

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

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

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

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

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

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

CONTROL'S AGE 59 Control (A) Alyssa Wilkinson 12/8/06
SEX MALE FEMALE

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut? If yes, Location <u>North Brunswick, NJ</u> Date <u>11/26/2006</u> <i>Sun</i>
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 checked="" type="checkbox"/>	Did you eat at any other restaurant? <u>Longhorn Steakhouse - before Thanksgiving</u> <i>AW</i>

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: 193932 Case Telephone: (b)(6)
 Address: (b)(6) State NJ Zip 08831
 Control phone number: (b)(6) County Middlesex

CONTROL'S AGE 29 INTERVIEWER'S NAME Alyssa Wilkinson
 CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12 19 106
 CONTROL A B (CIRCLE ONE)

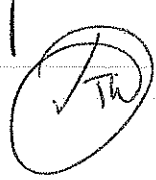
RESTAURANT EXPOSURES. I will ask you some questions about places where you may have eaten.
 Please answer these questions for the 7 period from November 24th, the day after Thanksgiving, to
 November 30th.

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? <u>Pominoes, Indian restaurant</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

Need one more control



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)	1:40	12/8/06		✓
2.	(b)(6)	8:43	12/8/06	refused	
3.	(b)(6)	8:44	12/8/06	not home 12/10	
4.	(b)(6)	8:45	12/8/06	age 60	
5.	(b)(6)	8:48	12/8/06	not home 12/10	
6.	(b)(6)	8:49	12/8/06	disconnected	
7.	(b)(6)	1:51	12/10/06	not home	
8.	(b)(6)	1:51	12/10/06	not home	
9.	(b)(6)	1:53	12/10/06	not home	
10.	(b)(6)	1:54	12/10/06	not home	
11.	(b)(6)	1:55	12/10/06	not home	
12.	(b)(6)	1:58	12/10/06	not home	
13.	(b)(6)	2:00	12/10/06	not home	
14.	(b)(6)	2:01	12/10/06		✓
15.	(b)(6)	2:04	12/10/06	not home	
16.					
17.					
18.					
19.					
20.					

did you enter?

Case State ID: 193933 Case Telephone: (b)(6)
Address: (b)(6) State NJ Zip 08854 Piscataway Township
Control phone number: / - County middlesex

CONTROL'S AGE 32 INTERVIEWER'S NAME Roque Miramontes
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/8/06
CONTROL A B (CIRCLE ONE) C

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds? If yes, Location <u>Route 28 & Greerbrook middlesex</u> Date <u>11/28/2006</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>(Shalamar) oak tree & edisay rd in middlesex restaurant</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: 193933 Case Telephone: (b)(6)
 Address: (b)(6) State NJ Zip 08854
 Control phone number: (b)(6) County Middlesex

CONTROL'S AGE Not given (less than 16) INTERVIEWER'S NAME Lori Jouty
 CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/10/2006
 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 <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

used for Restaurant

Control #1

Corp 213

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193933

Case Telephone: (b)(6)

Case address: (b)(6)

City Ascataway

State NJ

Zip 08854-6606

Controls will be located by using the reverse address directory:

* following numbers from CASE A

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)	3:07	12/19/06	hung up	N
2.	(b)(6)	3:08	"	not home	N
3.	(b)(6)	3:09	"	interview	Y
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

(Restaurant)

GRP 2L3

Case State ID: 193933 Case Telephone: (b)(6)
Address: (b)(6) Piscataway/ State NJ Zip 08854-6606
Control phone number: (b)(6) County

CONTROL'S AGE 49 INTERVIEWER'S NAME URVI PARIKH
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		(Specify street, city, state for each location please)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A	Did you eat at any restaurants?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B	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	Did you eat at any Kentucky Fried Chicken (KFC)? ...
				If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D	Did you eat at any A & W All American Food?
				If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E	Did you eat at any Long John Silver's?
				If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F	Did you eat at any Pizza Hut?
				If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G	Did you eat at any McDonalds?
				If yes, Location <u>New Jersey Middlesex County Hudson County</u> Date <u>11/?/2006</u> <u>few times that week 3X</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H	Did you eat at any Subway?
				If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I	Did you eat at Blimpies?
				If yes, Location <u>Piscataway</u> Date <u>11/?/2006</u> <u>few times that week 5X</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J	Did you eat at any other restaurant?
				<u>local chinese Uno's / Southfield</u> <u>between 24th - 30th Nov</u> <u>3X</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

used for Restaurant

control #2

Cr 8/13

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193933 Case Telephone: (b)(6)
 Case address: (b)(6) City Piscataway
 State NJ Zip 08851-6606

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.

* following numbers from case A

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)	3:18	12/9/06	interviewed	Yes
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

(Restaurant)

Grp 2/3

Case State ID: 193933 Case Telephone: (b)(6)
Address: (b)(6) Piscataway State NJ Zip 08854-6606
Control phone number: (b)(6) County _____

CONTROL'S AGE 7 INTERVIEWER'S NAME Urvashi Parikh
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/19/06
CONTROL A B (CIRCLE ONE) (interviewed parent)

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



Rest Study

193935

Entered TA

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).

ID# 193935

Case Telephone

(b)(6)

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)	7:59pm	12/8	Disconnected #	
2.	(b)(6)	8:01pm	12/8	Not home	
3.	(b)(6)	8:01pm	12/8	Not home	
4.	(b)(6)	8:04pm	12/8	Not home (control)	
5.	(b)(6)	8:07pm	12/8	Call back Sat morning	X
6.	(b)(6)	8:15pm	12/8		
7.	(b)(6)	8:21pm	12/8	no control	
8.	(b)(6)	8:24pm	12/8		X
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Case State ID: 193935 Case Telephone: (b)(6)
 Address: (b)(6) State NJ Zip 08854
 Control phone number: (b)(6) County Middlesex

CONTROL'S AGE 56 Control A Alyssa Wilkinson 12/8/06
 SEX MALE FEMALE ~~MALE~~

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 <u>each</u> location please) <i>AW</i>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)? ... If yes, Location <u>Stelton Rd, Piscataway</u> Date <u>12/8</u> /2006 <i>AW</i>
<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 checked="" type="checkbox"/>	Did you eat at any other restaurant? <u>Wendy's Sheldon Rd 12/1/06</u> <u>AW Spanish Buffet</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: 193935 Case Telephone: (b)(6)

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

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

CONTROL'S AGE 59 INTERVIEWER'S NAME Alyssa Wilkinson
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

Rest Study

AS

~~AS~~

ID number (State Lab ID if available) 193941

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 55 Sex M F State NJ County Somerset City North Plainfield

Interviewer name Sadiya Muqueeth 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 ___/___/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 type="checkbox"/>	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

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

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

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

ID number (State Lab ID if available) _____

Control A B (circle)

Y ? N ORDER SUBSTITUTIONS

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

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

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

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

A A Taco?

B A Burrito?

C A Quesadilla?

D A Salad?

E Nachos?

F Other (ex., gordita, chalupa, etc) Describe _____

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

Y ? N

G Tomatoes

H Lettuce

I Ground beef

J Chicken

K Sour Cream

L Cheese

M Beans

N Green onions

O White onions

P Any onions

Q Steak

R Olives

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

T Other (specify) _____

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

Rest Study

(not - B)

ID number (State Lab ID if available) 193941 Control A B (circle)

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

Control Phone number (b)(6)
Method of control selection (please circle) Reverse directory Dining Companion _____ Other Taco Bell diner _____
Age 49 Sex M F State NJ County Somerset City North plainfield
Interviewer name Sadiga 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 No

11-24 → 11-30

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"/>	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 checked="" 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>Rt. 22 Greenburg NJ</u> Date <u>11/26/2006</u>
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>Perkins</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

Handwritten signature/initials

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193943 Case Telephone: / - not available
Case address: (b)(6) City Franklin Township (Somerset)
State NJ Zip 08873

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)	6:26 PM	12/8/06	not home	_____
2.	(b)(6)	6:28 PM	12/8/06	not home	_____
3.	(b)(6)	6:30 PM	12/8/06		✓
4.	(b)(6)	6:42 PM	12/8/06	not home	_____
5.	(b)(6)	6:44 PM	12/8/06	all order than 60	_____
6.	(b)(6)	6:47 PM	12/8/06	refused	_____
7.	(b)(6)	6:48	12/8/06	refused	_____
8.	(b)(6)	6:53	12/8/06		✓
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

Case state ID#: 19343 State NJ Case Telephone: / - not available
Sex: Male Female
Age: 45

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

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		
			<i>(Specify street, city, state for each location please)</i>	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Did you eat at any restaurants?	
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 type="checkbox"/>	Did you eat at any other restaurant?	<u>In New Brunswick 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

interviewer: Rogue Miramontes
12/8/06

Case State ID: 193943 Case Telephone: / - not available

Address: (b)(6) State NJ Zip 08873

Control phone number (b)(6) County Somerset

CONTROL'S AGE 32
SEX MALE FEMALE

control (B)

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut? If yes, Location <u>Somerset NJ</u> Date <u>11/27</u> /2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds? If yes, Location <u>Somerset NJ</u> Date <u>11/29</u> /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>(Chinese) chiu buffet Eastern Ave Somerset NJ</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

interviewer: Roque Miramontes
12/8/06

Group 3

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193950 Case Telephone: (b)(6)
 Case address: (b)(6) City Tom's River
 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, ² not home, ³ busy)	Interview completed
1	(b)(6)	PM	12/9/06		
2	(b)(6)				
3	(b)(6)				
4.					
5.					
6.					
7.		5:00	12/9/06	2	
8.				2	
9.				> age 60	
10.				① - can call tomorrow if necessary	
11.				1	
12.				2	
13.				fax	
14.				1	
15.					X
16.				2	
17.				7603	
18.					X
19.					
20.					

AS

Case State ID: 193950 Case Telephone: (b)(6)

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

Control phone number (b)(6) County _____

CONTROL'S AGE 46 INTERVIEWER'S NAME M. Resnick
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 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



Case State ID: 193950 Case Telephone: (b)(6)

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

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

CONTROL'S AGE 42 INTERVIEWER'S NAME M. Demich
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/9/06
CONTROL 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? <u>Chinese - private restaurant in neighborhood</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 115 # 195755

Case Phone

(b)(6)

Address: (b)(6)

Edison Township 08820

Rosa Gandy

Escherichia coli O157:H7 Telephone Interviews

NS

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)	7:56p	12/8/06	business	
2.	(b)(6)	7:57p	12/8/06	hung up	
3.	(b)(6)	7:57p	"	hung up	
4.	(b)(6)	7:59p	"	answering machine	
5.	(b)(6)	8:00p	"	hung up	
6.	(b)(6)	8:01p	"	disconnected	
7.	(b)(6)	8:03p	"	refused	
8.	(b)(6)	8:04p	"	answering machine	
9.	(b)(6)	8:05p	"		✓
10.	(b)(6)	8:13p	"	answering machine	
11.	(b)(6)	8:14p	"	no answer	
12.	(b)(6)	8:16p	"	business	
13.	(b)(6)	8:16p	"	fax machine	
14.	(b)(6)	8:17p	"	hung up	
15.	(b)(6)	8:18p	"	refused	
16.	(b)(6)	8:23p	"	answer machine	
17.	(b)(6)	8:24p	"	fax	
18.	(b)(6)	8:25p	"	no one < 60 yrs	
19.	(b)(6)	8:26p	"	no answer	
20.	(b)(6)	8:27p	"	answering machine	

ADDITIONAL CONTROL TRACKING SHEET

NS

CASE STATE ID NUMBER 193955

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)	8:30p	12/8/06	refused	
22.		8:30p	"	No answer	
23.		8:31p	"	refused	
24.		8:32p	"	answering machine	
25.		8:33p	"	disconnected	
26.		8:34p	"	disconnected	
27.		8:35p	"	hung up	
28.		8:35p	"	no one under 60	
29.		8:39p	"	no answer answer machine	
30.		8:40p	"	answers machine	
31.		8:41p	"	business	
32.		8:41p	"	disconnect	
33.		8:42p	"		<input checked="" type="checkbox"/>
34.					
35.					
36.					
37.					
38.					
39.					
40.					

AS

Case State ID: 193955 Case Telephone: (b)(6)

Address: (b)(6) Zip 08820

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

CONTROL'S AGE 10 year INTERVIEWER'S NAME Cynthia Lucero

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		
<input checked="" type="checkbox"/>	<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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>Saint George Ave Route 35 Avenel, NJ</u> Date ____/____/2006 <i>Unsure but ate their that week.</i>
<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 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: 193955 Case Telephone: (b)(6)
 Address: (b)(6) State NT Zip 08820
 Control phone number: (b)(6) County Middlesex

(AS)

CONTROL'S AGE 30 INTERVIEWER'S NAME Cynthia Lucero
 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 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 Inman Ave Edison, NJ ? Date 1 / 1 /2006
 ↳ Eats there about (x) week probably ate there that week but can't remember exactly

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? ? Indian 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

✓

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 Steve Vindigni, 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#: 193958

Case Telephone: (b)(6)

Case address: (b)(6)

City Piscataway 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)	1045	12/9/06	NO ANSWER	_____
2.		1047	12/9/06	DISCONNECTED #	_____
3.		1049	12/9/06	NO ANSWER	_____
4.		1051	12/9/06	REFUSED	_____
5.		1053	12/9/06	NO ANSWER	_____
6.		1054	12/9/06	DISCONNECTED #	_____
7.		1054	12/9/06	BUSY	_____
8.		1101	12/9/06	BUSY	_____
9.		1105	12/9/06	NO ANSWER	_____
10.		1107	12/9/06	NO ANSWER	_____
11.		1109	12/9/06	NO ANSWER	_____
12.		1120	12/9/06	REFUSED	_____
13.		1121	12/9/06	NO ANSWER	_____
14.		1123	12/9/06	NO ANSWER	_____
15.		1124	12/9/06	NO ANSWER	_____
16.		1126	12/9/06	NO ANSWER	_____
17.		1128	12/9/06	NO ANSWER	_____
18.		1134	12/9/06	REFUSED	_____
19.		1137	12/9/06	REQUESTED CALL BACK	<u>SEE # 37</u>
20.		1139	12/9/06	REFUSED	_____

Case State ID: 193958 Case Telephone: (b)(6)
 Address: (b)(6) State NJ Zip _____
 Control phone number (b)(6) County Piscataway, NJ
(b)(6) Piscataway, NJ
 CONTROL'S AGE 52 INTERVIEWER'S NAME Stephen Vindigni
 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 <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 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 type="checkbox"/>	Did you eat at any other restaurant? <u>Johnny Carinos</u> <u>Local Cedar Grove Catering</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: 193958 Case Telephone: (b)(6)
 Address: (b)(6) State NJ Zip _____
 Control phone number: (b)(6) County Piscataway, NJ
(b)(6), Piscataway, NJ
 CONTROL'S AGE 96 INTERVIEWER'S NAME Stephen Vindigni
 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 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

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193958

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)	1141	12/9/06	BUSY	
22.	(b)(6)	1143	12/9/06	REFUSED	
23.	(b)(6)	1145	12/9/06	NO ANSWER	
24.	(b)(6)	1146	12/9/06	NO ANSWER	
25.	(b)(6)	1147	12/9/06	NO ANSWER	
26.	(b)(6)	1148	12/9/06	BUSY	
27.	(b)(6)	1150	12/9/06	DISCONNECTED #	
28.	(b)(6)	1154	12/9/06	OVER GO	
29.	(b)(6)	1157	12/9/06	NOT MOST RECENT BIRTHDAY	
30.	(b)(6)	1158	12/9/06	DISCONNECTED #	
31.	(b)(6)	1200	12/9/06	OVER GO	
32.	(b)(6)	1201	12/9/06	REFUSED	
33.	(b)(6)	1202	12/9/06	DISCONNECTED #	
34.	(b)(6)	1204	12/9/06	NO ANSWER	
35.	(b)(6)	1206	12/9/06	NO ANSWER	
36.	(b)(6)	1207	12/9/06	NO ANSWER	
37.	(b)(6)	1215	12/9/06	RESPONSE	X
38.	(b)(6)	1221	12/9/06	REFUSED	
39.	(b)(6)	1228	12/9/06	ILL	
40.	(b)(6)	1231	12/9/06	NOT MOST RECENT BIRTHDAY	

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193958

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)	1235	12/9/06	DISCONNECTED #	
42.		1237	12/9/06	NON-ENGLISH SPEAKER	
43.		1239	12/9/06	NO ANSWER	
44.		1246	12/9/06	DISCONNECTED #	
45.		1247	12/9/06	NO ANSWER	
46.		1251	12/9/06	RESPONSE	X
47.					
48.					
49.					
50-50					
51.					
52.					
53.					
54.					
55.					
56.					
57.					
58.					
59.					
60-60					

ID number (State Lab ID if available) 193964

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 NT County Middlesex City Piscataway

Interviewer name Nicholas Galga 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)
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>Piscataway</u> Date ___/___/2006 <i>unk</i>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location <u>South Plainfield</u> Date ___/___/2006 <i>unk</i>
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Piscataway</u> Date ___/___/2006 <i>unk</i>
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>Chinaman</u>	

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

Chinaman, McDonald

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)

193964

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

Restaurant Study *

AS

ID number (State Lab ID if available) 193964

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 48 Sex M F State NT County Meddosen City Piscataway

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

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

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

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

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

ID number (State Lab ID if available) 193964

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) _____

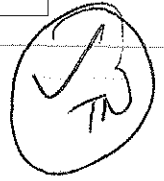
PLEASE FAX ALL COMPLETED QUESTIONNAIRES TO (404) 639-2205, ATTN: SAMIR SODHA

Case State ID # 193991

Case phone (b)(6)

Address: (b)(6)

Voorhees NJ 08043



Rest 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.

