

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

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ID number (State Lab ID if available) 194365

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 <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):

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

1/16 P10 Entered

194365

ID number (State Lab ID if available) Rutgers 5

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 19 Sex M F State NJ County Middlesex City New Brunswick
Interviewer name Glen Shaw Date of interview 12/13/2006
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. Includes questions like 'Did you eat at any restaurants?', 'Did you eat at any Taco Bell?', 'Did you eat at any Kentucky Fried Chicken (KFC)?', etc. with handwritten answers and dates.

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 columns Y, ?, N and # for menu items. Divided into 'Big Bell Value Menu' and 'Chalupas'. Items include burritos, tacos, and various chalupa options.

Control Questionnaire Dining companion Kevin Polumbo

ID number (State Lab ID if available) Rutgers 5 Control A B (circle)

Y	?	N		#	Y	?	N		#
Tacos					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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos					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	—
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	Quesadillas				
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	①
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)	—	Bowls				
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)	—	Misc.				
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 _____	—
<input checked="" type="checkbox"/>			<u>cheesy gordita crunch</u> ①		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)

Rutgers 5

Control

A B (circle)

Y ? N 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.
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 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 Cheesy Gordita Crunch

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

194365

Entered

ID number (State Lab ID if available) Rutgers 12 **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 21 Sex M F State NJ County Monmouth City Seaside Heights

Interviewer name Anthony L... Date of interview 12/13/2006

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 1/1/2006 (fill in case illness onset date) Nov 11 - Nov 30

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>1130 Eastern Ave. Seaside Heights, NJ</u> Date <u>11/16/2006</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>1/1/2006</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>1/1/2006</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>1/1/2006</u>
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/1/2006</u>
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>1/1/2006</u>
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>Route 1, No. Branch</u> Date <u>11/24/2006</u>
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/1/2006</u>
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Chinese</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"/>	<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	___						

ID number (State Lab ID if available)

Rutgers 12

Control

A

B (circle)

Y	?	N		#	Y	?	N		#		
Tacos					Nachos & Sides						
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	---	Specialties					
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	---
Burritos											
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	meximelt- 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"/>	meximelt- 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"/>	meximelt- 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	①	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	---
Gorditas											
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	---	Quesadillas					
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"/>	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	---	Bowls					
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	---	Misc.					
					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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, <u>fire</u>)						

ID number (State Lab ID if available) Rutgers 12 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. Grilled Stuffed Burrito 2. _____ 3. _____

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

Entered

ID number (State Lab ID if available) 194204 / NJ 602635

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

Phone number (b)(6)

Age 18 Sex M F State NJ County Union City Clark Twp

Interviewer name _____ Date of interview 1 / 1 / 2006

Who was interviewed? Case Spouse _____ Parent _____

Stool specimen collection date: 12/2 / 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: 12/1 / 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 11/30 / 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 have any of these symptoms?
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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Fever? <u>101.0 F</u>	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	Question	Location	Date
A <input checked="" type="checkbox"/> <input 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"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Monte Park Mall</u>	Date <u>11/27</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 <u>2015009 NJ</u>	Date <u>1</u> / <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> / <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> / <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> / <u>1</u> / 2006
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date <u>1</u> / <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> / <u>1</u> / 2006
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date <u>1</u> / <u>1</u> / 2006
J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?		
K <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? _____		
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)

194204 / NJ-602635

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 Name	#	Y	?	N	Item Name	#					
Big Bell Value Menu														
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	—	Nachos & Sides									
Tacos														
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 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	—	Specialties									
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—					
Burritos														
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—					
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—					
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—					
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—					
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—					
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—					
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—					
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	taco salad express- chicken	—					
Gorditas														
A	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—					
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—	Quesadillas									
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—					
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—					
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—	Bowls									
G	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—					
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	Misc.									
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)

194204 / NJ - 602635

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 _____	
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

ID number (State Lab ID if available)

194112

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

Phone number

(b)(6)

Age 37

Sex M F

State NJ

County Middlesex

City Edison

Interviewer name M. Glenshaw

Date of interview 12/7/2006

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: N/A, /2006

Time: / AM PM

No Diarrhea

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 N/A, /2006

Time: / AM PM

No symptoms

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 checked="" 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 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you receive antibiotics for your illness? Currently on abx
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		(Specify street, city, state for each location)	Date
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	Stelton Rd	1/2006
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	South Plainfield, NJ	1/2006
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?		1/2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?		1/2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?		1/2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?		1/2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?		1/2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?		1/2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?		1/2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	TEI Fridon's	
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	(b)(6)	
			If yes, name 1 (b)(6)	contact number	Gen. Mgr TB Stelton
			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)

194112

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 checked="" type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken, left, top, cheese (2)	—
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	—	Nachos & Sides				
Tacos					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 checked="" type="checkbox"/>	<input type="checkbox"/>	mexican rice w/ spicy chicken (7)	—
E	<input 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 type="checkbox"/>	soft taco supreme- chicken	—	Specialties				
G	<input type="checkbox"/>	<input 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"/>	grilled steak soft taco	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	mexican pizza w/ beef (2)	—
Burritos					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	—
Gorditas					Quesadillas				
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	—	Bowls				
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	—	Misc.				
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) (2)	—

ID number (State Lab ID if available)

194112

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 _____

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) 194112

Control (A) B (circle)

entered

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 _____ Sex M F State NJ County Mid Sussex City _____

Interviewer name Sadiya Mugoath Date of interview 12-07 /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

Refused to interview - case was interviewed as well.

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
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	___					

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

entered

ID number (State Lab ID if available) 194 106

NOVEMBER 2006 - E. COLI O157 OUTBREAK - CASE QUESTIONNAIRE

Phone number (b)(6)

Age 17 Sex M F State NJ County Middlesex City Edison

Interviewer name M. Gleslow Date of interview 12 / 7 / 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 / 30 / 2006 Time: Unknown 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 / 1 / 2006 Time: Unknown 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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	Did you eat at any restaurants?	(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>Grove + Union Edison, NJ</u>	Date <u>11 / 29 / 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 _____	Date <u>1 / / 2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date <u>1 / / 2006</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?	<u>Panera Bread 11/27/06</u>	
<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) 194106

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		#
			Big Bell Value Menu					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 checked="" type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken veg	2
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	---				Nachos & Sides	
			Tacos		A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
A	<input type="checkbox"/>	<input type="checkbox"/>	origins 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 belgrande	---
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"/>	rancho 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	---				Specialties	
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"/>	medcan pizza	---
			Burritos		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	---
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	bean burrito	1	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	---
			Gorditas					Quesadillas	
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	---				Bowls	
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	---				Misc.	
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)	---

194106

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. Chalupa 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 checked="" 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 checked="" 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 _____

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, etc)

T Other (specify) _____

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

194106 entered

ID number (State Lab ID if available) Rutgers 3 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 Essex City Edison
 Interviewer name Adrian Lopez Date of interview 12/13 /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 ~~11/15/2006~~ (fill in case illness onset date) 11/15 - 11/30

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>Lawrence Ave. Edison, NJ</u> Date <u>11/22</u> /2006 <u>Edison, NJ</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>1</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard) <u>Beef</u>	<input checked="" type="checkbox"/>
<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	—					

194106

ID number (State Lab ID if available)

Rutgers

Control

A

B (circle)

Y	?	N	#	Y	?	N	#
Tacos				Nachos & Sides			
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"/>	—	Specialties			
H	<input type="checkbox"/>	<input type="checkbox"/>	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
Burritos				B	<input checked="" 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"/>	—
C	<input type="checkbox"/>	<input type="checkbox"/>	—	E	<input type="checkbox"/>	<input type="checkbox"/>	—
D	<input type="checkbox"/>	<input type="checkbox"/>	—	F	<input type="checkbox"/>	<input type="checkbox"/>	—
E	<input type="checkbox"/>	<input type="checkbox"/>	—	G	<input type="checkbox"/>	<input type="checkbox"/>	—
F	<input type="checkbox"/>	<input type="checkbox"/>	—	H	<input type="checkbox"/>	<input type="checkbox"/>	—
G	<input type="checkbox"/>	<input type="checkbox"/>	—	I	<input type="checkbox"/>	<input type="checkbox"/>	—
H	<input type="checkbox"/>	<input type="checkbox"/>	—	J	<input type="checkbox"/>	<input type="checkbox"/>	—
I	<input type="checkbox"/>	<input type="checkbox"/>	—	K	<input type="checkbox"/>	<input type="checkbox"/>	—
J	<input type="checkbox"/>	<input type="checkbox"/>	—	L	<input type="checkbox"/>	<input type="checkbox"/>	—
K	<input type="checkbox"/>	<input type="checkbox"/>	—	M	<input type="checkbox"/>	<input type="checkbox"/>	—
L	<input type="checkbox"/>	<input type="checkbox"/>	—	N	<input type="checkbox"/>	<input type="checkbox"/>	—
Gorditas				O	<input type="checkbox"/>	<input type="checkbox"/>	—
A	<input type="checkbox"/>	<input type="checkbox"/>	—	Quesadillas			
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"/>	—	Bowls			
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"/>	—	Misc.			
H	<input type="checkbox"/>	<input type="checkbox"/>	—	A	<input type="checkbox"/>	<input type="checkbox"/>	—
I	<input type="checkbox"/>	<input type="checkbox"/>	—	B	<input type="checkbox"/>	<input type="checkbox"/>	—
				C	<input type="checkbox"/>	<input type="checkbox"/>	—
				D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—

Ⓟ

194106

Control

A

B (circle)

ID number (State Lab ID if available) Rutzans 3

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. Chorizo Paje 2. Mexican Pizza 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 checked="" 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:
 B 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 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

194099

ID number (State Lab ID if available)

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

Phone number (b)(6) (Parent's #-she does not live at home) cell: (b)(6)

Age 22 Sex M F State NJ County Middlesex City Metuchen

Interviewer name Casey Bantros Date of interview 12/9/2006

Who was interviewed? Case Spouse Parent

Stool specimen collection date: 12/2/2006

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: 12/1/2006 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 12/2/2006 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.

Table with 2 columns of symptoms and severity questions (A-F and G-L) with checkboxes for Yes, No, or 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 with restaurant exposure questions (A-M) and a section for dining companions with handwritten notes and names.

Case Questionnaire

* Case's mother told me that she brought taco bell home one night and Case + Case's father ate it. Mother did not.

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. Cheesy Gordita Crunch 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:

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 checked="" 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) _____

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

1 cheesy gordita crunch w/ chicken sour cream
no tomato
lettuce, cheese, not sure what else
no sauce

ID number (State Lab ID if available) 194099

Control A B (circle)

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

ENTERED

Control Phone number (b)(6)

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

Age 53 Sex M F State VT County Middlesex City Metuchen

Interviewer name Casey Barton Date of interview 12/9 /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 12/2 /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>Edison - Menlow Park</u> Date <u>11/25</u> /2006 <u>mail</u> Date <u>/</u> /2006
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>/</u> /2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>/</u> /2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>/</u> /2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>/</u> /2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>/</u> /2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>/</u> /2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>/</u> /2006
J	<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 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	—					

194099

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. Special order - original 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 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 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 checked="" type="checkbox"/> Other <u>Add tomato + fajita 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) _____

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

ID number (State Lab ID if available) 194098

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

Phone number ^{(b)(6)} _____

Age 10 Sex M F State NJ County Essex City Millburn

Interviewer name Lawrence Taylor Date of interview 12/7/2006

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: 11/28/2006 Time: _____:_____: AM **PM** early

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: early:_____: **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 _____
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 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	Question	Location	Date
A <input checked="" type="checkbox"/> <input 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"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	<u>Morris Avenue</u>	<u>11/22/2006</u>
		<u>Springfield, NJ</u>	<u>11/28/2006</u>
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?		<u>/ / 2006</u>
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?		<u>/ / 2006</u>
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?		<u>/ / 2006</u>
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?		<u>/ / 2006</u>
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonalds?		<u>/ / 2006</u>
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?		<u>/ / 2006</u>
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?		<u>/ / 2006</u>
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. ^{(b)(6)} _____	contact number <u>509-6</u>	which restaurant? <u>Taco Bell</u>
	2. _____	contact number <u>509-6</u>	which restaurant? <u>Taco Bell</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) _____		

(b)(6)
NOT
Interviewer
by us

Companions
refused to
be interviewed

194098

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		#						
Big Bell Value Menu															
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"/>	chaluapa 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	—	Nachos & Sides									
Tacos															
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	—	Specialties									
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	—				
Burritos															
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"/>	meximelt- 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"/>	meximelt- 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"/>	meximelt- 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	—				
Gorditas															
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	—	Quesadillas									
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	—	Bowls									
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	—	Misc.									
										A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other #5 meal		
										B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other K.O's meal		
										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)		

ID number (State Lab ID if available)

194098

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 _____	
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

entered

ID number (State Lab ID if available) 194023

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

Phone number (b)(6)

Age 11 Sex M F State NJ County Middlesex City Felton

Interviewer name Adam Lange Date of interview 12/7/2006

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: 11/28/2006 Time: AM

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: 12:00 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	Did you have any of these symptoms?
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 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>10-8-10</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 checked="" 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	Question	Location	Date
A <input checked="" type="checkbox"/> <input 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"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>South Plainfield, NJ</u> Date <u>11/1/2006</u>	
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>4807 Shelton Rd</u> 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>White Castle</u>	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?		
	If yes, name 1. <u>Father</u> contact number <u>509-966-3333</u> which restaurant? <u>Taco Bell & Whoppers</u>		
	2. <u>mother</u> contact number <u>11</u> which restaurant? <u>11</u>		
	3. <u>brother</u> contact number <u>11</u> which restaurant? <u>11</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) _____		

ID number (State Lab ID if available) 194023

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 _____

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)

194023

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	---	Nachos & Sides				
Tacos					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)	2	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	---	Specialties				
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	---
Burritos					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	---
Gorditas					Quesadillas				
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	---	Bowls				
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	---	Misc.				
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)	---

Case Questionnaire

entered

ID number (State Lab ID if available) 194023

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 43 Sex M F State ND County McIntosh City Forsyth

Interviewer name Adam Lange Date of interview 12/7/2006

Who was interviewed? Control Parent Spouse

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 11/24/2006 (fill in case illness onset date)

Y ? N	Question	Location	Date
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>4807 Stoltz Rd</u> Date <u>11/18/2006</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>White Castle</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"/> <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	—			

Control Questionnaire

ID number (State Lab ID if available)

194023

Control

A

B (circle)

Y	?	N		#	Y	?	N		#
Tacos					Nachos & Sides				
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	—	Specialties				
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	—
Burritos					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"/> 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	—
Gorditas					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)	—	Quesadillas				
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)	—	Bowls				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> southwest steak border bowl	(4)
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- ground beef (standard)	—	Misc.				
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)	—

ID number (State Lab ID if available)

194023

Control

A

B (circle)

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 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?

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

enrind

ID number (State Lab ID if available) 194023

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 14 Sex M F State MD County Middlesex City Feders
 Interviewer name Arlene Louise Date of interview 12, 7 /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 11/24/2006 (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>4807 Stoltz Rd</u> Date <u>11/18/2006</u> <u>South Plainfield, NJ</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>1</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>White Castle</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	#
<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	—					

Control Questionnaire

194023

Control

(B) (circle)

ID number (State Lab ID if available)

Y	?	N		#	Y	?	N		#
Tacos					Nachos & Sides				
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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled steak soft taco	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> crunchwrap suprema	(1)
Burritos					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"/> 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	—
Gorditas					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)	—	Quesadillas				
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)	—	Bowls				
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)	—	Misc.				
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)	—

ID number (State Lab ID if available)

194023

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 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) _____

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

ID number (State Lab ID if available) 194023 **Control** A
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 NY County Madison City Edison
 Interviewer name Arlan Lounsbury Date of interview 12/7/2006
 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 11/24/2006 (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>4807 Stetson Road</u> Date <u>11/18/2006</u> <u>South Plainfield, NJ</u> Date <u>1/2006</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 checked="" 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>White Castle</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"/> <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"/>	caramef 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)

194 023

Control

A

B (circle)

C

Y	?	N		#	Y	?	N		#
Tacos					Nachos & Sides				
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	—	Specialties				
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	—
Burritos					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"/> 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	—
Gorditas					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)	—	Quesadillas				
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)	—	Bowls				
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 checked="" 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)	—	Misc.				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I added a sauce to my meal (s.g., milg, hot fire)	—

ID number (State Lab ID if available)

194023

Control

A

B (circled)

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**
 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?
 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

Control Questionnaire

ID number (State Lab ID if available) 193991

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

Phone number (b)(6)

Age 41 Sex M F State MT County Camden City Watkins

Interviewer name Taylor Date of interview 12/7/2006

Who was interviewed? Case _____ Spouse _____ Parent Shelia

Stool specimen collection date: 11/27/2006

Case Status (please circle) Confirmed Probable as of 2:55pm on 12/7

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: sometime 12 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: 9 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 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 an emergency room 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 Were you hospitalized overnight? <u>9 hrs, CAT scan, urinalysis, stool sample</u>
<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 Did you develop HUS (hemolytic uremic syndrome)?
<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 receive antibiotics for your illness?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E Any Bloody diarrhea?	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	K Did the patient die?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	F Any Fever?		

