/25 /2006 Time: \_\_\_\_\_ AM  PM

Are you a Taco Bell employee? (please circle) Yes  No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? if yes, number of hospital nights <u>213</u>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)? → <u>TTP</u>
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness? → <u>Anemia</u>
F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Port JEFFERSON STATION</u> Date <u>11/21</u> /2006
			<u>ALREADY ILL</u> → " " " "	Date <u>11/25</u> /2006
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____ / ____ /2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____ / ____ /2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____ / ____ /2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____ / ____ /2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____ / ____ /2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____ / ____ /2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpie?	If yes, Location _____ Date ____ / ____ /2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. <u>Friend</u> contact number _____ which restaurant? <u>TB 11/21</u>	
			2. <u>Friend</u> contact number _____ which restaurant? <u>TB 11/21</u>	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

NY011

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET), Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	#	Y	?	N	#
<b>Big Bell Value Menu</b>							
A	<input type="checkbox"/>	<input type="checkbox"/>	—	A	<input type="checkbox"/>	<input type="checkbox"/>	—
B	<input type="checkbox"/>	<input type="checkbox"/>	—	B	<input type="checkbox"/>	<input type="checkbox"/>	—
C	<input type="checkbox"/>	<input type="checkbox"/>	—	C	<input type="checkbox"/>	<input type="checkbox"/>	—
D	<input type="checkbox"/>	<input type="checkbox"/>	—	D	<input type="checkbox"/>	<input type="checkbox"/>	—
E	<input type="checkbox"/>	<input type="checkbox"/>	—	E	<input type="checkbox"/>	<input type="checkbox"/>	—
F	<input type="checkbox"/>	<input type="checkbox"/>	—	F	<input type="checkbox"/>	<input type="checkbox"/>	—
G	<input type="checkbox"/>	<input type="checkbox"/>	—	G	<input type="checkbox"/>	<input type="checkbox"/>	—
H	<input type="checkbox"/>	<input type="checkbox"/>	—	H	<input type="checkbox"/>	<input type="checkbox"/>	—
I	<input type="checkbox"/>	<input type="checkbox"/>	—	I	<input type="checkbox"/>	<input type="checkbox"/>	—
J	<input type="checkbox"/>	<input type="checkbox"/>	—	<b>Chalupas</b>			
<b>Tacos</b>				A	<input type="checkbox"/>	<input type="checkbox"/>	—
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	B	<input type="checkbox"/>	<input type="checkbox"/>	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	C	<input type="checkbox"/>	<input type="checkbox"/>	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	D	<input type="checkbox"/>	<input type="checkbox"/>	—
D	<input type="checkbox"/>	<input type="checkbox"/>	—	E	<input type="checkbox"/>	<input type="checkbox"/>	—
E	<input type="checkbox"/>	<input type="checkbox"/>	—	F	<input type="checkbox"/>	<input type="checkbox"/>	—
F	<input type="checkbox"/>	<input type="checkbox"/>	—	<b>Nachos &amp; Sides</b>			
G	<input type="checkbox"/>	<input type="checkbox"/>	—	A	<input type="checkbox"/>	<input type="checkbox"/>	—
H	<input type="checkbox"/>	<input type="checkbox"/>	—	B	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>Burritos</b>				C	<input type="checkbox"/>	<input type="checkbox"/>	—
A	<input type="checkbox"/>	<input type="checkbox"/>	—	D	<input type="checkbox"/>	<input type="checkbox"/>	—
B	<input type="checkbox"/>	<input type="checkbox"/>	—	E	<input type="checkbox"/>	<input type="checkbox"/>	—
C	<input type="checkbox"/>	<input type="checkbox"/>	—	F	<input type="checkbox"/>	<input type="checkbox"/>	—
D	<input type="checkbox"/>	<input type="checkbox"/>	—	<b>Specialties</b>			
E	<input type="checkbox"/>	<input type="checkbox"/>	—	A	<input type="checkbox"/>	<input type="checkbox"/>	—
F	<input type="checkbox"/>	<input type="checkbox"/>	—	B	<input type="checkbox"/>	<input type="checkbox"/>	—
G	<input type="checkbox"/>	<input type="checkbox"/>	—	C	<input type="checkbox"/>	<input type="checkbox"/>	—
H	<input type="checkbox"/>	<input type="checkbox"/>	—	D	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>Gorditas</b>				E	<input type="checkbox"/>	<input type="checkbox"/>	—
A	<input type="checkbox"/>	<input type="checkbox"/>	—	F	<input type="checkbox"/>	<input type="checkbox"/>	—
B	<input type="checkbox"/>	<input type="checkbox"/>	—	G	<input type="checkbox"/>	<input type="checkbox"/>	—
C	<input type="checkbox"/>	<input type="checkbox"/>	—	H	<input type="checkbox"/>	<input type="checkbox"/>	—
D	<input type="checkbox"/>	<input type="checkbox"/>	—	I	<input type="checkbox"/>	<input type="checkbox"/>	—
E	<input type="checkbox"/>	<input type="checkbox"/>	—	J	<input type="checkbox"/>	<input type="checkbox"/>	—
F	<input type="checkbox"/>	<input type="checkbox"/>	—	K	<input type="checkbox"/>	<input type="checkbox"/>	—
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	L	<input type="checkbox"/>	<input type="checkbox"/>	—
H	<input type="checkbox"/>	<input type="checkbox"/>	—	M	<input type="checkbox"/>	<input type="checkbox"/>	—
I	<input type="checkbox"/>	<input type="checkbox"/>	—	N	<input type="checkbox"/>	<input type="checkbox"/>	—
<b>Quesadillas</b>				O	<input type="checkbox"/>	<input type="checkbox"/>	—
A	<input type="checkbox"/>	<input type="checkbox"/>	—	<b>Bowls</b>			
B	<input type="checkbox"/>	<input type="checkbox"/>	—	A	<input type="checkbox"/>	<input type="checkbox"/>	—
C	<input type="checkbox"/>	<input type="checkbox"/>	—	B	<input type="checkbox"/>	<input type="checkbox"/>	—
D	<input type="checkbox"/>	<input type="checkbox"/>	—	<b>Misc.</b>			
E	<input type="checkbox"/>	<input type="checkbox"/>	—	A	<input type="checkbox"/>	<input type="checkbox"/>	—
F	<input type="checkbox"/>	<input type="checkbox"/>	—	B	<input type="checkbox"/>	<input type="checkbox"/>	—
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	C	<input type="checkbox"/>	<input type="checkbox"/>	—
H	<input type="checkbox"/>	<input type="checkbox"/>	—	D	<input type="checkbox"/>	<input type="checkbox"/>	—
I	<input type="checkbox"/>	<input type="checkbox"/>	—	Other _____			
				Other _____			
				I don't remember			
				I added a sauce to my meal (e.g., mild, hot, fire)			

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**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N**

If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

ID number (State Lab ID if available) NY011

Control A B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

*entered*

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner \_\_\_\_\_ Reverse directory \_\_\_\_\_

Age 21 Sex  M  F State NY County Suffolk City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview 12/5 /2006

Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No   
Are you a Taco Bell employee? (please circle) Yes  No  (If Yes, thank participant and end interview).