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)	7:20p	12/8/06	relative of case	_____
2.	(b)(6)	7:25p	12/8/06	refused	_____
3.	(b)(6)	7:26p	12/8/06	answering machine	_____
4.	(b)(6)	7:27p	12/8/06	answering machine	_____
5.	(b)(6)	7:28p	12/8/06	_____	✓
6.	(b)(6)	7:31p	12/8/06	refused	_____
7.	(b)(6)	7:34p	12/8/06	no answering	_____
8.	(b)(6)	7:36p	12/8/06	answering machine	_____
9.	(b)(6)	7:37p	12/8/06	answering machine	_____
10.	(b)(6)	7:38p	12/8/06	answering machine	_____
11.	(b)(6)	7:38p	12/8/06	answering machine	_____
12.	(b)(6)	7:39p	12/8/06	no one under 60yrs.	_____
13.	(b)(6)	7:41p	12/8/06	answering machine	_____
14.	(b)(6)	7:42p	12/8/06	no one under 60yrs	_____
15.	(b)(6)	7:43p	12/8/06	answering machine	_____
16.	(b)(6)	7:44p	"	answering machine	_____
17.	(b)(6)	7:45p	"	hung up	_____
18.	(b)(6)	7:46p	"	_____	✓
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

Case State ID: 193991 Case Telephone: (b)(6)
 Address: (b)(6) NJ Zip 08043
 Control phone number: (b)(6) County _____

CONTROL'S AGE 35 INTERVIEWER'S NAME Cynthia Lucero
 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 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"/>	<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 type="checkbox"/>	<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#: 193991 State NJ Case Telephone: (b)(6)

Sex: Male Female

Age: 58

Interviewed by Cynthia Lucero 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 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?

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: 194014 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08837

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

CONTROL'S AGE 25 INTERVIEWER'S NAME Hillary Strayer

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 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>Wendy's Rebel N., Edison 11/25/06</u>

Thank you very much for your participation!

194014
(A)

Case State ID: 194014 Case Telephone: (b)(6)

Address: (b)(6) State NS Zip 08837

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

CONTROL'S AGE 24 INTERVIEWER'S NAME Hillary Strayer

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW (b)(6)

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds? If yes, Location <u>Edison location</u> Date <u>2</u> / ___ / 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!

Grp 3

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 194014 Case Telephone: (b)(6)
 Case address: (b)(6) City Metuchen
 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)	1634	12/9/06	refused	_____
2.		1636		>60	_____
3.		1637		not home	_____
4.		1638		not home	_____
5.		1639		not home	_____
6.		1640		refused	_____
7.		1641		not home	_____
8.		1643		not home	_____
9.		1644	✓	refused	_____
10.		1647		>60	_____
11.		1648		wrong #	_____
12.		1651		>60	_____
13.		1653	✓	refused	_____
14.		1655		>60	_____
15.		1656		refused	_____
16.		1657	✓	not home	_____
17.		1701		not home	_____
18.		1702		not home	_____
19.		1709		response	Yes - <u>Group 3</u>
20.		1714	✓	not home	_____

STATE 194014

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 194014

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)	1718	12/9/06	>60	
22.	(b)(6)	1720		not in service	
23.	(b)(6)	1721		not in service	
24.	(b)(6)	1722		not home	
25.	(b)(6)	1724	✓	>60	
26.	(b)(6)	1726		not home	
27.	(b)(6)	1728		not home	
28.	(b)(6)	1730		responded	yes (Group 3)
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

Grp3

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 194014

Case Telephone: (b)(6)

Case address: (b)(6)

City Metuchen

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	Interview completed
1.	(b)(6)	PM	12/9/06	1 (refused, not home, 2 busy)	
2.			314	2	
3.			315	2	
4.			318	> 60 yrs	
5.			320	2	
6.			321	1	
7.			321	# D.C.	
8.			322	2	
9.			323	# DC	
10.			324	1	
11.			325	2	
12.			326	2	
13.			327	?? 1??	
14.			328	1 > 60 yrs.	
15.			329	2	
16.			331	# DC	
17.				2	
18.				2	
19.				> 82	
20.				2	

Grp 3

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 1940231193939

Case Telephone: (b)(6)

Case address: (b)(6)

City Edison

State NJ

Zip 08820

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)	3:01pm	12/9/06	refused	_____
2.	(b)(6)	3:02pm	12/9	refused	_____
3.	(b)(6)	3:04pm	12/9	refused	_____
4.	(b)(6)	3:10pm	12/9	not home	_____
5.	(b)(6)	3:10pm	12/9		X
6.	(b)(6)	3:17pm	12/9	not home	_____
7.	(b)(6)	3:18pm	12/9	not home	_____
8.	(b)(6)	3:19pm	12/9		X
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

AS

Case State ID: 194023 / 193939 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08820

Control phone number: 732 1548 - 0876 County Middlesex

CONTROL'S AGE 48 INTERVIEWER'S NAME Alyssa Wilkinson

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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut? If yes, Location <u>Manhattan, NY</u> Date <u>11 / 27 / 2006</u>
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds? If yes, Location <u>Manhattan, NY</u> Date <u>11 / 30 / 2006</u>
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Subway? If yes, Location <u>Manhattan, NY</u> Date ___/___/2006 45 times that week
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!

not entered - main controls (AS)

Case State ID: 1894023/193939 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08820

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

CONTROL'S AGE 48 INTERVIEWER'S NAME Alyssa Wilkerson

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut? If yes, Location RE 27, Edison, NJ Date ___/___/2006 DK
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds? If yes, Location Edison, NJ Date 11/26/2006 (Sun)
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? White Castle - Parsippany, NJ (Mon) 11/27/06

Thank you very much for your participation!

1. Rest. Case - Control Study *★*

(JTV)

ID number (State Lab ID if available) 194098A 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 Essex City Millburn.
 Interviewer name Sudija Mugapecth 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 11/28 /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 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 <u>Northfield Ave West Orange NJ</u> 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	—					

ID number (State Lab ID if available) 194098

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

Rest. Study ~~AX~~

✓(TN) COMPLETE

ID number (State Lab ID if available) 194098

Control A B

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

Control Phone number

Method of control selection (please circle) Dining Companion Other Taco Bell diner Reverse directory
Age 37 Sex M F State NJ County Essex City Millburn Shore Hill

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? 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				
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?- If no, end interview	<input checked="" type="checkbox"/>	(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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

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

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

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken	—
F	<input 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) 194098

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).

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 194099 Case Telephone: (b)(6)
 Case address: (b)(6) City Metuchen
 State NJ Zip 08840

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)	12:50pm	12/9/06	refused	
2.	(b)(6)	1:50pm	12/9	busy signal	
3.	(b)(6)	1:50pm	12/9		X
4.	(b)(6)	9:00am	12/9	not home	
5.	(b)(6)	5:00pm	12/9	not home	
6.	(b)(6)	5:00pm	12/9	refused	
7.	(b)(6)	5:00pm	12/9	not home	
8.	(b)(6)	8:00am	12/9	not home	
9.	(b)(6)	10:00am	12/9		X
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Case State ID: 194099 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08840

Control phone number (b)(6) County Middlesex

CONTROL'S AGE 59 INTERVIEWER'S NAME Alyssa Wilkinsor
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 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: 194099 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08840

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

CONTROL'S AGE 13 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 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>Antonio's Pizza</u> <u>Maine St Manchester</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

✓ 711

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 194106 Case Telephone: (b)(6)
 Case address: (b)(6) City Edison
 State NJ Zip 08820

(B)

Controls will be located by using the reverse address directory:

Nadine Sunderland
2nd caller

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)	1:53	12/10/06	ans. machine	no
2.	(b)(6)	1:54	12/10/06	ans. machine	no
3.	(b)(6)	1:55	12/10/06	interviewed	yes (B)
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Case State ID: 194106 Case Telephone: (b)(6)

Address: (b)(6) State NI Zip 08820

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

CONTROL'S AGE 35 INTERVIEWER'S NAME Nadine Sunderland

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 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!

Restaurant

Do this
12/10

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 194106 Case Telephone: (b)(6)
 Case address: (b)(6) City Edison
 State NJ Zip 08820

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)	1.18	12/9	recent b-day not avail	no
2.	(b)(6)	1.22	12/9	over age limit	no
3.	(b)(6)	1.25	12/9	refused	no
4.	(b)(6)	1.26	12/9	ans. machine	no
5.	(b)(6)	1.28	12/9	ans. machine call later	
6.	(b)(6)	1.31	12/9	over age limit	yes
7.	(b)(6)	1.34	12/9	refused	no
8.	(b)(6)	1.36	12/9	over age limit	no
9.	(b)(6)	2.12	12/9	over age limit	no
10.	(b)(6)	2.14	12/9	no answer	no
11.	(b)(6)	2.16	12/9	refused	no
12.	(b)(6)	2.19	12/9	over age limit	no
13.	(b)(6)	2.20	12/9	no answer	no
14.	(b)(6)	2.22	12/9	ans. machine	no
15.	(b)(6)	2.23	12/9	ans. machine	no
16.	(b)(6)	2.24	12/9	no answer	no
17.	(b)(6)	2.25	12/9	busy signal	
18.	(b)(6)	2.27	12/9	ans. machine	
19.	(b)(6)	2.28	12/9	no answer	
20.	(b)(6)	2.31	12/9	over age	

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? (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

ITEM

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 194166 Case Telephone: (b)(6)
 Case address: (b)(6) City Edison
 State NJ Zip 08820

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)	1.18	12/9	rec. b-day not avail	no
2.	(b)(6)	1.22	12/9	over age limit	no
3.	(b)(6)	1.24	12/9	refused	no
4.	(b)(6)	1.26	12/9	ans. machine	no
5.	(b)(6)	1.28	12/9	call later	
6.	(b)(6)	1.31	12/9	over age limit	yes
7.	(b)(6)	1.34	12/9	refused	no
8.	(b)(6)	1.36	12/9	over age limit	no
9.	(b)(6)	2.12	12/9	over age limit	no
10.	(b)(6)	2.14	12/9	no answer	no
11.	(b)(6)	2.16	12/9	refused	no
12.	(b)(6)	2.19	12/9	over age limit	no
13.	(b)(6)	2.20	12/9	no answer	no
14.	(b)(6)	2.22	12/9	ans. machine	no
15.	(b)(6)	2.23	12/9	ans. machine	no
16.	(b)(6)	2.24	12/9	no answer	no
17.	(b)(6)	2.25	12/9	busy signal	
18.	(b)(6)	2.27	12/9	ans machine	
19.	(b)(6)	2.28	12/9	no answer	
20.	(b)(6)	2.31	12/9	over age	

Restaurant

AS

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 194106 Case Telephone: (b)(6)
Case address: (b)(6) City Edison State NJ Zip 08820

Controls will be located by using the reverse address directory:

A

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

Table with 6 columns: No., Phone, Time, Date, Response/Result, Interview completed. Contains handwritten entries for 20 control attempts, including times like 10.47, 10.51, 11.41, etc., and results like 'ans. machine', 'refused', 'interviewed'.

Case State ID: 194106 Case Telephone: (b)(6)
 Address: (b)(6) State NJ Zip 08820
 Control phone number: (b)(6) County _____

* CONTROL'S AGE would not tell; adult INTERVIEWER'S NAME Jamie Rayman
 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 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>Wendy's Park Ave.</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

* Sorry, I forgot to ask interviewee's age during phone call (she sounded like an adult) and when I called back to confirm age she refused to tell me. My mistake.

Restaurant Study

(A)

answer phone

(VTN)

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 25 Sex M F State NJ County And Union City Plainfield

Interviewer name Mansj 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 (circled)

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"/>	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>Rt 22 W Rock Ave</u> 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>Asian - Whitehng Sq Mall Rt 22, 11/21/06.</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	#
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

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 194136 Case Telephone: (b)(6)
 Case address: (b)(6) City South Amboy
 State NJ Zip 08879

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)	1520	12/9		
2.	(b)(6)		12/9	Hindi answer mach	
3.	(b)(6)	1525	12/9		✓
4.	(b)(6)	525		no answer	
5.	(b)(6)			"	
6.	(b)(6)			answ mach	
7.	(b)(6)			8240	
8.	(b)(6)			760	
9.	(b)(6)			no answer	
10.	(b)(6)			under age	
11.	(b)(6)			DISC	
12.	(b)(6)			refused	
13.	(b)(6)			no ansv	
14.	(b)(6)			no answer	
15.	(b)(6)			under age	
16.	(b)(6)			ans mach	
17.	(b)(6)			DISC	
18.	(b)(6)			no answer	
19.	(b)(6)			no answer	
20.	(b)(6)			no answer	

STATE

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 194 136

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)	545	12/9	Phone	
22.	(b)(6)		"	Phone	
23.	(b)(6)		"	Age > 60	
24.	(b)(6)				
25.	(b)(6)				
26.	(b)(6)				
27.	(b)(6)				
28.	(b)(6)				
29.	(b)(6)				
30.	(b)(6)				
31.	(b)(6)				
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

AS

Case State ID: 194136 Case Telephone: (b)(6)

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

Control phone number: (b)(6) County South Amboy NJ

CONTROL'S AGE 57 INTERVIEWER'S NAME _____
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/9/06
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 <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

AS

Case State ID: 194136 Case Telephone: (b)(6)

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

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

CONTROL'S AGE 47 INTERVIEWER'S NAME Philip Gould

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 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>South River NJ</u> Date <u>11/30/2006</u>
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Diner Barnes Harbor</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

PUTTERS 20

altered

ID number (State Lab ID if available)

Control A B (circle)

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

Control Phone number (b)(6)

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

Age 21 Sex M F State NJ County MIDDLESEX City NEW BRUNSWICK

Interviewer name J. CORTES Date of interview 11/13/2006

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 11/13/2006 (fill in case illness onset date)

Y	?	N			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? <i>If no, end interview</i>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>WALKERWAY</u> Date <u>11/26/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>SOMERSET ST.</u> 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 <u>NEW BRUNSWICK</u> 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 <u>NEW BRUNSWICK</u> Date <u>1/2006</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location <u>EAST BRUNSWICK</u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>NEW BRUNSWICK</u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>NEW BRUNSWICK</u> Date <u>1/2006</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location <u>NEW BRUNSWICK</u> Date <u>1/2006</u>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>NOODLE</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	—					

Rutgers 20

ID number (State Lab ID if available)

Control A B (circle)

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

Table with 3 columns for menu items and checkboxes for 'Hold' or 'Substitute' options for tomatoes, lettuce, beef, chicken, cheese, sour cream, onions, olives, and sauce.

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

Table with columns Y, ?, N and rows A-F for questions like 'A Taco?', 'A Burrito?', 'A Quesadilla?', 'A Salad?', 'Nachos?', and '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):

Table with columns Y, ?, N and rows G-T for items like Tomatoes, Lettuce, Ground beef, Chicken, Sour Cream, Cheese, Beans, Green onions, White onions, Any onions, Steak, Olives, Sauce (ex., mild, hot, fire), and 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) Dining Companion Other Taco Bell diner Reverse directory

Age 22 Sex M F State NJ County Middlesex City Rutgers campus

Interviewer name Gleason 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)	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?	Easton Ave Somerset	11/30/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

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

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

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

ID number (State Lab ID if available)

Rutgers 19

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef) <i>chicken</i> (I)	---	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"/>	maximelt- 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 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)

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

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

(b)(6)

Control Phone number

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

Age 24 Sex M M F

State NJ

County Somerset

City Franklin Park

Interviewer name Glenshaw

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 12/15 /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 <u>12/15</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Local chinese food</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	---					

ID number (State Lab ID if available)

Rutgers 7

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"/>	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"/>	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"/>	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"/>	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	
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 checked="" 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"/>	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 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)

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. [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 Taco? B Burrito? C Quesadilla? D 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) Color 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 NJ County Monmouth City New Brunswick

Interviewer name Adelema Langer 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 12/15/2006 (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 Somerset, NJ</u> Date <u>12/4/2006</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>Rte. 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>Peggy's Pizzeria, Home on the Wall Burgers</u>

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

Somebody BG's Pizzeria did not eat at Red Party'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"/>	<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) Cold Call 3 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	<input checked="" type="checkbox"/>	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme	<input checked="" type="checkbox"/>
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 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 (e.g., mild, hot, fire)	

ID number (State Lab ID if available) Colo 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 onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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

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

A 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) Other Taco Bell diner Dining Companion Reverse directory
Age 21 Sex M State NJ County Morris City Holmdel
Interviewer name Arlene L. Swartz 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 1/1/2006 (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	Location	<u>Beth Page, NJ</u>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	Location	<u>Rydens Lane</u>
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	Location	<u>Milltown, NJ</u>
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	Location	<u>RTE 1, near Rutgers</u>
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	Location	<u>RTE 18, East Brunswick</u>
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	Location	<u>Rydens Lane</u>
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	Location	<u>Milltown, NJ</u>
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	Location	<u>Milltown, NJ</u>
I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at Bimpies?	Location	<u>Milltown, NJ</u>
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? - <u>Cap. Larry's</u>	Location	<u>Milltown, NJ</u>

If the control did not eat at Taco Bell, please end interview. Denny's, Omeers, Quick Trip