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)
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	A Did you eat at any restaurants?	If yes, Location <u>Cherry Hill Mall</u> Date <u>11/23/2006</u>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	B Did you eat at any Taco Bell?	Date <u>/ / 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 <u>/ / 2006</u>
<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 <u>/ / 2006</u>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	E Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>/ / 2006</u>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	F Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>/ / 2006</u>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	G Did you eat at McDonald's?	If yes, Location _____ Date <u>/ / 2006</u>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	H Did you eat at Subway?	If yes, Location _____ Date <u>/ / 2006</u>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	I Did you eat at Blimpies?	If yes, Location _____ Date <u>/ / 2006</u>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	J Did you eat at any other restaurant?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	K Did you have a dining companion? <u>(a)</u>	
	If yes, name 1 <u>(b)(6)</u> contact number _____ which restaurant? <u>Food Court</u>	
	2 <u>(b)(6)</u> contact number _____ which restaurant? <u>not sure</u>	
	3 <u>(b)(6)</u> contact number _____ which restaurant? <u>what?</u>	
<input type="checkbox"/> <input checked="" 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
 → Formel canned meals
most of the week

wouldn't give her last name

ID number (State Lab ID if available)

193991

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	—					
			Tacos					Nachos & Sides	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	2	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	—				Specialties	
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
			Burritos		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	—
			Gorditas		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—				Quesadillas	
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)	—				Bowls	
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)	—				Misc.	
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 checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

193991

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:

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

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

Taco: Beef, Cheese, lettuce

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) 193964

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

Phone number (b)(6)

Age 19 Sex M F State NJ County Middlesex City Piscataway Twp

Interviewer name M. Glenshaw 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, 24 /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	
<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Were you hospitalized overnight? If yes, number of hospital nights <u>2</u>
<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 checked="" 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>Stelton Rd</u> Date <u>11, 20</u> /2006 <u>South Plainfield NJ</u> Date <u>1</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 <u>1</u> /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 <u>1</u> /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 <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1</u> /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G Did you eat at McDonald's?	If yes, Location <u>Stelton Rd, South Plainfield</u> Date <u>11, 20</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you eat at Subway?	If yes, Location _____ Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Did you eat at Bimble's?	If yes, Location _____ Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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) _____	

Yes

N/A

193964

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		#	
Big Bell Value Menu										
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		Nachos & Sides				
Tacos										
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	2	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos beligrande
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		Specialties				
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
Burritos										
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"/>	enchirrito-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"/>	enchirrito-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"/>	enchirrito-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"/>	maximelt-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"/>	maximelt-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"/>	maximelt-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
Gorditas										
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		Quesadillas				
D	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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		Bowls				
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		Misc.				
Misc.										
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____		A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
B	<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		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)		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)

193964

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. <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:

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

193 964

Rutgers 21

ID number (State Lab ID if available)

Control

A

B (circle)

entered

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

(b)(6)

Control Phone number

Method of control selection (please circle)

Dining Companion

Other Taco Bell diner

Reverse directory

Age 20

Sex M

State NJ

County Middlesex

City Piscataway

Interviewer name MARY GLENSHAW

Date of interview 12/13/2006

Who was interviewed? Control [checked] 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 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	Stelton Rd Date 11/30/2006
					South Plainfield 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	Stelton Rd Date 11/10/2006
<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 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?	Local Asian rest.	

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						

193 964
Rutgers Z1

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)	—	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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme <i>Spicy chicken</i>	—
Burritos					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	—
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	Quesadillas				
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)	—	Bowls				
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)	—	Misc.				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

493964

Rutgers 21

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	<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>crunch wrap w/ spicy chicken</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 checked="" 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)

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

Entered

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

A. L. ... L. ...

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

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	
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 type="checkbox"/>	<input checked="" 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?	(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>Stetson Road</u> Date <u>11/22/2006</u> <u>Scouters Place in Field</u> Date <u>1/2006</u>
C	<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 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 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 checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
G	<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 checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>
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>(b)(6)</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"/>	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 # 193796</u>	

193958

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		#						
Big Bell Value Menu															
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	—	Nachos & Sides									
Tacos															
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 twist	—				
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	Specialties									
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	—				
Burritos															
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	—				
Gorditas															
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	—	Quesadillas									
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	—	Bowls									
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	—	Misc.									
Misc.															
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 _____	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—				

193958

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

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

103969 NJ 193958

entered

ID number (State Lab ID if available) Rutgers 22

Control A B (circle)

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

(b)(6)

Control Phone number

Method of control selection (please circle)

Dining Companion

Other Taco Bell diner

Reverse directory

Age 20

Sex M F

State NJ

County Middlesex

City Piscataway

Interviewer name G. Genshaw

Date of interview 12/13/2006

Who was interviewed? Control [checked] 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. Includes handwritten entries for Stetson Rd and South Plainfield.

As 11/2 11/2

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'.

193964 NJ 193958
Rutgers 22

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)	—	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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos					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	—
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	Quesadillas				
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)	—	Bowls				
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)	—	Misc.				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Chicken Enchiladas</u>	<u>(3)</u>
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other <u>Grilled Stuffed Burrito</u>	
					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)	

Added jalapeno sauce

NT 193 958

Rutgers ZZ

ID number (State Lab ID if available)

Control (A) B (circle)

Y ? N 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. [List of items to hold or substitute: tomatoes, lettuce, beef, chicken, cheese, sour cream, onions, olives, beans, sauce, 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 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 Tomatoes Lettuce Ground beef Chicken Sour Cream Cheese Beans Green onions White onions Any onions Steak Olives Sauce (ex., mild, hot, fire) Other (specify) jalapeno sauce

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

entered

ID number (State Lab ID if available) 193955
NOVEMBER 2006 - E. COLI O157 OUTBREAK - CASE QUESTIONNAIRE
Phone number (b)(6)
Age 8 Sex M F State NJ County Middlesex City Edison

Interviewer name M. Glenshaw Date of interview 12, 7, 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, 30, 2006 Time: unknown **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: unknown **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	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 restaurants?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Inman Ave + Grove</u> Date <u>11, 21, 2006</u> <u>North Edison, NJ</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 _____ Date <u>1, /2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1, /2006</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 checked="" type="checkbox"/>	Did you eat at any other restaurant?	<u>Pizza 11/25/06</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			if yes, name 1. (b)(6) contact number (b)(6) restaurant? <u>same</u>	
			2. _____ contact number _____ restaurant? <u>same</u>	
			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) _____	

Interview complete
age 10
age 14

ID number (State Lab ID if available)

193 955

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		#
Big Bell Value Menu									
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 checked="" type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	①	Nachos & Sides				
Tacos									
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) chicken	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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos									
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"/>	maximelt- ground beef (standard)	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- chicken	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input type="checkbox"/>	maximelt- 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	—
Gorditas									
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	—	Quesadillas				
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	①
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	—	Bowls				
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	—	Misc.				
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 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)

193955

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

N/A

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 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):

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 checked="" type="checkbox"/>	Beans
N	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Green onions
O	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) <u>Tortilla</u>

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

Infected

ID number (State Lab ID if available) 193 955 **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 10 Sex M F State NJ County Middlesex City Edison
Interviewer name M. Glenshaw Date of interview 12/7/2006
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 11/29/2006 (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>Irving Ave + Gore</u>	Date <u>11/29/2006</u>
				<u>North Edison, NJ</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 McDonald's?	If yes, Location _____	Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date <u>1/2006</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—					

Control Questionnaire

ID number (State Lab ID if available)

193955

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 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 type="checkbox"/>	<input checked="" 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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
Burritos					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	—
Gorditas					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)	—	Quesadillas				
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- chicken	—	A	<input checked="" type="checkbox"/>	<input 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)	—	Bowls				
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)	—	Misc.				
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) 193955

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 _____

N/A

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

entered

ID number (State Lab ID if available) 193 755 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 14 Sex M F State NJ County Middlesex City Edison
 Interviewer name M. Gershon Date of interview 12 / 7 / 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 12 / 29 / 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>Wynon + Grove</u>	Date <u>11 / 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 <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 Silver's?	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 McDonald's?	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	<u>1</u>	<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)

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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	---	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme w/ chicken	①
Burritos					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"/>	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	---
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	Quesadillas				
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)	---	Bowls				
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)	---	Misc.				
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)	---

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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 |

N/A

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

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

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

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

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193943

ID number (State Lab ID if available) _____

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

Phone number (b)(6)

Age 26 Sex M F State NJ County Somerset City Franklin Township

Interviewer name M. Glenshaw Date of interview 12/8/2006

Who was interviewed? Case [checked] 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: 11/30/2006 Time: evening 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: 6:00 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. 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 visit an emergency room...', 'Were you hospitalized overnight?', 'Did you develop HUS...', 'Did you receive antibiotics...', '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.

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 Blimpies?', 'Did you eat at any other restaurant?', 'Did you have a dining companion?'. Includes handwritten notes like '11/21/06', '11/22/06', '3x', 'unsure', 'East Ave TB', 'same', 'same'.

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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	---				Nachos & Sides	
			Tacos		A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	6	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 checked="" type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	1
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---				Specialties	
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	---
			Burritos		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 type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	---	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
			Gorditas					Quesadillas	
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	---				Bowls	
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	---				Misc.	
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 <u>salsa</u>	---
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	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)	---

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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. Original tacos 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>Added 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) _____

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



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 360
TRENTON, N.J. 08625-0360

www.nj.gov/health

JON S. CORZINE
Governor

FRED M. JACOBS, M.D., J.D.
Commissioner

193943

FAX ROUTING SLIP

TO		
Name of Recipient Dr. Samir Sodha	Telephone No. of Recipient (770) 488-7100	
Organization and Address CDC/CCID/NCZVED CDC Director's Emergency Operations Center Atlanta, GA 30333		
FROM		
Name of Sender Dr. Adam Langer	Fax Number of Sender (609) 588-7433	
Organization and Address NJDHSS/Communicable Disease Service P.O. Box 369 Trenton, NJ 08625-0369	Telephone Number of Sender (609) 588-7500 (Main) (609) 584-5098 (Desk) <input type="text" value="(b)(6)"/>	
Comments Case control questionnaires for NJ as of 5:45 p.m. 2 case interviews and 1 control interviews in this transmission Current tally: 25 case interviews completed out of 28 total cases (89%) Will call to confirm receipt		
DOCUMENT TRANSMITTED		
Transmitted To (Fax Number) (404) 553-7700	Total Number of Pages 10	Date 12/9/2006

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ID number (State Lab ID if available) 193943 **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 61 Sex M F State NJ County Somerset City Franklin
 Interviewer name M. Glenshaw Date of interview 12/8/2006
 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 11/28/2006 (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>Easton Ave Somerset, NJ</u> Date <u>11/27/2006</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?	<u>Wendy's, Easton Ave Somerset, NJ</u> <u>unknown</u>

several nights - salad only

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) 193943 Control A B (circle)

Tacos				#	Nachos & Sides				#
Y	?	N			Y	?	N		
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 beligrande	—
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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos					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 checked="" 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	—
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	Quesadillas				
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)	—	Bowls				
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)	—	Misc.				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other <u>Salsa</u>	—
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)	—

ID number (State Lab ID if available) 193943 **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

enclsd

ID number (State Lab ID if available) 193943 **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 62 Sex M F State NJ County Somerset City Franklin
 Interviewer name M. Gleason Date of interview 12.8 /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 12.1.2006 (fill in case illness onset date)

Y ? N		(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <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>Easton Ave Somerset, NJ</u> Date <u>11/23</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 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 Ball 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	---			

ID number (State Lab ID if available)

193943

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 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	—	Specialties					
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	—
Burritos						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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	—
Gorditas						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)	—	Quesadillas					
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)	—	Bowls					
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"/>	zeaty 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)	—	Misc.					
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Salsa</u>	—
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 type="checkbox"/>	I don't remember	—
						D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

193943

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 _____ |

N/A

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

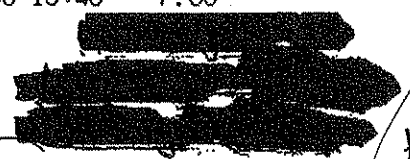
Sauce (ex., mild, hot, fire)

T

Other (specify) _____

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

38



interest

ID number (State Lab ID if available) 193941

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

Phone number (b)(6)

Age 21

Sex M F

State NT

County Somerset City N. Plainfield

Interviewer name Taylor

Date of interview 12/8/2006

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: 11/25/2006 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 11/25/2006 Time: 2:00 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>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 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)	<u>11/24/06</u>
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any restaurants?	If yes, Location <u>South Plainfield</u>	Date <u>11/24/2006</u>
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	<u>Stelton Rd</u>	Date <u>1/2006</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 type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?		
K <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? _____
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) <u>N/A</u>		

193941

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	Chalups	#
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	---	Nachos & Sides				
Tacos					A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	2	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 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 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	---	Specialties				
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	---	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	J
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	---	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	---
Burritos					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	---
Gorditas					Quesadillas				
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	---	Bowls				
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	---	Misc.				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

Case Questionnaire

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. Tacos 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>Added onions</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Added onions
Added sour cream

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

193 991

entered

ID number (State Lab ID if available) Rutgers 6

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 19 Sex M F State NJ County W. Middlesex City Easton

Interviewer name ACTA/Ann Longo Date of interview 12/13/2006

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 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>Station Rd.</u> Date <u>11/28/2006</u>	
				<u>South Plainfield</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date <u>1</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Applebee's, Burger King</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	#
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	<u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	<u>1</u>
<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	—					

193947

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

			#				#					
Y	?	N		Y	?	N						
Tacos												
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 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	—				Specialties				
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—			
Burritos												
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bean burrito	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—			
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	—			
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	—			
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	—			
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	—			
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	—			
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	—			
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	taco salad express- chicken	—			
Gorditas												
A	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	—			
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	—				Quesadillas				
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- ground beef (standard)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chicken quesadilla	—			
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	steak quesadilla	—			
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita baja- steak/ carne asada	—				Bowls				
G	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	—			
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—				Misc.				
								A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	—
								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., mild, hot, fire)	—

193949
Rutgers 6

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. Chalupa Supreme 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 checked="" 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 checked="" 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) _____

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

entered

ID number (State Lab ID if available) 193 935

NOVEMBER 2006 - E. COLI O157 OUTBREAK - CASE QUESTIONNAIRE

Phone number (b)(6)

Age 18 Sex M F State NJ County Middlesex City Piscataway Township

Interviewer name M. Glenshaw Date of interview 11, 7, 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, 23, 2006 Time: Unknown 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: Unknown 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? <u>3</u> 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 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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Stelton Rd</u> Date <u>11, 29, 2006</u> (2 occasions)
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>South Plainfield, NJ</u> Date <u>11, 12, 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</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 McDonald's?	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>Local Italian restaurant</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 (b)(6)	contact number (b)(6) restaurant? <u>Stelton Rd Taco Bell</u>
	2. _____	contact number _____ restaurant? <u>Stelton Rd Taco Bell</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) _____	

ID number (State Lab ID if available)

193 935

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 checked="" type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	③	Nachos & Sides				
Tacos					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 belgrande	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	①	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	—	Specialties				
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	—
Burritos					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	—
Gorditas					Quesadillas				
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	—	Bowls				
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	—	Misc.				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Cheesy Gordita Crunch</u>	②
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) 193935

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 _____

N/A

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) 193 935 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 19 Sex M F State NJ County Middlesex City Piscataway
Interviewer name Kinny Naik Date of interview 12/7 /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 11/23 /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>Stelton Rd</u> Date <u>/</u> /2006 <u>South Plainfield, NJ</u> Date <u>/</u> /2006
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>/</u> /2006
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>/</u> /2006
E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>/</u> /2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>/</u> /2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Piscataway</u> Date <u>11/7</u> /2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>/</u> /2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>/</u> /2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Burger</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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	<u>2</u>					

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) 193935

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 18 Sex M F State NJ County Essex City Piscataway

Interviewer name Hillary Strayer Date of interview 12/8/2006

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 11/22/2006 (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>Same Stelton Rd</u> Date <u>7/1</u> /2006 <u>South Plain field, 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 <u>1</u> /2006
D	<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 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 checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1</u> /2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>1</u> /2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1</u> /2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1</u> /2006
J	<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"/>	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)

193 935

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	—	Specialties					
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	—
Burritos						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	—
Gorditas						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)	—	Quesadillas					
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)	—	Bowls					
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.					
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)	—

cheesy gordita crunchy, beef

ID number (State Lab ID if available) 193935

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.

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 cheesy gordita crunch, beef

- Ate this + only this on both visits to Taco Bell, that week

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

entered

ID number (State Lab ID if available) 193933

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

Phone number ^{(b)(6)} _____

Age 16 Sex M F State NJ County Middlesex City Piscataway

Interviewer name M. Glenshaw Date of interview 12/8 /2006

Who was interviewed? Case Spouse _____ Parent _____

Stool specimen collection date: 11/26 /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: 11:30 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 11/27 /2006 Time: 11:30 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	
<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Were you hospitalized overnight? If yes, number of hospital nights <u>4</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Any Diarrhea?	<input type="checkbox"/>	<input checked="" 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 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		(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>Stelton Rd</u> Date <u>11/24</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 McDonalds?	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?	<u>Chinese rest. 11/23/06</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	K Did you have a dining companion?	<u>Asian market 11/25/06</u>
			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) _____	

193 933

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	—	Nachos & Sides				
Tacos					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 checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	①	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	—	Specialties				
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	—
Burritos					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 checked="" type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	①	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	—
Gorditas					Quesadillas				
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	—	Bowls				
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	—	Misc.				
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 <u>Salsa</u>	—
I	<input type="checkbox"/>	<input 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)

193933

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 _____

NIA

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

used for FoodItem

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193933 Case Telephone: (b)(6)
 Case address: (b)(6) City PISCATAWAY TOWNSHIP
 State NJ Zip 08854-6606

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

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, 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)		10:50 12/9/06	already interviewed	no
2.	(b)(6)		11:14 12/9/06	did not eat at TB	no yes
3.			11:16 12/9/06	not home	no
4.			11:18 12/9/06	did not eat at TB	no yes
5.			11:19 12/9/06	not home	no
6.			11:21 12/9/06	did not eat at TB	no yes
7.			11:23 12/9/06	not home	no
8.			11:24 12/9/06	did not eat at TB	no yes
9.			11:28 12/9/06	did not eat at TB	no yes
10.			11:30 12/9/06	not home	no
11.			11:31 12/9/06	not home	no
12.			11:32 12/9/06	not home	no
13.			11:33 12/9/06	not home	no
14.			11:34 12/9/06	not home	no
15.			11:35 12/9/06	not home	no
16.			11:37 12/9/06	not home	no
17.			11:38 12/9/06	disconnected #	no
18.			11:39 12/9/06	not home	no
19.			11:40 12/9/06	not home	no
20.			11:41 12/9/06	not home	no

Rip
Push

STATE NJ

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193933

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	
21.	(b)(6)	11:43	12/9/06	not home	no	
22.		11:43	12/9/06	might be a fax #	no	
23.		11:44	12/9/06	not home	no	
24.		(b)(6)	11:50	12/9/06	did not eat at TB	no YES
25.		11:51	12/9/06	busy	no	
26.		11:53	12/9/06	did not eat at TB	no YES	
27.		11:54	12/9/06	not home	no	
28.		11:57	12/9/06	not home	no	
29.		11:59	12/9/06	did not eat at TB	no YES	
30.		12:04	12/9/06	not home	no	
31.		12:05	12/9/06	did not eat at TB	YES	
32.		12:07	12/9/06	not home	no	
33.		12:08	12/9/06	not home	no	
34.		12:09	12/9/06	not home	no	
35.		12:10	12/9/06	disconnected #	no	
36.		12:11	12/9/06	disconnected #	no	
37.		12:12	12/9/06	did not eat at TB	no	
38.		12:13	12/9/06	not home	no	
39.		12:14	12/9/06	did not eat at TB	YES	
40.		12:15	12/9/06	did not eat at TB	YES	