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/25 /2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview		<u>11/21</u> /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Port Jefferson Station</u>	Date <u>11/25</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—					

ID number (State Lab ID if available) NY011 Control **A** B (circle)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	11/21 1
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard) 11/25 1	—	<b>Misc.</b>				
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) NY011

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**  
A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. <u>Crunch Wrap <del>Soup</del></u>	2. _____	3. _____
	<input checked="" type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**if you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_



entered  
B (circle)

ID number (State Lab ID if available) NY011

Control A B (circle)

### NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner \_\_\_\_\_ Reverse directory \_\_\_\_\_

Age \_\_\_\_\_ Sex  M  F State NY County Suffolk City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview 12/16/2006

Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/23/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?-- If no, end interview	<u>Deer Park</u>	<u>11/23/2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	_____	_____/_____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	_____	_____/_____/2006

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---					

NYOH

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Control A

B (circle)

Y	?	N		#	Y	?	N		#
A	<input type="checkbox"/>	<input type="checkbox"/>	<b>Tacos</b>		A	<input type="checkbox"/>	<input type="checkbox"/>	<b>Nachos &amp; Sides</b>	
B	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
C	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
D	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	---	D	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	---
E	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	E	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	---
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	---
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---				cinnamon twists	---
H	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---				<b>Specialties</b>	
			grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
			<b>Burritos</b>		B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
A	<input type="checkbox"/>	<input type="checkbox"/>	been burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
			<b>Gorditas</b>		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---				<b>Quesadillas</b>	
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---				<b>Bowls</b>	
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---				<b>Misc.</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
					C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

NY011

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Control A B (circle)

Y ? N  
A

ORDER SUBSTITUTIONS

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- |  |  |  |
|--|--|--|
| 1. _____   | 2. _____   | 3. _____   |
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N  
A     
B     
C     
D     
E     
F

If you cannot remember what menu item you ordered, do you know if you ordered:

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N  
G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

*entered*

NY 010

ID number (State Lab ID if available) \_\_\_\_\_

**NOVEMBER 2006-E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number <sup>(b)(6)</sup> \_\_\_\_\_

Age 60 Sex  M  F State Ny County SUFFOLK City WADING RIVER

Interviewer name BARLOW Date of interview 12/1 /2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 11/25 /2006

Case Status (please circle) Confirmed  Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/24 /2006 Time: \_\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/24 /2006 Time: \_\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>RIVERHEAD, NY</u> Date <u>11/20</u> /2006
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____ / ____ /2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____ / ____ /2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____ / ____ /2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____ / ____ /2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____ / ____ /2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____ / ____ /2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____ / ____ /2006
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. <u>HUSBAND</u> contact number <u>516-408-1745</u> which restaurant? <u>TACO BELL</u>	
			2. _____ contact number _____ which restaurant? _____	
			3. _____ contact number _____ which restaurant? _____	
M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) <sup>(b)(6)</sup> _____	

NY010

ID number (State Lab ID if available) \_\_\_\_\_

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
<b>Big Bell Value Menu</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
<b>Gorditas</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Quesadillas</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Bowls</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	<b>Misc.</b>				
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____									
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____									
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I don't remember									
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)									

NY010

ID number (State Lab ID if available)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe <u>Chicken Chalupa</u>

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ground beef
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Olives
S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

entered

ID number (State Lab ID if available)

NY010

Control

A

B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number

Method of control selection (please circle)

Dining Companion

Other Taco Bell diner

Reverse directory

Age 60

Sex M F

State NY

County SUFFOLK

City WADING RIVER

Interviewer name

Date of interview / / 2006

Who was interviewed?

Control

Parent

Have you been ill with vomiting or diarrhea since November 1st?

Yes

No

(If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle)

Yes

No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to / / 2006 (fill in case illness onset date)

Table with columns Y, ?, N and rows A-J for restaurant exposures including Taco Bell, KFC, A & W, Long John Silver's, Pizza Hut, McDonalds, Subway, and Blimpies. Includes location and date fields.

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate.

Table with columns Y, ?, N and # for menu items under 'Big Bell Value Menu' and 'Chalupas'.





ID number (State Lab ID if available)

NY010

Control

A

B (circle)

Y ? N

ORDER SUBSTITUTIONS

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N

If you cannot remember what menu item you ordered, do you know if you ordered:

A     
B     
C     
D     
E     
F

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?

Other (ex., gordita, chalupa, etc) Describe

BEEF CHALUPA

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

ID number (State Lab ID if available) NY009

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number \_\_\_\_\_

Age 16

Sex  M  F

State NY

County Suffolk

City Calverton

Interviewer name Schweitzer

Date of interview 12/1 /2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent P

Stool specimen collection date: 11/28 /2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/26 2006 Time: ?:0 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/26 2006 Time: ?:0 AM PM

Are you a Taco Bell employee? (please circle) Yes No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Any Nausea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G Did you visit a health care provider for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B Any Vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C Any Abdominal cramps?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Were you hospitalized overnight? If yes, number of hospital nights _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Any Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J Did you develop HUS (hemolytic uremic syndrome)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E Any Bloody diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K Did you receive antibiotics for your illness?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Did you eat at any restaurants?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B Did you eat at any Taco Bell?	If yes, Location <u>Riverhead NY</u> Date <u>11/25</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G Did you eat at McDonald's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J Did you eat at any other restaurant?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K Did you have a dining companion?	
			If yes, name 1. <u>Father</u> contact number _____ which restaurant? <u>Taco Bell</u>	
			2. <u>Sister</u> contact number _____ which restaurant? <u>"</u>	
			3. _____ contact number _____ which restaurant? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	M Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

NYDOH

ID number (State Lab ID if available) \_\_\_\_\_

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	___
A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	___	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	___
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	___	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	___
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	___	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	___
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	___	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	___
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	___
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	___	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	___	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	___
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	___	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	___
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirrito- ground beef (standard)	___
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirrito- chicken	___
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirrito- steak/ carne asada	___
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	___	F	<input type="checkbox"/>	<input type="checkbox"/>	mexmelt- ground beef (standard)	___
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	___	G	<input type="checkbox"/>	<input type="checkbox"/>	mexmelt- chicken	___
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	___	H	<input type="checkbox"/>	<input type="checkbox"/>	mexmelt- steak/ carne asada	___
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	___
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	___	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	___
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	___	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	___
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	___	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	___
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	___	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	___
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	___	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	___
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	___	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	___
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	___
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	___
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	___	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	___
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	___
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	___	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	___	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	___	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	___
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	___	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	___
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	___

Came in 10 pack 5

NY009

ID number (State Lab ID if available)

**Y ? N** **ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*some of the tacos had just meat?*

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

ID number (State Lab ID if available) NY009 Control (A) B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 48 Sex  M  F State NY County SUFFOLK City CALVESTON

Interviewer name \_\_\_\_\_ Date of Interview 12/5/2006

Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes No (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/26/2006 (fill in case illness onset date)

Y	?	N				
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	(Specify street, city, state for each location)	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>RIVERHEAD, NY</u>	Date <u>11/25</u> /2006
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___/___/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___/___/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___/___/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___/___/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___/___/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___/___/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___/___/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					

N4009

ID number (State Lab ID if available)

Control

A

B (circle)

Y	?	N		#	Y	?	N		#		
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Tacos</b>	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Nachos &amp; Sides</b>	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos belgrande	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—					cinnamon twists	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—					<b>Specialties</b>	—
				grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
				<b>Burritos</b>	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchilito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
				<b>Gorditas</b>	—	O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—					<b>Quesadillas</b>	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—					<b>Bowls</b>	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—					<b>Misc.</b>	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					—	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

N4009

ID number (State Lab ID if available)

Control

A (circled)

B (circle)

Y ? N

ORDER SUBSTITUTIONS

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- |  |  |  |
|--|--|--|
| 1. _____   | 2. _____   | 3. _____   |
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N

If you cannot remember what menu item you ordered, do you know if you ordered:

- A    A Taco?
- B    A Burrito?
- C    A Quesadilla?
- D    A Salad?
- E    Nachos?
- F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