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"/>	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 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 <i>Cheesy Quesadilla</i>	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

interview

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			
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>12/1</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 checked="" 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"/>	chalupe 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"/>	chalupe 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"/>	chalupe 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)

NY-CTL

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <u>CHEESE QUESADILLA</u>	1
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 <u>NO MEAT</u>	---
						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) 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)
NOVEMBER 2006--E. COLI O157 OUTBREAK- CONTROL QUESTIONNAIRE *centered*

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 yes, Location _____ Date ____ / ____ /2006

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

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

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

ID number (State Lab ID if available)

NY-CTZ

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 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-CTL

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)

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

entire

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 SUFFERK 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>12/2/2006</u>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

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

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

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

ID number (State Lab ID if available)

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

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

interviewed

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>
					Date <u> </u> / <u> </u> / 2006
C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u> </u> / <u> </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> </u> / <u> </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> </u> / <u> </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> </u> / <u> </u> / 2006
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date <u> </u> / <u> </u> / 2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date <u> </u> / <u> </u> / 2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date <u> </u> / <u> </u> / 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 beja- 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 beja- 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 beja- 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)

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)	—

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>11/27</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 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>Burger King</u>	Date <u>1</u> /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 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	—					

Rutgers 11

Control

ID number (State Lab ID if available)

A B (circle)

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 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"/>	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 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"/> chilli 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 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

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) 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 22 Sex M F State NJ County Monmouth City Holmdel

Interviewer name Adrian Lorange 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 /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</u> /2006	
				<u>Somerset, NJ</u> Date <u>1</u> /2006	
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date <u>1</u> /2006	
D	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u>Route 18, East Brunswick</u> 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 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					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 ballgrande
D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco	D	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese
E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)	E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice
F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken	F	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cinnamon twists
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada	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"/>	maximelt- 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 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 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. <input type="checkbox"/> Hold tomatoes	2. <input type="checkbox"/> Hold tomatoes	3. <input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce	<input type="checkbox"/> Hold lettuce
	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef	<input type="checkbox"/> Hold beef
	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken	<input type="checkbox"/> Hold chicken
	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese	<input type="checkbox"/> Hold cheese
	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream	<input type="checkbox"/> Hold sour cream
	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions	<input type="checkbox"/> Hold any onions
	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions	<input type="checkbox"/> Hold white onions
	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions	<input type="checkbox"/> Hold green onions
	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives	<input type="checkbox"/> Hold olives
	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat	<input type="checkbox"/> Substitute beans for meat
	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____	<input type="checkbox"/> Hold sauce (specify type) _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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

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

Y ? N	A 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"/>	
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Quesadilla?
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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
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"/>	
J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Chicken
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sour Cream
O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Green onions
	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 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).
 Are you a Taco Bell employee? (please circle) Yes No *Some nausea but baseline*

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, NJ</u>	Date <u>11/18/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____	Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

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

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

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

ID number (State Lab ID if available)

Rutgers 16

Control

A B (circle)

Tacos			#	Nachos & Sides			#		
Y	?	N		Y	?	N			
<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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					<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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 <u>Salsa</u>	---	
<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/hot/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:

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

Y ? N	
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A Taco?
B <input checked="" 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, chalups, etc) Describe _____

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

Y ? N	
G <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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ground beef
J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Chicken
K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Sour Cream
L <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Cheese
M <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Beans
N <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Green onions
O <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	White onions
P <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Any onions
Q <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Steak
R <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Olives
S <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sauce (ex., milk, 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

ID number (State Lab ID if available) Rutgers 18 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 22 Sex M F State NJ County Middlesex City Rutgers campus
 Interviewer name Alexshaw Date of interview 12/13 /2006 Princeton
 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>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 ____ / ____ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____ / ____ /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____ / ____ /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date <u>12/8</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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?	<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 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 18

ID number (State Lab ID if available)

Control

A

B (circle)

			#				#
Y	?	N		Y	?	N	
Tacos							
A	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	—	A	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	—	B	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	—	C	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	—	D	<input type="checkbox"/>	<input type="checkbox"/>
E	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Burritos							
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	bean burrito	①	B	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	C	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	chili cheese burrito	—	D	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- ground beef (standard)	—	E	<input type="checkbox"/>	<input type="checkbox"/>
E	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- chicken	—	F	<input type="checkbox"/>	<input type="checkbox"/>
F	<input type="checkbox"/>	<input type="checkbox"/>	burrito supreme- steak/ carne asada	—	G	<input type="checkbox"/>	<input type="checkbox"/>
G	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	—	H	<input type="checkbox"/>	<input type="checkbox"/>
H	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- chicken	—	I	<input type="checkbox"/>	<input type="checkbox"/>
I	<input type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- steak/ carne asada	—	J	<input type="checkbox"/>	<input type="checkbox"/>
J	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- ground beef (standard)	—	K	<input type="checkbox"/>	<input type="checkbox"/>
K	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	—	L	<input type="checkbox"/>	<input type="checkbox"/>
L	<input type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- steak/ carne asada	—	M	<input type="checkbox"/>	<input type="checkbox"/>
Gorditas							
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)	—	N	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- chicken	—	O	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
E	<input type="checkbox"/>	<input type="checkbox"/>	gordita baja- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	Misc.		
					A	<input type="checkbox"/>	Other _____
					B	<input type="checkbox"/>	Other _____
					C	<input type="checkbox"/>	I don't remember
					D	<input checked="" 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. Bean burrito

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 _____

veg

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

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

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

Y ? N
A
B
C
D
E
F

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

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

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

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

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

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

BLANK

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 Philip Goveel, 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).

Checked
Philip Goveel
11/21/06
1:30 PM

Philip Gould

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193958 Case Telephone: (b)(6)
Case address: (b)(6) City _____
Middlesex, NJ State NJ Zip _____

Piscataway

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)	6:44	12/8/06	not home	_____
2.	(b)(6)	6:46	12/8/06	not home	_____
3.	(b)(6)	6:45	12/8/06	refused	_____
4.	(b)(6)	6:45	12/8/06	not home	_____
5.	(b)(6)	6:45	12/8/06	Disconnected	_____
6.	(b)(6)	6:46	12/8/06	Busy	_____
7.	(b)(6)	6:47	12/8/06	Not home	_____
8.	(b)(6)	6:48	12/8/06	not home	_____
9.	(b)(6)	6:48	12/8/06	not home	_____
10.	(b)(6)	6:54	12/8/06	Disconnected	_____
11.	(b)(6)	6:55	12/8/06	not home	_____
12.	(b)(6)	6:00	12/8/06	not home	_____
13.	(b)(6)			Blocked	_____
14.	(b)(6)	7:01	12/8/06	not home	_____
15.	(b)(6)	7:03	12/8/06	not home	_____
16.	(b)(6)	7:03	12/8/06	> 60 yrs	_____
17.	(b)(6)	7:05	12/8/06	> 60 yrs	_____
18.	(b)(6)	7:06	12/8/06		_____
19.	(b)(6)	7:07	12/8/06	answer mach	_____
20.	(b)(6)	7:08	12/8/06	> 60 yrs	_____

Case state ID#: _____ State _____ Case Telephone: ____ / ____ - _____
 Sex: Male Female
 Age: _____

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

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?

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 193958

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)	1910	12/8/06	7 60 yrs busy)	_____
22.		1912	12/8/06	7 60 yrs	_____
23.		1915	12/8/06	not home	_____
24.		1915	12/8/06	not home	_____
25.		1916	12/8/06	not home	_____
26.		1916	12/8/06	for you	_____
27.		1922	12/8/06	7 60 yrs	_____
28.		1923	12/8/06		_____
29.				_____	_____
30.				_____	_____
31.				_____	_____
32.				_____	_____
33.				_____	_____
34.				_____	_____
35.				_____	_____
36.				_____	_____
37.				_____	_____
38.				_____	_____
39.				_____	_____
40.				_____	_____

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 _____ 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#: 193798 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.	_____	_____	_____	_____	_____

Case state ID#: _____ State _____ Case Telephone: _____ / _____ - _____
Sex: Male Female
Age: _____

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

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?

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

Duplicates - not entered
controls

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 06E02097 Case Telephone: 1
 Case address: _____ City Pittsburgh
 State PA Zip 15210

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)	11:45	12/10/06	No answer	_____
2.	(b)(6)	11:45	12/10/06	Refused	_____
3.	(b)(6)	11:50	12/10/06	Busy/Refused	_____
4.	(b)(6)	12:00	12/10/06	No answer	_____
5.	(b)(6)	2:00	12/10/06	No answer	_____
6.	(b)(6)	2:00	12/10/06	Spot for someone yesterday	_____
7.	(b)(6)	12:00	12/10/06	No answer	_____
8.	(b)(6)	12:00	12/10/06	> 60 yrs old	_____
9.	(b)(6)	2:00	12/10/06	Already had phone call	_____
10.	(b)(6)	2:00	12/10/06	Disconnected	_____
11.	(b)(6)	2:00	12/10/06	Not home	_____
12.	(b)(6)	2:00	12/10/06	No answer	_____
13.	(b)(6)	2:00	12/10/06	Can't talk - too busy	_____
14.	(b)(6)	2:10	12/10/06	No answer	_____
15.	(b)(6)	2:10	12/10	Someone called yesterday	_____
16.	(b)(6)	2:10	12/10	All > 80 yrs old	_____
17.	(b)(6)	2:15	12/10	No answer	_____
18.	(b)(6)	2:15	12/10		Yes ✓
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

AS

Case State ID: 06E02097 Case Telephone: 1 -

Address: (b)(6) State PA Zip Pittsburgh

Control phone number: (b)(6) County

CONTROL'S AGE 27

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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds?	If yes, Location <u>White Hall</u> Date ___/___/2006 <u>Tues</u>
<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>Friday's</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

Duplicates controls -
not entered

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 06 E02097 Case Telephone: 1
Case address: (b)(6) City Pittsburg PA
State PA 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)	12:30	12/10	Disconnected	_____
2.		12:30	12/10	Disconnected	_____
3.		12:30	12/10	No answer	_____
4.		12:30	12/10	Refused	_____
5.		12:30	12/10	No answer	_____
6.		2:30	12/10	No answer	_____
7.		2:40	12/10	All 760	_____
8.		12:40	12/10	17 yr parents gone	_____
9.		12:50	12/10	No answer	_____
10.		2:50	12/10	No answer	_____
11.		2:50	12/10	No answer	_____
12.		2:50	12/10	No answer	_____
13.		2:50	12/10	No answer	_____
14.		2:50	12/10		yes ←
15.	_____	_____	_____	_____	
16.	_____	_____	_____	_____	
17.	_____	_____	_____	_____	
18.	_____	_____	_____	_____	
19.	_____	_____	_____	_____	
20.	_____	_____	_____	_____	

PK

Case State ID: 06 E02097 Case Telephone: 1

Address: (b)(6) State PA Zip 15210

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

CONTROL'S AGE 54 INTERVIEWER'S NAME Jerry Totars
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/9/06
CONTROL A (CIRCLE ONE) B

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? (was on a cruise ship the whole week)

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#: NY 001 Case Telephone: 1 Unknown
 Case address: Unknown City _____
 State NY 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)	152	12/9/06	DISCONNECTED #	_____
2.	(b)(6)	153	12/9/06	DISCONNECTED #	_____
3.	(b)(6)	155	12/9/06	OVER GO	_____
4.	(b)(6)	156	12/9/06	NO ANSWER	_____
5.	(b)(6)	157	12/9/06	REFUSED	_____
6.	(b)(6)	158	12/9/06	NO ANSWER	_____
7.	(b)(6)	158	12/9/06	DISCONNECTED #	_____
8.	(b)(6)	159	12/9/06	NO ANSWER	_____
9.	(b)(6)	200	12/9/06	NO ANSWER	_____
10.	(b)(6)	201	12/9/06	NO ANSWER	_____
11.	(b)(6)	205	12/9/06	MOST RECENT BD UNAVAIL	_____
12.	(b)(6)	253	12/9/06	DISCONNECTED #	_____
13.	(b)(6)	254	12/9/06	NO ANSWER	_____
14.	(b)(6)	258	12/9/06	Response	X Rest. Study A
15.	(b)(6)	300	12/9/06	Refused	_____
16.	(b)(6)	301	12/9/06	Refused	_____
17.	(b)(6)	302	12/9/06	OVER GO	_____
18.	(b)(6)	303	12/9/06	Disconnected #	_____
19.	(b)(6)	304	12/9/06	Busy	_____
20.	(b)(6)	304	12/9/06	Requested call back	_____

STATE NY

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER NY 001

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)	307	12/9/06	Response	X Rest. Study B
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

Restaurant Study

Case State ID: NY001 Case Telephone: 1 unknown

Address: unknown State NY Zip _____

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

CONTROL'S AGE 57 INTERVIEWER'S NAME Stephen Vindigni

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!

Restaurant Study

Case State ID: Ny 001 Case Telephone: Unknown

Address: Unknown State NY Zip _____

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

CONTROL'S AGE 34 INTERVIEWER'S NAME Stephen Vindigni

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds? If yes, Location <u>Route 3, Plattsburg</u> Date <u>11/26/2006</u>
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Subway? If yes, Location <u>Malone, NY</u> Date <u>11/30/2006</u>
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#: NY 001 Case Telephone: UNKNOWN
 Case address: UNKNOWN City _____
 State NY 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)	313	12/9/06	No ANSWER	_____
2.	(b)(6)	314	12/9/06	Refused	_____
3.	(b)(6)	315	12/9/06	No ANSWER	_____
4.	(b)(6)	316	12/9/06	No ANSWER	_____
5.	(b)(6)	318	12/9/06	No TB visit	_____
6.	(b)(6)	320	12/9/06	Requested call back	_____
7.	(b)(6)	321	12/9/06	No TB visit	_____
8.	(b)(6)	322	12/9/06	No ANSWER	_____
9.	(b)(6)	322	12/9/06	DISCONNECTED #	_____
10.	(b)(6)	323	12/9/06	No TB visit	_____
11.	(b)(6)	324	12/9/06	No TB visit	_____
12.	(b)(6)	325	12/9/06	No TB visit	_____
13.	(b)(6)	326	12/9/06	No TB visit	_____
14.	(b)(6)	332	12/9/06	No TB visit	_____
15.	(b)(6)	336	12/9/06	No TB visit	_____
16.	(b)(6)	337	12/9/06	No TB visit	_____
17.	(b)(6)	338	12/9/06	Refused	_____
18.	(b)(6)	339	12/9/06	No answer	_____
19.	(b)(6)	340	12/9/06	No TB visit	_____
20.	(b)(6)	341	12/9/06	No answer	_____

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER NY 001

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)	342	12/9/06	No answer	_____
22.		343	12/9/06	No answer	_____
23.		344	12/9/06	No answer	_____
24.		345	12/9/06	No answer	_____
25.		346	12/9/06	No TB visit	_____
26.		350	12/9/06	Busy	_____
27.		351	12/9/06	No answer	_____
28.		2353	12/9/06	Refused	_____
29.		353	12/9/06	No answer	_____
30.		355	12/9/06	No answer	_____
31.		356	12/9/06	No answer	_____
32.		356	12/9/06	No answer	_____
33.	_____	_____	_____	_____	
34.	_____	_____	_____	_____	
35.	_____	_____	_____	_____	
36.	_____	_____	_____	_____	
37.	_____	_____	_____	_____	
38.	_____	_____	_____	_____	
39.	_____	_____	_____	_____	
40.	_____	_____	_____	_____	

ID number (State Lab ID if available) _____

Control A B (circle)

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

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

Have you been ill with vomiting or diarrhea since November 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 type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	If yes, Location _____ Date ____/____/2006
B	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	_____ Date ____/____/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	_____ Date ____/____/2006

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

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

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

ID number (State Lab ID if available) _____

Control A B (circle)

Y ? N ORDER SUBSTITUTIONS

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

Name of menu item:	1. _____	2. _____	3. _____
	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes	<input type="checkbox"/> Hold tomatoes
	<input type="checkbox"/> Hold 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#: _____ 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.	_____	_____	_____	_____	_____

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

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

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

Have you been ill with vomiting or diarrhea since November 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 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	___					

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 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) _____

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 2: TACO BELL FOOD ITEM 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.

We are looking for controls who ate at a Taco Bell. You will be using the reverse phone directory (see brief directions below- ask if you have questions). Use the 3-paged control questionnaire until you have obtained 2 controls who ate at Taco Bell.

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 NY 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.

We are looking for households that have a person between the ages of 1 and 60 that ate at Taco Bell during the week of November 24-November 30, or full week following Thanksgiving. Did anyone in your household eat at Taco Bell during that week?" → If no, thank them and end the interview.

If yes, ask how many of in the household who ate at Taco Bell are between the ages of 1 and 60. If only one person in the household between the ages of 1 and 60 ate at Taco Bell, ask to speak to that person and proceed with the questionnaire (or if the person who answered the phone is the only person in the household that ate at Taco Bell, proceed with the questionnaire). If more than one person in the household ate at Taco Bell, proceed as below:

"In order to pick randomly from those in your household that ate at Taco Bell, we are looking to speak to the person who ate at Taco Bell with 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, ask them if there is a better time to call and if so 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. 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 the time to call back and the phone number on a post-it note, and stick it on the questionnaire).

"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).