STATE NJ

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193933

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
41 21.	(b)(6)	12:21	12/19/06	call later (1 hr)	no
42 22.		12:24	12/19/06	might be a fax #	no
43 23.		12:26	12/19/06	not home	no
44 24.		12:27	"	did not eat at TB	yes
45 25.		12:28	"	not home	no
46 26.		12:29	"	not home	no
47 27.		12:30	"	did not eat at TB	no
48 28.		12:31	"	not home	no
49 29.		12:32	"	hang up	no
50 30.		12:33	"	not home	no
51 31.		12:34	"	on other line	no
52 32.		12:34	"	not home	no
53 33.		12:36	"	not home	no
54 34.		12:37	"	not home	no
55 35.		12:38	"	did not eat at TB	yes
56 36.		12:39	"	average 60	yes
57 37.		12:42	"	did not eat	yes
58 38.		12:44	"	busy	no
59 39.		12:44	"	did not eat	yes
60 40.		(b)(6)	12:48	"	not home

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193933

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
61 21.	(b)(6)	12:50	12/9/06	not home	no
22.	(b)(6)	12:51	"	disconnected	no
23.	(b)(6)	12:52	"	not home	no
24.	(b)(6)	12:52	"	not home	no
25.	(b)(6)	12:53	"	busy	no
26.	(b)(6)	12:54	"	did not eat	yes
27.	(b)(6)	12:55	"	at TB on the way out (6:54)	no
28.	(b)(6)	12:56	"	not home	no
29.	(b)(6)	12:56	"	not home	no
30.	(b)(6)	12:58	"	did not eat	yes
31.	(b)(6)	12:58	"	did not eat	yes
32.	(b)(6)	1:01	"	not home	no
33.	(b)(6)	1:01	"	did not eat	yes
34.	(b)(6)	1:03	"	not home	no
35.	(b)(6)	1:03	"	disconnected	no
36.	(b)(6)	1:04	"	not home	no
37.	(b)(6)	1:04	"	fax #	no
38.	(b)(6)	1:07	"	not home	no
39.	(b)(6)	1:07	"	busy	no
80 40.	(b)(6)	1:08	"	not home interviewed	yes

ID number (State Lab ID if available) 193933

entered Group #13
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 NY County _____ City Piscataway

Interviewer name VERA PARIKH Date of interview 12/9 /2006

Who was interviewed? Control X Parent _____
By agree consent

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)

Week of Nov 24 to Nov 30, 2006
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			
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>Stanton Rd</u> Date <u>11/2</u> /2006 <u>S. Bloomfield</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 ____ / ____ /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>Middlesex</u> 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?	

exact date not known - after Thanksgiving but before Dec 1

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

She ate at S. Bloomfield Taco Bell on Stanton Rd - her mother is sick but not a

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).

confirmed case

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)

193933

Grp 2/3

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

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193933 Case Telephone: (b)(6)
 Case address: (b)(6) City Piscataway
 State NJ Zip 08854

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

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, 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)	1:24	12/9/06	not home	N
2.	(b)(6)	1:25	"	not home	N
3.	(b)(6)	1:25	"	not home	N
4.	(b)(6)	1:28	"	not home	N
5.	(b)(6)	1:29	"	not home	N
6.	(b)(6)	1:29	"	not home	N
7.	(b)(6)	1:30	"	did not eat	Y
8.	(b)(6)	1:31	"	did not eat	Y
9.	(b)(6)	1:33	"	not home	N
10.	(b)(6)	1:34	"	busy	N
11.	(b)(6)	1:35	"	not interested	Y
12.	(b)(6)	1:38	"	did not eat	Y
13.	(b)(6)	1:39	"	not home	N
14.	(b)(6)	1:40	"	did not eat	Y
15.	(b)(6)	1:41	"	not home	N
16.	(b)(6)	2:14	"	disconnected	N
17.	(b)(6)	2:15	"	not home	N
18.	(b)(6)	2:16	"	did not eat	Y
19.	(b)(6)	2:17	"	did not eat	Y
20.	(b)(6)	2:18	"	interviewed	Y

entered

Group 213
Control A (circle) B (circle)

ID number (State Lab ID if available) 193933

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 14 Sex M F State NJ County City Piscataway

Interviewer name URVI PARIKH Date of interview 12/9/2006

Who was interviewed? Control Parent X

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)

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 South Plainfield Date 25/11/2006
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 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 yes, Location _____ Date ___/___/2006

(NOV 25, 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)

193933

58213

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>Crunchwrap Supreme</u>	2. _____	3. _____
	<input checked="" 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 meat	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input checked="" 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 checked="" type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input checked="" type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input checked="" 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 checked="" 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>NO</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) _____

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

Control
Control
Control

ID number (State Lab ID if available) 193933
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 Friend 1st
Age 17 Sex M F State NY County Albany City Pleasantway
Interviewer name Aleshaw Date of interview 1 / 12 / 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 11/26/2006 (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		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	<u>Stellen Rd</u>	<u>12/1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	<u>South Plainfield</u>	<u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W AB American Food?		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	<u>Stellen Rd, S. Plainfield</u>	<u>12/3/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpie's?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Wendy's</u>	<u>12/6/06</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	#
<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	—					

Control Questionnaire

ID number (State Lab ID if available)

193933

Control

B (circle)

(C)

Y	?	N			Y	?	N		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos supreme
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	nachos beige/ante
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pinos & cheese
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)		<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		<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					Specialties
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco		A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
				Burritos		B	<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"/>	enchirito- ground beef (standard)
B	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	chili cheese burrito		E	<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"/>	maximelt- ground beef (standard)
E	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	fiesta burrito- chicken		J	<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"/>	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"/>	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"/>	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"/>	taco salad express- steak/ carne asada
				Quesadillas		O	<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)					Quesadillas
B	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada		B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)					Bowls
E	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)					Misc.
H	<input type="checkbox"/>	<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"/>	<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)

(2)

see page 3

ID number (State Lab ID if available)

193933

Control

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, 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
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

ID number (State Lab ID if available) 193 932

NOVEMBER 2006-E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6)

Age 13 Sex M F State NJ County Middlesex City Monroe

Interviewer name M. Glenshaw Date of interview 12 / 7 / 2006 Township Towamscus

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: 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: 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	Did you visit a health care provider for your illness?
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 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>2</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 checked="" 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? <u>1 dose Bacrim</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? <u>Unknown</u>

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	Question	Location	Date
A <input checked="" type="checkbox"/> <input 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"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	<u>Stelton Rd</u>	<u>11 / 27 / 2006</u>
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	<u>South Plain Field</u>	<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?		<u>1 / 2006</u>
E <input type="checkbox"/> <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 type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?		<u>1 / 2006</u>
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonalds?		<u>1 / 2006</u>
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?		<u>1 / 2006</u>
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?		<u>1 / 2006</u>
J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?		<u>1 / 2006</u>
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?		
	If yes, name (b)(6)	contact number (b)(6)	restaurant? <u>Taco Bell</u> age <u>20</u>
	2 (b)(6)	contact number (b)(6)	restaurant? <u>Taco Bell</u> age <u>44</u>
	3 (b)(6)	contact number (b)(6)	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)

193932

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 checked="" type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	①				Nachos & Sides	
			Tacos		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 checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef) <i>veg</i>	①	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	—				Specialties	
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	—
			Burritos		C	<input type="checkbox"/>	<input type="checkbox"/>	enchirrito- ground beef (standard)	—
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	bean burrito	①	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"/>	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	—
			Gorditas					Quesadillas	
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	—				Bowls	
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	—				Misc.	
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)	—

Case Questionnaire

ID number (State Lab ID if available)

193 932

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. <u>Soft Taco</u>	2. <u>Cunchwrap</u>	3. <u>Bean Burrito</u>
	<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 checked="" type="checkbox"/> Hold beef	<input checked="" 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 checked="" type="checkbox"/> Substitute beans for meat	<input checked="" type="checkbox"/> Substitute beans for meat	<input checked="" 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 <u>Add Beans</u>	<input type="checkbox"/> Other <u>Add Beans</u>	<input type="checkbox"/> Other <u>Add Beans</u>

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 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, 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 <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 type="checkbox"/> <input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
N <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
O <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	White onions
P <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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 type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Sauce (ex., mild, hot, fire)
T <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Other (specify) _____

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

entered

ID number (State Lab ID if available) 193932

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 20 Sex M F State NJ County Middlesex City Monroe Township

Interviewer name Unid Date of interview 12/7/2006

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 11/28/2006 (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>South Plains Iep</u> Date <u>11/22/2006</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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	<u>1</u>					

yes

ID number (State Lab ID if available) 19 39 32

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. TACOS 2. _____ 3. _____

<input checked="" type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
<input checked="" type="checkbox"/> Hold lettuce (unchecked)	<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 checked="" 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 checked="" type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
<input checked="" type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
<input checked="" 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 checked="" 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) _____	<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

NJ

entered

ID number (State Lab ID if available) 193932 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 NJ County Middlesex City Monroe Township
Interviewer name Wanda Barton 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 11/27/2006 (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>South Plainfield</u> Date <u>11/22</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.

Vegetarian

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	—					

Control Questionnaire

1 Crunch wrap - Vegetarian
filler - lettuce, sour cream, beans, tomato, cheese
no-onions, olives, sauce

ID number (State Lab ID if available)

193932

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. Crunch Wrap Supreme

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 _____

- 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

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

ID number (State Lab ID if available) 193892

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

Phone number (b)(6)

Age 17 Sex M F State NJ County Middlesex City Piscataway Township

Interviewer name M. Glesston 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: 11.25 /2006 Time: unknown **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: evening **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 checked="" type="checkbox"/>	<input 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 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	Question	Location	Date
<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>Stelton Rd</u>	Date <u>11.22</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 <u>1</u> /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 <u>1</u> /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 <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G Did you eat at McDonalds?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you eat at Subway?	If yes, Location _____	Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Did you eat at Blimpies?	If yes, Location _____	Date <u>1</u> /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J Did you eat at any other restaurant?	<u>Wendy's Stelton Rd</u>	<u>South Plainfield, NJ</u> <u>11/24</u> and <u>11/25</u> /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K Did you have a dining companion?	If yes, name <u>(b)(6)</u>	contact number <u>(b)(6)</u>
<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?	which restaurant? <u>Stelton Rd TB, South Plainfield NJ</u>	

Case Questionnaire Name in LL In NJ line listing as suspect Age 25 Awaiting results says MD office/lab got results advised 2nd stool test via voicemail

Interview complete as "suspect"

Stelton Rd TB, South Plainfield NJ

Interview complete as "suspect"

Interview complete as "suspect"

(b)(6)

(b)(6)

ID number (State Lab ID if available)

193892

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).

Big Bell Value Menu				#	Chalupas				#
Y	?	N			Y	?	N		
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	—	Nachos & Sides				
Tacos					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 biggrande	—
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	—	Specialties				
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	W/ Beef Hold tortatoes (1)
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
Burritos					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	—
Gorditas					Quesadillas				
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	—	Bowls				
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	—	Misc.				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other	Salsa
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) 193892

Y ? N 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. Crunchwrap Supreme 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 _____

NIA

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 <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) 193892 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 14 Sex M F State NY County Madison City Piscataway
 Interviewer name Glenshaw Date of interview 12/8 /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 11/23/2006 (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>Stelton Rd. South Plainfield, NJ</u>	Date <u>11/22</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 McDonald's?	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"/>	spley 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	—					

193892

Control A

B (circle)

ID number (State Lab ID if available)

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"/>	rancharo 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	---	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	(1)
Burritos					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"/>	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	---
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	Quesadillas				
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)	---	Bowls				
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)	---	Misc.				
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other <u>So/So</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 checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

ID number (State Lab ID if available) 193892 **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. Crunchwrap 2. _____ 3. _____

<input checked="" type="checkbox"/> Hold tomatoes <u>Supreme</u>	<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 _____

N/A

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?
 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

<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, fire)
<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) 193P89

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

Phone number (b)(6)

Age 17

Sex M F

State NJ

County Middlesex

City S. Plainfield

Interviewer name Taylor

Date of interview 12, 7 / 2006

Who was interviewed? Case

Spouse

Parent

Stool specimen collection date: 11 / 28 / 2006 Tuesday

Case Status (please circle)

Confirmed

Probable

Works @ Wendy's

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: 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 / 25 / 2006

Time: 4 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 checked="" 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 checked="" type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input 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 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	Question	Location	Date
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?	<u>Piscataway, NJ</u>	<u>11 / 20 / 2006</u>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	<u>Manalapan Mall, Edison, NJ</u>	<u>11 / 22 / 2006</u>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	<u>Piscataway, NJ</u>	<u>11 / 25 / 2006</u>
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 McDonalds?		
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 Blimpies?		
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Wendy's - worked there 11/20</u>	
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?		
			If yes, name 1. <u>(b)(6)</u> contact number _____ restaurant? <u>TB</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) _____		

Case Questionnaire

(b)(6) being tested
Stomach cramps, not bad
A little diarrhea

193889

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 checked="" type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard) 11/25	1	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 checked="" type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes 11/25	1					
			Tacos		A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef) 11/22	1	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	—				Specialties	
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme 11/22	1 11/22
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
			Burritos		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	—
			Gorditas					Quesadillas	
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	—				Bowls	
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	—				Misc.	
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)	—

Casc Questionnaire

ID number (State Lab ID if available)

193889

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
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

ID number (State Lab ID if available) NJ 193889

Control A B (circle)

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

Control Phone number ~~NJ 193889~~ (b)(6)

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory
Age 14 Sex M F State NJ County Middlesex City South Plainfield
Interviewer name Matthew Bruff Date of interview 12/7 /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)

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>Edison NJ</u> Date <u>11/19</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 checked="" type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	<u>2</u>
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) _____

N/A

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

entered

ID number (State Lab ID if available) 193800
NOVEMBER 2006 - E. COLI O157: OUTBREAK - CASE QUESTIONNAIRE
Phone number (b)(6)

Age 5 Sex M F State NJ County Middlesex City Piscataway Township
Interviewer name M. Glenshaw Date of interview 1 / 2006

Who was interviewed? Case Spouse Parent

Stool specimen collection date: 11 / 26 / 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: 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 / 22 / 2006 Time: 10 : 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	Did you visit a health care provider for your illness?
<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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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?	(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?		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B Did you eat at any Taco Bell?	If yes, Location <u>Stelton Rd</u>	Date <u>11/19/2006</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 <u>1</u> / <u>2006</u>
<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 <u>1</u> / <u>2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E Did you eat at any Long John Silver's?	If yes, Location _____	Date <u>1</u> / <u>2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>1</u> / <u>2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G Did you eat at McDonald's?	If yes, Location _____	Date <u>1</u> / <u>2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you eat at Subway?	If yes, Location _____	Date <u>1</u> / <u>2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Did you eat at Blimpies?	If yes, Location _____	Date <u>1</u> / <u>2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J Did you eat at any other restaurant?	<u>Burger King</u>	<u>11/18/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K Did you have a dining companion?		
			If yes, name (b)(6)	contact number (b)(6)	which restaurant? <u>Stelton Rd TB</u>
			2. _____	contact number _____	which restaurant? <u>Stelton Rd TB</u>
			3. _____	contact number _____	which restaurant? _____
<input checked="" 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)		

Interviewer Complete

ID number (State Lab ID if available) **193800**

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 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	---	Nachos & Sides				
Tacos					A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	---
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef) <i>veg</i>	①	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"/>	ranchito chicken soft taco	---	E	<input checked="" type="checkbox"/>	<input type="checkbox"/>	mexican rice <i>cheese, s. cream, g. onion</i>	①
E	<input 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 type="checkbox"/>	soft taco supreme- chicken	---	Specialties				
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	---
Burritos					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	---
Gorditas					Quesadillas				
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	---	Bowls				
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	---	Misc.				
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 checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	---

ID number (State Lab ID if available)

193800

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. <u>Hard taco</u>	2. <u>Rice</u>	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 checked="" 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 checked="" 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	<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"/> Quesadilla?
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 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 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 type="checkbox"/> Ground beef
J	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beans
N	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Green onions
O	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> White onions
P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Any onions
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Steak
R	<input checked="" 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) _____

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

ID number (State Lab ID if available) 193800

Control

A

B (circle)

Control

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 42 Sex M F State NJ County Middlesex City Piscataway

Interviewer name M. Glenshaw Date of interview 12, 7, 2006

Who was interviewed? Control Parent
Husband of control

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 11/22/2006 (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>Stelton Rd</u> Date <u>11/19/2006</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 McDonald's?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</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?	<u>Burger King 11/18/06</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	#
<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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	spicy chicken burrito	<u>1</u>	<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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	cheesy fiesta potatoes	<u>1</u>			

ID number (State Lab ID if available)

193 800

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	---	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
Burritos					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	---
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---	Quesadillas				
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)	---	Bowls				
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)	---	Misc.				
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) 193 800

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.

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 _____

Y ? N 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)

193800

Control

A

B (circle)

entered

NOVEMBER 2006 - E. COLI O157 OUTBREAK - CONTROL QUESTIONNAIRE

(b)(6)

Control Phone number

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

Age 48 Sex M F State NJ County Middlesex City Piscataway

Interviewer name M. Glenshaw Date of interview 12/7/2006

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 11/22/2006 (fill in case illness onset date)

Table with columns Y, ?, N and rows for various restaurants: A, B, C, D, E, F, G, H, I, J. Includes questions like 'Did you eat at any restaurants?', 'Did you eat at any Taco Bell?', 'Did you eat at any Kentucky Fried Chicken (KFC)?', etc.

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 columns Y, ?, N and # for Big Bell Value Menu and Chalupas. Rows include items like '1/2 lb cheesy bean & rice burrito grande soft taco', '1/2 lb beef combo burrito', 'spicy chicken soft taco', etc.