"SOFT AND HARD TACOS"

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

- G    Tomatoes
- H    Lettuce
- I    Ground beef
- J    Chicken
- K    Sour Cream
- L    Cheese
- M    Beans
- N    Green onions
- O    White onions
- P    Any onions
- Q    Steak
- R    Olives
- S    Sauce (ex., mild, hot, fire)
- T    Other (specify) \_\_\_\_\_

ID number (State Lab ID if available) N4009 Control A B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
Age 19 Sex  M  F State NY County SUFFOLK City CALVERTON  
Interviewer name \_\_\_\_\_ Date of Interview 12/5 /2006  
Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes No (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/26 /2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>RIVERHEAD, NY</u>	Date <u>11/25</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___ / ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					



ID number (State Lab ID if available) NY009

Control A **B** (circle)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—				<b>Specialties</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
			<b>Burritos</b>		B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
			<b>Gorditas</b>		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—				<b>Quesadillas</b>	
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—				<b>Bowls</b>	
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—				<b>Misc.</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) NY009

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. 'SOFT TACOS' 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input checked="" type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco? "SOFT TACOS W/O LETTUCE ORDERED AS MEAL ONLY"

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**Y ? N** If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

*entered*

ID number (State Lab ID if available) NY 008

**NOVEMBER 2006 - E. COLI O157 OUTBREAK - CASE QUESTIONNAIRE**

Phone number \_\_\_\_\_ State NY County Suffolk City Medford

Age 11 Sex  M  F Date of interview 12/1/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent

Stool specimen collection date: 11/29/2006

Case Status (please circle) Confirmed  **Probable**

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?  
Date of onset of diarrhea: 11/27/2006 Time: \_\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?  
Date of onset of other symptoms 11/27/2006 Time: \_\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y ? N	Did you have any of these symptoms?	Y ? N	Did you visit a health care provider for your illness?
A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, number of hospital nights <u>1</u>
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you receive antibiotics for your illness?
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Riverhead, NY</u> Date <u>11/24/2006</u>
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1/2006</u>
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date <u>1/2006</u>
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Bimpy's?	If yes, Location _____ Date <u>1/2006</u>
I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any other restaurant?	
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, name 1. <u>Aunt + Cousins (3)</u> contact number _____ which restaurant? <u>TACO BELL</u>	
	2. _____ contact number _____ which restaurant? _____	
	3. _____ contact number _____ which restaurant? _____	
M <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) <u>one cousin - probable case</u>	

*see NY007*

*NY007*

NY 008

ID number (State Lab ID if available) \_\_\_\_\_

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	---
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	---	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	---
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	---
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	F	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- ground beef (standard)	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	G	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- chicken	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	H	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- steak/ carne asada	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	creamy chicken border bowl	---
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

ID number (State Lab ID if available) \_\_\_\_\_

NYDOB

**ORDER SUBSTITUTIONS**  
 Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Y ? N	1.	2.	3.
A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N	
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Taco?
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Dumito?
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chelupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ground beef
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____

worried well

entered

ID number (State Lab ID if available) NY008

Control A B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 31 Sex  M  F State NY County Suffolk City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview 12, 7 /2006

Who was interviewed? Control X Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes No (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Riverhead</u>	Date <u>11/30</u> /2006
					Date <u>12/1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Bimpies?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					

ID number (State Lab ID if available)

N4008

Control

A

B (circle)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	---
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	---
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizze	---
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

ID number (State Lab ID if available) NY008

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_



worried well

entered

ID number (State Lab ID if available) NY008 Control A B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
Age 14 Sex  M  F State NY County Suffolk City \_\_\_\_\_  
Interviewer name \_\_\_\_\_ Date of interview \_\_\_\_/\_\_\_\_/2006  
Who was interviewed? Control \_\_\_\_\_ Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_\_/\_\_\_\_/2006 (fill in case illness onset date)

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	(Specify street, city, state for each location)	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Riverhead</u>	Date <u>12/2/2006</u>
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa beje- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---					

ID number (State Lab ID if available)

N4008

Control A

B (circle)

Y	?	N		#	Y	?	N		#
A	<input type="checkbox"/>	<input type="checkbox"/>	<b>Tacos</b>		A	<input type="checkbox"/>	<input type="checkbox"/>	<b>Nachos &amp; Sides</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—		<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—				<b>Specialties</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
			<b>Burritos</b>		B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
			<b>Gorditas</b>		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—				<b>Quesadillas</b>	
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—				<b>Bowls</b>	
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—				<b>Misc.</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

NY008

Control

A

B (circle)

Y ? N

ORDER SUBSTITUTIONS

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- |  |  |  |
|--|--|--|
| 1. _____   | 2. _____   | 3. _____   |
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N

If you cannot remember what menu item you ordered, do you know if you ordered:

- A
- B
- C
- D
- E
- F

A Taco?

A Burrito?

A Quesadilla?

A Salad?

Nachos?

Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T

Tomatoes

Lettuce

Ground beef

Chicken

Sour Cream

Cheese

Beans

Green onions

White onions

Any onions

Steak

Olives

Sauce (ex., mild, hot, fire)

Other (specify) \_\_\_\_\_

ID number (State I sh ID if available)

*\*NY0078 (ate w/ NY008)*

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number

Age 12 Sex  M  F State NY County Suffolk City Medford

Interviewer name \_\_\_\_\_ Date of interview 12, 7 /2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent

Stool specimen collection date: 12, 5 /2006

Case Status (please circle) Confirmed  Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea? -no diarrhea

Date of onset of diarrhea: \_\_\_\_/\_\_\_\_/2006 Time: \_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11, 27 /2006 Time: 3:00 AM  PM

Are you a Taco Bell employee? (please circle) Yes  No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Vomiting?	H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Were you hospitalized overnight?
U <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Diarrhea?		If yes, number of hospital nights _____
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Bloody diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
F <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Fever?	K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
		L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y ? N		(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any restaurants?	
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Riverhead NY</u> Date <u>11 24</u> /2006
		Date ____ / ____ /2006
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____ / ____ /2006
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____ / ____ /2006
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____ / ____ /2006
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____ / ____ /2006
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date ____ / ____ /2006
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____ / ____ /2006
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____ / ____ /2006
J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
	If yes, name 1. <u>(b)(6)</u> contact number _____ which restaurant? <u>TB</u>	
	2. _____ contact number _____ which restaurant? <u>TB</u>	
	3. _____ contact number _____ which restaurant? <u>TB</u>	
M <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) <u>(b)(6)</u>	

Case Questionnaire

4, (b)(6)

TB

*excluded*

NY007

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Item	#	Y	?	N	Item	#
			<b>Big Bell Value Menu</b>					<b>Chalupas</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco		A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito		B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco		C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito		D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito		E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)		F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken		G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada		H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada		I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes					<b>Nachos &amp; Sides</b>	
			<b>Tacos</b>		A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)		B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)		C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)		D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco		E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)		F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken					<b>Specialties</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada		A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco		B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	
			<b>Burritos</b>		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito		D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito		E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito		F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)		G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken		H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada		I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)		J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken		K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada		L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)		M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken		N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	
			<b>Gorditas</b>					<b>Quesadillas</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)		A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken		B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada					<b>Bowls</b>	
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)		A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken		B	<input type="checkbox"/>	<input type="checkbox"/>	knitweat steak border bowl	
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada					<b>Misc.</b>	
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)		A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>cake</u>	
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken		B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada		C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	

NY007

ID number (State Lab ID if available)

**ORDER SUBSTITUTIONS**

Y  ?  N  Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. <input type="checkbox"/> Hold tomatoes	2. <input type="checkbox"/> Hold tomatoes	3. <input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold meat	<input type="checkbox"/> Hold meat	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute BEANS for meat	<input type="checkbox"/> Substitute beans for meat	
<input type="checkbox"/> Hold sauce (specify type)	<input type="checkbox"/> Hold sauce (specify type)	<input type="checkbox"/> Hold sauce (specify type)	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y <input type="checkbox"/> ? <input type="checkbox"/> N <input type="checkbox"/>	A Taco?
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y <input type="checkbox"/> ? <input type="checkbox"/> N <input type="checkbox"/>	G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		White onions
		Any onions
		Steak
		Olives
		Sauce (ex., mild, hot, fire)
		Other (specify)

worried will  
Control to NY 0077  
Control (A) B (circle)

ID number (State Lab ID if available)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

entered

Control Phone number

Method of control selection (please circle)

Dining Companion

Other Taco Bell diner

Reverse directory

Age 8

Sex  M  F

State NY

County Suffolk

City Melittuck

Interviewer name

Date of interview 12/16/2006

Who was interviewed? Control

Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>?