OVER →

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 NY 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

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.

for 194106

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)	_____	_____	<i>complete</i>	_____
2.		_____	_____	<i>call back later</i>	_____
3.		_____	_____	<i>refused</i>	_____
4.		_____	_____	<i>not home</i>	_____
5.		_____	_____	<i>not home</i>	_____
6.		_____	_____	<i>disconnected</i>	_____
7.		_____	_____	<i>refused</i>	_____
8.		_____	_____	<i>refused</i>	_____
9.		_____	_____	<i>refused</i>	_____
10.		_____	_____	<i>refused</i>	_____
11.		_____	_____	<i>complete</i>	_____
12.		_____	_____	<i>not home</i>	_____
13.		_____	_____	<i>disconnected</i>	_____
14.		_____	_____	<i>complete</i>	_____
15.	_____	_____	_____	_____	
16.	_____	_____	_____	_____	
17.	_____	_____	_____	_____	
18.	_____	_____	_____	_____	
19.	_____	_____	_____	_____	
20.	_____	_____	_____	_____	

194106

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)			not home	
2.				not home	
3.				not home	
4.				not home	
5.				not home	
6.				refused	
7.				response	yes
8.				not home	
9.				not home	
10.				refused	
11.				not home	
12.				refused	
13.				not home	
14.				not home	
15.				not home	
16.				refused	
17.				not home	
18.				not home	
19.				refused	
20.				refused	

ID number (State Lab ID if available) 194106 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 30 Sex M F State NJ County Middlesex City Edison
 Interviewer name Kinney Naik Date of interview 12/6 /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 type="checkbox"/>	<input checked="" 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>Middlesex</u> Date <u>11/7</u> /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) _____

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) 199106 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 35 Sex M F State NJ County Middlesex City Edison
 Interviewer name Susanna Haynes 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 / /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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u>Naperville, IL</u> Date <u>12/3</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 ___/___/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 type="checkbox"/>	Did you eat at any other restaurant? <u>Denny's + Krispy Creme</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	—					

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) 194106 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 Ocean City Bricktown
 Interviewer name Susanna Haynes 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 ___/___/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 checked="" 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) _____

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) 194106 Control A B (circle)

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

Control Phone number (b)(6)
 Method of control selection (please circle) Control Dining Companion Other Taco Bell diner Reverse directory
 Age 48 Sex M F State NJ County Ocean City Bricktown
 Interviewer name Susana Haynes Date of interview 12/8 /2006
 Who was interviewed? Control Control Parent 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 checked="" type="checkbox"/>	<input 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's + Steakhouses (Long Star)</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

* Duplicate Ctrl

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 194106 Case Telephone: (b)(6)
 Case address: (b)(6) City Edison
 State NJ Zip 08820-3363

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)	10:47	12/9/06	ans. machine	no
2.	(b)(6)	10.51	"	ans. machine	no
3.	(b)(6)	11.41	"	ans. machine	no
4.	(b)(6)	11.43	"	hang up	no
5.	(b)(6)	11.46	"	ans. machine	no
6.	(b)(6)	11.48	"	refused	no
7.	(b)(6)	11.50	"	ans. machine	no
8.	(b)(6)	11.51	"	busy signal	no
9.	(b)(6)	11.53	"	did not eat @ rest.	yes
10.	(b)(6)	11.59	"	refused	no
11.	(b)(6)	12.04	"	did not eat @ rest.	yes
12.	(b)(6)	12.10	"	did not eat @ rest.	yes
13.	(b)(6)	12.12	"	# not in service	no
14.	(b)(6)	12.15	"	ans. machine	no
15.	(b)(6)	12.16	"	refused	no
16.	(b)(6)	12.18	"	refused	no
17.	(b)(6)	12.21	"	fax machine	no
→ 18.	(b)(6)	12.25	"	interviewed	yes
19.	(b)(6)	12.56	"	refused	no
20.	(b)(6)	12.58	"	# not in service	no

(b)(6)

- PA Called me.

ID number (State Lab ID if available) 194106

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 ^{would not divulge, adult} Sex M F State NJ County _____ City Edison

Interviewer name Jamie Rayman 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 12/1 /2006 (fill in case illness onset date) week of Nov. 24 ^(day after Thanksgiving)

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut? If yes, Location _____ Date ___/___/2006
G	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Wendy's Park Ave</u>

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

* Sorry, I did not ask interviewee her age during the interview (she sounded like an adult). When I called back she refused to divulge her age.

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

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

ID number (State Lab ID if available) _____

Control A B (circle)

Y ? N ORDER SUBSTITUTIONS

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

Name of menu item: 1. _____ 2. _____ 3. _____

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

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

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

A A Taco?

B A Burrito?

C A Quesadilla?

D A Salad?

E Nachos?

F Other (ex., gordita, chalupa, etc) Describe _____

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

Y ? N

G Tomatoes

H Lettuce

I Ground beef

J Chicken

K Sour Cream

L Cheese

M Beans

N Green onions

O White onions

P Any onions

Q Steak

R Olives

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

T Other (specify) _____

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

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193942 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.

1st caller

Duplicate Restaurant Controls

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

Not entered

No.	Phone	Time	Date	Response/Result (refused, not home, busy)	Interview completed
1.	(b)(6)	11:33a	12/9/06	too old	—
2.	(b)(6)	11:36a	12/9/06	no answer	—
3.	(b)(6)	11:39a	12/9/06	hung up	—
4.	(b)(6)	11:41a	12/9/06	busy	— ✓
5.	(b)(6)	11:42a	12/9/06	hung up	—
6.	(b)(6)	11:43a	↓	fax #	—
7.	(b)(6)	11:45a	↓	actually lives in PA	—
8.	(b)(6)	11:47a	↓	refused	—
9.	(b)(6)	11:50a	↓	no answer	—
10.	(b)(6)	11:53a	↓	too old	—
11.	(b)(6)	11:56a	↓	"no...." "click"	—
12.	(b)(6)	11:58a	↓	too old	—
13.	(b)(6)	12:00p	↓	too old	—
14.	(b)(6)	12:03p	↓	no answer	—
15.	(b)(6)	12:05p	↓	no answer	—
16.	(b)(6)	12:07p	↓	no answer	—
17.	(b)(6)	12:08p	↓	Samir said she's too old	✓
18.	(b)(6)	12:29p	↓	"not interested"	—
19.	(b)(6)	12:31p	↓	too old	—
20.	(b)(6)	12:37p	↓	hung up	—

P.2

Case #

193942

Escherichia coli O157:H7 Telephone Interviews

State 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.

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)	12:42p	12/9/06	no answer	—
2.	(b)(6)	12:44p	12/9/06	kids not there, don't call back	—
3.	(b)(6)	12:51p	↓	13yo, parents not home → call back around 4pm Sp	—
4.	(b)(6)	12:51p	↓	no answer	—
5.	(b)(6)				—
6.	(b)(6)			Call back	—
7.	(b)(6)				—
8.	(b)(6)				—
9.	(b)(6)			highlighted numbers	—
10.	(b)(6)			after 4pm	—
11.	(b)(6)				—
12.	(b)(6)			people weren't available	—
13.	(b)(6)			when I called the first	—
14.	(b)(6)			time) 4, talk to husband	—
15.	(b)(6)				—
16.	(b)(6)			using the week (so, refused)	—
17.	(b)(6)				—
18.	(b)(6)	1:35p	↓	no answer	—
19.	(b)(6)	1:36p	↓	no answer	—
20.	(b)(6)	1:37p	↓	no answer	—

Call back around 4pm

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 193942

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)	1:40p	12/9/06	no answer	—
22.	(b)(6)	1:44p	9 ↓	done	✓
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____
26.	_____	_____	_____	_____	_____
27.	_____	_____	_____	_____	_____
28.	_____	_____	_____	_____	_____
29.	_____	_____	_____	_____	_____
30.	_____	_____	_____	_____	_____
31.	...	_____	_____	_____	_____
32.	_____	_____	_____	_____	_____
33.	_____	_____	_____	_____	_____
34.	_____	_____	_____	_____	_____
35.	_____	_____	_____	_____	_____
36.	_____	_____	_____	_____	_____
37.	_____	_____	_____	_____	_____
38.	_____	_____	_____	_____	_____
39.	_____	_____	_____	_____	_____
40.	_____	_____	_____	_____	_____

Case State ID: 193942 Case Telephone: _____ / _____ - _____

Address: _____ State NJ Zip _____

Control phone number: _____ / _____ - _____ County _____

CONTROL'S AGE 4

SEX MALE FEMALE

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

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193942 Case Telephone: 1
 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.

2nd caller attempting to get 2nd control on 12/10/06

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)	2:05 pm	12/10/06		✓
2.		2:07	12/10/06	voicemail	
3.		2:09	"	no answer	
4.		2:10	"	voicemail	
5.		2:11	"	voicemail	
6.		2:12	"	no answer	
7.		2:18	12/10/06	busy	
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Case State ID: 193942 Case Telephone: ~~214~~, ~~972~~ 3021

Address: _____ State _____ Zip _____

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

CONTROL'S AGE 32 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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant? <u>Baja Fresh, Johnny Carrinos</u>

Thank you very much for your participation!

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 93950 Case Telephone: (b)(6)
 Case address: (b)(6) City TOMS RIVER
 State NJ Zip 08755-1373

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)	11:10	12-10-06	NOT HOME	N/A
2.	(b)(6)	1:12	12-10-06	NOT HOME	N/A
3.	(b)(6)	1:15	12-10-06	NOT HOME	N/A
4.	(b)(6)	:34	12-10-06	NOT HOME	N/A
5.	(b)(6)	35	12-10-06	NOT HOME <small>HOOBIE AND MIEBETO ALL OVER 60 YEARS OLD</small>	N/A
6.	(b)(6)	45	12-10-06	ONE PERSON 26 YEARS OLD	N/A
7.	(b)(6)	48	12-10-06	CALLBACK ON 12-11-06	
8.	(b)(6)	54	12-10-06	NOT HOME	N/A
9.	(b)(6)	:05	12-10-06	NOT HOME	N/A
10.	(b)(6)	:10	12-10-06	NOT IN SERVICE	N/A
11.	(b)(6)	:11	12-10-06	≥ 60 YEARS OLD	N/A
12.	(b)(6)	:13	12-10-06	NOT HOME	N/A
13.	(b)(6)	:18	12-10-06	NOT HOME	N/A
14.	(b)(6)	:20	12-10-06	RESULT.	YES (A)
15.					
16.					
17.					
18.					
19.					
20.					

*Duplicate
★ Controls*

Case State ID: 193950 Case Telephone: (b)(6)
Address: (b)(6) State NJ Zip 08755-
Control phone number: (b)(6) County OCEAN

CONTROL'S AGE 45 INTERVIEWER'S NAME VINCENT J. RADKE
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 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>TOMS RIVER</u> Date <u>11/30/2006</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?	

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

Ch...A

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193950 Case Telephone: (b)(6)
 Case address: (b)(6) City TOMS RIVER
 State NJ Zip 08755-1373

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)	12:45	12-10-2006	REFUSED	N/A
2.	(b)(6)	2:47	12-10-2006	NOT HOME	N/A
3.	(b)(6)	2:48	12-10-2006	NOT HOME	N/A
4.	(b)(6)	2:50	12-10-2006	NOT HOME	N/A
5.	(b)(6)	2:52	12-10-2006	REFUSED	N/A
6.	(b)(6)	2:54	12-10-2006	NOT HOME	N/A
7.	(b)(6)	1:07pm	12-10-2006	DISCONTINUED	N/A
8.	(b)(6)	1:09	12-10-2006	NOT HOME	N/A
9.	(b)(6)	1:11	12-10-2006	RESULT	YES
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Case State ID: 193950 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08755-1373
TOMS RIVER

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

CONTROL'S AGE 51 INTERVIEWER'S NAME VINCENT J. RADKE

CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 10/12/2006

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#: 193357 Case Telephone: (b)(6)
 Case address: (b)(6) City Plainfield
 State NJ 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.

★ Duplicate ctrl

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)	1:00	12/10/06	Refused	No
2.	(b)(6)	1:02	12/10/06	Not home	No
3.	(b)(6)	1:05	12/10/06	Answered	Yes (A)
4.					
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) Plainfield State NJ Zip 07063
 Control phone number: (b)(6) County _____

CONTROL'S AGE 19 INTERVIEWER'S NAME Nehal Patel
 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 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 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"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)? ... If yes, Location <u>Somerset St, Plaincity</u> Date <u>11/24/2006</u> <u>Friday</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 ____/____/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? <u>Used Yahoo Maps to find closest address & zip. Used those do phone searches. addresses to do ph# searches</u> Date ____/____/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies? <u>addresses to do ph# searches</u> Date ____/____/2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaura <u>Piscataway</u> <u>turn Rd, NJ</u> <u>Saturday</u> <u>11/25/06</u>

Thank you very much

If you have any questions or problems
ssodha@cdc.gov, (404) 639-2234 or A
 1984.
 PLEASE FAX COMPLETED QUESTION

(404) 639-
 JHA

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193357 Case Telephone: (b)(6)
 Case address: (b)(6) City Plainfield
 State NJ 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)	1:15	12/10/06	Not home	No
2.	(b)(6)	1:16	12/10/06	Not home	No
3.	(b)(6)	1:17	12/10/06	Refused	No
4.	(b)(6)	1:20	12/10/06	Answered	Yes (B)
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) Plainfield State NJ Zip 07063
 Control phone number: (b)(6) County _____

CONTROL'S AGE 73 INTERVIEWER'S NAME Nehal Patel
 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 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>West 7th St Plainfield NJ</u> Date <u>11 / 30 / 2006</u> <u>Thu</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 type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any McDonalds? If yes, Location _____ Date ___/___/2006
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Subway? If yes, Location <u>Clinton Ave & Washington Ave</u> Date <u>11 / 29 / 2006</u> <u>wed</u> <u>Piscataway NJ</u>
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

Escherichia coli O157:H7 Telephone Interviews

*Duplicate
ctrl 1*

Case state ID#: PA05 Case Telephone: (b)(6)
 Case address: (b)(6) City Wynnewood
 State PA Zip 19096

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)	3:02pm	12/10/06	On other line, client talks	
2.	(b)(6)	3:04pm	12/10/06	not home	
3.	(b)(6)	3:05pm	12/10/06	Can't talk today, call back tomorrow	
4.	(b)(6)	3:06pm	12/10/06	not home	
5.	(b)(6)	3:08pm	12/10/06	not home	
6.	(b)(6)	3:09pm	12/10/06	not home	
7.	(b)(6)	3:10pm	12/10/06	not home	
8.	(b)(6)	3:12pm	12/10/06	not home	
9.	(b)(6)	3:13pm	12/10/06	not home	
10.	(b)(6)	3:14pm	12/10/06	already been called for another CDC survey	
11.	(b)(6)	3:15pm	12/10/06	not home	
12.	(b)(6)	3:19pm	12/10/06	not home	
13.	(b)(6)	3:20pm	12/10/06	no one in age group	
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Case State ID: PA05 Case Telephone: 610 1649-6312

Address: 62 ~~Retreat Rd~~ Wynnewood Rock Glen Road State PA Zip 17096

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!

Duplicate ~~of~~ ~~the~~ ~~original~~

(2)

Case State ID: 194136 Case Telephone: (b)(6)

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

Control phone number: (b)(6) County South Amboy City

CONTROL'S AGE 48 INTERVIEWER'S NAME Unid

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 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? <u>No</u>

Thank you very much for your participation!

[Handwritten scribble]

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 194136 Case Telephone: (b)(6)
 Case address: (b)(6) City S. Amboy 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)	12:21	12/10	not home	
2.	(b)(6)	1226	12/10	not home	
3.	(b)(6)	1228	12/10	not home	
4.	(b)(6)	1229	- - -	- " -	
5.	(b)(6)	1230	- " -	- " -	
6.	(b)(6)	1230	- " -	> 80 yo.	
7.	(b)(6)	1233	- " -	> 60 yo.	
8.	(b)(6)	1235	- " -	not home	
9.	(b)(6)	1237	- " -	not home	
10.	(b)(6)	1237	- " -	discon. #	
11.	(b)(6)	1238	- " -	busy	
12.	(b)(6)	1238	- " -	not home	
13.	(b)(6)	1:06	- " -	not home	
14.	(b)(6)	1:38	- " -	positive	+
15.					
16.					
17.					
18.					
19.					
20.					

213?

Case #

PA - 30

Escherichia coli O157:H7 Telephone Interviews

STATE PA

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.