Control Questionnaire

ID number (State Lab ID if available)

193800

Control

A

B (circle)

Y	?	N		#	Y	?	N		#
			Tacos					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	---				Specialties	
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
			Burritos		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	---
			Gorditas		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---				Quesadillas	
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)	---				Bowls	
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)	---				Misc.	
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)

193 800

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 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	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) _____

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

extend

ID number (State Lab ID if available) 193798

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

Phone number (b)(6)

Age 17 Sex M F State NY County Middlesex City PerCentaway Twp

Interviewer name Ashley Langer Date of interview 12/9/2006

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: 11/26/2006 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**

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>6</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	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>Stelton Road</u> Date <u>11/22/2006</u>
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	<u>South Plainfield, NJ</u> 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?	
J <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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>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 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 # 193958</u>	

ID number (State Lab ID if available) _____

193798

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		#
Big Bell Value Menu					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	Nachos & Sides				
Tacos					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 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	Specialties				
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
Burritos					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"/>	maximelt- 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"/>	maximelt- 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"/>	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 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
Gorditas					Quesadillas				
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	A	<input checked="" type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	steak quesadilla
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- steak/ carne asada	Bowls				
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	Misc.				
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)

ID number (State Lab ID if available) _____

193798

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

193798

Entered

ID number (State Lab ID if available)

Rutgers 2

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 18

Sex M F

State NJ

County Middlesex

City South Brunswick

Interviewer name Gershon

Date of interview 12/13 /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)

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>Stelton Rd</u> Date <u>11/20</u> /2006 <u>South Plainfield</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 <u> </u> 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 <u> </u> 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 <u> </u> Date <u> </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location <u> </u> Date <u> </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u> </u> Date <u> </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location <u> </u> Date <u> </u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location <u> </u> Date <u> </u> /2006
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	<u>1</u>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	<u>1</u>					

193798

Rutgers 2

Control

A

B (circle)

ID number (State Lab ID if available)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<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 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"/>	<input type="checkbox"/> soft taco (standard is ground beef)	①	C	<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 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 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 checked="" type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> soft taco supreme- steak/ carne asada	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> grilled steak soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
Burritos					B	<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 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 checked="" type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<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 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 type="checkbox"/>	<input checked="" type="checkbox"/> burrito supreme- chicken	—	G	<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 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 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 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 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 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 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 checked="" type="checkbox"/>	taco salad express- steak/ carne asada	—
Gorditas					O	<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)	—	Quesadillas				
B	<input type="checkbox"/>	<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 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 type="checkbox"/>	<input checked="" type="checkbox"/> gordita baja- ground beef (standard)	—	Bowls				
E	<input type="checkbox"/>	<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 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 type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- ground beef (standard)	—	Misc.				
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other <u>Salsa</u>	—
I	<input type="checkbox"/>	<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., mild, hot, fire)	—

193798

Rutgers 2

Control

A

B (circle)

ID number (State Lab ID if available)

Y ? N 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. [List of menu items with checkboxes: 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 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 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

ID number (State Lab ID if available) 193 793

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

Phone number _____ (b)(6)

Age 11 Sex M F State NJ County Middlesex City Piscataway

Interviewer name M. Glenshaw Date of interview 1 / 28 / 2006 Township

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 / 26 / 2006 Time: evening 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: evening 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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	Question	Location	Date
<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?	<u>Stelton Rd</u>	<u>11 / 24 / 2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	<u>South Plainfield, NJ</u>	<u>1 / 2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?		<u>1 / 2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?		<u>1 / 2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?		<u>1 / 2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?		<u>1 / 2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?		<u>1 / 2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?		<u>1 / 2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Burger King Stelton Rd, South Plainfield</u>	<u>11 / 25 / 06</u>
<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>Taco Bell Stelton P.</u>		
			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) _____		

Interview

ID number (State Lab ID if available) 193793

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		#
Big Bell Value Menu									
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)	①
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	①
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 checked="" type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	①	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input type="checkbox"/>	cheesy fiesta potatoes	—	Nachos & Sides				
Tacos									
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	①	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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos									
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	—
Gorditas									
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	—	Quesadillas				
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	—	Bowls				
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	—	Misc.				
Misc.									
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>salsa</u>	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	①

ID number (State Lab ID if available) 193793

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. Chalupa Supreme 2. _____ 3. _____

<input checked="" type="checkbox"/> Hold tomatoes <i>w/ chicken</i>	<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 _____

MIA

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	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) _____

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

entered

ID number (State Lab ID if available) 193793

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 NJ County Middlesex City Piscataway

Interviewer name Akershaw Date of interview 12/8 /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 11/26/2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A	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"/>	B	Did you eat at any Taco Bell?	If yes, Location <u>Stelton Rd</u> Date <u>11/26</u> /2006 <u>So. Plainfield, NJ</u> Date <u>1</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	E	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G	Did you eat at McDonald's?	If yes, Location _____ Date ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H	Did you eat at Subway?	If yes, Location _____ Date ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I	Did you eat at Blimpies?	If yes, Location _____ Date ___ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J	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"/>	A	1/2 lb cheesy bean & rice burrito grande soft taco	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B	1/2 lb beef combo burrito	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	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"/>	<input type="checkbox"/>	D	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"/>	<input type="checkbox"/>	E	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"/>	<input type="checkbox"/>	F	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"/>	<input type="checkbox"/>	G	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"/>	<input type="checkbox"/>	H	double decker taco- steak/ carne asada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I	caramel apple empanada	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J	cheesy fiesta potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ID number (State Lab ID if available) **193 793**

Control **A** B (circle)

Y	?	N		#	Y	?	N		#
Tacos					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 belgrande	—
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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos					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"/>	chill 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	—
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	Quesadillas				
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)	—	Bowls				
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)	—	Misc.				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot fire)	—

ID number (State Lab ID if available) 193 793

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 checked="" 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 _____

N/A

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) _____

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

ID number (State Lab ID if available) 193761

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

Phone number (b)(6) [redacted] (b)(6) [redacted]

Age 14

Sex M F

State NY

County Herkimer City High Bridge Boro

Interviewer name [redacted]

Date of Interview 12/9/2006

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: 11/26/2006 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 11/25/2006 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	
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? if yes, number of hospital nights <u>5</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)
<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>Marion Ave.</u> Date <u>11/21/2006</u> <u>Springfield, NY</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 McDonald's?	If yes, Location _____ Date <u>1/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</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?	<u>Al Party's Iced: and (Cafe), Quilley's</u> <u>Seaside cafe - or</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name 1. <u>Acacia</u> contact number _____ which restaurant? <u>Taco Bell</u>	
			2. <u>Fayee</u> contact number _____ which restaurant? <u>Al Party's</u>	
			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)

193761

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		#
Big Bell Value Menu					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	Nachos & Sides				
Tacos					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 ballgrande
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"/>	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	Specialties				
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
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
Burritos					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
Gorditas					Quesadillas				
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	Bowls				
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	Misc.				
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)

ID number (State Lab ID if available)

193761

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

entered

ID number (State Lab ID if available) 193761

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 45 Sex M F State NY County Hunterdon City High Bridge Pa

Interviewer name Adam Lorange Date of interview 12/19/2006

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 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>Morris Ave.</u> Date <u>11/2/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>Springfield NY</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 _____ 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 _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Bimpies?	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>Summit Hotel Restaurant, Summit, NJ</u>	

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

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)

193761

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)	①	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgranda	—
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	—	Specialties				
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	②
Burritos					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"/>	meximeit- ground beef (standard)	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- chicken	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximeit- chicken	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	burrito supreme- steak/ carne asada	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximeit- 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	—
Gorditas					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)	—	Quesadillas				
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)	—	Bowls				
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)	—	Misc.				
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) 193761

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

Entered

193757

ID number (State Lab ID if available)

NOVEMBER 2006 - E. COLI O157 OUTBREAK - CASE QUESTIONNAIRE

Phone number (b)(6)

Age 21 Sex M F State NJ County Middlesex City Ascatoway

Interviewer name M. Gershon Date of interview 12.8 /2006

Who was interviewed? Case Spouse Parent

Stool specimen collection date: 11.24, 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: unknown 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: early 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 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I Were you hospitalized overnight? If yes, number of hospital nights <u>2</u>
<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 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?	(Specify street, city, state for each location) <u>11/16/06</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B Did you eat at any Taco Bell?	If yes, Location <u>Stelton Rd</u> Date <u>1</u> /2006 <i>unsure exact date</i>
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	C 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"/>	D 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"/>	E 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"/>	F Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1</u> /2006
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	G Did you eat at McDonalds?	If yes, Location _____ Date <u>1</u> /2006
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	H Did you eat at Subway?	If yes, Location _____ Date <u>1</u> /2006
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	I Did you eat at Blimpies?	If yes, Location _____ Date <u>1</u> /2006
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	J Did you eat at any other restaurant?	<u>Burger King, Rutgers Campus</u> <u>11/20 or 21/06</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	K Did you have a dining companion?	<u>Pizza (blond) Hazlet, NJ</u> <u>11/24/06</u>
	If yes, name (b)(6)	contact number (b)(6) which restaurant? <u>Stelton Rd Taco Bell</u>
	2	contact number _____ which restaurant? <u>Stelton Rd Taco Bell</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)	

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	(2)	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	ceramal 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	—	Nachos & Sides				
Tacos					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 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	—	Specialties				
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	—
Burritos					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	—
Gorditas					Quesadillas				
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	—	Bowls				
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	—	Misc.				
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other <u>Salsa</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 checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	(1)

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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 _____

N/A

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?
 Other (ex., gordito, 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

entered

ID number (State Lab ID if available) 193757

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 21 Sex M F State NJ County Middlesex City Piscataway

Interviewer name Kinney Nair 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 11/24/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	Did you eat at any Taco Bell? If yes, Location <u>Piscataway</u> Date <u>11/7</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 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>Somerset</u> Date <u>11/7</u> /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 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	___						

ID number (State Lab ID if available)

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Control

A

B (circle)

Y ? N

ORDER SUBSTITUTIONS

A
Name of menu item:

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. Beef burrito 2. _____ 3. _____

- | | | |
|---|--|--|
| <input checked="" 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 checked="" 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 checked="" 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>hold beans, 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:

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) _____

He asked for 3 beef burritos
- no beans
- only: beef, white onions, cheese, tortilla

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

entered

ID number (State Lab ID if available) 193757

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 NJ County Hudson City Piscataway

Interviewer name Sudhya Mugeeth Date of interview 12/08 /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 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>Stelton Rd</u> Date <u>11/16</u> /2006 <u>South Plainfield NJ</u> Date <u>11/24</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 Pizza Hut?	If yes, Location _____ Date ___/___/2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Maple Stork</u> Date <u>11/16</u> /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 checked="" 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 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	___					

ID number (State Lab ID if available) 193757

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. Beef & Bean Burritos 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 checked="" type="checkbox"/> Substitute 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>hold Beans</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

Lab ID# 602551

entered removed

ID number (State Lab ID if available) 194114

NOVEMBER 2006 E. COLI O157 OUTBREAK- CASE QUESTIONNAIRE

Phone number (b)(6)

Age 21 Sex M F State VT County Union County City Plainfield City

Interviewer name Doctor Date of interview 12/8/2006

Who was interviewed? Case X Spouse Parent

Stool specimen collection date: 11/7/2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness. EATS ALMOST EVERYDAY AT TACO BELL LAST TIME WAS 29TH

What is the date and time that you first began having diarrhea? Date of onset of diarrhea: 12/4/2006 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 12/6/2006 Time: 10:00 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. Includes 'HEADACHE' and 'WENT TO HOSPITAL PER TACO BELL'.

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.

Table with restaurant exposure questions. Includes 'WENT TO HOSPITAL PER TACO BELL' and 'CASE WORKS AT THIS TACO BELL'.

194116

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	#
			Big Bell Value Menu					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					Nachos & Sides	
			Tacos		A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	
A	<input type="checkbox"/>	<input 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"/>	taco supreme (standard is ground beef)		C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	
C	<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"/>	ranchero chicken soft taco		E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	
E	<input 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 type="checkbox"/>	soft taco supreme- chicken					Specialties	
G	<input type="checkbox"/>	<input 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"/>	grilled steak soft taco		B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	
			Burritos		C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- ground beef (standard)	
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito		D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- chicken	
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito		E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirito- steak/ carne asada	
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito		F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- ground beef (standard)	
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)		G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- chicken	
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken		H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	meximelt- steak/ carne asada	
F	<input type="checkbox"/>	<input 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"/>	fiesta burrito- ground beef (standard)		J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	fiesta taco salad- chicken	
H	<input type="checkbox"/>	<input 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"/>	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"/>	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"/>	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"/>	grilled stuffed burrito- steak/ carne asada		O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	
			Gorditas					Quesadillas	
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)		A	<input type="checkbox"/>	<input checked="" 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					Bowls	
D	<input type="checkbox"/>	<input 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"/>	gordita baja- chicken		B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	southwest steak border bowl	
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada					Misc.	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	
					O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	

Handwritten notes:
 ALWAYS EAT THE SAME
 LETTUCE & POT
 3 CHEESE TO MAKE
 NO
 TONIGHT ONION
 MEXICAN PUT IN MEXICAN

ID number (State Lab ID if available)

12/16

ALWAYS MADE HER OWN LOTS OF LETTUCE TOMATOES

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 MADE FOR SELF

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 Sauces (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) PUTTERS 20 Control A 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 21 Sex M F State NJ County MIDDLESEX City NEW BRUNSWICK
Interviewer name J. COATES Date of interview 12/13/2006
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. Includes questions like 'Did you eat at any restaurants?', 'Did you eat at any Taco Bell?', 'Did you eat at any Kentucky Fried Chicken (KFC)?', etc. with handwritten answers and dates.

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 columns Y, ?, N and # for menu items. Divided into 'Big Bell Value Menu' and 'Chalupas' sections. Includes items like '1/2 lb cheesy bean & rice burrito grande soft taco' and 'chalupa supreme- ground beef (standard)'.

Rutgers 20

ID number (State Lab ID if available)

Control

A

B (circle)

Y	?	N		#	Y	?	N		#
			Tacos					Nachos & Sides	
A	<input checked="" 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	---				Specialties	
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
			Burritos		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	---
			Gorditas		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---				Quesadillas	
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)	---				Bowls	
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)	---				Misc.	
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)	---

Rutgers 20

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.
 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 Did you know if you ordered:
A Taco? Hand shell taco w/chicken
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 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) Rutgers 19 **Control** A B (circle)

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

Control Phone number (b)(6)
Method of control selection (please circle) **Other Taco Bell diner** Dining Companion **Reverse directory**
Age 22 Sex M F State NJ County Essex City Rutgers campus
Interviewer name Gleason Date of interview 12/13 /2006 Middlesex Piscataway
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 12/13 /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>Coston Ave Somerset</u> Date <u>12/30</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	—					

ID number (State Lab ID if available)

Rutgers 19

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 checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef) <i>chicken</i> (I)	—	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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos					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	—
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	Quesadillas				
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)	—	Bowls				
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)	—	Misc.				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot , fire)	—

ID number (State Lab ID if available)

Rutgers 19

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 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 checked="" type="checkbox"/> Other <u>Add 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):

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

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

entered

ID number (State Lab ID if available) Rutgers 7 **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 NJ County Somerset City Franklin Park
Interviewer name Alen Shaw Date of interview 12/15 /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)

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>Rt 27 Somerset or North Brunswick</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 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?	<u>Local chinese food</u>

1-11-06

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	---					

Rutgers 7

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"/>	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)	(A)	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	—	Specialties					
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	—
Burritos						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	—
Gorditas						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)	—	Quesadillas					
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	(1)
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)	—	Bowls					
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.					
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 <u>Sop/32</u>	—
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 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)	(7)

Rutgers 7

Control

A B (circle)

ID number (State Lab ID if available)

Y ? N 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. 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

Entered

ID number (State Lab ID if available) Catal call 3

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 21 Sex M F State NY County Madison City Newburgh

Interviewer name Adrian Lunge Date of interview 12/15/2006

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 12/14/2006 (fill in case illness onset date) Nov. 16 - Dec. 14

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>Easton Avenue</u> Date <u>12/4/2006</u> <u>Somerset, NJ</u> Date <u>1/2006</u>
C	<input type="checkbox"/>	<input 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"/>	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"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1/2006</u>
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>RTC-18</u> Date <u>1/2006</u>
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1/2006</u>
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Papa John's, Home on the Way Biscuits</u>

If the control did not eat at Taco Bell, please end interview. Someplace, BG's Pizza, did not eat! Rufferty's, Dunkin Donuts, Wendy's.

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 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	___					

Colo call 3

ID number (State Lab ID if available)

Control A B (circle)

Y	?	N		#	Y	?	N		#		
Tacos					Nachos & Sides						
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	1	A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	7
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	1	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	1
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	---	Specialties					
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	---
Burritos											
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	---
Gorditas											
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	---	Quesadillas					
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"/>	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	---	Bowls					
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	---	Misc.					
					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 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) Cold call 3 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 onlons	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onlons	<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) Cold Call 2 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 21 Sex M F State NJ County Monmouth City Holmdel
 Interviewer name Adele Lunge Date of interview 12/15/2006
 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 1/2006 (fill in case illness onset date) 11/15 - 12/14

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview		<u>Beth Page, NJ</u> (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>Rydens Lane</u> Date <u>1/2006</u>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location	<u>Milltown, NJ</u> Date <u>1/2006</u>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location	<u>Rte 1, near Rutgers</u> Date <u>1/2006</u>
E	<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 checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location	Date <u>1/2006</u>
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location	<u>Rte. 18, East Brunswick</u> Date <u>1/2006</u>
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location	Date <u>1/2006</u>
I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location	<u>Rydens Lane</u> Date <u>1/2006</u>
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? - <u>Houlton's</u>		<u>Milltown, NJ</u>

If the control did not eat at Taco Bell, please end interview. Denny's, Olsons, Quikr.p

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	<u>1</u>	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	—					

ID number (State Lab ID if available) Cold call 2 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)	①	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 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"/>	clnnamon twists	—
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	—	Specialties				
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
Burritos					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"/>	maximelt- 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	—
Gorditas					O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blaet	—
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita supreme- ground beef (standard)	—	Quesadillas				
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)	—	Bowls				
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)	—	Misc.				
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Cheesy Gordita Crunch</u>	①
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) Cold call 2

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) NY-CTL 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 34 Sex M F State NY County SUFFOLK City MASTIC BEACH

Interviewer name _____ Date of interview 12/14 /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)

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>PATCHOGUE</u> Date <u>12/1</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 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	___					

NY-CTZ

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 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 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	---	Specialties					
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	---
Burritos						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	---
Gorditas						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)	---	Quesadillas					
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)	---	Bowls					
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.					
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 <u>CHEESE QUESADILLA</u>	<u>1</u>
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 <u>NO MEAT</u>	---
						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)

NY-CTR

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	<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) NY-CTL

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 41 Sex M F State NY County SUFFOLK City MEDFORD

Interviewer name _____ Date of interview 12/14 /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)

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>PATCHOGUE</u> Date <u>12/2</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	<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	<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	<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	<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	<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)	<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	<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	<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	<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					

NY-CTL

ID number (State Lab ID if available)

Control A **B** (circle)

Y	?	N		#	Y	?	N		#
Tacos					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 ballgrande	—
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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos					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 checked="" 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	—
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	Quesadillas				
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)	—	Bowls				
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)	—	Misc.				
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-CTR

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-CTL

Control A B (circle)

C

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

enter ed

Control Phone number

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

Age 16 Sex M F State NY County SUFFOLK City MEDFORD

Interviewer name Date of interview 12/14/2006

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 4 columns: Y, ?, N, Question, Location, Date. Rows A-J asking about various restaurants like Taco Bell, KFC, A & W, etc.