Yes

No

(If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle)

Yes

No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Riverhead</u>	Date <u>12/2/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Bimples?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					

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Control A B (circle)

Y	?	N		#	Y	?	N		#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>						B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>						O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
						C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
						D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—



ID number (State Lab ID if available) NY007

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. Meximelts 2. \_\_\_\_\_ 3. \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Hold tomatoes                         | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                          | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                             | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                          | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                           | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                       | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                       | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions                     | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions                     | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                           | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat             | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____       | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input checked="" type="checkbox"/> Other <u>NO PICO SAUCE</u> | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

Y ? N If you cannot remember what menu item you ordered, do you know if you ordered:

- |  |   |
|--|---|
| A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | A Taco?   |
| B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | A Burrito?  |
| C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | A Quesadilla?                                     |
| D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | A Salad?  |
| E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Nachos?   |
| F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other (ex., gordita, chalupa, etc) Describe _____ |

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

- |  |                              |
|--|------------------------------|
| Y ? N  |                              |
| G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Tomatoes                     |
| H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Lettuce                      |
| I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Ground beef                  |
| J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Chicken                      |
| K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Sour Cream                   |
| L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Cheese                       |
| M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Beans                        |
| N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Green onions                 |
| O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | White onions                 |
| P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Any onions                   |
| Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Steak                        |
| R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Olives                       |
| S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Sauce (ex., mild, hot, fire) |
| T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other (specify) _____        |

married well

entered

ID number (State Lab ID if available) NY007

Control A  B  (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 55 Sex  M  F State NY County Suffolk City Sag Harbor

Interviewer name \_\_\_\_\_ Date of interview \_\_\_/\_\_\_/2006

Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

NY007-A

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Riverhead</u>	Date <u>12/3</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					

ID number (State Lab ID if available) NY007

Control A **B (circle)**

Y	?	N		#	Y	?	N		#
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Tacos</b>					<b>Nachos &amp; Sides</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgranda	---
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	---
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---				<b>Specialties</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
			<b>Burritos</b>		B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
			<b>Gorditas</b>		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---				<b>Quesadillas</b>	
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---				<b>Bowls</b>	
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---				<b>Misc.</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Pepsi</u>	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

ID number (State Lab ID if available) NY007

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**Y ? N** If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

entered

ID number (State Lab ID if available) NY 006

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6)

Age 9 Sex  M  F State NY County SUFFOLK City Blue Point

Interviewer name A. Pirrotta Date of interview 12/5/2006

Who was interviewed? Case \_\_\_\_\_ Spouse \_\_\_\_\_ Parent

Stool specimen collection date: 12/3/2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/2/2006 Time: 10:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 12/2/2006 Time: \_\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Patchogue, NY</u> Date <u>11/25/2006</u>
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>FEELING ILL WHEN WENT! ← Ripshhead</u> Date <u>12/2/2006</u>
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date ____/____/2006
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any other restaurant?	
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, name 1. <u>Mother</u> contact number _____ which restaurant? <u>TB 11/25</u>	
	2. <u>Sister</u> contact number _____ which restaurant? <u>TB 11/25</u>	
	3. _____ contact number _____ which restaurant? _____	
M <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

NY 006

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
<b>Big Bell Value Menu</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef) *12/z	1	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	mexican pizza	1/25 1
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chill cheese burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
<b>Gorditas</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Quesadillas</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Bowls</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	<b>Misc.</b>				
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____									
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____									
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I don't remember									
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)									

NY 006

ID number (State Lab ID if available)

**Y ? N ORDER SUBSTITUTIONS**

**A**    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item: 1. soft taco, 12/2 2. \_\_\_\_\_ 3. \_\_\_\_\_

<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input checked="" type="checkbox"/> Other <u>Sub chicken for GB</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

**A**    A Taco?

**B**    A Burrito?

**C**    A Quesadilla?

**D**    A Salad?

**E**    Nachos?

**F**    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

**G**    Tomatoes

**H**    Lettuce

**I**    Ground beef

**J**    Chicken

**K**    Sour Cream

**L**    Cheese

**M**    Beans

**N**    Green onions

**O**    White onions

**P**    Any onions

**Q**    Steak

**R**    Olives

**S**    Sauce (ex., mild, hot, fire)

**T**    Other (specify) \_\_\_\_\_

entered

NY006

ID number (State Lab ID if available)

Control A B (circle)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number

Method of control selection (please circle) Dining Companion

Other Taco Bell diner

Reverse directory

Age 7

Sex  M  F

State NY

County Suffolk

City Blue Point

Interviewer name

Date of interview 12/5 /2006

Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No

(If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 12/2 /2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Patchogue NY</u>	Date <u>11/25</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>Rt. 25</u>	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa necho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—					



NY006

Control

A (circled)

B (circle)

ID number (State Lab ID if available)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef) <i>Happy meal</i>	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos beligrande
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <i>Cinnamon Sticks</i>
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
					C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
					D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

ID number (State Lab ID if available)

NY006

Control

A

B (circle)

Y ? N  
A

ORDER SUBSTITUTIONS

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

1. Soft Taco

2. \_\_\_\_\_

3. \_\_\_\_\_

- Hold tomatoes
- Hold lettuce
- Hold beef
- Hold chicken
- Hold cheese
- Hold sour cream
- Hold any onions
- Hold white onions
- Hold green onions
- Hold olives
- Substitute beans for meat
- Hold sauce (specify type) \_\_\_\_\_
- Other Substitute chicken

- Hold tomatoes
- Hold lettuce
- Hold beef
- Hold chicken
- Hold cheese
- Hold sour cream
- Hold any onions
- Hold white onions
- Hold green onions
- Hold olives
- Substitute beans for meat
- Hold sauce (specify type) \_\_\_\_\_
- Other \_\_\_\_\_

- Hold tomatoes
- Hold lettuce
- Hold beef
- Hold chicken
- Hold cheese
- Hold sour cream
- Hold any onions
- Hold white onions
- Hold green onions
- Hold olives
- Substitute beans for meat
- Hold sauce (specify type) \_\_\_\_\_
- Other \_\_\_\_\_

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N  
A     
B     
C     
D     
E     
F

If you cannot remember what menu item you ordered, do you know if you ordered:

- A Taco?
- A Burrito?
- A Quesadilla?
- A Salad?
- Nachos?
- Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N  
G     
H     
I     
J     
K     
L     
M     
N     
O     
P     
Q     
R     
S     
T