Not entered: duplicate ctrl

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 Interview completed

No.	Phone	Time	Date	Response/Result	Interview completed
1.	(b)(6)	1029	10/30	not home (busy)	
2.	(b)(6)	1030	12/9	had diarrhea	
3.	(b)(6)	1030	12/9	Home	Q Taco Bell
4.	(b)(6)	1030	12/9	Disconnect	
5.	(b)(6)	1030	12/9	Home	
6.	(b)(6)	1035	12/9	Disconnect	
7.	(b)(6)	1035	12/9	@ 1300	Q TB - could have been control for study
8.	(b)(6)	1038	12/9	answ mach	
9.	(b)(6)	1042	"	after 1300	Q Taco Bell
10.	(b)(6)	1045	"	Disconnect	
11.	(b)(6)	1050	"	> 60yd	
12.	(b)(6)	1100		answ mach	
13.	(b)(6)	1100		fax	
14.	(b)(6)	1100		answ mach	
15.	(b)(6)	1100		> 60	
16.	(b)(6)	1103		Q rest	✓ restaurant study
17.	(b)(6)	1115		Q answ mach	
18.	(b)(6)	1115			
19.	(b)(6)	1125		Q answ mach	✓
20.	(b)(6)	1125		Q TB	

Call later L

restaurant study

Reverse Directory

Case State ID: PA-30 Case Telephone: (b)(6)

Address: (b)(6) Boyertown State PA Zip

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

CONTROL'S AGE 31 INTERVIEWER'S NAME Philip Gould
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	
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds? If yes, Location <u>Collegiate PA</u> Date ___/___/2006 <u>unsure M-Th</u>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u>Quiznos (unsure dates)</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

2

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER PA 30

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)	1130	12/9	no answer ✓		
22.			12/9	760		
23.			"	DTB answer machine		
24.		1440	"	hung up		
25.		1130	"	answer machine ✓		
26.				" " ✓		
27.				12/9	> 600 ✓	
28.				12/9	answer machine	
29.				12/9	no answer ✓	
30.					DTacobeBell no answer	
31.					DTacobeBell	
32.					no answer	
33.					no answer	
34.					Disconnect	
35.					> 600 no answer	
36.		1440			hung up	
37.		1140			answer machine	
38.		1140	12/9		DTacobeBell no answer	
39.						no answer
40.				1148		DTacobeBell

DTB

3

STATE PA

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER PA 30

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)	1153	12/9	answer mach		
22.		"	"	DTaco Bell		
23.			12/9	DTaco Bell		
24.				92 y.o		
25.				760	but ate at TB	
26.				answer	during pass	
27.				answer	and guess	
28.				answer		
29.				answer		
30.				answer		
31.			1200		answer mach	
32.				12/9	answer	
33.					answer	
34.					DTaco Bell	
35.				12/9	answer mach	
36.				12/9	answer	
37.					DTaco Bell	
38.					Disconnect	
39.					DTaco Bell	
40.						

4

STATE PA

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER PA-30

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

Aspen Lane

No.	Phone	Time	Date	Response/Result (refused, not home, busy)	Interview completed
21.	(b)(6)	1219	12/9	760 busy	
22.	(b)(6)			answ man	
23.	(b)(6)			answ	
24.	(b)(6)			answ	
25.	(b)(6)			answ	
26.	(b)(6)			> 60 + PTB	
27.	(b)(6)			answ	
28.	(b)(6)	1425	12/9	answ man PTB	
29.	(b)(6)	1230	12/9	PTB answ	
30.	(b)(6)			Disconnected	
31.	(b)(6)			PTac Bell	
32.	(b)(6)			answ	
33.	(b)(6)			answ	
34.	(b)(6)			answ	
35.	(b)(6)			answ	
36.	(b)(6)			fax #	
37.	(b)(6)			PTac Bell	
38.	(b)(6)			PTB	
39.	(b)(6)			answ	
40.	(b)(6)				

same #

5

STATE PA

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER PA-30

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)	1325	12/9	DTB	
22.		"	"	answ mach	
23.		"	"	>60	
24.				DTB	
25.				hang up answ	
26.				>60	
27.				answ	
28.				DTB	
29.				>60	
30.				answ	
31.				DTB	
32.				answ mach	
33.				answ DTB	
34.				answ mach	
35.				answ mach	
36.			4:30	12/9	answ mach
37.					
38.					
39.					
40.					

**CDC GROUP 2: TACO BELL FOOD ITEM 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.

We are looking for controls who ate at a Taco Bell. You will be using the reverse phone directory (see brief directions below- ask if you have questions). Use the 3-paged control questionnaire until you have obtained 2 controls who ate at Taco Bell.

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 Philip Goud, and I am working with the PA 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.

We are looking for households that have a person between the ages of 1 and 60 that ate at Taco Bell during the week of November 24-November 30, or full week following Thanksgiving. Did anyone in your household eat at Taco Bell during that week?" → If no, thank them and end the interview.

If yes, ask how many of in the household who ate at Taco Bell are between the ages of 1 and 60. If only one person in the household between the ages of 1 and 60 ate at Taco Bell, ask to speak to that person and proceed with the questionnaire (or if the person who answered the phone is the only person in the household that ate at Taco Bell, proceed with the questionnaire). If more than one person in the household ate at Taco Bell, proceed as below:

"In order to pick randomly from those in your household that ate at Taco Bell, we are looking to speak to the person who ate at Taco Bell with 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, ask them if there is a better time to call and if so 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. 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 the time to call back and the phone number on a post-it note, and stick it on the questionnaire).

"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).

OVER →

Gnp3

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193622

Case Telephone: (b)(6)

Case address: (b)(6)

City HAMILTON TOWNSHIP, TRENTON

State NJ Zip 08610

- Interviewee - BASSO

Controls will be located by using the reverse address directory:

* Not Entered
2 ctrls
already



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, <u>not home, NH</u> busy)	Interview completed
1.	(b)(6)	10:23	12/10/06	NH	N
2.	(b)(6)	10:27	12/10/06	DIARRHEA	N Y
3.	(b)(6)	10:29	12/10/06	DISCONNECTED	N
4.	(b)(6)	10:31	12/10/06	NH	N
5.	(b)(6)	10:32	12/10	NH	N
6.	(b)(6)	10:34	12/10	NH	N
7.	(b)(6)	10:35	12/10	NH	N
8.	(b)(6)	10:36	12/10	NH	N
9.	(b)(6)	10:38	12/10	NH	N
10.	(b)(6)	10:40	12/10	INTERVIEW	Y
11.	(b)(6)	10:54	12/10	NH	N
12.	(b)(6)	10:56	12/10	INTERVIEW	Y
13.	(b)(6)	11:06	12/10	NH	N
14.	(b)(6)	11:08	12/10	NO ONE UNDER AGE 60	N
15.	(b)(6)	11:10	12/10	NH	N
16.	(b)(6)	11:11	12/10	NH	N
17.	(b)(6)	11:12	12/10	NH	N
18.	(b)(6)	11:13	12/10	NH	N
19.	(b)(6)	11:15	12/10	NH	N
20.	(b)(6)	11:17	12/10	INTERVIEW	Y

Case State ID: 193622

Case Telephone: (b)(6)

Address: (b)(6)

TRENTON, (HAMILTON TOWNSHIP)
State NJ Zip 08610

Control phone number: (b)(6)

County HAMILTON TOWNSHIP

CONTROL'S AGE 57

INTERVIEWER'S NAME M. J. BASSO

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 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>MERCER COUNTY</u> Date <u>? /</u> /2006 <u>QUAKER BRIDGE MALL</u>
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Subway? If yes, Location <u>TRENTON - W. 8TH ST</u> Date <u>12/06/2006</u>
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: 7763 193622 Case Telephone: (b)(6)

Address: (b)(6) State TRENTON, NJ Zip 08610

Control phone number: (b)(6) County HAMILTON TOWNSHIP, TRENTON

CONTROL'S AGE 60 INTERVIEWER'S NAME MJ. BASSO
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 <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>TRENTON, S. BROAD ST.</u> Date <u>11 / 26 / 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>ROUTE 33, MERCERVILLE</u> Date <u>EVERYDAY</u> / ____/2006
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Subway?	If yes, Location <u>QUAKER BRIDGE RD</u> Date <u>EVERYDAY</u> / ____/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

not entered
duplicate

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#: 193892 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)	3:33pm	12/9/06		X
2.		3:37pm	12/9	not home	
3.		3:38pm	12/9	already called	
4.		3:39pm	12/9	disconnected #	
5.		3:40pm	12/9		X
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Ate at Taco Bell during November but NOT 11/24-11/30
 Did NOT get ill
 Willing to answer more questions

AS

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

CONTROL'S AGE 57 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 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

★ Ate at Taco Bell during Nov but not 11/24-11/30
Did not get ill
Willing to answer more questions

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

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

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

CONTROL'S AGE 2 INTERVIEWER'S NAME Ayssa 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 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>Quizno's Easton Rd Somerset, NJ - 11/28/06</u> Tues

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

Not entered. Already
2 cntrls

Case State ID: 193622 Case Telephone: (b)(6)
Address: (b)(6) State ^{TRANTON} NY Zip 08610
Control phone number: (b)(6) County HAMILTON TOWNSHIP - TRENTON
CONTROL'S AGE 32 INTERVIEWER'S NAME M.J. BASSO
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12 / 10 / 06
CONTROL ~~A~~ ~~B~~ (CIRCLE ONE) C

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 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

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193622 Case Telephone: (b)(6)
 Case address: (b)(6) City HAMILTON TOWNSHIP, TRENTON
 State NJ Zip 08610

- INTERVIEWER - BASSO

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, <u>not home; NH</u> busy)	Interview completed
1.	(b)(6)	11:23	12/10	NH	N
2.	(b)(6)	11:26	12/10	NO ONE UNDER AGE 60	N
3.	(b)(6)	11:27	12/10	NH	N
4.	(b)(6)	11:28	12/10	NH	N
5.	(b)(6)	11:30	12/10	NH	N
6.	(b)(6)	11:30	12/10	NOT IN SERVICE	N
7.	(b)(6)	11:32	12/10	NH	N
8.	(b)(6)	11:33	12/10	NH	N
9.	(b)(6)	11:34	12/10	NH	N
10.	(b)(6)	11:34	12/10	NH	N
11.	(b)(6)	11:35	12/10	NOT IN SERVICE	N
12.	(b)(6)	11:37	12/10	REFUSED	N
13.	(b)(6)	11:38	12/10	REFUSED	N
14.	(b)(6)	11:41	12/10	NO ONE UNDER AGE 60	N
15.	(b)(6)	11:43	12/10	REFUSED	N
16.	(b)(6)	11:44	12/10	NH	N
17.	(b)(6)	11:45	12/10	NH	N
18.	(b)(6)	11:46	12/10	NH	N
19.	(b)(6)	11:47	12/10	NH	N
20.	(b)(6)	11:48	12/10	BUSY	N

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193622 Case Telephone: (b)(6)
 Case address: (b)(6) City HAMILTON TOWNSHIP, TRENTON
 State NJ Zip 08610

- INTERVIEWER - BASSO

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, NH, busy)	Interview completed
1.	(b)(6)	11:50	12/10	INTERVIEW	Y
2.	(b)(6)	12:01	12/10	NEED TO 6:00 PM SPEAK TO WIFE - TRUCK	N
3.	(b)(6)	12:03	12/10	NO ONE UNDER AGE 60	N
4.	(b)(6)	12:05	12/10	NH	N
5.	(b)(6)	12:06	12/10	NH	N
6.	(b)(6)	12:07	12/10	REFUSED	N
7.	(b)(6)	12:08	12/10	REFUSED	N
8.	(b)(6)	12:10	12/10	NH	N
9.	(b)(6)	12:11	12/10	- SOME DIARRHEA	N
10.	(b)(6)	12:15	12/10	NH	N
11.	(b)(6)	12:17	12/10	NH	N
12.	(b)(6)	12:19	12/10	NH	N
13.	(b)(6)	12:19	12/10	NH	N
14.	(b)(6)	12:20	12/10	ILL - (BRONCHITIS)	N
15.	(b)(6)	12:22	12/10	NH	N
16.	(b)(6)	12:25	12/10	NO ONE UNDER AGE 60	N
17.	(b)(6)	12:27	12/10	INTERVIEW	Y
18.	(b)(6)	12:40	12/10	NH	N
19.	(b)(6)	12:42	12/10	REFUSED	N
20.	(b)(6)	12:43	12/10	NH	N

← CALL BACK AT 6:00

Case State ID: 193622

Case Telephone: (b)(6)

Address: (b)(6)

State TRENTON NJ

Zip 08610

Control phone number: (b)(6)

County _____

CONTROL'S AGE 59

INTERVIEWER'S NAME M. J. BASSO

CONTROL'S SEX MALE FEMALE

DATE OF INTERVIEW 12 / 10 / 06

CONTROL A B (CIRCLE ONE) D

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 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>CHATEL'S</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: 193622

Case Telephone: (b)(6)

Address: (b)(6)

State TRENTON, NJ Zip 08610

Control phone number: (b)(6)

County HAMILTON TOWNSHIP (TRENTON)

CONTROL'S AGE 44

INTERVIEWER'S NAME M.J. BASSO

CONTROL'S SEX MALE FEMALE

DATE OF INTERVIEW 12 / 10 / 06

CONTROL A B (CIRCLE ONE) E

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		(Specify street, city, state for each location please)
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location #1 <u>HAMILTON - GREGORY BLVD - RESU</u> Date <u>1</u> / <u>1</u> / 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>ROUTE 33 HAMILTON SQUARE</u> Date <u>1</u> / <u>1</u> / 2006 - CANT RECALL
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>POOR BOYS - ROUTE 33</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#: 194014

Case Telephone: (b)(6)

Case address: (b)(6)

City Metuchen

State NJ

Zip 08840

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.

** Not entered!
2 contrls already entered for 194014*

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)	10:30a	12/10/06	refuse	N
2.	(b)(6)	0:31a	12/10/06	not home	N
3.	(b)(6)	0:33a	12/10/06	refuse	N
4.	(b)(6)	1:34a	12/10/06	not home	N
5.	(b)(6)	0:41a	12/10/06	87yo/refuse	N
6.	(b)(6)	0:42a	12/10/06	not home	N
7.	(b)(6)	0:44a	12/10/06	refuse	N
8.	(b)(6)	0:47a	12/10/06	not home	N
9.	(b)(6)	1:53a	12/10/06	not home	N
10.	(b)(6)	1:47a	12/10/06	not home	N
11.	(b)(6)	1:48	12/10/06	not home	N
12.	(b)(6)	11:56	12/10/06	yes	<u>YES</u> A control
13.	(b)(6)	11:58	12/10/06	not home	NO
14.	(b)(6)	11:59	12/10/06	not home	NO
15.	(b)(6)	12:02	12/10/06	not home	NO
16.	(b)(6)	2:09	12/10/06	not >60yo	NO
17.	(b)(6)	12:10	12/10/06	not home	NO
18.	(b)(6)	2:11	12/10/06	not home	NO
19.	(b)(6)	12:23	12/10/06	not home	NO
20.	(b)(6)	2:26	12/10/06	not home not >60yo	NO

732-632-9227

←

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 194014

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)	12:28	12/10/06	not home	NO
22.		12:29	12/10/06	Business	NO
23.		12:30	12/10/06	not home	NO
24.		12:31	12/10/06	BUSINESS	NO
25.		12:35	12/10/06	not home	NO
26.		12:44	12/10/06	yes	Control ^{yes} B
27.					
28.					
29.					
30.					
31.	...				
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

Case State ID: 194014 Case Telephone: (b)(6)
 Address: (b)(6) State NJ Zip 08840 City: Metuchen
 Control phone number: (b)(6) County Middlesex

CONTROL'S AGE 57 INTERVIEWER'S NAME Bianca Perri
 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. ^{^ day}

Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A 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"/>	B 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 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 any McDonalds? If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you eat at any 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? NONE were chains - all in Midtown Manhattan, Opia 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: 194014 Case Telephone: (b)(6)

Address: (b)(6) State NJ Zip 08840 Metuchen

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

CONTROL'S AGE 11 INTERVIEWER'S NAME Bianca Perri
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"/>	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any McDonalds? If yes, Location <u>Metuchen Middlesex County</u> Date ___/___/2006 <u>on Route 1 south</u>
<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?

Thank you very much for your participation!

? un-certain about date

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

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 _____ 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).

West Study

Not entered - already
2 cntrls

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 193609

Case Telephone: (b)(6)

Case address: (b)(6)

City Piscataway Township
State NJ Zip _____

Age 23, Female

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)	7:24	12/8/06	contacted	yes
2.	(b)(6)	7:30	"	husband busy	no
3.	(b)(6)	7:32	"	disconnected	no
4.	(b)(6)	7:33	"	> 60 years	no
5.	(b)(6)	7:35	"	> 60 years	no
6.	(b)(6)	7:37	"	not home	no
7.	(b)(6)	7:38	"	contacted	yes
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Case State ID: 193609 Case Telephone (b)(6)

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

Control phone number (b)(6) County Piscataway

CONTROL'S AGE 60
SEX MALE FEMALE

A or B

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>Route 28</u> Date <u>11/30</u> /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

No diarrhea or cramping
Itaha Rolle
12/8/06

Case State ID: 193609 Case Telephone: (b)(6)

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

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

CONTROL'S AGE 50
SEX MALE FEMALE

A or (B)

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? Pizza place (chain but not Pizza hut)

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

Italia Rolle
12/8/06

Rest Study

not entered - already 2 contr
[Signature]

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 194098

Case Telephone: (b)(6)

Case address: (b)(6)

City Millburn (Essex Co)
 State NJ Zip 07041

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)	6:25	12/8/2006	Response	✓
2.	(b)(6)	6:40	12/8/2006	Not home	
3.	(b)(6)	6:42	12/8/2006	Refused	
4.	(b)(6)	6:44	12/8/2006	Response	✓
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

CONTROL

Case state ID#: 194098 State NJ Case Telephone: (b)(6)

Sex: Male Female

Age: 3.5

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 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 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 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

Interviewer: Kate Ellington 12/19/06

Case State ID: 194098 Case Telephone: (b)(6)
 Address: (b)(6) State NJ Zip 07041
 Control phone number: (b)(6) County Essex

CONTROL'S AGE 55 Control (B)
 SEX MALE FEMALE

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? Panera → Morris Ave in Short Hills Deli - Oscar's on Millburn Ave. Riverfront Cafe in Seabright, NJ Charlie Browns on Essex St in Millburn

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

Interviewer = Kate Ellingson
 12/8/06

For Case:
Lab ID 194023/192739
Address (b)(6)
Edison, NJ 08820

CDC GROUP 3: RESTAURANT STUDY

-REVERSE PHONE DIRECTORY CONTROL QUESTIONNAIRE INSTRUCTIONS-

Please read this document completely before beginning your interviews.