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, etc.

ID number (State Lab ID if available)

NY-CTL

C

Control A B (circle)

Y	?	N		#	Y	?	N		#
Tacos					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 checked="" 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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos					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	—
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	Quesadillas				
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)	—	Bowls				
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)	—	Misc.				
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-CTZ C

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. _____

- 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 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 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-CTR (D) Control A B (circle)

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

interview

Control Phone number _____
Method of control selection (please circle) Dining Companion Other Taco Bell dine Reverse directory
Age 11 Sex M F State NY County SUFFOLK City MEDFORD
Interviewer name _____ Date of interview 12/14/2006
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)

	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>PATCHOGUE</u>	Date <u>12/7/2006</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"/>	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	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 checked="" 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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos					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	—
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	Quesadillas				
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)	—	Bowls				
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)	—	Misc.				
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)	—

NY-CTL (P)

ID number (State Lab ID if available)

Control A B (circle)

Y ? N ORDER SUBSTITUTIONS

A [] [] [X] 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 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 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) Rutgers 11

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 19 Sex M F State NJ County Middlesex City N. Brunswick

Interviewer name Glenshaw Date of interview 12/13 /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 1 / 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>Rt 27</u>	Date <u>11/25</u> /2006
				<u>New Brunswick</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date <u>1</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Burger King</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	#
<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	<u>(2)</u>
<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	—					

R. Agers 11

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"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>	nachos	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	(1)	B	<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"/>	nachos bellgrande	—
D	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	—
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	—	Specialties				—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos					—	B	<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"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	chili cheese burrito	—	E	<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"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	J	<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"/>	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"/>	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"/>	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"/>	taco salad express- steak/ carne asada	—
Gorditas					—	O	<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)	—	Quesadillas				—
B	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	Bowls				—
E	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	Misc.				—
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other <u>Salsa</u>	—
I	<input type="checkbox"/>	<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)	—

Rutgers 11

Control

A B (circle)

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
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) Rutgers 15 **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 20 Sex M F State NJ County Monmouth City Holmdel
Interviewer name Adelaine Larson Date of interview 12/13/2006
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 11/30/2006 (fill in case illness onset date) Nov. 11 - Nov. 30

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>Easton Ave</u> Date <u>11/30/2006</u> <u>Somerset, NJ</u> Date <u>1/2006</u>
C	<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 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 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 checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1/2006</u>
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Route 18, East Brunswick</u> Date <u>1/2006</u>
H	<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 checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1/2006</u>
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Taco Bell</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 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	—					

ID number (State Lab ID if available) Rutgers 15 Control A B (circle)

Y	?	N		#	Y	?	N		#						
Tacos															
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 beligrande	---				
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	---	Specialties									
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	---				
Burritos															
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	meximelt- 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"/>	meximelt- 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"/>	meximelt- 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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	---				
Gorditas															
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	---	Quesadillas									
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"/>	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	---	Bowls									
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	---	Misc.									
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	---	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	---				
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 <u>fire</u>)	---				

ID number (State Lab ID if available)

Rutgas 15

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

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

ID number (State Lab ID if available) Rutgers 16 Control A B (circle)

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

Control Phone number (b)(6)

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

Age 27 Sex M F State NJ County Somerset City Somerset

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). Some nausea but baseline

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)	Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	<u>Easton Ave</u>	<u>11/18/2006</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	<u>Somerset, NJ</u>	___/___/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 checked="" 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 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 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)

Rutgers 16

Control

A

B (circle)

Y	?	N		#	Y	?	N		#
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tacos	(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nachos & Sides	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	---	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	nachos supreme	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	---	<input 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 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 type="checkbox"/>	mexican rice	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada	---				Specialties	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	---
			Burritos	(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mexican pizza	---
<input checked="" 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"/>	meximelt- ground beef (standard)	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- 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	---
			Gorditas		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	---				Quesadillas	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	---
<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	gordita baja- ground beef (standard)	---				Bowls	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	---				Misc.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other <i>Salsa</i>	---
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	---	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	---
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	---
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, <u>hot</u> fire)	---

ID number (State Lab ID if available)

Rutgers 16

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., mild, hot, fire)
- Other (specify) _____

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

ID number (State Lab ID if available) Rutgers 18 Control A B (circle)
NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE entered

(b)(6)
 Control Phone number _____
 Method of control selection (please circle) Other Taco Bell diner Dining Companion _____ Reverse directory _____
 Age 27 Sex M F State NJ County Middlesex City Rutgers Campus
 Interviewer name Glenshaw Date of interview 12/13 /2006 Glenshaw
 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)

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>Easton Ave Somerset</u>	Date <u>11/30</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>12/8</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Burger King Malakoff</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	#
<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	---					

Rutgers 18

Control

A B (circle)

ID number (State Lab ID if available)

Y	?	N		#	Y	?	N		#
Tacos					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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos					A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	mexican pizza	—
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	enchirito- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- chicken	—
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- steak/ carne asada	—
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- ground beef (standard)	—
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta taco salad- chicken	—
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	J	<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)	—	K	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- ground beef (standard)	—
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	L	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- chicken	—
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	M	<input type="checkbox"/>	<input type="checkbox"/>	taco salad express- steak/ carne asada	—
Gorditas					N	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	O	<input type="checkbox"/>	<input type="checkbox"/>		—
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	Quesadillas				
C	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	chicken quesadilla	—
D	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- ground beef (standard)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	steak quesadilla	—
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	Bowls				
F	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- steak/ carne asada	—	A	<input type="checkbox"/>	<input type="checkbox"/>	zesty chicken border bowl	—
G	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—	B	<input type="checkbox"/>	<input type="checkbox"/>	southwest steak border bowl	—
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	Misc.				
I	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available)

Rutgers 18

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. <u>Bean burrito</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 checked="" type="checkbox"/> Hold beef | <input type="checkbox"/> Hold beef | <input type="checkbox"/> Hold beef |
| <input checked="" 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) _____

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

Rest Study

193345

UTN

E. COLI O157 OUTBREAK- GENERAL CONTROL QUESTIONNAIRE INSTRUCTIONS

We need 2 types of controls for our cases: those who ate at Taco Bell and did not become ill (for the Menu Item Study) and those who do not have O157 and may or may not have eaten at a variety of restaurants (for the Restaurant Study). We will use the same cases for each study. We will have a minimum of 2 and a maximum of 4 controls for each case.

You will be using the reverse phone directory (see brief directions below and more detailed instructions for further details)

You will be asking the controls about their activities during the week of November 24, 2006 (the Friday after Thanksgiving), to November 30, 2006. Please read the script *in italics*.

Telephone Introduction:

"Hello, my name is _____, and I am working with the ^{NJ} State Department of Health. We are investigating an outbreak of E. coli O157:H7 infections. In order to better understand what caused these illnesses, we need to speak to people who are not ill in order to compare them to people who have been ill."

In order to pick someone in your household randomly, we are looking to speak the person in your household who is older than 1 year old and less than 60 years old and who has had the most recent birthday. Can you identify that person and may I speak with him or her?

If the person with the most recent birthday is the person on the phone, then proceed with the questionnaire. If it is someone else in the household, ask them if that person is available. If that person is not available, thank them and move on to the next control. Do not use the person who answered the phone if they do not fulfill the birth date criteria.

Would you be willing to answer some questions about this for us? It should only take about 5 minutes and your answers will remain confidential. (If they say they have no time now, ask if there is a better time to call and note it on interview form.

"Did you (or child if child fulfills the) have diarrhea or abdominal cramping on or after November 1st? If yes, "Thank you for your time, but we are looking for people who were not ill during this time."

(If the patient is under 14 years old, interview parent. If the patient is 14 or older, ask for parental permission to interview, then interview the case directly).

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193345 Case Telephone: (b)(6)
 Case address: (b)(6) City Orange State NY Zip 07050-2429

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

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, 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)	6:20p	12/8/06	call back @ midnight	
2.	(b)(6)	6:25p	12/8/06	all members > 60yrs.	
3.	(b)(6)	6:26p	12/8/06	busy	
4.	(b)(6)	6:27p	12/8/06	call back @ 9pm	
5.	(b)(6)	6:29p	12/8/06		✓
6.	(b)(6)	6:30p	12/8/06	call back @ 9pm	
7.	(b)(6)	6:37p	12/8/06	answering machine	
8.	(b)(6)	6:47p	12/8/06	does not speak English	
9.	(b)(6)	6:48p	12/8/06	hung up	
10.	(b)(6)	6:51p	12/8/06	hung up	
11.	(b)(6)	6:52p	12/8/06	hung up	
12.	(b)(6)	6:53p	12/8/06	answering machine	
13.	(b)(6)	6:54p	12/8/06	disconnected	
14.	(b)(6)	6:56p	12/8/06	no answer	
15.	(b)(6)	6:57p	12/8/06	answering machine	
16.	(b)(6)	6:58p	12/8/06	busy	✓
17.	(b)(6)	7p	12/8/06	answering machine	
18.	(b)(6)	7:01p	12/8/06	hung up	
19.	(b)(6)	7:04p	12/8/06	does not speak English	
20.	(b)(6)	7:05p	12/8/06	refused	

Cynthia Lucero 12/10/06

Control

Case state ID#: 193345 State NJ Case Telephone: (b)(6)
Sex: Male Female
Age: 60

Control A or B (please circle one) Control phone number: (b)(6)

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? <u>TOPS Dinner in Kearny, NJ</u> (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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Dinner "TheGrille" in Bloomfield, NJ , Kearny, NJ</u>

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

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

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193345

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
21.	(b)(6)	12/8/06	7:07P	answering machine	
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

C. Lucero 12/08/06

Case state ID#: 193345 State NJ Case Telephone: (b)(6)
Sex: Male Female
Age: 14 permission from mother

Control

Control A or **B** (please circle one) Control phone number: (b)(6)

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for each 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds? If yes, Location <u>Main St. Orange, NJ</u> Date ____/____/2006 <i>unsure exact date</i>
<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 checked="" type="checkbox"/>	Did you eat at any other restaurant?

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

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

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193357 Case Telephone: (b)(6)
 Case address: (b)(6) City Plainfield City
 State NJ Zip 07063

J
TR

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
 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, 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)	12:12	12/10	hung up	
2.	(b)(6)	12:14	12/10	Not home *	
3.	(b)(6)	12:18	12/10	not home refused	
4.	(b)(6)	12:20	12/10	> 60 years old; no one else in household	
5.	(b)(6)	12:23	12/10	not home *	
6.	(b)(6)	12:25	12/10	parents home after 5 today	
7.	(b)(6)	12:27	12/10	refused	
8.	(b)(6)	12:28	12/10	not home	
9.	(b)(6)	12:30	12/10	not home *	
10.	(b)(6)	12:31	12/10	not home refused	
11.	(b)(6)	12:32	12/10	not home refused	
12.	(b)(6)	12:33	12/10		✓
13.	(b)(6)	1:47	12/10	disconnected	
14.	(b)(6)	1:48	12/10	disconnected	
15.	(b)(6)	1:50	12/10	refused	
16.	(b)(6)	1:51	12/10	disconnected	
17.	(b)(6)	1:51	12/10	not home	
18.	(b)(6)	1:52	12/10	refused	
19.	(b)(6)	1:53	12/10	not home	
20.	(b)(6)	1:53	12/10	all > 60	

Call after 5pm on 12/10
 Need Spanish speaker

Start calling HERE
 ↓

From adjacent
 (b)(6)

↓
 continued if more #'s needed to get control B

Interviewed
 ↓

Case State ID: 193357 Case Telephone: (b)(6)
 Address: (b)(6) State NJ Zip 07063
 Control phone number: (b)(6) County Union

CONTROL'S AGE 50 INTERVIEWER'S NAME Angie Weber
 CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/10/06
 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 24th, the day after Thanksgiving, to
 November 30th.

Y	?	N	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A <input type="checkbox"/> <input checked="" type="checkbox"/> Did you eat at any restaurants? (Specify street, city, state for <u>each</u> location please)
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C <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 checked="" type="checkbox"/>	D <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 checked="" type="checkbox"/>	E <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 checked="" type="checkbox"/>	F <input type="checkbox"/> <input checked="" type="checkbox"/> Did you eat at any Pizza Hut? If yes, Location _____ Date ___/___/2006
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G <input type="checkbox"/> <input checked="" type="checkbox"/> Did you eat at any McDonalds? If yes, Location _____ Date ___/___/2006
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H <input type="checkbox"/> <input checked="" type="checkbox"/> Did you eat at any Subway? If yes, Location _____ Date ___/___/2006
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I <input type="checkbox"/> <input checked="" type="checkbox"/> Did you eat at Blimpies? If yes, Location _____ Date ___/___/2006
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J <input type="checkbox"/> <input checked="" type="checkbox"/> Did you eat at any other restaurant?

Thank you very much for your participation!

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

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

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

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, 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)	12/10	1:54	Refused	_____
2.		12/10	1:54	Refused	_____
3.		1:56	12/10	Not home	_____
4.		1:58	12/10		✓
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

Case State ID: 193357 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 07063

Control phone number: (b)(6) County Union

CONTROL'S AGE 27 INTERVIEWER'S NAME Mark Frank
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/10/2006
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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)? ... If yes, Location <u>Clinton Ave, Plainfield NJ</u> Date <u>11/1/2006</u>
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 <u>French St. Plainfield NJ</u> Date <u>11/1/2006</u>
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!

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984.
PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

Cnp3

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193 357 Case Telephone: (b)(6)
 Case address: (b)(6) City Plainfield
 State New Jersey Zip 07063

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

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, 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)	3:48	12/9/06	Not Home	
2.	(b)(6)	3:49	12/9/06	Not Home	
3.	(b)(6)	3:50	12/9/06	Not Home	
4.	(b)(6)	3:52	12/9/06	Not Home Refused	
5.	(b)(6)	3:55	12/9/06	Not Home	
6.*	(b)(6)	4:00	12/9/06	Need Spanish-speaking caller	
7.	(b)(6)	4:12	12/9/06	Not Home	
8.	(b)(6)	4:13	12/9/06	Not Home	
9.	(b)(6)	4:14	12/9/06	Not Home	
10.*	(b)(6)	4:16	12/9/06	Need Spanish-speaking caller	
11.	(b)(6)	4:18	12/9/06	Busy	
12.	(b)(6)	4:19	12/9/06	Disconnect	
13.	(b)(6)	4:20	12/9/06	Not Home	
14.	(b)(6)	4:23	12/9/06	Adult Not Home	
15.					
16.					
17.					
18.					
19.					
20.					

Numbers listed here were called again on 12/10 by Angie Weber. Only those listed as not home,

All the neighbors found on whitepages.com were called with no success.

Case State ID: _____ Case Telephone: ____/____-_____

Address: _____ State _____ Zip _____

Control phone number: ____/____-_____ County _____

CONTROL'S AGE _____ INTERVIEWER'S NAME _____

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW ____/____/____

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? <i>(Specify street, city, state for <u>each</u> location please)</i>
B	<input type="checkbox"/>	<input 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 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 any McDonalds? If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any 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?

Thank you very much for your participation!

(VIN)

Rest
Stnelly

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193526 Case Telephone: (b)(6)
 Case address: (b)(6) City Edison Township
 State NJ 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
 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, 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)	7:12	12/8/06		✓
2.		7:14	12/8/06	not home	
3.		7:17	12/8/06		✓
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Case state ID#: 193526 State NJ Case Telephone: (b)(6)
Sex: Male Female
Age: 25 Interviewed by Rogre Misemants Date 12/8/06

Control A or B (please circle one) Control phone number (b)(6)

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for each 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Shiqon Delight Morristown NJ</u>

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

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

Case state ID#: 193526 State NJ Case Telephone: (b)(6)
 Sex: Male Female
 Age: 6 Interviewed by Roger Miramontes Date 12/8/06
 Control A or B (please circle one) Control phone number: (b)(6)

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Perkins</u> <u>Easton PA</u>

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

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

CDC GROUP 3: RESTAURANT STUDY
-REVERSE PHONE DIRECTORY CONTROL QUESTIONNAIRE INSTRUCTIONS-

Please read this document completely before beginning your interviews.

Please document the State Lab ID (or other ID number if Lab ID not available) for the associated CASE on EACH page of the questionnaire. Please also label each control as A or B by circling A or B on EACH page of the questionnaire. "A" is the first control you obtain; "B" is the second control you obtain.

Use the shorter one-page control questionnaire for these interviews **for restaurant information only.**

You will be asking the controls about their activities during the week of **November 24, 2006 (the Friday after Thanksgiving), to November 30, 2006.** Please read the script *in italics.*

Telephone Introduction:

"Hello, my name is _____, and I am working with the _____ State Department of Health. We are investigating an outbreak of E. coli O157:H7 infections. In order to better understand what caused these illnesses, we need to speak to people who are not ill in order to compare them to people who have been ill."

Would you be willing to answer some questions about this for us? It should only take about 5 minutes and your answers will remain confidential. (If they say they have no time now, ask if there is a better time to call and note the time to call back and the phone number on a post-it note, and stick it on the questionnaire).

In order to pick someone in your household randomly, we are looking to speak the person in your household who is older than 1 year old and less than 60 years old and who has had the most recent birthday. Can you identify that person and may I speak with him or her?

If the person with the most recent birthday is the person on the phone, then proceed with the questionnaire. If the person with the most recent birthday is someone else in the household, ask them if that person is available. If that person is not available, ask them when they will be available and note the time to call back and the phone number on a post-it note, and stick it on the questionnaire.

If they still will not be available, thank them and move on to the next control.

"Would you be willing to answer some questions about this for us? It should only take about 5 minutes and your answers will remain confidential."

"Did you (or child if the control is the child) have diarrhea or abdominal cramping on or after November 1st?" If yes, ***"Thank you for your time, but we are looking for people who were not ill during this time."***

(If the patient is under 14 years old, interview parent. If the patient is 14 or older, ask for parental permission to interview, then interview the case directly).