- Tomatoes
- Lettuce
- Ground beef
- Chicken
- Sour Cream
- Cheese
- Beans
- Green onions
- White onions
- Any onions
- Steak
- Olives
- Sauce (ex., mild, hot, fire)
- Other (specify) \_\_\_\_\_

entered  
Control A B (circle)

ID number (State Lab ID if available) NY006  
NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner \_\_\_\_\_ Reverse directory \_\_\_\_\_  
Age 41 Sex  M  F State NY County Suffolk City Blue Point  
Interviewer name \_\_\_\_\_ Date of interview 12/5 /2006  
Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 12/2 /2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Patchogue NY</u>	Date <u>11/25</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—					

NY006

Control

A

B

(circle)

ID number (State Lab ID if available)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos ballgrande
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
					C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
					D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

ID number (State Lab ID if available)

NY006

Control

A

B (circle)

Y ? N

ORDER SUBSTITUTIONS

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

1. SOFT TACO 2. \_\_\_\_\_ 3. \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hold tomatoes                        | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                         | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                            | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                         | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                          | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                      | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                      | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions                    | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions                    | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                          | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat            | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____      | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input checked="" type="checkbox"/> Other <u>Sub. chicken</u> | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N

If you cannot remember what menu item you ordered, do you know if you ordered:

- A    A Taco?
- B    A Burrito?
- C    A Quesadilla?
- D    A Salad?
- E    Nachos?
- F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

- G    Tomatoes
- H    Lettuce
- I    Ground beef
- J    Chicken
- K    Sour Cream
- L    Cheese
- M    Beans
- N    Green onions
- O    White onions
- P    Any onions
- Q    Steak
- R    Olives
- S    Sauce (ex., mild, hot, fire)
- T    Other (specify) \_\_\_\_\_

ID number (State Lab ID if available)

NY005

entered

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number

(b)(6)

Age 23

Sex  M  F

State NY

County SUFFOLK

City RIVINGTON

Interviewer name

Date of interview 11/30/2006

Who was interviewed?

Case

Spouse

Parent

Stool specimen collection date: 11/27/2006

Case Status (please circle)

Confirmed

Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/25/2006

Time: \_\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/24/2006

Time: \_\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle)

Yes

No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>2</u>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N		(Specify street, city, state for each location)	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?		
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>RIVERHEAD, NY</u>	Date <u>11/21/2006</u>
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___/___/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___/___/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___/___/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___/___/2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date <u>11/18/2006</u>
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>Islandia, NY</u>	Date <u>11/22/2006</u>
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___/___/2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?		
			If yes, name 1. <u>Friend</u>	contact number _____	which restaurant? <u>TB 11/21</u>
			2. _____	contact number _____	which restaurant? _____
			3. _____	contact number _____	which restaurant? _____
M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
			If yes, which dining companion (specify name) _____		

NY005

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
<b>Big Bell Value Menu</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	1
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	1	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	1
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

NY005

ID number (State Lab ID if available)

**Y ? N** **ORDER SUBSTITUTIONS**

**A**    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

**A**    A Taco?

**B**    A Burrito?

**C**    A Quesadilla?

**D**    A Salad?

**E**    Nachos?

**F**    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

**G**    Tomatoes

**H**    Lettuce

**I**    Ground beef

**J**    Chicken

**K**    Sour Cream

**L**    Cheese

**M**    Beans

**N**    Green onions

**O**    White onions

**P**    Any onions

**Q**    Steak

**R**    Olives

**S**    Sauce (ex., mild, hot, fire)

**T**    Other (specify) \_\_\_\_\_



entered

ID number (State Lab ID if available) NY005

Control (A) B (circle)

### NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 24 Sex  M  F State NY County SUFFOLK City \_\_\_\_\_

Interviewer name \_\_\_\_\_ Date of interview 12/7 /2006

Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes No (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes No

#### I. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/24 /2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)	Date
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview		
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>RIVERHEAD, NY</u>	Date <u>11/21</u> /2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___ / ___ /2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___ / ___ /2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___ / ___ /2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___ / ___ /2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___ / ___ /2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___ / ___ /2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___ / ___ /2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

If the control did not eat at Taco Bell, please end interview.

#### II. TACO BELL EXPOSURES. Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---					

ID number (State Lab ID if available)

NY005

Control

A

B (circle)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexlcan rice	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

Beef Crunchwrap

ID number (State Lab ID if available)

NY005

Control

A

B (circle)

Y ? N ORDER SUBSTITUTIONS

A

Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	Nachos?
F	<input type="checkbox"/>	<input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y	?	N	
G	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes
H	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef
J	<input type="checkbox"/>	<input type="checkbox"/>	Chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	Sour Cream
L	<input type="checkbox"/>	<input type="checkbox"/>	Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	Olives
S	<input type="checkbox"/>	<input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

NY 004

entered

ID number (State Lab ID if available)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 18 Sex  M  F State NY County SUFFOLK City DEER PARK

Interviewer name Schweitzer Date of interview 11/25 /2006

Who was interviewed? Case  Spouse  Parent

Stool specimen collection date: 11/25 /2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/24 /2006 Time: \_\_\_\_\_ AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/24 /2006 Time: \_\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Fever?	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	(Specify street, city, state for each location)	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>CORAM, NY</u> Date <u>11/17</u> /2006	
				<u>DEER PARK, NY</u> Date <u>11/20</u> /2006	
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____ / ____ /2006	
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____ / ____ /2006	
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____ / ____ /2006	
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____ / ____ /2006	
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____ / ____ /2006	
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____ / ____ /2006	
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____ / ____ /2006	
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you have a dining companion?		
			If yes, name 1. _____ contact number _____ which restaurant? _____		
			2. _____ contact number _____ which restaurant? _____		
			3. _____ contact number _____ which restaurant? _____		
M	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
			If yes, which dining companion (specify name) _____		

NY004

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
<b>Big Bell Value Menu</b>									
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	—
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	1	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

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ID number (State Lab ID if available)

**ORDER SUBSTITUTIONS**

Y ? N  
 A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

If you cannot remember what menu item you ordered, do you know if you ordered:

Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> A Taco?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> A Burrito?
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> A Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> A Salad?
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Nachos?
F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (ex., gordita, chalupa, etc) Describe <u>Chicken Enchilada</u>

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y	?	N	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Tomatoes
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Lettuce
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Ground beef
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Chicken
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sour Cream
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cheese
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beans
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Green onions
O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> White onions
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Steak
R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Olives
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sauce (ex., mild, hot, fire)
T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (specify) _____

ID number (State Lab ID if available) NY004

Control A B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

*Entered*

Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 44 Sex  M  F State NY County Suffolk City Deer Park

Interviewer name LM Date of interview 12/13 /2006

Who was interviewed? Control  Parent \_\_\_\_\_

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell? If yes, Location <u>DEER PARK</u> Date <u>11/29</u> /2006
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)? If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food? If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's? If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut? If yes, Location _____ Date ___/___/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds? If yes, Location _____ Date ___/___/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway? If yes, Location _____ Date ___/___/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies? If yes, Location _____ Date ___/___/2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—						

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Control A B (circle)

Y	?	N		#	Y	?	N		#
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
					C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
					D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)



ID number (State Lab ID if available)

NY0024

Control

A

B (circle)

Y ? N ORDER SUBSTITUTIONS

A  B  C  Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Table with 3 columns for menu items (1, 2, 3) and rows for various options like 'Hold tomatoes', 'Hold lettuce', 'Hold beef', etc.