Not entered - already 2 controls

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).

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 194023 / 193939 Case Telephone: 1 -
 Case address: (b)(6) City Edison
 State NJ Zip 08820

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)	10:55	12/10/06	Refused.	
2.	(b)(6)	11:00	12/19/06	No answer	If you call one more time I am calling the police
3.	(b)(6)				
4.	(b)(6)	11:00	12/10/06	Called yesterday	
5.	(b)(6)	11:00	12/10/06	Daughter not home	
6.	(b)(6)	11:05	12/10/06	Son age 19 not available	
7.	(b)(6)	11:05	12/10/06	Interviewed	(X) Yes ←
8.	(b)(6)				
9.	(b)(6)				
10.	(b)(6)				
11.	(b)(6)				
12.	(b)(6)				
13.	(b)(6)				
14.	(b)(6)				
15.	(b)(6)				
16.	(b)(6)				
17.	(b)(6)				
18.	(b)(6)				
19.	(b)(6)				
20.	(b)(6)				

AS

Case State ID: 194023/193939 Case Telephone: 1
Address: (b)(6) State NJ Zip 08520
Control phone number: (b)(6) County _____

CONTROL'S AGE 54 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	
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>Piner</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#: 194023/193939 Case Telephone: 1
 Case address: (b)(6) City Edison
 State NJ Zip 08820

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)	11:10	12/10/06	Bad connection	
2.		11:15	12/10/06	Refused	
3.		11:15	12/10/06	No answer	
4.		30	12/10/06	No answer	
5.		30	12/10/06	No answer	
6.		30	12/10/06	Busy	
7.		30	12/10/06	No home	
8.		30	12/10/06	All over 60	
9.		30	12/10/06	Not home	
10.		30	12/10/06	Not home	
11.		30	12/10/06	→	Yes
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

KS

Case State ID: 194023/193939 Case Telephone: 1
Address: (b)(6) State NJ Zip Edison, NJ
Control phone number: 1 County

CONTROL'S AGE 27 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	
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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut? If yes, Location <u>Germantown</u> Date ___/___/2006
G	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	Did you eat at any other restaurant? <u>Mc Donalds</u>

No →

Yes →

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

Control A

Entered
12/10/04
CD

Case Address (b)(6)
Gilbertsville, PA 19525

Case State ID: VA 01

Case Telephone: (b)(6)

Control

Address: (b)(6) State PA Zip 19525-9766

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

CONTROL'S AGE ~~42~~ 42
SEX MALE FEMALE

Interviewer's name: Jean Whichard
Interview Date: 12/9/06

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? Union Jacks in Boyertown Rt. 73 Nov 25 2006 Uncle Jean's Pizzeria 1192 N. Kinn St. Pottstown Nov 27 2006

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

B

Entered 12/01/06 CD

Case State ID: PA 01 Case Telephone: (b)(6)
 Address: (b)(6) State PA Zip 19525
 Control phone number: (b)(6) County _____

CONTROL'S AGE 53 INTERVIEWER'S NAME Jean Whitcherd
 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"/>	A	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"/>	B	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	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F	Did you eat at any Pizza Hut? If yes, Location <u>Gilbertsville (the only)</u> Date <u>11/26/2006</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G	Did you eat at any McDonalds? If yes, Location _____ Date ___/___/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H	Did you eat at any Subway? If yes, Location <u>in Walmart Boyertown Rt. 100</u> Date <u>11/30/2006</u>
<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>Friendlies Coventry mall Pottstown 11/24/06</u> <u>local Brookside in Pottstown 11/26</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

Interviewee volunteered that SON ate at a Taco Bell ~ 8 days ago, no symptoms noted

Case #

PA 01

Escherichia coli O157:H7 Telephone Interviews

Controls will be located by using the reverse address directory:

State PA

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 Interview (refused, not home, busy) completed

No.	Phone	Time	Date	Response/Result	Interview
1.	(b)(6)	11:23	12/9	not home	
2.	(b)(6)	11:26	12/9	not home	called back at 12:15, busy but came
3.	(b)(6)	11:27	12/9	had diarrhea during study period	(15 yr old male)
4.	(b)(6)	11:35	12/9	refused	
5.	(b)(6)	11:37	12/9	not home	
6.	(b)(6)	1:39	12/9	not home	
7.	(b)(6)	1:40	12/9/06	not home (no answer)	
8.	(b)(6)	1:42	12/9/06	refused (hung up)	
9.	(b)(6)	1:45		number disconnected	
10.	(b)(6)	1:46		not home	
11.	(b)(6)	11:49		not home	
12.	(b)(6)	1:50		not home	
13.	(b)(6)	1:54		number disconnected	
14.	(b)(6)	1:56		busy but should call the 22-yr old male son	try evening
15.	(b)(6)	1:59		not home	
16.	(b)(6)	2:02		all household members over 60	
17.	(b)(6)	2:03		not home	
18.	(b)(6)	2:35		not home but eligible person gone until tomorrow	
19.	(b)(6)	2:37		ineligible person gone until tomorrow	
20.	(b)(6)	2:41		not home	

exact address in whitepages.com

street name in whitepages.com

Interviewer: Jean Whitchard

STATE PA

ADDITIONAL CONTROL TRACKING SHEET

Case PA 01

CASE STATE ID NUMBER PA 01

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)	12:43	12/9		12:49 pm 12/9/06
22.	(b)(6)	1:00 pm	12/9	called back in 1 hr for daughter	
23.	(b)(6)	1:15		not home	
24.	(b)(6)	1:17		# disconnected	
25.	(b)(6)	1:19		not home - no answer	
26.	(b)(6)	1:20		not home	
27.	(b)(6)	1:23		fax machine	
28.	(b)(6)	1:26		interviewed (B)	1:33 pm 12/9/06
29.					
30.					
31.	...				
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

Street name in work program. (see)

Control Interviewer: Jean Whitchard

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: PA07 Case Telephone: (b)(6)
 Case address: (b)(6) City Gilbertsville
 State PA Zip 19525

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.

F A Z K E D

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,	Interview completed
1.	(b)(6)	12:15pm	12/9/06	not home ^{busy}	12/10 mm
2.	(b)(6)	12:21pm	12/9/06	not home no one b/w 1+60	1:43pm Refus
3.	(b)(6)	12:30pm	12/9/06	not home	1:45pm Refus
4.	(b)(6)	12:31pm	12/9/06	not home	1:45pm NO ONE b/w 1+60
5.	(b)(6)	12:31pm	12/9/06	not home	1:48pm Refus
6.	(b)(6)	12:32pm	12/9/06	phone disconnected	not home
7.	(b)(6)	12:34pm	12/9/06	not home	1:49pm not home
8.	(b)(6)	12:35pm	12/9/06	not home	1:50pm not home
9.	(b)(6)	12:36pm	12/9/06	not home	1:51pm not home
10.	(b)(6)	12:37pm	12/9/06	doesn't eat Taco Bell	—
11.	(b)(6)	12:39pm	12/9/06	busy signal	1:53pm person to be interviewed
12.	(b)(6)	12:40pm	12/9/06	busy signal	not home
13.	(b)(6)	12:41pm	12/9/06	not home	1:55 busy signal
14.	(b)(6)	12:42pm	12/9/06	not home	1:56pm not home
15.	(b)(6)	12:44pm	12/9/06	doesn't eat Taco Bell	—
16.	(b)(6)	12:45pm	12/9/06	doesn't eat Taco Bell	—
17.	(b)(6)	12:46pm	12/9/06	not home	1:58pm on the other line - cell bec
18.	(b)(6)	12:48pm	12/9/06	not home	2:00pm not home
19.	(b)(6)	12:49pm	12/9/06	busy-refused	—
20.	(b)(6)	12:51pm	12/9/06	not home	2:02pm not home

*person not home - will be back later - no exact time to be interviewed not home

** on the other line - may be available later today

Case State ID: PA 02 Case Telephone: (b)(6)

Address: (b)(6) State PA Zip 19525

Control phone number: / - County

CONTROL'S AGE INTERVIEWER'S NAME Lauren Stancik
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12 / 1 / 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 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**

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER PA 02

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)	12:53pm	12/9/06	hot home	12/10/06
22.	(b)(6)	1:03pm	12/9/06	doesn't eat Taco Bell	2:01pm not home
23.	(b)(6)	1:05pm	12/9/06	phone disconnected	
24.	(b)(6)	1:06pm	12/9/06	doesn't eat Taco Bell	
25.	(b)(6)	1:07pm	12/9/06	doesn't eat Taco Bell	
26.	(b)(6)	1:08pm	12/9/06	not home	2:06pm - no one under 60
27.	(b)(6)	1:10pm	12/9/06	not home	2:08pm - refused
28.	(b)(6)	2:09pm	12/10/06	Interviewed	Yes
29.	(b)(6)	2:21pm	12/10/06	not home	
30.	(b)(6)	2:22pm	12/10/06	not home	
31.	(b)(6)	2:23pm	12/10/06	walking out door willing to do interview - call back later this evening	
32.	(b)(6)	2:25pm	12/10/06	refused	
33.	(b)(6)	2:26pm	12/10/06	refused	
34.	(b)(6)	2:27pm	12/10/06	not home	
35.	(b)(6)	2:30pm	12/10/06	person to be interviewed no home	
36.	(b)(6)	2:31pm	12/10/06	refused	
37.	(b)(6)	2:32pm	12/10/06	busy	
38.	(b)(6)	2:32pm	12/10/06	disconnected	
39.	(b)(6)	2:37pm	12/10/06	Interviewed	Yes
40.	(b)(6)				

* business phone - husband is the one that should be interviewed not sure when he will be home

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).

Entered
CO 12/10/06

Case State ID: PA02 Case Telephone: (b)(6)

Address: (b)(6) State PA Zip 19525

Gilbertsville

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

CONTROL'S AGE 41 INTERVIEWER'S NAME Melissa Morrison

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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds? If yes, Location <u>Gilbertsville PA</u> Date <u>11/25/2006</u>
<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?

Thank you very much for your participation!

Entered
CO 12/10/06

Case State ID: PA02 Case Telephone: (b)(6)

Address: (b)(6) State PA Zip 19525
Gilbertsville

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

CONTROL'S AGE 59 INTERVIEWER'S NAME Melissa Morrison

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 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!

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 PA 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#: PA03 Case Telephone: (b)(6)
 Case address: (b)(6) City: Gilbertsville
 State: PA Zip: 19525

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)	1:25am	12/9/06	not home	_____
2.	(b)(6)	11:30am	12/9	not home	_____
3.	(b)(6)	11:33am	12/9	refused	_____
4.	(b)(6)	11:34am	12/9	not home	_____
5.	(b)(6)	11:36am	12/9	no control	_____
6.	(b)(6)	11:37am	12/9	no control	_____
7.	(b)(6)	11:38am	12/9		X
8.	(b)(6)	11:45am	12/9	no control	_____
9.	(b)(6)	11:46am	12/9	not home	_____
10.	(b)(6)	11:48am	12/9	busy signal	_____
11.	(b)(6)	11:49am	12/9	busy signal	_____
12.	(b)(6)	11:50am	12/9	refused	_____
13.	(b)(6)	11:51am	12/9	not home	_____
14.	(b)(6)	11:52am	12/9	not home	_____
15.	(b)(6)	11:53am	12/9	busy signal	_____
16.	(b)(6)	11:54am	12/9	call back 1 hour	_____
17.	(b)(6)	11:58am	12/9	# not in service	_____
18.	(b)(6)	11:59am	12/9	not home	_____
19.	(b)(6)	12:00pm	12/9	busy signal	_____
20.	(b)(6)	12:01pm	12/9	not home	_____

CASE telephone: (b)(6)
CASE address: Gilbertsville, PA 19525

STATE PA

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER PA 03

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)	12:03pm	12/9	no control	
22.	(b)(6)	12:04pm	12/9	refused	
23.	(b)(6)	12:05pm	12/9	no control	
24.	(b)(6)	12:06pm	12/9	not a phone # no control	
25.	(b)(6)	12:08pm	12/9	not home	
26.	(b)(6)	12:11pm	12/9	refused	
27.	(b)(6)	12:12pm	12/9	not home	
28.	(b)(6)	12:14pm	12/9	refused	
29.	(b)(6)	12:15pm	12/9	not home	
30.	(b)(6)	12:16pm	12/9	not home	
31.	(b)(6)	12:17pm	12/9		X
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

Entered as 12/10/06

Case State ID: PA03 Case Telephone: (b)(6)

Address: (b)(6) State PA Zip 19525

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

CONTROL'S AGE 11 INTERVIEWER'S NAME Alyssa Wilkinson

CONTROL'S SEX [X] 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 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

Entered on 12/19/06

Case State ID: PA03 Case Telephone: (b)(6)

Address: (b)(6) State PA Zip 19525

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

CONTROL'S AGE 11 INTERVIEWER'S NAME Alyssa Wilkinson

CONTROL'S SEX [] MALE [X] 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 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

Gip3

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: PA04 Case Telephone: (b)(6)
 Case address: (b)(6) Schwenksville City # Schwenksville
 State PA Zip 19473

(Handwritten signature/initials in a circle)

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)	2:48	12/10	Not home	No
2.	(b)(6)	2:49	12/10	Answered	Yes
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Case # PA 04

Address : (b)(6) Schwentzville, PA ~~1943~~
1947
Stack PA

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)	2:56	10/12	Answered	Yes
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Case State ID: PA 04 Case Telephone: (b)(6)

Address: (b)(6) Schwenksville PA Zip 19473

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

CONTROL'S AGE 30 INTERVIEWER'S NAME Nehal Patel

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? Wendy's High St Pottstown, PA Sunday 11/26/2006

Thank you very much for your participation!

Case State ID: PA 04 Case Telephone: (b)(6)

Address: (b)(6) Schwenksville State PA Zip 19473

Control phone number: (b)(6) County

CONTROL'S AGE 51
SEX MALE FEMALE

Control: (B)

Interviewer's Name: Nehal Patel

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 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 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? Chrc-Fil-A, Royersford PA Date: 11/27/2006

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

Entered
CD 12/10/06

Case State ID: PA 05 Case Telephone: (b)(6)

Address: (b)(6) State PA Zip 19096

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

CONTROL'S AGE 9 (father provided info)
SEX MALE FEMALE 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	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A 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 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 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 any McDonalds? If yes, Location _____ Date ____/____/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you eat at any 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?

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

entered
DO
12/12/06

Case State ID: PA 05 Case Telephone: (b)(6)

Address: (b)(6) State PA Zip 19096

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

CONTROL'S AGE 48 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"/>	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 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

Rest Sandy

PA-05

Control ~~XXXXXXXXXX~~ (circle) ?

ID number (State Lab ID if available)

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

Control Phone number (b)(6)

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

Age 48 Sex M F State PA County Montgomery City Philadelphia

Interviewer name Mugawana Date of interview 12/11/2006

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	Date <u> </u> / <u> </u> /2006
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u> </u> Date <u> </u> / <u> </u> /2006
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location <u> </u> Date <u> </u> / <u> </u> /2006
D	<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> / <u> </u> /2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location <u> </u> Date <u> </u> / <u> </u> /2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location <u> </u> Date <u> </u> / <u> </u> /2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location <u> </u> Date <u> </u> / <u> </u> /2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location <u> </u> Date <u> </u> / <u> </u> /2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location <u> </u> Date <u> </u> / <u> </u> /2006
J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant? <u> </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	—					

NOTE: Finished interview because she could not give me info.

Did eat @ TB 12/11/06 TIME FRAME 11/24-11/30

ID number (State Lab ID if available)

PA 05

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#: PA-22 Case Telephone: (b)(6)
 Case address: (b)(6) City Boyer town
 State PA Zip 19512

Entered
12/10/06

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)	11:55	12/9	Not Home	_____
2.	(b)(6)	11:55	12/9	Not Home	_____
3.	(b)(6)	11:56	12/9	Not Home	_____
4.	(b)(6)	11:57	12/9	Not Home	_____
5.	(b)(6)	11:58	12/9	Not Home	_____
6.	(b)(6)	11:59	12/9	Not Home	_____
7.	(b)(6)	12pm	12/9	Not Home	_____
8.	(b)(6)	12pm	12/9	Not Home	_____
9.	(b)(6)	12:02	12/9	TOO OLD	_____
10.	(b)(6)	12:03	12/9	Busy	_____
11.	(b)(6)	12:03	12/9	Not Home	_____
12.	(b)(6)	12:05	12/9	Not Home	_____
13.	(b)(6)	12:05	12/9	Not Home	_____
14.	(b)(6)	12:06	12/9	Not Home	_____
15.	(b)(6)	12:07	12/9	Refused	_____
16.	(b)(6)	12:08	12/9	Not Home	_____
17.	(b)(6)	12:09	12/9	Not Home No English: Refused	_____
18.	(b)(6)	12:11	12/9	Not Home	_____
19.	(b)(6)	12:13	12/9	Refused	_____
20.	(b)(6)	12:14	12/9	Not Home	_____

6 mins
12:07
↑
*

CASE:

(b)(6)

Boyetown, PA

STATE PA

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER PA22

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)	12:17	12/9	Not Home	
22.	(b)(6)	12:18	12/9	Not Eligible -- too old	
23.	(b)(6)	12:22	12/9		X
24.	(b)(6)	12:30	12/9	Not Home	
25.	(b)(6)	12:33	12/9	Not Home	
26.	(b)(6)	12:37	12/9	Response - husband has most recent	
27.	(b)(6)	12:37	12/9	DISCONNECTED	
28.	(b)(6)	12:37	12/9	Not Home	
29.	(b)(6)	12:40	12/9	Not Home	
30.	(b)(6)	12:40	12/9	Not Home	
31.	(b)(6)	12:41	12/9	Not Home	
32.	(b)(6)	12:41	12/9	Not Home	
33.	(b)(6)	12:42	12/9	DISCONNECTED	
34.	(b)(6)	12:44	12/9	Not Home	
35.	(b)(6)	1:03p	12/9	Not Home	
36.	(b)(6)	103	12/9	Not Home	
37.	(b)(6)	104	12/9	Response !!	X
38.	(b)(6)	4205			
39.					
40.					