Grp 3

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193545 Case Telephone: (b)(6)
 Case address: (b)(6) City Edison
 State NJ Zip 08817

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

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, 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)	3:35	9 Dec	Refused	No
2.	(b)(6)	3:36		No Answer	No
3.	(b)(6)	3:41		Interviewed	Yes
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

AS

Case State ID: 193545 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08817

Control phone number: (b)(6) County Middlesex

CONTROL'S AGE 42 INTERVIEWER'S NAME Rockie Rodriguez

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 9, Dec, 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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (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 <u>Rt. 27 Edison NJ</u> Date <u>25, Nov 2006</u> <u>08817</u>
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!

Grp 3

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193545 Case Telephone: (b)(6)
 Case address: (b)(6) City Edison
 State NJ Zip 08817

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
 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, 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)	3:19	9 Dec	Hung up	No
2.	(b)(6)	3:22		Not a working #	No
3.	(b)(6)	3:23		No Answer	No
4.	(b)(6)	3:23		Busy	No
5.	(b)(6)	3:25		Interviewed	Yes
6.	(b)(6)	3:35		Refused	No
7.	(b)(6)	3:36			
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

AS

Case State ID: 193545 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08817

Control phone number: (b)(6) County Edison Middlesex

CONTROL'S AGE 49 INTERVIEWER'S NAME Rockie Rodriguez

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 9 / Dec / 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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for each 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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#: 193569-A Case Telephone: (b)(6)
 Case address (b)(6) City Cape May
 State New Jersey Zip 08210

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

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, 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)		12-13-06	start noon voicemail	
2.				voicemail	
3.				no answer	
4.				voicemail	
5.				no answer disconnected	
6.			:14	VM	
7.				VM	
8.				no answer	
9.				voicemail	
10.				voicemail	
11.				no answer disconnected	
12.			:21	voicemail	
13.				voicemail	
14.				hang up	
15.				voicemail	
16.				voicemail	
17.				refused.	
18.			12:26	voicemail	
19.				VM	
20.				VM	

ID number (State Lab ID if available) 193569

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 38 Sex M F State NT County Cape May City Cape May

Interviewer name Mugweeth Date of interview 12/1/2006

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)

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 type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ 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 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?	

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

E. COLI O157 OUTBREAK- GENERAL CONTROL QUESTIONNAIRE INSTRUCTIONS

We need 2 types of controls for our cases: those who ate at Taco Bell and did not become ill (for the Menu Item Study) and those who do not have O157 and may or may not have eaten at a variety of restaurants (for the Restaurant Study). We will use the same cases for each study. We will have a minimum of 2 and a maximum of 4 controls for each case.

You will be using the reverse phone directory (see brief directions below and more detailed instructions for further details)

You will be asking the controls about their activities during the week of November 24, 2006 (the Friday after Thanksgiving), to November 30, 2006. Please read the script *in italics*.

Telephone Introduction:

"Hello, my name is Italia Rolle, and I am working with the NJ State Department of Health. We are investigating an outbreak of E. coli O157:H7 infections. In order to better understand what caused these illnesses, we need to speak to people who are not ill in order to compare them to people who have been ill."

In order to pick someone in your household randomly, we are looking to speak the person in your household who is older than 1 year old and less than 60 years old and who has had the most recent birthday. Can you identify that person and may I speak with him or her?

If the person with the most recent birthday is the person on the phone, then proceed with the questionnaire. If it is someone else in the household, ask them if that person is available. If that person is not available, thank them and move on to the next control. Do not use the person who answered the phone if they do not fulfill the birth date criteria.

Would you be willing to answer some questions about this for us? It should only take about 5 minutes and your answers will remain confidential. (If they say they have no time now, ask if there is a better time to call and note it on interview form.

"Did you (or child if child fulfills the) have diarrhea or abdominal cramping on or after November 1st? If yes, "Thank you for your time, but we are looking for people who were not ill during this time."

(If the patient is under 14 years old, interview parent. If the patient is 14 or older, ask for parental permission to interview, then interview the case directly).

Rest Study

Escherichia coli O157:H7 Telephone Interviews

Case state ID#:

193599

Case Telephone:

(b)(6)

Case address: (b)(6)

City

(Lancaster)

Union Township

State

NJ

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

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, 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)	6:27 p.m.	12/8/06	not home	no
2.	(b)(6)	6:28	"	disconnected	no
3.	(b)(6)	6:30	"	not home	no
4.	(b)(6)	6:33	"	refused	no
5.	(b)(6)	6:34	"	contacted	yes
6.	(b)(6)	6:41	"	busy	no
7.	(b)(6)	6:44	"	not home	no
8.	(b)(6)	6:45	"	not home	no
9.	(b)(6)	6:48	"	contacted	yes
10.	(b)(6)	7:09	"	older than 60	no
11.	(b)(6)	7:10	"	not home	no
12.	(b)(6)	7:11	"	refused	no
13.	(b)(6)	7:12	"	contacted	yes
14.					
15.					
16.					
17.					
18.					
19.					
20.					

but age = 8:

Case state ID#: 193599 State NJ Case Telephone: (b)(6)
Sex: Male Female
Age: 20 45

AS

Female

Control (A) or B (please circle one) Control phone number: (b)(6)

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Work Cafeteria, only ate salad, or tuna fish</u>

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

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

No diarrhea or cramping

Italia Rolle
12/8/06

Case State ID: 193599 Case Telephone: (b)(6)
 Address: (b)(6) State NJ Zip _____
 Control phone number (b)(6) County Union, NJ

CONTROL'S AGE 36
 SEX MALE FEMALE

A or (B) (SS)

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Chinese Food take out</u>

Thank you very much for your participation!

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

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

No diarrhea or cramping

Case state ID#: 193599 State NJ Case Telephone: (b)(6)
Sex: Male Female
Age: 20 83

Male

Control A or (B) (please circle one) Control phone number: (b)(6)

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N		
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	(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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Chioffi Italian restaurant</u> <u>Summit Hotel, Terrace restaurant</u> <u>Cozy's restaurant</u>

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

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

No diarrhea or cramping

Italia Rolle

12/8/06

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193602 Case Telephone: (b)(6)
 Case address: (b)(6) City South River
 State NJ Zip 08832

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
 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, 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)	3:28	12/9/06	business	NO
2.	(b)(6)	3:29	12/9/06	NOT HOME	NO
3.	(b)(6)	3:30	12/9/06	NOT HOME	NO
4.	(b)(6)	3:31	12/9/06	# not work	NO
5.	(b)(6)	3:32	12/9/06	NOT HOME	NO
6.	(b)(6)	3:33	12/9/06	NOT HOME	NO
7.	(b)(6)	3:35	12/9/06	husband has most recent baby, but not home & only speaks portuguese	NO
8.	(b)(6)	3:40	12/9/06	older than 60	NO
9.	(b)(6)	3:42	12/9/06	NOT HOME	NO
10.	(b)(6)	3:43	12/9/06	business	NO
11.	(b)(6)	3:44	12/9/06	NOT HOME	NO
12.	(b)(6)	3:46	12/9/06	NOT HOME	NO
13.	(b)(6)	3:47	12/9/06	NOT HOME	NO
14.	(b)(6)	3:50	12/9/06	need to speak to wife, who was not home. only speaks spanish	NO
15.	(b)(6)	3:55	12/9/06	NOT HOME	NO
16.	(b)(6)	3:56	12/9/06	NOT HOME	NO
17.	(b)(6)	3:57	12/9/06	NOT HOME	NO
18.	(b)(6)	3:58	12/9/06	NOT HOME	NO
19.	(b)(6)	3:59	12/9/06	NOT HOME	NO
20.	(b)(6)	4:00	12/9/06	NOT HOME	NO



Case State ID: 19360#2 Case Telephone (b)(6)

Address: (b)(6) State NJ Zip 08882

Control phone number: (b)(6) County Middlesex

CONTROL'S AGE 27 INTERVIEWER'S NAME Bianca Perri

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12 / 09 / 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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants? (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 type="checkbox"/>	<input checked="" 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!

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 1936002

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
21.	(b)(6)	4:02	12/9/06	Refuse	NO
22.		4:03	12/9/06	Not home	NO
23.		4:14	12/9/06	busy	NO
24.		4:15	12/9/06	Not home	NO
25.		4:16	12/9/06	call back after 7pm	NO
26.		4:18	12/9/06	Not home	NO
27.		4:19	12/9/06	Not home	NO
28.		4:20	12/9/06	Not home	NO
29.		4:21	12/9/06	Not home	NO
30.		4:22	12/9/06	Not home	NO
31.		4:24	12/9/06	call tomorrow 12/9 afternoon	NO
32.		4:26	12/9	Not home	NO
33.		4:27	12/9	Not home	NO
34.		4:28	12/9	Refuse	NO
35.		4:31	12/9	8340 (no other person who lives there)	NO
36.		4:32	12/9	no body meets age criteria	NO
37.		4:40	12/9	Speak spanish only	NO
38.		4:43	12/9	Not home	NO
39.		4:45	12/9	Speaks Portuguese	NO
40.		4:46	12/9	Not home	NO

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 19360 2

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
21.	(b)(6)	4:48	12/9	not home	NO
22.		4:49	12/9	call Sunday → spammer not home	NO
23.		5:53	12/9	spam	
24.		5:03	12/9	Interview	YES
25.		5:04	12/9	not home	NO
26.		5:05	12/9	not home	NO
27.		5:06	12/9	# disconnected	NO
28.		5:06	12/9	business	NO
29.		5:07	12/9	business	NO
30.		5:08	12/9	business	NO
31.		5:08	12/9	NOT home	NO
32.		5:08	12/9	REFUSE	NO
33.		5:09	12/9	NOT business	NO
34.		5:12	12/9	need to talk to the 55 year old - Sunday after 10am	NO
35.		5:14	12/9	not home	NO
36.		5:15	12/9	Refuse	NO
37.		5:16	12/9	NOT home	NO
38.		5:18	12/9	adults speak portuguese	NO
39.		5:19	12/9	# disconnected	NO
40.		5:21	12/9	feeding her kid - call Sunday afternoon	NO

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193602

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
21.	(b)(6)	5:23	12/9/06	Refuse	NO
22.		5:35	12/9/06	Interviewed	YES
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

Grp 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
 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, 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.	_____	_____	_____	_____	_____

AS

Case State ID: 193602 Case Telephone (b)(6)
Address: (b)(6) State NJ Zip 08982

Control phone number (b)(6) County Middlesex

CONTROL'S AGE 4 INTERVIEWER'S NAME Bianca Perri

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12 / 9 / 06

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	(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?	Burger King , Fisherman

Thank you very much for your participation!

* conducted interview in Spanish

Rest Study

✓ TR

Escherichia coli O157:H7 Telephone Interviews

NJ

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

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, using the case-patient's phone number.

193606

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)	8:12	12/8/06	disconnected	_____
2.	(b)(6)	8:13	12/8/06	refused	_____
3.	(b)(6)	8:14	12/8/06	disconnected	_____
4.	(b)(6)	8:15	12/8/06	refused	_____
5.	(b)(6)	8:20	12/8/06		✓
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

Case id

~~193506~~ 193606

(b)(6)

(b)(6)

Edison Township NJ

Escherichia coli O157:H7 Telephone Interviews

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

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, 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)	7:26	12/8/06	no answer	_____
2.	(b)(6)	7:30	12/8/06	no answer	_____
3.	(b)(6)	7:31	12/8/06	busy	_____
4.	(b)(6)	7:32	12/8/06	disconnected	_____
5.	(b)(6)	7:38	12/8/06		✓
6.	(b)(6)	7:46	12/8/06	no answer	_____
7.	(b)(6)	7:48	12/8/06	no answer	_____
8.	(b)(6)	7:51	12/8/06	disconnected	_____
9.	(b)(6)	7:53	12/8/06	no answer	_____
10.	(b)(6)	7:54	12/8/06	refused	_____
11.	(b)(6)	7:55	12/8/06	disconnected	_____
12.	(b)(6)	7:56	12/8/06	no answer	_____
13.	(b)(6)	7:57	12/8/06	refused	_____
14.	(b)(6)	7:59	12/8/06	refused	_____
15.	(b)(6)	8:01	12/8/06	no answer	_____
16.	(b)(6)	8:02	12/8/06	no answer	_____
17.	(b)(6)	8:05	12/8/06	refused	_____
18.	(b)(6)	8:06	12/8/06	all over 60	_____
19.	(b)(6)	8:08	12/8/06	no answer	_____
20.	(b)(6)	8:10	12/8/06	busy	_____

Case State ID: 193606 Case Telephone: (b)(6)
Address: (b)(6) State NJ Zip 08817
Control phone number: (b)(6) County Middlesex

CONTROL'S AGE 46 INTERVIEWER'S NAME Rogue Miramontes
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12 / 8 / 06
CONTROL A (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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for each 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 type="checkbox"/>	<input checked="" 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!

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984.
PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

Case State ID: 193606 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08817

Control phone number (b)(6) County Middlesex

CONTROL'S AGE 50-60 refused exact age
SEX MALE FEMALE

interviewer: Rogue Miramonte
Date: 12/8/06

A

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for each 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 type="checkbox"/>	<input checked="" 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!

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984.
PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

✓ Restaurant Study. (A) answered phone (✓ m)

ID number (State Lab ID if available) 193609

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 56 Sex M F State NJ County Middlesex City Piscataway

Interviewer name Mandy Date of interview 12/8/2006

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 11/23/2006 (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 type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ___/___/2006 _____ 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 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?	<u>Charlie Brown Steak House UNK</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 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

✓ Restaurant Study. (A) answered phone (TN)

ID number (State Lab ID if available) 193609 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 47 Sex M F State MS County Middlesex City Piscataway
 Interviewer name Manoj Date of interview 12/8 /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 11/23 /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 type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>Stone Rd Middlesex</u> Date <u>UNK</u> /2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u>1</u> / <u>1</u> /2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Lucia's Middlesex - Harrison Avenue UNK.</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 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

CDC GROUP 3: RESTAURANT STUDY

-REVERSE PHONE DIRECTORY CONTROL QUESTIONNAIRE INSTRUCTIONS-

Please read this document completely before beginning your interviews.

Please document the State Lab ID (or other ID number if Lab ID not available) for the associated CASE on EACH page of the questionnaire. Please also label each control as A or B by circling A or B on EACH page of the questionnaire. "A" is the first control you obtain; "B" is the second control you obtain.

Use the shorter one-page control questionnaire for these interviews **for restaurant information only.**

You will be asking the controls about their activities during the week of **November 24, 2006 (the Friday after Thanksgiving), to November 30, 2006.** Please read the script *in italics.*

Telephone Introduction:

"Hello, my name is _____, and I am working with the NJ State Department of Health. We are investigating an outbreak of E. coli O157:H7 infections. In order to better understand what caused these illnesses, we need to speak to people who are not ill in order to compare them to people who have been ill."

Would you be willing to answer some questions about this for us? It should only take about 5 minutes and your answers will remain confidential. (If they say they have no time now, ask if there is a better time to call and note the time to call back and the phone number on a post-it note, and stick it on the questionnaire).

In order to pick someone in your household randomly, we are looking to speak the person in your household who is older than 1 year old and less than 60 years old and who has had the most recent birthday. Can you identify that person and may I speak with him or her?

If the person with the most recent birthday is the person on the phone, then proceed with the questionnaire. If the person with the most recent birthday is someone else in the household, ask them if that person is available. If that person is not available, ask them when they will be available and note the time to call back and the phone number on a post-it note, and stick it on the questionnaire.

If they still will not be available, thank them and move on to the next control.

"Would you be willing to answer some questions about this for us? It should only take about 5 minutes and your answers will remain confidential."

"Did you (or child if the control is the child) have diarrhea or abdominal cramping on or after November 1st?" If yes, "Thank you for your time, but we are looking for people who were not ill during this time."

(If the patient is under 14 years old, interview parent. If the patient is 14 or older, ask for parental permission to interview, then interview the case directly).

AS

Case State ID: 193622 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08690

Control phone number: (b)(6) County Mercer

CONTROL'S AGE 46 INTERVIEWER'S NAME Alyssa Wilkinson

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/9/06

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants? (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 type="checkbox"/>	<input checked="" 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!

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984.
PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

AS

Case State ID: 193622 Case Telephone: (b)(6)
Address: (b)(6) State NJ Zip 08690
Control phone number: 1 County Mercer

CONTROL'S AGE 44 INTERVIEWER'S NAME Alyssa Wilkinson
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/9/06
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 24th, the day after Thanksgiving, to November 30th.

Y	?	N		
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ^{AW} Did you eat at any restaurants? (Specify street, city, state for each location please)	
B	<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	
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 any McDonalds? If yes, Location _____ Date ____/____/2006	
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Did you eat at any 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 checked="" type="checkbox"/> ^{AW} Did you eat at any other restaurant? <u>Jojo's Tavern Mercerville after 11/30</u>	

Thank you very much for your participation!

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984.
PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193622 Case Telephone: (b)(6)
 Case address: (b)(6) City Trenton
 State NJ Zip 08690

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

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, 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)	4:01pm	12/9/06	no control	_____
2.	(b)(6)	4:02pm	12/9	not home	_____
3.	(b)(6)	4:03pm	12/9	_____	X
4.	(b)(6)	4:06pm	12/9	not home	_____
5.	(b)(6)	4:07pm	12/9	not home	_____
6.	(b)(6)	4:07pm	12/9	not home	_____
7.	(b)(6)	4:09pm	12/9	refused	_____
8.	(b)(6)	4:10pm	12/9	not home	_____
9.	(b)(6)	4:11pm	12/9	not home	_____
10.	(b)(6)	4:11pm	12/9	not home	_____
11.	(b)(6)	4:12pm	12/9	_____	X
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

(b)(6)

(b)(6)

Edison Township, NJ 08817

STATE NJ

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193704

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
21. 1.	(b)(6)	1:53	12/19/06	busy	N
22. 2	(b)(6)	1:55	12/19	refused	N
23. 3.	(b)(6)	1:56	12/19	NH	N
24. 4.	(b)(6)	1:57	12/19	recent b-day N/A	N
25. 5	(b)(6)	1:58	12/19	refused	N
26. 6	(b)(6)	2:02	12/19	refused	N
27. 7	(b)(6)	2:03	12/19	NH	N
28. 8	(b)(6)	2:03	12/19	refused	N
29. 9	(b)(6)	2:04	12/19	NH	N
30. 10	(b)(6)	2:49	12/19	NH	N
31. 11	(b)(6)	2:49	12/19	NH	N
32. 12	(b)(6)	2:50	12/19	NH	N
33. 13	(b)(6)	2:50	12/19	NH	N
34. 14	(b)(6)	2:52	12/19	Yes	Yes
35. 15					
36. 16					
37. 17					
38. 18					
39. 19					
40. 20.					