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

Y ? N If you cannot remember what menu item you ordered, do you know if you ordered:

- A  B  C  D  E  F  A Taco? A Burrito? A Quesadilla? A Salad? Nachos? Other (ex., gordita, chalupa, etc) Describe

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

- Y ? N G  H  I  J  K  L  M  N  O  P  Q  R  S  T  Tomatoes, Lettuce, Ground beef, Chicken, Sour Cream, Cheese, Beans, Green onions, White onions, Any onions, Steak, Olives, Sauce (ex., mild, hot, fire), Other (specify)

PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

entered

NY 003

ID number (State Lab ID if available)

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number

Age 9 Sex M OF State NY County St. Lawrence City Massena

Interviewer name B Trejos Date of interview 12, 8 /2006

Who was interviewed? Case Spouse Parent X

Stool specimen collection date: 11, 29 /2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11, 28 /2006 Time: 6:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?

Date of onset of other symptoms 11, 27 /2006 Time: 4:00 AM PM

Are you a Taco Bell employee? (please circle) Yes No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Table with 2 columns of symptoms and severity questions (A-L) with Y, ?, N checkboxes.

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Form with restaurant exposure questions (A-M) and dining companion details.

NY003

ID number (State Lab ID if available) \_\_\_\_\_

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
<b>Big Bell Value Menu</b>					<b>Chalupas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
<b>Tacos</b>					<b>Nachos &amp; Sides</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Burritos</b>					<b>Specialties</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
					C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
					D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

NY003

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chelupa, etc) Describe \_\_\_\_\_

**If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

ID number (State Lab ID if available) NY003

Control A B (circle)

entered

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 11 Sex  M  F State NY County St. Lawrence City Massena

Interviewer name B. Tregos Date of interview 12/8 /2006

Who was interviewed? Control \_\_\_\_\_ Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes No (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 11/29/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - if no, end interview	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Massena</u> Date <u>11/24</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____ / ____ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____ / ____ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____ / ____ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____ / ____ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____ / ____ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____ / ____ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____ / ____ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito.	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—					

NY003

Control **A** B (circle)

ID number (State Lab ID if available)

Y	?	N		#	Y	?	N		#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Nachos &amp; Sides</b>	
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Specialties</b>	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Quesadillas</b>	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Bowls</b>	
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Misc.</b>	
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	

ID number (State Lab ID if available)

N4003

Control

A

B (circle)

Y ? N ORDER SUBSTITUTIONS

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.

Y ? N

If you cannot remember what menu item you ordered, do you know if you ordered:

- A
- B
- C
- D
- E
- F

A Taco?

A Burrito?

A Quesadilla?

A Salad?

Nachos?

Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N

- G
- H
- I
- J
- K
- L
- M
- N
- O
- P
- Q
- R
- S
- T

Tomatoes

Lettuce

Ground beef

Chicken

Sour Cream

Cheese

Beans

Green onions

White onions

Any onions

Steak

Olives

Sauce (ex., mild, hot, fire)

Other (specify) \_\_\_\_\_

ID number (State Lab ID if available) NY 003

Control A  B  (circle)

*Interested*

**NOVEMBER 2006--E. COLI/O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory

Age 3 Sex  M  F State NY County St. Lawrence City Massena

Interviewer name B. Tregos Date of interview 12/8 /2006

Who was interviewed? Control \_\_\_\_\_ Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>?  Yes  No (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	Date ___/___/2006
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ___/___/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	Date ___/___/2006

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	___
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito.	___	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	___
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	___	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	___
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	___	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	___
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	___	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	___
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	___	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada	___
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	___	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	___
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	___	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	___
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	___	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	___
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	___					



ID number (State Lab ID if available)

NY003

Control A

(B) (circle)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	---
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	---
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)...	---	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

NY003

Control A

B (circle)

ID number (State Lab ID if available)

Y ? N ORDER SUBSTITUTIONS  
A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:

- |  |  |  |
|--|--|--|
| 1. _____   | 2. _____   | 3. _____   |
| <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   | <input type="checkbox"/> Hold tomatoes                   |
| <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    | <input type="checkbox"/> Hold lettuce                    |
| <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       | <input type="checkbox"/> Hold beef                       |
| <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    | <input type="checkbox"/> Hold chicken                    |
| <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     | <input type="checkbox"/> Hold cheese                     |
| <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 | <input type="checkbox"/> Hold sour cream                 |
| <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 | <input type="checkbox"/> Hold any onions                 |
| <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               | <input type="checkbox"/> Hold white onions               |
| <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               | <input type="checkbox"/> Hold green onions               |
| <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     | <input type="checkbox"/> Hold olives                     |
| <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       | <input type="checkbox"/> Substitute beans for meat       |
| <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ | <input type="checkbox"/> Hold sauce (specify type) _____ |
| <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Other _____                     |

IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:

- Y ? N If you cannot remember what menu item you ordered, do you know if you ordered:
- A    A Taco?
- B    A Burrito?
- C    A Quesadilla?
- D    A Salad?
- E    Nachos?
- F    Other (ex., gorditas, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

- Y ? N
- G    Tomatoes
- H    Lettuce
- I    Ground beef
- J    Chicken
- K    Sour Cream
- L    Cheese
- M    Beans
- N    Green onions
- O    White onions
- P    Any onions
- Q    Steak
- R    Olives
- S    Sauce (ex., mild, hot, fire)
- T    Other (specify) \_\_\_\_\_

NY002

entered

ID number (State Lab ID if available)

NOVEMBER 2006-E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number

Age 10 Sex M F State NY County St. Lawrence City Massena

Interviewer name B. Trejos RN Date of interview 12, 8 /2006

Who was interviewed? Case Spouse Parent X

Stool specimen collection date: 11, 30, 2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11, 29, 2006 Time: 10:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11, 28, 2006 Time: 8:00 AM PM

Are you a Taco Bell employee? (please circle) Yes No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Table with 2 columns of symptoms and severity questions (A-L) with checkboxes for Yes, No, and Unknown.

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Form for restaurant exposures with questions A-K and a section for dining companions with names and contact numbers.

NY002

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	---	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard 1/2 ground beef)	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard 1/2 ground beef)	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos big grande	---
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard 1/2 ground beef)	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twlats	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	---	<b>Specialties</b>				
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	---
<b>Burritos</b>					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	---
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- ground beef (standard)	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- chicken	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	maximelt- steak/ carne asada	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	---	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	---	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	---	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	---
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	---
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	---	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	---
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	---
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	---	<b>Bowls</b>				
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zealy chicken border bowl	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	---	<b>Misc.</b>				
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

ID number (State Lab ID if available) \_\_\_\_\_

N4002

**Y ? N / ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

If you cannot remember what menu item you ordered, do you know if you ordered:

Y ? N	A Teco?
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

Y ? N	Tomatoes
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce
I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____

ID number (State Lab ID if available) NY002 Control A B (circle)  
**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

*Entered*

Control Phone number \_\_\_\_\_  
Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory  
Age 11 Sex  M  F State NY County St. Lawrence City Massena  
Interviewer name B. Trejos Date of interview 12/14/2006  
Who was interviewed? Control \_\_\_\_\_ Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  No  (If Yes, thank participant and end interview).  
Are you a Taco Bell employee? (please circle) Yes  No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Massena</u> Date <u>11/24/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramei apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	---					

ID number (State Lab ID if available)

NY002

Control

A

B (circle)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	---
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	---	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	---
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese	---
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<b>Specialties</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
<b>Burritos</b>					B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	J	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	K	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	N	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
<b>Gorditas</b>					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	---
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---	<b>Bowls</b>				
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	<b>Misc.</b>				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
					C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

NY002

Control A B (circle)

ID number (State Lab ID if available)

**Y ? N ORDER SUBSTITUTIONS**

**A**    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

**A**    A Taco?

**B**    A Burrito?

**C**    A Quesadilla?

**D**    A Salad?

**E**    Nachos?

**F**    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

**G**    Tomatoes

**H**    Lettuce

**I**    Ground beef

**J**    Chicken

**K**    Sour Cream

**L**    Cheese

**M**    Beans

**N**    Green onions

**O**    White onions

**P**    Any onions

**Q**    Steak

**R**    Olives

**S**    Sauce (ex., mild, hot, fire)

**T**    Other (specify) \_\_\_\_\_



ID number (State Lab ID if available) NY001

Control

A B (circle)

*Entered*

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number \_\_\_\_\_

Method of control selection (please circle)

Dining Companion

Other Taco Bell diner

Reverse directory

Age 7

Sex  M  F

State NY

County St. Lawrence

City Massena

Interviewer name B Trejos

Date of interview 12/14/2006

Who was interviewed? Control \_\_\_\_\_

Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>?