Senior
Case
Analysis

(b)(6)

Entered 12/20/06

Case State ID: PA 22 Case Telephone: (b)(6)

Address: (b)(6) State PA Zip 19512

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

CONTROL'S AGE 8 INTERVIEWER'S NAME Kate Ellingson
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/9/2006
CONTROL A B (CIRCLE ONE)

RESTAURANT EXPOSURES. I will ask you some questions about places where you may have eaten. Please answer these questions for the 7 period from November 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 6110 Rockwood Plaza Ave Rt. 93 Philadelphia Gilbertsville, PA 19525 Date 11/28/2006 pm

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? Appuccios: Berwyn Blvd

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

Entered 12/10/06
05

Case State ID: PA 22 Case Telephone: (b)(6)
Address: (b)(6) State PA Zip 19512
Control phone number: (b)(6) County _____

CONTROL'S AGE 59 INTERVIEWER'S NAME Kate Ellingson
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/9/2006
CONTROL A B (CIRCLE ONE)

RESTAURANT EXPOSURES. I will ask you some questions about places where you may have eaten.
Please answer these questions for the 7 period from November 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>222 5th St. Route 222; 5th St</u> Date <u>11/30/2006</u>
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Subway? If yes, Location <u>@ Kutztown</u> Date <u>11/29/2006</u>
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?

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

Entered

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: PA241 (b)(6) Case Telephone: (b)(6)
 Case address: (b)(6) City Drexel Hill
 State PA Zip 19026

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)	1:58am	12/19/06	NH	N
2.	(b)(6)	1:59am	12/19	fax sound	N
3.	(b)(6)	11:59	12/19	not most recent blog	N
4.	(b)(6)	12:03	12/19	call back in 30min	N *
5.	(b)(6)	2:04	12/19	NH	N
6.	(b)(6)	12:05	12/19	disconnected#	N
7.	(b)(6)	2:06	12/19	refused	N
8.	(b)(6)	12:07	12/19	NH	N
9.	(b)(6)	1-849	12/19/09 12/19	over 60	N
10.	(b)(6)	12:10	12/19	NH	N
11.	(b)(6)	2:12	12/19	NH	N
12.	(b)(6)	12:13	12/19	busy	N
13.	(b)(6)	12:14	12/19	refused	N
14.	(b)(6)	12:15	12/19	NH	N
15.	(b)(6)	12:16	12/19	NH	N
16.	(b)(6)	12:17	12/19	NH	N
17.	(b)(6)	12:18	12/19	NH	N
18.	(b)(6)	12:19	12/19	refused	N
19.	(b)(6)	12:20	12/19	over 60	N/A
20.	(b)(6)	12:25	12/19	call back in 1 hr.	N *

Control Address: (b)(6)
Drexel Hill, PA 19026

Entered 12/19/06 AS

Case State ID: PA 241 (b)(6) Case Telephone: (b)(6)

Address: (b)(6) Drexel Hill State PA Zip 19026

Control phone number (b)(6) County Delaware

CONTROL'S AGE 40 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"/>	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? Chinese restaurant Wayne, PA diner

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

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER PA241 (b)(6)

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)	12:33	12/19	NH	N
22.	(b)(6)	12:38	12/19	refused	N
23.	(b)(6)	12:39	12/19	NH	N
24.	(b)(6)	2:40	12/19	NH	N
25.	(b)(6)	2:41	12/19	refused	N
26.	(b)(6)	2:43	12/19	NH	N
27.	(b)(6)	12:43	12/19	refused	N
28.	(b)(6)	2:47	12/19	refused	N
29.	(b)(6)	2:47	12/19	OVER 60	N/A
30.	(b)(6)	12:49	12/19	NH	N
31.	(b)(6)	12:50	12/19	NH	N
32.	(b)(6)	12:50	12/19	refused	N
33.	(b)(6)	12:52	12/19	busy	N
34.	(b)(6)	12:53	12/19	yes	yes
35.					
36.					
37.					
38.					
39.					
40.					

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: PA241^{(b)(6)} Case Telephone: (b)(6)
 Case address: (b)(6) City Drexel Hill
 State PA Zip 19026

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.	<u>(b)(6)</u>	<u>1:01</u>	<u>12/19/06</u>	<u>yes</u>	<u>yes</u>
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Control Address: (b)(6)

Drexel Hill, PA 19026

Entered CS 12/10/06

Case State ID: PA (b)(6) 24816

Case Telephone: (b)(6)

Address: (b)(6) Drexel Hill PA Zip 19026

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

CONTROL'S AGE 47 INTERVIEWER'S NAME Alison Keller
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/19/06
CONTROL A (CIRCLE ONE) B

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?

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#: PA-30 Case Telephone: / -
 Case address: (b)(6) Boyertown City PA State PA Zip

(Handwritten initials in a circle)

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)	12/9	1025	answering mach	
2.	(b)(6)	1025	12/9		
3.	(b)(6)				
4.	(b)(6)				
5.	(b)(6)				
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Reverse directory

Case State ID: PA-30 Case Telephone: (b)(6)

Address (b)(6) Boyertown State PA Zip

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

CONTROL'S AGE 50

SEX MALE FEMALE

Control B

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds? If yes, Location High St, Pottstown Date 11/29/2006
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

ID number (State Lab ID if available) _____

PA 307

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 61 Sex M F State PA County Berks City _____

Interviewer name Phil Gopold Date of interview ___/___/2006

Who was interviewed? Control No 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 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>Gilbertsville PA</u> Date <u>11 29</u> /2006 <u>Phila Ave</u> Date ___/___/2006
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	

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

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

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

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

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

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

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

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

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

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.					

Case State ID: PA 36 (A) Case Telephone: (b)(6)
Address: (b)(6) State PA Zip 19122
Control phone number: (b)(6) County PHILADELPHIA

CONTROL'S AGE 10yo INTERVIEWER'S NAME HEATHER MENZIES
CONTROL'S SEX MALE FEMALE DATE OF INTERVIEW 12/9/06
CONTROL (A) B (CIRCLE ONE)

AS

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

Study 2/3
 Restaurant partners
 pg 1

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: PA 36 Case Telephone: (b)(6)
 Case address: (b)(6) City Philadelphia
 State PA Zip 19122

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,	Interview completed
1.	(b)(6)	11:21 am	12/9/06	No one eligible (busy) (>60 yrs)	NO
2.		11:25 am	12/9/06	No one eligible (>60 yrs)	NO
*3. ✓		11:28 am	12/9/06	Busy	NO
④		11:29 am	12/9/06	Refused	NO
*5. ✓		11:31 am	12/9/06	Busy	NO
*6. ✓		11:32 am	12/9/06	Not home (ans. machine)	NO
⑦		11:33 am	12/9/06	Refused	NO
8.		11:35 am	12/9/06	No one eligible (>60 yrs)	NO
9.		11:37 am	12/9/06	Refused	NO
*10. ✓		11:45 am	12/9/06	Not home (ans. machine)	NO
11.		11:47 am	12/9/06	Refused	NO
*12. ✓		11:48 am	12/9/06	Not home (ans. machine)	NO
13.		11:49 am	12/9/06	No one eligible (>60 yrs)	NO
*14. ✓		11:51 am	12/9/06	Not home (ans. machine)	NO
15.		11:53 am	12/9/06	Refused	NO
*16. ✓		11:55 am	12/9/06	Not home (ans. machine)	NO
*17. ✓		11:57 am	12/9/06	Not home (ans. machine)	NO
*18. ✓		11:57 am	12/9/06	Not home (ans. machine)	NO
*19. ✓		12:00 pm	12/9/06	Not home (ans. machine)	NO
*20. ✓		12:00 pm	12/9/06	Busy	NO

ok to call back another day
 ok to call back @ 7-8pm tons

Case State ID: PA 30 (B) Case Telephone: (b)(6)

Address: (b)(6) State PA Zip 19122

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

CONTROL'S AGE 37 INTERVIEWER'S NAME HEATHER MENDES
CONTROL'S SEX [] MALE [x] FEMALE DATE OF INTERVIEW 12 / 9 / 06
CONTROL A (B) (CIRCLE ONE)

AS

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 checked="" type="checkbox"/>	Did you eat at any other restaurant? City View PIZZA (take out / date ^{specific} unknown)

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 243
sheet

ADDITIONAL CONTROL TRACKING SHEET

STATE PA

CASE STATE ID NUMBER PA 316

pg 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)	12 ⁰² pm	12/9/06	No yo / parents not home	NO call back later
* 22. ✓	(b)(6)	12 ⁰⁵ pm	12/9/06	No answer	NO
23.	(b)(6)	12 ⁰⁷ pm	12/9/06	No one eligible > 60 yo	NO
* 24. ✓	(b)(6)	12 ⁰⁸ pm	12/9/06	Not home (ans mech)	NO
* 25. ✓	(b)(6)	12 ⁰⁹ pm	12/9/06	Not home (ans mech)	NO
* 26. ✓	(b)(6)	12 ¹² pm	12/9/06	Busy	NO
* 27. ✓	(b)(6)	12 ¹⁵ pm	12/9/06	Not home (ans mech)	NO
* 28. ✓	(b)(6)	12 ²³ pm	12/9/06	Not home (ans mech)	NO
* 29. ✓	(b)(6)	12 ²⁷ pm	12/9/06	Not home (ans mech)	NO
* 30. ✓	(b)(6)	12 ²⁸ pm	12/9/06	Not home	NO
* 31. ✓	(b)(6)	12 ³⁰ pm	12/9/06	Not home (ans mech)	NO
* 32. ✓	(b)(6)	12 ³¹ pm	12/9/06	Not home (ans mech)	NO
33.	(b)(6)	12 ³⁹ pm	12/9/06	Disconnected	NO
* 34. ✓	(b)(6)	12 ⁴⁰ pm	12/9/06	Not home (ans mech)	NO
35.	(b)(6)	12 ⁴¹ pm	12/9/06	Refused	NO
* 36. ✓	(b)(6)	12 ⁴² pm	12/9/06	Not home (ans mech)	NO
* 37. ✓	(b)(6)	12 ⁴³ pm	12/9/06	Not home (ans mech)	NO
38.	(b)(6)	12 ⁴⁴ pm	12/9/06	No answer	NO
* 39. ✓	(b)(6)	12 ⁴⁵ pm	12/9/06	Busy	NO
40.	(b)(6)	12 ⁴⁶ pm	12/9/06	No one eligible (> 60 yo)	NO

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER PA 36

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)	12:19 pm	12/9/06	Not home (ans meet)	NO
22.	(b)(6)	12:30 pm	12/9/06	Refused	NO
23.	(b)(6)	12:51 pm	12/9/06	Refused	NO
24.	(b)(6)	12:53 pm	12/9/06	Eligible person not home	NO
25.	(b)(6)	12:58 pm	12/9/06	Refused INTERVIEWED	NO YES
CALL BACKS 26. 2nd try	(b)(6)	1:10 pm	12/9/06	Not home (ans meet)	NO
27. 2nd try	(b)(6)	1:11 pm	12/9/06	No answer	NO
28. 2nd try	(b)(6)	1:13 pm	12/9/06	Busy	NO
29. 2nd try	(b)(6)	1:14 pm	12/9/06	Not home (ans meet)	NO
30. 2nd try	(b)(6)	1:15 pm	12/9/06	Refused	NO
31. 2nd try	(b)(6)	1:16 pm	12/9/06	Not home (ans meet)	NO
32. 2nd try	(b)(6)	1:17 pm	12/9/06	Not home (Ans meet)	NO
33. 2nd try	(b)(6)	1:19 pm	12/9/06	Not home (Ans meet)	NO
34. 2nd try	(b)(6)	1:20 pm	12/9/06	Not home (ans meet)	NO
35. 2nd try	(b)(6)	1:21 pm	12/9/06	Not home (ans meet)	NO
36. 2nd try	(b)(6)	1:23 pm	12/9/06	Busy	NO
37. 2nd try	(b)(6)	1:24 pm	12/9/06	No answer	NO
→ (38) 2nd try	(b)(6)	1:25 pm	12/9/06	Refused	NO
39. 2nd try	(b)(6)	1:27 pm	12/9/06	Not home (ans meet)	NO
→ (40) 2nd try	(b)(6)	1:27 pm	12/9/06	Refused	NO

call back ~ 6 pm

call back ~ 7 pm

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER PA 30

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 ³⁰ pm	12/9/06	Not home (ans mach)	NO
22.		1 ³¹ pm	12/9/06	Not home (ans mach)	NO
23.		1 ³² pm	12/9/06	Not home (ans mach)	NO
24.		1 ³³ pm	12/9/06	Not home (ans mach)	NO
25.		1 ³⁴ pm	12/9/06	No one eligible (760yo)	NO
26.		1 ³⁵ pm	12/9/06	Not home (ans mach)	NO
27.		1 ³⁶ pm	12/9/06	Not home (ans mach)	NO
28.		1 ³⁷ pm	12/9/06	Not home (ans mach)	NO
29.		1 ³⁸ pm	12/9/06	Not home (ans mach)	NO
30.		1 ³⁹ pm	12/9/06	Not home	NO
31.		1 ⁴⁰ pm	12/9/06	Not home (ans mach)	NO
32.		1 ⁵² pm	12/9/06	No answer	NO
33.		1 ⁵⁵ pm	12/9/06	No answer	NO
34.		1 ⁵⁹ pm	12/9/06	No answer	NO
35.		2 ⁰⁰ pm	12/9/06	Refused	NO
36.		2 ⁰² pm	12/9/06	Not home (ans mach)	NO
37.		2 ⁰¹ pm	12/9/06	Refused	NO
38.		2 ⁰⁴ pm	12/9/06	Not home (ans mach)	NO
39.		2 ⁰⁵ pm	12/9/06	Not home (ans mach)	NO
40.		2 ⁰⁶ pm	12/9/06	No answer	NO

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER PA 36

P85

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)	2 ⁰⁸ pm	12/9/06	not home (no mach)	NO
22.		2 ³⁴ pm	12/9/06	interviewed	YES
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.	...				
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

Case State ID: State Lab ID 193942 Case Telephone: (b)(6)
Address: (b)(6) State PA Zip 08854? /city: Piscataway

Control _____
CONTR _____ Krishnamurthy
CONTR _____ 12/10/2006
CONTR _____
RESTA _____
Please a _____
Novemb _____

May be unknown

3 controls?

Did not use this

one plc not marked on interview sheet

are you may have eaten after Thanksgiving, to

Y _____

A _____ (set, city, state for each location please)

B _____ Date ___/___/2006

C _____ Date ___/___/2006

D _____ 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?