Control Address:

(b)(6)

Edison, NJ 08817

AS

Case State ID: 193704

Case Telephone: (b)(6)

Address: (b)(6)

State NJ Zip 08817

Control phone number: 732/248-0489

County Middlesex

CONTROL'S AGE 50

INTERVIEWER'S NAME Alison Keller

CONTROL'S SEX MALE FEMALE

DATE OF INTERVIEW 12/19/06

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	(Specify street, city, state for each location please)
B	<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
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 any McDonalds?	If yes, Location _____ Date ___/___/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Subway?	If yes, Location _____ Date ___/___/2006
I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location <u>Rt. 1 Edison, NJ</u> Date ___/___/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	during that week, but not sure which day.

Thank you very much for your participation!

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193704 Case Telephone: (b)(6)
 Case address: (b)(6) City Edison Township (Edison)
 State NJ Zip 08817

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

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, 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)	1:24 PM	12/9/06	NH	N
2.	(b)(6)	1:25	12/9/06	non-english speaker	N
3.	(b)(6)	1:26	12/9	NH	N
4.	(b)(6)	1:27	12/9	not recent bday	N
5.	(b)(6)	1:27	12/9	NH	N
6.	(b)(6)	1:30	12/9	NH	N
7.	(b)(6)	1:30	12/9	NH	N
8.	(b)(6)	1:31	12/9	NH	N
9.	(b)(6)	1:32	12/9	recent bday ^{not there}	N
10.	(b)(6)	1:35	12/9	refused	N
11.	(b)(6)	1:36	12/9	NH	N
12.	(b)(6)	1:36	12/9	already did survey	N
13.	(b)(6)	1:37	12/9	refused	N
14.	(b)(6)	1:39	12/9	yes	Y
15.					
16.					
17.					
18.					
19.					
20.					

AS

Case State ID: 193704 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08817

Control phone number: (b)(6) County Middlesex

CONTROL'S AGE 52 INTERVIEWER'S NAME Alison Keller
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/9/06
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 24th, the day after Thanksgiving, to November 30th.

Y	?	N		
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for <u>each</u> location please)
B	<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
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 any McDonalds? If yes, Location <u>Pt. 27 Edison, PA</u> Date ___/___/2006 <i>not sure exactly but was in that week</i>
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any 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? <u>Burger King in South Jersey</u>

Thank you very much for your participation!

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984.
PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

Group 3

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193757 Case Telephone: (b)(6)
 Case address: Rutgers University City Piscataway
 State NT Zip 07070

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
 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, 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)	4:12pm	12/9/06	Disconnected	NO
2.	(b)(6)	4:13pm	12/9/06	No answer (over message)	NO
3.	(b)(6)	4:14pm	12/9/06	Interviewed	YES
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

AS

Case State ID: 193757 Case Telephone: (b)(6)

Address: Rutgers University State NJ Zip _____

Control phone number: (b)(6) County Middlesex

CONTROL'S AGE 31 yo INTERVIEWER'S NAME Heather Mentzel

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW / /

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for <u>each</u> location please)
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell? If yes, Location #1 <u>South Plainfield (Stelton Rd)</u> Date <u>11 / 29 / 2006</u> 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 <u>South Plainfield (Stelton Rd)</u> Date <u>? / ? / 2006</u>
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!

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984.
PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

A

Group 3

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193757 Case Telephone: (b)(6)
 Case address: _____ City Piscataway Township
 State NJ Zip 08854

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
 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, 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)	4:12	12/9/06	not home	N
2.	(b)(6)	4:14	12/9/06	disconnected	N
3.	(b)(6)	4:14	12/9/06	not home	N
4.	(b)(6)	4:15	12/9/06	busy	N
5.	(b)(6)	4:16	12/9/06	answered	Y
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

AS

Case State ID: 193757 Case Telephone: (b)(6)

Address: Rutgers University State NJ Zip 08854

Control phone number: (b)(6) County _____

CONTROL'S AGE 59 INTERVIEWER'S NAME Sipna Banral
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/19/06
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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies? If yes, Location <u>Jersey City</u> Date ____/____/2006 <u>30 Mall Dr. W. #306</u> <u>unclear</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Quiznos</u>

Thank you very much for your participation!

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984.
PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193760 Case Telephone: 1 - _____
 Case address: _____ City _____
 State NJ 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

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, 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. Discorn.	(b)(6)	12:38	12-09	Discorn	_____
2.	(b)(6)	12:39	12-09	Discorn	_____
3.	(b)(6)	12:41	12-09	Discorn	_____
4.	(b)(6)	12:42	12-09	Busy/Refused	_____
5.	(b)(6)	12:43	12-09	Refused -	_____
6.	(b)(6)	12:46	12-09	Refused -	_____
7.	(b)(6)	12:49	12-09	Discorn	_____
8.	(b)(6)	12:49	12-09	Discorn	_____
9.	(b)(6)	12:51	12-09	Not home	_____
10.	(b)(6)	12:52	12-09	Not home	_____
11.	(b)(6)	12:54	12-09	Refused	_____
12.	(b)(6)	12:56	12-09	Refused	_____
13.	(b)(6)	12:57	12-09	Refused -	_____
14.	(b)(6)	12:59	12-09	Refused -	_____
15.	(b)(6)	1:00	12-09	Not home	_____
16.	(b)(6)	1:05	12-09	Not home	_____
17.	(b)(6)	1:06	12-09	Discorn.	_____
18.	(b)(6)	1:07	12-09	Refused -	_____
19.	(b)(6)	1:08	12-09	Discorn	_____
20.	(b)(6)	1:09	12-09	Refused -	_____

(b)(6)

(b)(6)

Case State ID:

193760 NJ

Case Telephone:

(b)(6)

Address:

Plainfield City NJ

State NJ

Zip

Control phone number:

(b)(6)

County

CONTROL'S AGE

50

INTERVIEWER'S NAME

Sharon Greene

CONTROL'S SEX

MALE

FEMALE

DATE OF INTERVIEW

12/09/06

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 24th, the day after Thanksgiving, to November 30th.

Y ? N

A Did you eat at any restaurants?

(Specify street, city, state for each location please)

B Did you eat at any

Taco Bell? If yes, Location #1 _____ Date ___/___/2006

Location #2 (if more than 1) _____ Date ___/___/2006

C Did you eat at any

Kentucky Fried Chicken (KFC)? ... If yes, Location _____ Date ___/___/2006

D Did you eat at any

A & W All American Food? If yes, Location _____ Date ___/___/2006

E Did you eat at any

Long John Silver's? If yes, Location _____ Date ___/___/2006

F Did you eat at any

Pizza Hut? If yes, Location _____ Date ___/___/2006

G Did you eat at any McDonalds? If yes, Location _____ Date ___/___/2006

H Did you eat at any Subway? If yes, Location _____ Date ___/___/2006

I Did you eat at Blimpies? If yes, Location _____ Date ___/___/2006

J Did you eat at any other restaurant?

Mostly diners, Popeyes

Thank you very much for your participation!

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

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

STATE NJ

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193760 NJ

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

12/09/09

No.	Phone	Time	Date	Response/Result (refused, not home, busy)	Interview completed
(b)(6)	(b)(6)	1:56	12-09	Not home	
21.		1:58	12-09	Not home	
22.		1:59	12-09	Not home	
23.		2:00	12-09	Not home	
24.		2:01	12-09	Not home	
25.		2:02	12-09	Not home	
26.		2:03	12-09	Not home	
27.		2:04	12-09	Not home	
(b)(6)		2:05	12-09	Not home	
28.		2:06	12-09	Not home	
29.		2:07	12-09	Not home	
30.		2:08	12-09	Refused	
31.		2:09	12-09	Refused	
32.		2:10	12-09	Refused	
33.		2:11	12-09	Refused	
34.		2:12	12-09	Refused	
35.		2:13	12-09	Refused	
36.		2:39	12-09	Refused	
37.		2:41	12-09	Refused	
38.		2:56	12-09	Not home	
39.		2:57	12-09	Not home	
(b)(6)		2:59	12-09	Not home	
40.		3:06	12-09		✓
		3:08	12-09	GO F	

Restaurant

STATE NJ

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193760

*Angie Weber
(I'm a different
caller to get
2nd control,
12/10/06)*

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
21	(b)(6)	10:22	12/10	Refused	
22	(b)(6)	10:26	12/10	Fax Number	
23	(b)(6)	10:28	12/10	No one under 60	
24	(b)(6)	10:32 10:28	12/10	Not home	
25	(b)(6)	10:34	12/10	Not home	
26	(b)(6)	10:35	12/10	Not home	
27	(b)(6)	10:37	12/10	Not home	
28	(b)(6)	10:39	12/10	Not home	
29	(b)(6)	10:41	12/10	not home	
30	(b)(6)	10:42	12/10	not home	
31	(b)(6)	10:43	12/10	not home	
32	(b)(6)	10:44	12/10	not home	
33	(b)(6)	10:46	12/10	does not speak English	
34	(b)(6)	10:54	12/10	no parent home	
35	(b)(6)	11:00	12/10		✓ In Spanish
36					
37					
38					
39					
40					

adjacent street

90

*Sharon Green
IDed 1st
control on
12/9/06*

Started by repeating phone calls to #'s from Sharon's log that she noted as not home.

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193760 Case Telephone: (b)(6)
 Case address: _____ City _____ State _____ Zip _____

12/09/09

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

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, 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)	(b)(6)	1:17	12-09	Not home	_____
2. (b)(6)	(b)(6)	1:18	12-09	Not home	_____
3.	(b)(6)	1:21	12-09	Disc on	_____
4.	(b)(6)	1:21	12-09	Not home	_____
5.	(b)(6)	1:26	12-09	Not home	_____
6.	(b)(6)	1:28	12-09	Not home	_____
7.	(b)(6)	1:29	12-09	Not home	_____
8.	(b)(6)	1:31	12-09	Not home	_____
9.	(b)(6)	1:32	12-09	Refused	_____
10.	(b)(6)	1:36	12-09	Not home	_____
11.	(b)(6)	1:37	12-09	Refused	_____
12.	(b)(6)	1:39	12-09	Refused	_____
13.	(b)(6)	1:40	12-09	Not home	_____
14.	(b)(6)	1:41	12-09	Not home	_____
15.	(b)(6)	1:42	12-09	Not home	_____
16.	(b)(6)	1:44	12-09	Have not eaten @ Taco Bell or any rest.	_____
17.	(b)(6)	1:48	12-09	Older than 60	_____
18.	(b)(6)	1:48	12-09	Not home	_____
19.	(b)(6)	1:49	12-09	Disc on	_____
20.	(b)(6)	1:52	12-09	Refused	_____

AS

(b)(6)

Case State ID: 193760

Case Telephone:

Address: (b)(6)

State NJ Zip 07060

Control phone number: (b)(6)

County Union

CONTROL'S AGE 17

INTERVIEWER'S NAME Bianca Perri

CONTROL'S SEX MALE FEMALE

DATE OF INTERVIEW 12 / 10 / 06

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N		
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	(Specify street, city, state for each 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>Plainfield, Route 22</u> Date ___/___/2006 <i>? uncertain of specific date</i>
D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location <u>Plainfield, Route 22</u> Date ___/___/2006 <i>? date</i>
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 <u>Madison Ave</u> Date ___/___/2006 <i>? uncertain of specific date</i>
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Subway?	If yes, Location <u>Edison County</u> Date ___/___/2006 <i>? uncertain of specific date</i>
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?	<i>• Dominos Pizza -> South Plainfield, Plainfield Ave -> uncertain of specific date</i>

Thank you very much for your participation! • Burger King, Route 22 Plainfield

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov/, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984. PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

conducted in Spanish w/ parent of 17 year old

Rest Study (correlates with shorter questionnaire)

ID number (State Lab ID if available) 193761 Control (A) B (circle)

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

Control Phone number (b)(6) A

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

Age 54 Sex M F State NJ County Hunterton City High Bridge

Interviewer name Sadiya Mugeeth Date of interview 12/08/2006

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 11/22/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	Date ___/___/2006
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ 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 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?	

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)

193761

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) _____

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

Rest Study 



ID number (State Lab ID if available) 193761

Control A B (circle)

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

Control Phone number 908

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

Age 42 Sex M F State NJ County Hunterdon City High Bridge

Interviewer name Sadiya Moguoceth Date of interview 12/08 /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 11/27/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	Date ___/___/2006
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ 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 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?	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) 193761

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

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193762 Case Telephone: (b)(6)
 Case address: (b)(6) City East Orange
 State NJ 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

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, 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)	2:35	12/10/06	no answer/Hung UP	2x
2.		2:35		No answer refused	2x
3.		2:36		disconnected	
4.		2:38 pm		call in 2 hour	
5.		2:41	12/10		✓
6.		2:44	12/10	voicemail	2x 2x
7.		2:48	12/10	voicemail	2x
8.		2:49	12/10	disconnected	
9.		2:50	12/10	Case 7 was sick	
10.		2:54	12/10	call back (Hung UP/Behr)	2x
11.		2:54	12/10	voicemail	
12.		2:55	12/10	call at 5:15:30 pm	Hung up
13.		2:56	12/10	call in 10 min. / too old	2x
14.		2:57	12/10	no answer	2x
15.					
16.					
17.					
18.					
19.					
20.					

Case State ID: 193762

Case Telephone: (b)(6)

Address: (b)(6)

State NJ Zip

Control phone number: / - County

CONTROL'S AGE INTERVIEWER'S NAME

CONTROL'S SEX [] MALE [] FEMALE DATE OF INTERVIEW / /

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for <u>each</u> location please)
B	<input type="checkbox"/>	<input 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 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 any McDonalds? If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any 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?

Thank you very much for your participation!

193762

Entered
12/10/06
00

Case State ID: ~~XXXXXXXXXX~~ Case Telephone: (b)(6)

Address: EAST ORANGE State NJ Zip _____

(b)(6)

Control phone number: _____ County _____

CONTROL'S AGE 41 INTERVIEWER'S NAME _____

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12 / 10 / 06

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants? (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 type="checkbox"/>	<input checked="" 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#: 193762 Case Telephone: 1 - _____
 Case address: _____ City East Orange
 State NJ Zip _____

Controls will be located by using the reverse address directory:

Directions

Use the White Pages web site below

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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, 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)	4:20 PM	12/13/06	Busy	
2.		↓	↓	voicemail	
3.				no TB	
4.				does not answer	
5.				voicemail	
6.				disconnected	
7.				'don't understand'	
8.				VM	
9.				d/c	
10.				VM	
11.				refused refused.	
12.				voicemail	
13.				voicemail	
14.				unknown Beeping	
15.				VM	
16.				VM	
17.				VM	
18.				refused	
19.				VM	
20.		0:38	↓	VM	

Restaurant Study

** entered*

ID number (State Lab ID if available) 193762

Control **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 59 Sex M F State NJ County Essex City East Orange

Interviewer name Mugveer Date of interview 12/13 /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 1 / 24 /2006 (fill in case illness onset date) 24-30 Nov

Y	?	N		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Did you eat at any Taco Bell? If yes, Location _____ 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 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.

** Stop here for Rest Study **

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	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	___				Specialties	
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	___	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	___
			Burritos		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	___
			Gorditas		O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	___
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	___				Quesadillas	
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)	___				Bowls	
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)	___				Misc.	
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)	___

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

193793

(b)(6)

Middlesex

(b)(6)

Piscataway Township

R 1st Study

Escherichia coli O157:H7 Telephone Interviews

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

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, using the case-patient's phone number.

NJ

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)	7:53	12/8/06	already contacted	no
2.	(b)(6)	7:55	"	not home	no
3.	(b)(6)	7:56	"	busy	no
4.	(b)(6)	7:58	"	> 60 years	no
5.	(b)(6)	7:59	"	refused	no
6.	(b)(6)	8:00	"	not home	no
7.	(b)(6)	8:01	"	not home, business	no
8.	(b)(6)	8:02	"	contacted	yes
9.	(b)(6)	8:10	"	refused	no
10.	(b)(6)	8:11	"	> 60 years	no
11.	(b)(6)	8:13	"	not home	no
12.	(b)(6)	8:14	"	not home	no
13.	(b)(6)	8:15	"	disconnected	no
14.	(b)(6)	8:15	"	> 60 years	no (already contacted)
15.	(b)(6)	8:18	"	not home	no
16.	(b)(6)	8:18	"	not home	no
17.	(b)(6)	8:19	"	not home	no
18.	(b)(6)	8:25	"	not home	no
19.	(b)(6)	8:25	"	not home	no
20.	(b)(6)	8:26	"	not home	no

Used Google maps

spoke to babysitter

(b)(6)

(b)(6)

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193793

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
21.	(b)(6)	8:30	12/8/06	refused	no
22.		8:31	"	refused	no
23.		8:32	"	not home	no
24.		8:33	"	contacted	yes
25.		/			
26.		/			
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

AC

Case State ID: 193793 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip

Control phone number: (b)(6) County Piscataway

CONTROL'S AGE 56 INTERVIEWER'S NAME Italia Lotte
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/8/06
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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? Catherine Lombardi New Brunswick Their Basil,

Thank you very much for your participation!

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

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

No diarrhea or cramping

Case State ID: 193793 Case Telephone (b)(6)
 Address: (b)(6) State NJ Zip _____
 Control phone number: _____ / _____ - _____ County Piscataway
 CONTROL'S AGE 38 INTERVIEWER'S NAME Itaka Rolke
 CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/8/06
 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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for <u>each</u> location please)
B	<input type="checkbox"/>	<input 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 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 any McDonalds? If yes, Location _____ Date ___/___/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any 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?

Thank you very much for your participation!

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

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

No diarrhea or cramping

CDC GROUP 3: RESTAURANT STUDY

-REVERSE PHONE DIRECTORY CONTROL QUESTIONNAIRE INSTRUCTIONS-

Please read this document completely before beginning your interviews.

Please document the State Lab ID (or other ID number if Lab ID not available) for the associated CASE on EACH page of the questionnaire. Please also label each control as A or B by circling A or B on EACH page of the questionnaire. "A" is the first control you obtain; "B" is the second control you obtain.