Yes

No (If Yes, thank participant and end interview).

Are you a Taco Bell employee? (please circle)

Yes

No

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to \_\_\_/\_\_\_/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Massena</u> Date <u>12/14/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	---					

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Control A B (circle)

Y	?	N		#	Y	?	N		#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	---	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos bellgrande	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---	<b>Specialties</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
<b>Burritos</b>						B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	---	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	---	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	---	I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	---	J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	---	K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	---
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	---	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	---
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	---
<b>Gorditas</b>						O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	<b>Quesadillas</b>					
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	---
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	---	<b>Bowls</b>					
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	<b>Misc.</b>					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
						C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
						D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

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NY001

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

**A**    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1.	2.	3.
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

**A**    A Taco?

**B**    A Burrito?

**C**    A Quesadilla?

**D**    A Salad?

**E**    Nachos?

**F**    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

**G**    Tomatoes

**H**    Lettuce

**I**    Ground beef

**J**    Chicken

**K**    Sour Cream

**L**    Cheese

**M**    Beans

**N**    Green onions

**O**    White onions

**P**    Any onions

**Q**    Steak

**R**    Olives

**S**    Sauce (ex., mild, hot, fire)

**T**    Other (specify) \_\_\_\_\_

State Lab ID# NY 001 BAC 0600010208 2/3 entered

ID number (State Lab ID if available)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number \_\_\_\_\_

Age 41 Sex  M  F State NY County Clinton City Ellenburg Center

Interviewer name Ruth Lucas Date of interview 12/04/2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 12/01/2006

Case Status (please circle) Confirmed ~~Probable~~

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/28/2006 Time: 4:00 AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever)?

Date of onset of other symptoms ~~11/22/2006~~ Time: \_\_\_\_\_ AM PM

Are you a Taco Bell employee? (please circle) Yes  No

**I. SYMPTOMS AND SEVERITY OF ILLNESS.** Now I will ask you some questions about your symptoms and illness.

Y	?	N	Did you have any of these symptoms?	Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Nausea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit a health care provider for your illness?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Vomiting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y	?	N		(Specify street, city, state for each location)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>St. Lawrence Center Mall, NY</u> Date <u>11/25/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silvers?	If yes, Location _____ Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>11/24 + 11/28</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. <u>Spouse</u> contact number _____ which restaurant? <u>Other (11/24)</u>	
			2. <u>Spouse</u> contact number _____ which restaurant? <u>Other (11/28)</u>	
			3. _____ contact number _____ which restaurant? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
			If yes, which dining companion (specify name) _____	

Case Questionnaire

No Taco Bell dining companions

NY001

ID number (State Lab ID if available)

III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET). Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupes	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos biggrande	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	---	<b>Specialties</b>				
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	---
<b>Burritos</b>					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	---
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	---
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	---
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	---	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	---
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	---	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	---
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	---	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	---
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	---	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	---
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	---	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	---
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	---
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	---	<b>Bowls</b>				
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	---
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	---
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	---	<b>Misc.</b>				
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Bottled Water</u>	---
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	---
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

ID number (State Lab ID if available) \_\_\_\_\_

NY001

Y ? N		ORDER SUBSTITUTIONS		
A	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.		
Name of menu item:	1. _____	2. _____	3. _____	
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<b>IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below.</b>				
Y ? N		If you cannot remember what menu item you ordered, do you know if you ordered:		
A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Taco?		
B	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?		
C	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?		
D	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?		
E	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?		
F	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____		
If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):				
Y ? N				
G	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes		
H	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce		
I	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef		
J	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken		
K	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream		
L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese		
M	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans		
N	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions		
O	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions		
P	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions		
Q	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak		
R	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives		
S	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)		
T	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____		

*Entered*

*194464*

ID number (State Lab ID if available) \_\_\_\_\_

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number \_\_\_\_\_ (b)(6)

Age 18 Sex  M  F State NJ County Camden City Academy Park

Interviewer name Adeline Lopez Date of interview 12/14 2006

Who was interviewed? Case  Spouse \_\_\_\_\_ Parent \_\_\_\_\_

Stool specimen collection date: 12/7 2006

Case Status (please circle) Confirmed  **Probable**

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/5 2006 Time: 1:00 AM **PM**

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 12/6 2006 Time: 8:00 **AM**  PM

Are you a Taco Bell employee? (please circle) Yes  **No**

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location) <u>25</u>
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>338 White Horse Rd</u> Date <u>11/18</u> 2006
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	<u>Dorothy, NJ</u> Date <u>1</u> /2006
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1</u> /2006
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1</u> /2006
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1</u> /2006
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>1</u> /2006
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1</u> /2006
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1</u> /2006
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?	<u>Dor Poulos - 12/11, Seward Works - 12/14</u>
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, name 1. <u>(b)(6)</u> contact number <u>(b)(6)</u> which restaurant? <u>Taco Bell</u>	
	2. _____ contact number _____ which restaurant? _____	
	3. _____ contact number _____ which restaurant? _____	
M <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) _____	

ID number (State Lab ID if available) \_\_\_\_\_

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**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos bellgrande	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> soft taco (standard is ground beef)	①	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chill cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> I don't remember	—
					D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)	—



ID number (State Lab ID if available)

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Y ? N		ORDER SUBSTITUTIONS		
A	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.		
Name of menu item:	1.	2.	3.	
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<b>IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:</b>				
Y ? N		If you cannot remember what menu item you ordered, do you know if you ordered:		
A	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Taco?		
B	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Burrito?		
C	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?		
D	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Salad?		
E	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nachos?		
F	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (ex., gordita, chalupa, etc) Describe _____		
		If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):		
Y ? N				
G	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tomatoes		
H	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lettuce		
I	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef		
J	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken		
K	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream		
L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese		
M	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans		
N	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions		
O	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	White onions		
P	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any onions		
Q	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Steak		
R	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Olives		
S	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., mild, hot, fire)		
T	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other (specify) _____		

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

*entered*

ID number (State Lab ID if available) 194464 **Control** A B (circle)

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE**

Control Phone number (b)(6)  
 Method of control selection (please circle) **Dining Companion** Other Taco Bell diner Reverse directory  
 Age 17 Sex  M  F State NJ County Camden City Avondale Park  
 Interviewer name Adrian Lopez Date of interview 12/14 /2006  
 Who was interviewed? Control  Parent

Have you been ill with vomiting or diarrhea since November 1<sup>st</sup>? Yes  **No** (If Yes, thank participant and end interview).  
 Are you a Taco Bell employee? (please circle) Yes  **No**

**I. RESTAURANT EXPOSURES.** Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to 12/5 /2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>335 White Horse Pike</u> Date <u>11/29</u> /2006 <u>Camden, NJ</u> Date <u>1</u> /2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____ /2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____ /2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____ /2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____ /2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____ /2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____ /2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____ /2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Don Pablo's</u>

If the control did not eat at Taco Bell, please end interview.