Use the shorter one-page control questionnaire for these interviews **for restaurant information only.**

You will be asking the controls about their activities during the week of **November 24, 2006 (the Friday after Thanksgiving), to November 30, 2006.** Please read the script *in italics.*

Telephone Introduction:

"Hello, my name is _____, and I am working with the NJ State Department of Health. We are investigating an outbreak of E. coli O157:H7 infections. In order to better understand what caused these illnesses, we need to speak to people who are not ill in order to compare them to people who have been ill."

Would you be willing to answer some questions about this for us? It should only take about 5 minutes and your answers will remain confidential. (If they say they have no time now, ask if there is a better time to call and note the time to call back and the phone number on a post-it note, and stick it on the questionnaire).

In order to pick someone in your household randomly, we are looking to speak the person in your household who is older than 1 year old and less than 60 years old and who has had the most recent birthday. Can you identify that person and may I speak with him or her?

If the person with the most recent birthday is the person on the phone, then proceed with the questionnaire. If the person with the most recent birthday is someone else in the household, ask them if that person is available. If that person is not available, ask them when they will be available and note the time to call back and the phone number on a post-it note, and stick it on the questionnaire.

If they still will not be available, thank them and move on to the next control.

"Would you be willing to answer some questions about this for us? It should only take about 5 minutes and your answers will remain confidential."

"Did you (or child if the control is the child) have diarrhea or abdominal cramping on or after November 1st?" If yes, *"Thank you for your time, but we are looking for people who were not ill during this time."*

(If the patient is under 14 years old, interview parent. If the patient is 14 or older, ask for parental permission to interview, then interview the case directly).

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193798 Case Telephone: (b)(6)
 Case address: (b)(6) City Piscataway
 State NJ Zip 08854

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

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, 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)	1:17pm	12/9/06	not home	_____
2.	(b)(6)	1:18pm	12/9	disconnected #	_____
3.	(b)(6)	1:19pm	12/9	not home	_____
4.	(b)(6)	1:19pm	12/9	not home	_____
5.	(b)(6)	1:21pm	12/9	not home	_____
6.	(b)(6)	1:22pm	12/9	disconnected #	_____
7.	(b)(6)	1:22pm	12/9	busy signal	_____
8.	(b)(6)	1:23pm	12/9	busy signal	_____
9.	(b)(6)	1:24pm	12/9	not home	_____
10.	(b)(6)	1:25pm	12/9	not home	_____
11.	(b)(6)	1:34pm	12/9	not home	_____
12.	(b)(6)	1:35pm	12/9		X
13.	(b)(6)	1:39pm	12/9	not home	_____
14.	(b)(6)	1:40pm	12/9	not home	_____
15.	(b)(6)	1:41pm	12/9	not home	_____
16.	(b)(6)	1:42pm	12/9	not home	_____
17.	(b)(6)	1:42pm	12/9	disconnected #	_____
18.	(b)(6)	1:43pm	12/9	refused	_____
19.	(b)(6)	1:44pm	12/9	disconnected #	_____
20.	(b)(6)	1:46pm	12/9	no control	_____

STATE NJ

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193798

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
21.	(b)(6)	1:49pm	12/9	not home	
22.		1:49pm	12/9	not home	
23.		1:50pm	12/9	not home	
24.		1:50pm	12/9	disconnected #	
25.		1:51pm	12/9	refused	
26.		1:52pm	12/9	disconnected #	
27.		1:53pm	12/9	call back this evening	
28.		1:54pm	12/9	ill, ate at Taco Bell Scranton, PA, Clark Summit	
29.		1:57pm	12/9	refused	
30.		1:58pm	12/9	disconnected #	
31.		1:58pm	12/9	refused	
32.		1:59pm	12/9	not home	
33.		2:01pm	12/9	no control - already called	
34.		2:03pm	12/9	disconnected #	
35.		2:04pm	12/9	not home	
36.		2:05pm	12/9	not home	
37.		2:05pm	12/9	not home	
38.		2:06pm	12/9	refused	
39.		2:07pm	12/9	not home	
40.		2:08pm	12/9	refused	

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193798

Case Telephone: (b)(6)

Case address: (b)(6)

City Piscataway

State NJ Zip 08854

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

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, 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
41.	(b)(6)	2:26pm	12/9	not home	
42.	(b)(6)	2:27pm	12/9	busy signal	
43.	(b)(6)	2:28pm	12/9	not home	
44.	(b)(6)	2:29pm	12/9	no control	
45.	(b)(6)	2:30pm	12/9	refused	
46.	(b)(6)	2:32pm	12/9	no control - ill	
47.	(b)(6)	2:35pm	12/9	refused	
48.	(b)(6)	2:36pm	12/9	refused	
49.	(b)(6)	2:42pm	12/9	refused	
50. 10.	(b)(6)	2:44pm	12/9	not home	
51.	(b)(6)	2:47pm	12/9	no control	
52. 10.	(b)(6)	2:48pm	12/9		X
53. 10.					
54. 10.					
55. 10.					
56. 10.					
57. 10.					
58. 10.					
59. 20.					

Case State ID: 193798 Case Telephone: (b)(6)

Address: (b)(6) State N.J Zip 08854

Control phone number: (b)(6) County Middlesex

CONTROL'S AGE 11 INTERVIEWER'S NAME Alyssa Wilkinson

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/9/06

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants? (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 type="checkbox"/>	<input checked="" 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!

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984. PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

Case State ID: 193798 Case Telephone: (b)(6)
Address: (b)(6) State NJ Zip 08854

Control phone number: (b)(6) County Middlesex

CONTROL'S AGE 47 INTERVIEWER'S NAME Alyssa Wilkinson

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/9/06

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)? ... If yes, Location <u>Somerset</u> 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Romano's Pizzeria Piscataway, NJ</u>

Thank you very much for your participation!

Case State ID: 193798

Case Telephone: (b)(6)

Address: (b)(6)

State NJ Zip 08854

Control phone number: / - County

CONTROL'S AGE ~~44~~ 52 INTERVIEWER'S NAME

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW / /

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N		
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for <u>each</u> location please)
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell? If yes, Location #1 <u>Inman Ave, Edison NJ</u> Date <u>12/2/2006</u> Location #2 (if more than 1) _____ 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 any McDonalds? If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any 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?

Control Stopped interview

Thank you very much for your participation!

Restaurant Study

(★)

- answered phone

(VTH)

ID number (State Lab ID if available) 194116

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 42 Sex M F State NJ County Middlesex City Plainfield

Interviewer name Manoj Date of interview 12/8/2006

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 11/29/2006 (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 type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ 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 McDonalds?	If yes, Location <u>ft 22, W, Plainfield</u> Date ___/___/2006 UNK
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?	<u>Texas Winner</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 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

Restaurant Study

* (corresponds to short quest.) OKO

(JH)

ID number (State Lab ID if available) 193800

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 50 Sex M F State NJ County Middlesex City Piscataway

Interviewer name Goffe Date of interview 11/14/2006

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
11/14 - 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 11/14/2006 (fill in case illness onset date)

Y	?	N		(Specify street, city, state for each location)
A	<input type="checkbox"/>	<input checked="" 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
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) 193800

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 *

(corresponds to short quest) (TN) (AW)

ID number (State Lab ID if available) 193800

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 36 Sex M F State NJ County 10 City Franklin Park

Interviewer name Nicholas Galtga 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 ___/___/2006 (fill in case illness onset date)

Table with columns Y, ?, N and rows A-J for various restaurants like KFC, A & W, Long John Silver's, Pizza Hut, McDonalds, Subway, Blimpies, etc.

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

Baja Fest - Route 1 North, Edison
Wendys - Woodby's Mall

DK

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 Big Bell Value Menu and Chalupas items.

ID number (State Lab ID if available)

193800

Control

A

B (circle)

Y	?	N		#	Y	?	N		#
Tacos					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	—	Specialties				
H	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme	—
Burritos					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	—
Gorditas					O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast	—
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	Quesadillas				
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)	—	Bowls				
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)	—	Misc.				
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)

193800

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) _____

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

Escherichia coli O157:H7 Telephone Interviews

AS

Case state ID#: 19-3868 Case Telephone: (b)(6)
 Case address: (b)(6) City Ferrywood
 State NJ 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
 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, 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)	10:30	12/10/06	Not home	
2.	(b)(6)	10:30	12/10/06	Not home Refused	
3.	(b)(6)	10:30	12/10/06	Not home	
4.	(b)(6)	10:30	12/10/06	Not home	
5.	(b)(6)	10:35	12/10/06	Answered	X
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

AS

Case State ID: 193868 Case Telephone: (b)(6)

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

Control phone number: (b)(6) County _____

CONTROL'S AGE 8 INTERVIEWER'S NAME Jewme Tokun
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/10/2006
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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants? (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 checked="" 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!

No →

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984.
PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193868 Case Telephone: (b)(6)
 Case address: (b)(6) City: Englewood City
 State: NJ 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

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, 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)	0:20	12/10	Not home	
2.	(b)(6)	0:30	12/10	Answered.	X
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

AS

Case State ID: 193868 Case Telephone: (b)(6)
Address: (b)(6) State NJ Zip _____ City Farglewood
Control phone number: (b)(6) County _____ City _____

CONTROL'S AGE 2 INTERVIEWER'S NAME Jerry Tokars
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/10/2006
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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A <input checked="" type="checkbox"/> Did you eat at any restaurants? (Specify street, city, state for each location please)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B <input 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"/>	C <input 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"/>	D <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 checked="" type="checkbox"/>	E <input 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"/>	F <input type="checkbox"/> Did you eat at any Pizza Hut? If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	G <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"/>	H <input type="checkbox"/> Did you eat at any Subway? If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I <input type="checkbox"/> Did you eat at Blimpies? If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J <input checked="" type="checkbox"/> Did you eat at any other restaurant? <u>Charaffe to Choose</u>

No →

Thank you very much for your participation!

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984.
PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

CASE INFO
17 y/o female

(b)(6)

South Plainfield Borough

(b)(6)

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193889

NT

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

No.	Phone	Time	Date	Response/Result	Interview completed
21.	(b)(6)	7:09	12/8/06	refused (no english)	
22.	(b)(6)	7:10	12/8/06	refused	
23.	(b)(6)	7:12	12/8	refused	
24.	(b)(6)	7:14	12/8	not home	
25.	(b)(6)	7:15	12/8	refused	
26.	(b)(6)	7:17	12/8	refused	
27.	(b)(6)	7:19	12/8	home but had diarrhea	
28.	(b)(6)	7:21	12/8	NOT RESIDENCE	
29.	(b)(6)	7:22	12/8	not home	
30.	(b)(6)	7:24	12/8	RESPONSE	X
31.	(b)(6)	7:29	12/8	not home	
32.	(b)(6)	7:30	12/8	not home	
33.	(b)(6)	7:31	12/8	refused	
34.	(b)(6)	7:34	12/8	had diarrhea	
35.	(b)(6)	7:37	12/8	not home	
36.	(b)(6)	7:38	12/8	not home	
37.	(b)(6)	7:39	12/8	not home	
38.	(b)(6)	7:40	12/8	NOT RESIDENCE	
39.	(b)(6)	7:41	12/8	not home	
240.	(b)(6)	7:43	12/8	not home	

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193889

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
21.	(b)(6)	7:43	12/8	Nobody in age range	
22.		7:45	12/8	not home	
23.		7:46	12/8	not home	
24.		7:46	12/8	DISCONNECTED	
25.		7:47	12/8	refused	
26.		7:48	12/8	refused	
27.		7:49	12/8	RESPONSE	X
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

CONTROL:
Age: 39
Sex: M

Case state ID#: 193889

State NJ

Case Telephone: (b)(6)

Sex: Male Female

Age: 17

Interviewed by Kate Ellingson

Date 12/8/2006

Control (A) or B (please circle one)

Control phone number: (b)(6)

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 24th, the day after Thanksgiving, to November 30th.

AS

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for each 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? Local Pizzana in S. Plainfield - Carmen's

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

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

AS

CONTROL Case state ID#: 193889

State NJ Case Telephone: (b)(6)

Sex: Male Female
Age: 11

Interviewed by Kate Ellingson Date 12/8/2006

Control A or B (please circle one) Control phone number: (b)(6)

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 24th, the day after Thanksgiving, to November 30th.

Y	?	N		
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants?	(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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>on Route 22 in South Plainfield NJ</u> <u>1236 W. 7th St, 07060</u> <u>185 Spruce Ave</u> <i>not sure of exact date</i> Date 11 / ____ / 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 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?	

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

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

case: 17 y/o female

(b)(6)

W. Piscataway Township, NJ

ph. (b)(6)

08854

#193892

V TB

Escherichia coli O157:H7 Telephone Interviews

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

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, 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)	8:08pm	12/8	Not home (+)	_____
2.	(b)(6)	8:09	12/8	Not home	_____
3.	(b)(6)	8:10	12/8	Response	X
4.	(b)(6)	8:19	12/8	DISCONNECTED	_____
5.	(b)(6)	8:20	12/8	Not home	_____
6.	(b)(6)	8:21	12/8	Not Home	_____
7.	(b)(6)	8:22	12/8	Refused (no english)	_____
8.	(b)(6)	8:23	12/8	Not home	_____
9.	(b)(6)	8:24	12/8	Not home	_____
10.	(b)(6)	8:25	12/8	too old	_____
11.	(b)(6)	8:27	12/8	Not home	_____
12.	(b)(6)	8:28	12/8	Not home	_____
13.	(b)(6)	8:29	12/8	Not home	_____
14.	(b)(6)	8:30	12/8	Not home	_____
15.	(b)(6)	8:30	12/8	DIARRHEA	_____
16.	(b)(6)	8:32	12/8	Not home	_____
17.	(b)(6)	8:38	12/8	too old	_____
18.	(b)(6)	8:40	12/8	Not home	_____
19.	(b)(6)	8:41	12/8	Not home	_____
20.	(b)(6)				_____

12/9

(b)(6)

(b)(6)

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193892

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
21.	(b)(6)	8:42	12/8	Not Home	_____
22.	(b)(6)	11:11	12/9	Not home	_____
23.	(b)(6)	11:13	12/9	Not home	_____
24.	(b)(6)	11:19	12/9	Not Residence	_____
25.	(b)(6)	11:19	12/9	Not home	_____
26.	(b)(6)	11:20	12/9	Not home	_____
27.	(b)(6)	11:28	12/9	Not home	_____
28.	(b)(6)	11:34	12/9		X
29.	_____	_____	_____	_____	_____
30.	_____	_____	_____	_____	_____
31.	_____	_____	_____	_____	_____
32.	_____	_____	_____	_____	_____
33.	_____	_____	_____	_____	_____
34.	_____	_____	_____	_____	_____
35.	_____	_____	_____	_____	_____
36.	_____	_____	_____	_____	_____
37.	_____	_____	_____	_____	_____
38.	_____	_____	_____	_____	_____
39.	_____	_____	_____	_____	_____
40.	_____	_____	_____	_____	_____

(b)(6)

Case State ID: 193892 Case Telephone: (b)(6)
 Address: (b)(6) State NJ Zip 08854
 Control phone number: (b)(6) County _____

CONTROL'S AGE 32 INTERVIEWER'S NAME Katherine Ellingson
 CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12 / 8 / 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 24th, the day after Thanksgiving, to
 November 30th.

Y	?	N	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? (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 <u>@ Shelton Rd. 1301 Shelton Rd. Piscataway, NJ 08854</u> Date <u>11 / 25 / 2006</u> <u>sat - Sun</u> <u>11 / 26 / 2006</u>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Red Robin Restaurant Fulton</u>

Thank you very much for your participation!

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984.
 PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

Case State ID: 193892 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08854

Control phone number (b)(6) County _____

CONTROL'S AGE 2 INTERVIEWER'S NAME Kate Ellington
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/8/2006
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 24th, the day after Thanksgiving, to November 30th.

Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants? (Specify street, city, state for each location please)
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell? If yes, Location #1 <u>Maple Ridge</u> 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	Did you eat at any other restaurant? <u>Annemas: off Easton Ave. 6600 Hadley Rd S. Plainfield</u>

Thank you very much for your participation!

If you have any questions or problems, please contact Samir Sodha/ CDC Enterics, ssodha@cdc.gov, (404) 639-2234 or Anandi Sheth/ CDC Enterics, asheth@cdc.gov, (404) 639-1984.
PLEASE FAX COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

193932 (JTW)

E. COLI O157 OUTBREAK- RESTAURANT CONTROL SHORT QUESTIONNAIRE
INSTRUCTIONS

You may use this shorter control questionnaire if you have already obtained both restaurant controls for the case. This questionnaire is for those controls whom you are interviewing for restaurant information only.

You will be asking the controls about their activities during the week of November 24, 2006 (the Friday after Thanksgiving), to November 30, 2006. Please read the script *in italics*.

Telephone Introduction:

"Hello, my name is _____, and I am working with the NS State Department of Health. We are investigating an outbreak of E. coli O157:H7 infections. In order to better understand what caused these illnesses, we need to speak to people who are not ill in order to compare them to people who have been ill."

Would you be willing to answer some questions about this for us? It should only take about 5 minutes and your answers will remain confidential. (If they say they have no time now, ask if there is a better time to call and note it here:

_____).

In order to pick someone in your household randomly, we are looking to speak the person in your household who is older than 1 year old and less than 60 years old and who has had the most recent birthday. Can you identify that person and may I speak with him or her?

If the person with the most recent birthday is the person on the phone, then proceed with the questionnaire. If it is someone else in the household, ask them if that person is available. If that person is not available, thank them and move on to the next control.

"Did you (or child) have diarrhea or abdominal cramping on or after November 1st? If yes, "Thank you for your time, but we are looking for people who were not ill during this time."

(If the patient is under 14 years old, interview parent. If the patient is 14 or older, ask for parental permission to interview, then interview the case directly).

Case # 193932

Escherichia coli O157:H7 Telephone Interviews

Controls will be located by using the reverse address directory:

State NS

Directions

Use the White Pages web site below

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, 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)	8:38am	12/8/06	not home	_____
2.	(b)(6)	8:40am	12/8	refused	_____
3.	(b)(6)	8:46am	12/8	_____	X
4.	(b)(6)	8:49pm	12/8	busy signal	_____ 10:56am 12/9 no other
5.	(b)(6)	10:58am	12/9	refused	_____
6.	(b)(6)	10:59am	12/9	refused	_____
7.	(b)(6)	11:00am	12/9	not home	_____
8.	(b)(6)	11:02am	12/9	not home	_____
9.	(b)(6)	11:03am	12/9	disconnected #	_____
10.	(b)(6)	11:04am	12/9	call back in 1 hour	_____
11.	(b)(6)	11:06am	12/9	no control	_____
12.	(b)(6)	11:08am	12/9	_____	X
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____