**II. TACO BELL EXPOSURES.** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	---
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	---
C	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	---	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	---
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	---
E	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	---
F	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	---	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	---
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	---	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	---
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	---	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	---
I	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	---	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	---
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	---					

ID number (State Lab ID if available) 198464

Control A B (circle)

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input checked="" type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

**if you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):**

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) 194464

Control A B (circle)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	<u>5</u>	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	<b>Specialties</b>				
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
<b>Burritos</b>					B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
<b>Gorditas</b>					O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	<b>Quesadillas</b>				
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	<b>Bowls</b>				
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	<b>Misc.</b>				
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
					D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g. <u>mild</u> , hot, fire)	—

P.05  
*Entered*

ID number (State Lab ID if available) 194397

**NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE**

Phone number (b)(6)

Age 48 Sex  M  F State NJ County Union City Winfield Park

Interviewer name Adrian L. Wong Date of interview 12/12/2006

Who was interviewed? Case  Spouse  Parent

Stool specimen collection date: 11/23/2006

Case Status (please circle) Confirmed  **Probable**

**First I will ask you some questions about your illness.**

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 11/20/2006 Time: ? AM PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 11/20/2006 Time: ? AM PM

Are you a Taco Bell employee? (please circle) Yes  **No**

**I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.**

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Abdominal cramps?	I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>5</u>
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you receive antibiotics for your illness?
F <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

**II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.**

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>St. George's Ave. Roselle, NJ</u> Date <u>11/15/2006</u>
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1/2006</u>
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1/2006</u>
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date <u>1/2006</u>
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?	<u>Chevy's, Rte. 107, Linden, NJ</u>
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, name 1. <u>Wife</u> contact number <u>Same</u> which restaurant? <u>Taco Bell</u>	
	2. _____ contact number _____ which restaurant? _____	
	3. _____ contact number _____ which restaurant? _____	
M <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?	
	If yes, which dining companion (specify name) <u>Wife</u>	

Case Questionnaire

*Wife not eligible as contact. Wife unable to remember enough details and not on probable or confirmed lists*

ID number (State Lab ID if available)

194397

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N		#	Y	?	N		#		
<b>Big Bell Value Menu</b>											
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>					
<b>Tacos</b>						A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	4	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	—	<b>Specialties</b>					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	3
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
<b>Burritos</b>						C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	2	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—
<b>Gorditas</b>						<b>Quesadillas</b>					
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	<b>Bowls</b>					
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	<b>Misc.</b>					
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	—
						D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) 194397

**Y ? N ORDER SUBSTITUTIONS**

A    Did you specialize your order (for example, did you ask for no sour cream, no tomatoes, no beef, substitute beans, etc.). If yes, state which specific menu item you ordered and state how you specialized your order for each menu item.

Name of menu item:	1. _____	2. _____	3. _____
<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:**

**Y ? N** If you cannot remember what menu item you ordered, do you know if you ordered:

A    A Taco?

B    A Burrito?

C    A Quesadilla?

D    A Salad?

E    Nachos?

F    Other (ex., gordita, chalupa, etc) Describe \_\_\_\_\_

If you cannot remember what menu item(s) you ordered, did any of your menu items contain (check all that apply):

**Y ? N**

G    Tomatoes

H    Lettuce

I    Ground beef

J    Chicken

K    Sour Cream

L    Cheese

M    Beans

N    Green onions

O    White onions

P    Any onions

Q    Steak

R    Olives

S    Sauce (ex., mild, hot, fire)

T    Other (specify) \_\_\_\_\_

**PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA**

ID number (State Lab ID if available) 194365

NOVEMBER 2006--E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6)

Age 43 Sex  M  F State VT County Somerset City Franklin Twp.

Interviewer name Arlene L... Date of interview 12/14/2006

Who was interviewed? Case  Spouse  Parent

Stool specimen collection date: 12/9/2006

Case Status (please circle) Confirmed  Probable

First I will ask you some questions about your illness.

What is the date and time that you first began having diarrhea?

Date of onset of diarrhea: 12/6/2006 Time: 1:30 AM  PM

What is the date and time that you first noticed symptoms other than diarrhea (such as nausea, vomiting, abdominal cramps, fever):

Date of onset of other symptoms 12/6/2006 Time: 4:00 AM  PM

Are you a Taco Bell employee? (please circle) Yes  No

I. SYMPTOMS AND SEVERITY OF ILLNESS. Now I will ask you some questions about your symptoms and illness.

Y ? N	Did you have any of these symptoms?	Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Nausea?	G <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit a health care provider for your illness?
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Vomiting?	H <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you visit an emergency room for your illness?
C <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Abdominal cramps?	I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

II. RESTAURANT EXPOSURES. Now I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 days prior to the onset of your illness.

Y ? N	Did you eat at any restaurants?	(Specify street, city, state for each location)	<u>12/5/06</u>
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>1135 Easton Ave. Somerset, VT</u>	Date <u>12/3/2006</u>
B <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___/___/2006
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___/___/2006
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___/___/2006
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___/___/2006
F <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>Easton Ave.</u>	Date <u>12/4/2006</u>
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___/___/2006
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___/___/2006
I <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any other restaurant? <u>Wendy's</u>		
J <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?		
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	If yes, name 1. <u>wife</u> contact number <u>same</u> which restaurant? <u>Taco Bell</u>		
	2. _____ contact number _____ which restaurant? _____		
	3. _____ contact number _____ which restaurant? _____		
M <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
	If yes, which dining companion (specify name) _____		

Case Questionnaire

wife was ill w/ bloody diarrhea - vom - bloody  
no other symptoms! not eligible as control



ID number (State Lab ID if available) 194365

**III. TACO BELL EXPOSURES (ASK ABOUT THE 7 DAYS BEFORE ILLNESS ONSET).** Which of the following menu items did you eat at Taco Bell? Please note the menu items you ate for all Taco Bell visits that you mentioned previously and how many of each menu item you ate. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that also (mark under Misc).

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- chicken	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> caramel apple empanada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cheesy fiesta potatoes	—	<b>Nachos &amp; Sides</b>				
<b>Tacos</b>					A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos supreme	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> nachos bellgrande	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> soft taco (standard is ground beef)	①	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> pintos & cheese	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ranchero chicken soft taco	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mexican rice	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- ground beef (standard)	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> cinnamon twists	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- chicken	—	<b>Specialties</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> crunchwrap supreme	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mexican pizza	—
<b>Burritos</b>					C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> bean burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 7 layer burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> enchirito- steak/ carne asada	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chili cheese burrito	—	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> meximelt- ground beef (standard)	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- ground beef (standard)	—	G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> meximelt- chicken	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- chicken	—	H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> meximelt- steak/ carne asada	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- steak/ carne asada	—	I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- ground beef (standard)	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- ground beef (standard)	—	J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- chicken	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- chicken	—	K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta taco salad- steak/ carne asada	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> fiesta burrito- steak/ carne asada	—	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- ground beef (standard)	—
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- ground beef (standard)	—	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- chicken	—
K	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- chicken	—	N	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> taco salad express- steak/ carne asada	—
L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled stuffed burrito- steak/ carne asada	—	O	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> mountain dew baja blast	—
<b>Gorditas</b>					<b>Quesadillas</b>				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> chicken quesadilla	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> steak quesadilla	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita supreme- steak/ carne asada	—	<b>Bowls</b>				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> zesty chicken border bowl	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> southwest steak border bowl	—
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- steak/ carne asada	—	<b>Misc.</b>				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Other _____	—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Other _____	—
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> I don't remember	—
					D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)	—