END 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

(1800 CDC INFO)

Ramesh Krishnamurthy
Eng

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: State Lab ID 193942 Case Telephone: (b)(6)
 Case address: (b)(6) City PISCATAWAY
 State PA 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)	10:15	12/10	BUSY	
2.	(b)(6)	10:16	12/10	NO answer	
3.	(b)(6)	10:18	12/10	Not available	
4.	(b)(6)	10:18	12/10	//	
5.	(b)(6)	10:20	12/10	Refused	
6.	(b)(6)	10:20	12/10	FAX	
7.	(b)(6)	10:20	12/10	Refused	
8.	(b)(6)	10:23	12/10	No longer live rec.	
9.	(b)(6)	10:25	12/10	No one is available	
10.	(b)(6)	10:26	12/10	Answering Machine	
11.	(b)(6)	10:28	12/10	Number disconnected	
12.	(b)(6)	10:30	12/10	called yesterday already	
13.	(b)(6)	10:30	12/10	//	
14.	(b)(6)	10:32	12/10	NO answer	
15.	(b)(6)	10:32	12/10	NO answer	
16.	(b)(6)	10:34	12/10		
17.	(b)(6)	10:35	12/10	NO answer	
18.	(b)(6)	10:36	12/10	NO answer	
19.	(b)(6)	0:37	12/10	//	
20.	(b)(6)	0:38	12/10	Refused	

* all calls were made from
(404) 553-7798 / DEOC

15

Case State ID: State Lab ID 193942 Case Telephone: (b)(6)

Address: (b)(6) State PA Zip / Piscataway

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

CONTROL'S AGE 48 INTERVIEWER'S NAME Krishnamurthy, Ramesh
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"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)? ...	If yes, Location <u>Staten Rd</u> Date <u>Day after</u> <u>24 NOV</u> <u>after Thanksgiving?</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 ____/____/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 <u>2 days</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any McDonalds?	If yes, Location <u>Route 1 / new brownsville, center</u> Date ____/____/2006 <u>removal</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Subway?	If yes, Location <u>Route 22 Union N.J</u> Date ____/____/2006 <u>3 days</u> <u>center removal</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006 <u>26 NOV</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	<u>Chinese Restaurant.</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

AS

Case State ID: State ID 193942 Case Telephone: (b)(6)

Address: (b)(6) State PA Zip Piscataway

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

CONTROL'S AGE 17 INTERVIEWER'S NAME Krishnamoorthy, Rameesh
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A	Did you eat at any restaurants? (Specify street, city, state for each location please)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B	Did you eat at any Taco Bell? If yes, Location #1 <u>MENLO Park</u> Date <u>(Sat) Dec 3</u> / <u>10</u> / <u>2006</u>
				Location #2 (if more than 1) _____ Date ____ / ____ / 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 any McDonalds? If yes, Location _____ Date ____ / ____ / 2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H	Did you eat at any Subway? If yes, Location <u>Ohio / Akron</u> Date <u>27 NOV.</u> / ____ / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I	Did you eat at Blimpies? If yes, Location _____ Date ____ / ____ / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J	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

STATE

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER State Lab ID 193942

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)	11:38	12/10	not home	
22.		11:39	12/10	no answer	
23.		11:40	12/10	not at home	
24.		11:48	12/10		✓
25.		11:49	12/10	no answer	
26.		11:50	12/10	no answer	
27.		11:52	12/10	no answer	
28.		12:01	12/10		✓
29.		12:02	12/10	no answer	
30.		12:03	12/10	-1-	
31.	...				
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					

41

↓

60

Ramesh Krishnamurthy Engg
 called from 404-553-7798 / Dec 10

STATE

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER State Lab ID 193942

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)	11:42	Dec 10	Refused	
22.	(b)(6)	11:58	Dec 10	Refused	
23.	(b)(6)	12:00	Dec 10	NO ANSWER.	
24.	(b)(6)	12:01	Dec 10	Person did not ^{not} eat @ restaurant available	
25.	(b)(6)	12:04	Dec 10	At The person qualified was not present	
26.	(b)(6)	12:10	Dec 10	all over 60 years age	
27.	(b)(6)	12:10	Dec 10	Line busy	
28.	(b)(6)	12:10	Dec 10	— 1 —	
29.	(b)(6)	12:10	Dec 10	NO one available	
30.	(b)(6)	12:16	Dec 10	— 1 —	
31.	(b)(6)	12:17	Dec 10	"Owner not here"	
32.	(b)(6)	12:17	Dec 10	person. Not here	
33.	(b)(6)	11:22	Dec 10	NO answer	
34.	(b)(6)	11:23	Dec 10	— 1 —	
35.	(b)(6)	11:25	Dec 10	NO one age < 60	
36.	(b)(6)	11:27	Dec 10	"already called yesterday"	
37.	(b)(6)	11:28	Dec 10	NO answer	
38.	(b)(6)	11:29	Dec 10	— 1 —	
39.	(b)(6)	11:30	Dec 10	— 1 —	
40.	(b)(6)	11:31	Dec 10	— 1 —	

Ramesh Krishnamurthy, Eng
called from (404) 553-7798

Entered
CO
12/10/06

Case State ID: 06CE02901 ²⁰⁹¹ Case Telephone: (b)(6)

Address: (b)(6) State PA Zip 18067

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

CONTROL'S AGE 31 INTERVIEWER'S NAME Steve Popcigidos
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? Chilli's Allentown PA Pencora, Whitehall PA (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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut? If yes, Location _____ Date <u>11 / 28</u> /2006
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any McDonalds? If yes, Location <u>Whitehall PA</u> Date <u>11 / 25</u> /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

Entered
12/10/06

Case State ID: 06E02091 Case Telephone: (b)(6)

Address: (b)(6) State PA Zip 18067

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

CONTROL'S AGE 39 INTERVIEWER'S NAME Steve Papagelos

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? Canton: Bradford County Doc's Irish Inn: 26th (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!

Gmp3

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 0CE02091 Case Telephone: (b)(6)
 Case address: (b)(6) City Northampton
 State PA Zip 18067

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)	2:38	12/10	NH	N
2.	(b)(6)	2:40	12/10	NH	N
3.	(b)(6)	2:40	12/10	NH	N
4.	(b)(6)	2:42	12/10	NH	N
5.	(b)(6)	2:43	12/10	Refused	N
6.	(b)(6)	2:44	12/10	NH	N
7.	(b)(6)	2:44	12/10	NH	N
8.	(b)(6)	2:46	12/10	NH	N
9.	(b)(6)	2:47	12/10	Commercial #	N
10.	(b)(6)	2:48	12/10	Refused	N
11.	(b)(6)	2:50	12/10	NH	N
12.	(b)(6)	3:02	12/10	NH	N
13.	(b)(6)	3:02	12/10	NH	N
14.	(b)(6)	3:03	12/10	NH	N
15.	(b)(6)	3:04	12/10	Response	Y
16.	(b)(6)	3:10	12/10	Refused	N
17.	(b)(6)	3:12	12/10	NH	N
18.	(b)(6)	3:13	12/10	Not in egerange	N
19.	(b)(6)	3:14	12/10	NH	N
20.	(b)(6)	3:17	12/10	Refused	N

STATE _____

ADDITIONAL CONTROL TRACKING SHEET

CASE STATE ID NUMBER 0CE02091

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)	3:18	12/10	NH	N
22.		3:27	12/10	Disconnected	N
23.		3:28	12/10	Refused	N
24.		3:30	12/10	Refused	N
25.		3:30	12/10	NH	N
26.		3:32	12/10	Not a li age reage	N
27.		3:33	12/10	NH	N
28.		3:33	12/10	NH	N
29.		3:34	12/10	NH	N
30.		3:35	12/10	Commercial # XXXX	N
31.		3:36	12/10	NH	N
32.		3:36	12/10	NH	N
33.		3:37	12/10	NH	N
34.		3:38	12/10	Response	Y
35.		_____	_____	_____	_____
36.	_____	_____	_____	_____	_____
37.	_____	_____	_____	_____	_____
38.	_____	_____	_____	_____	_____
39.	_____	_____	_____	_____	_____
40.	_____	_____	_____	_____	_____

Entered
CD 12/10/09

Case # 06E62097

Escherichia coli O157:H7 Telephone Interviews

State PA

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

page #1

No.	Phone	Time	Date	Response/Result (refused, not home, busy)	Interview completed
1.	(b)(6)	11:19a	12/9	Not home	_____
2.	(b)(6)	11:20a	12/9	Refused	_____
3.	(b)(6)	11:21a	12/9	Busy	_____
4.	(b)(6)	11:22a	12/9	Completed	X
5.	(b)(6)	11:34a	12/9	Not Home	_____
6.	(b)(6)	11:36a	12/9	Refused	_____
7.	(b)(6)	11:37a	12/9	Not Home	_____
8.	(b)(6)	11:39a	12/9	Refused	_____
9.	(b)(6)	11:41a	12/9	Disconnected#	_____
10.	(b)(6)	11:42a	12/9	Not Home	_____
11.	(b)(6)	11:43a	12/9	Not Home	_____
12.	(b)(6)	11:46a	12/9	Refused	_____
13.	(b)(6)	11:52a	12/9	Not Home	_____
14.	(b)(6)	11:53a	12/9	was ill during November (Abd cramping)	_____
15.	(b)(6)	11:56a	12/9	Refused	_____
16.	(b)(6)	11:57a	12/9	Not Home	_____
17.	(b)(6)	11:57a	12/9	Not Home	_____
	(b)(6)	11:58a	12/9	Disconnected#	_____
	(b)(6)	12:01p	12/9	Not Home	_____
	(b)(6)	12:08p	12/9	Not Home	_____

(b)(6)

Case # 06E02097
State: PA

Escherichia coli O157:H7 Telephone Interviews

Case state ID#: 06E02097 Case Telephone: (b)(6)
Case address: (b)(6) City Pittsburgh State PA Zip 15210

Entered
12/10/09

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

page #2

No.	Phone	Time	Date	Response/Result (refused, not home, busy)	Interview completed
1.	(b)(6)	1209p	12/9	NOT Home	
2.	(b)(6)	1211p	12/9	Refused	
3.	(b)(6)	1213p	12/9	NOT Home	
4.	(b)(6)	1215p	12/9	Busy	
5.	(b)(6)	1216p	12/9	NOT Home	
6.	(b)(6)	1217p	12/9	Refused	
7.	(b)(6)	1218p	12/9	Busy	
8.	(b)(6)	1221p	12/9	Disconnected#	
9.	(b)(6)	1222p	12/9	NOT Home	
10.	(b)(6)	1223p	12/9	NOT Home	
11.	(b)(6)	1223p	12/9	Not Home	
12.	(b)(6)	1230p	12/9	Completed	X
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Entered CO 12/10/06

Case State ID: 06E02097 Case Telephone: (b)(6)

Address: (b)(6) Pittsburgh State PA Zip 15210

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

CONTROL'S AGE 18
SEX MALE FEMALE

(A)

Interviewer: Kara Clinsham
Interview Date: 12/9/06

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location ^{was sure} 2417 Brownsville Rd Pittsburgh PA 15210 Date ^{week - Monday} 11/27/2006 ^{was sure}
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Subway?	If yes, Location ^{was sure} 2158 Brownsville Rd Pittsburgh PA 15210 Date ^{was} 11/28/2006 ^{was sure}
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

Entered
CO, 12/15/06

Case State ID: 06E02097 Case Telephone: (b)(6)

Address: (b)(6) Pittsburgh State PA Zip 15210

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

CONTROL'S AGE 41 INTERVIEWER'S NAME Kira Chisom

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 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>Old Town Buffet on Route 51 Pittsburgh PA on 11/25/06</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

554814

ID number (State Lab ID if available) _____

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

Phone number (b)(6) _____

Age 18 Sex M F State _____ County _____ City Cornwall
ONTARIO CANADA

Interviewer name Linda Clewley Date of interview 29/12/2006

Who was interviewed? Case Spouse _____ Parent _____

Stool specimen collection date: Dec 01/2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

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

Date of onset of diarrhea: Nov 30/2006 Time: 04:00 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 Nov 26/2006 Time: _____ AM PM

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

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

Y	?	N	Did you have any of these symptoms?	Y	?	N	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I Were you hospitalized overnight? If yes, number of hospital nights <u>Remained in observation overnight</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Any Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J Did you develop HUS (hemolytic uremic syndrome)?
<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	F Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L Did the patient die?

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

Y	?	N		(Specify street, city, state for each location)
<input 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 _____ Date <u>/</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>/</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>/</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>/</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>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G Did you eat at McDonalds?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you eat at Subway?	If yes, Location _____ Date <u>/</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Did you eat at Blimpies?	If yes, Location _____ Date <u>/</u> /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J Did you eat at any other restaurant?	<u>Burger King Cornwall Square</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K Did you have a dining companion?	
			If yes, name 1 (b)(6) _____ contact number (b)(6) _____ which restaurant? <u>TACO BELL</u>	
			2 _____ contact number _____ which restaurant? _____	
			Tacos 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) _____	

554814

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. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

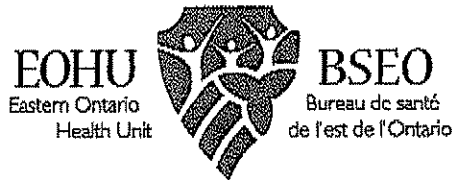
Y	?	N		Y	?	N	
Big Bell Value Menu				Chalupas			
A	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	A	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	nachos <i>with chesedip</i>
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 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"/>	chill 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 <i>> uncertain</i>
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 <i>MOUNTAIN DEW TO DRINK.</i>
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)

THIS CASE#
554814

ID number (State Lab ID if available) _____

Y ? N A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	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 <input type="checkbox"/> Hold lettuce <input type="checkbox"/> Hold beef <input type="checkbox"/> Hold chicken <input type="checkbox"/> Hold cheese <input type="checkbox"/> Hold sour cream <input type="checkbox"/> Hold any onions <input type="checkbox"/> Hold white onions <input type="checkbox"/> Hold green onions <input type="checkbox"/> Hold olives <input type="checkbox"/> Substitute beans for meat <input type="checkbox"/> Hold sauce (specify type) _____ <input type="checkbox"/> Other _____	2. _____ <input type="checkbox"/> Hold tomatoes <input type="checkbox"/> Hold lettuce <input type="checkbox"/> Hold beef <input type="checkbox"/> Hold chicken <input type="checkbox"/> Hold cheese <input type="checkbox"/> Hold sour cream <input type="checkbox"/> Hold any onions <input type="checkbox"/> Hold white onions <input type="checkbox"/> Hold green onions <input type="checkbox"/> Hold olives <input type="checkbox"/> Substitute beans for meat <input type="checkbox"/> Hold sauce (specify type) _____ <input type="checkbox"/> Other _____	3. _____ <input type="checkbox"/> Hold tomatoes <input type="checkbox"/> Hold lettuce <input type="checkbox"/> Hold beef <input type="checkbox"/> Hold chicken <input type="checkbox"/> Hold cheese <input type="checkbox"/> Hold sour cream <input type="checkbox"/> Hold any onions <input type="checkbox"/> Hold white onions <input type="checkbox"/> Hold green onions <input type="checkbox"/> Hold olives <input type="checkbox"/> Substitute beans for meat <input type="checkbox"/> Hold sauce (specify type) _____ <input type="checkbox"/> Other _____
IF YOU CANNOT REMEMBER OR DO NOT KNOW THE MENU ITEM, answer both sets of questions below:			
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"/> B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> J <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> P <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Q <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> R <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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



FAX / TÉLÉCOPIEUR

To
A Samir Sidha

Fax Number
Numéro de télécopieur 404-639-2205

From
De Linda Cleroux

Fax Number
Numéro de télécopieur 613-930 7077

Telephone Number
Numéro de téléphone 613-933 7416 ext 279 Date: 06.12.29

Original to follow by mail
L'original suivra par courrier yes/oui no/non

Number of pages including this one
Nombre de pages incluant celle-ci 4

MESSAGE

As per your request be completed questionnaire
for case of e-coli - ate at TRCO BELL.

Please do not hesitate to contact me if
you have any questions
Thank You
Linda C

Privilege and Confidentiality Notice

This message is intended for use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under the applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please contact the sender immediately and arrange for the return or destruction of the document. Thank you.

Avis concernant les renseignements privilégiés et confidentiels

Le présent message est réservé à la personne ou la personne morale à laquelle il est adressé. Il peut contenir des renseignements confidentiels, exempts de divulgation sous l'égide de la loi. Si le lecteur n'est pas le récipiendaire à qui s'adresse le message, soyez avisé qu'il est formellement défendu de disséminer, distribuer ou copier cette communication. Si le document vous est parvenu par erreur, veuillez communiquer immédiatement avec l'expéditeur afin d'assurer le retour ou la destruction du document. Merci de votre collaboration à cet égard.

Entered

ID number (State Lab ID if available) 64086

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

Phone number (b)(6)

Age 15 Sex M F State DE County New Castle City Elsmere

Interviewer name Susan Shore Date of Interview 12/8 /2006

Who was interviewed? Case _____ Spouse _____ Parent X

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: 11/23 /2006 Time: _____: _____ AM PM

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

Date of onset of other symptoms 11/24 /2006 Time: _____: _____ AM PM

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

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

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Nausea?	G	<input 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 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>4</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		(Specify street, city, state for each location)	
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants?		
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Union County, NJ</u>	Date <u>11/18</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 McDonald's?	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?		
K	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	(b)(6)	
			If yes, name _____	contact number _____	which restaurant? <u>same TB</u>
			2. _____	contact number _____	which restaurant? _____
			3. _____	contact number _____	which restaurant? _____
M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
			If yes, which dining companion (specify name) _____		

ID number (State Lab ID if available) 64086

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

Y	?	N	Big Bell Value Menu	#	Y	?	N	Chalupas	#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	—	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- ground beef (standard)	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef combo burrito	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- chicken	—
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken soft taco	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa supreme- steak/ carne asada	—
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	spicy chicken burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- ground beef (standard)	—
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/2 lb beef & potato burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- chicken	—
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- ground beef (standard)	—	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa baja- steak/ carne asada	—
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- chicken	—	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- ground beef (standard)	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	double decker taco- steak/ carne asada	—	H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- chicken	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	caramel apple empanada	—	I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chalupa nacho cheese- steak/ carne asada	—
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cheesy fiesta potatoes	—				Nachos & Sides	
			Tacos		A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	2	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 type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
			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 type="checkbox"/>	Other _____	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	—
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember	—
					D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

ID number (State Lab ID if available) 64086

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

~~142798~~ DET 64086

entered
Control (A) (B) (circle)

ID number (State Lab ID if available) Rutgers 4

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 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

Also bef 11/15/06

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	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?	Stelton Rd South Plainfield, NJ	12/2/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?		12/9/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?		/ / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?		/ / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?		/ / 2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonalds?		12/12/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?		/ / 2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?		/ / 2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	Boston Market	

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

* Friends brought take out, control is unsure where it was bought.

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	---					

193798 DE 64086

Rutgers 4

Control

A

B

circle

ID number (State Lab ID if available)

Y	?	N		#	Y	?	N		#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tacos		A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Nachos & Sides	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	3	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)		C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco (standard is ground beef)		D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ranchero chicken soft taco		E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pintos & cheese	
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- ground beef (standard)		F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican rice	
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- chicken					cinnamon twists	
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	soft taco supreme- steak/ carne asada					Specialties	
	<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"/>	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	1	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mountain dew baja blast	
A	<input checked="" type="checkbox"/>	<input 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>Salsa</u>	
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada		B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	
					C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I don't remember	
					D	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	2

PE 64086

193998

Rutgers

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 Taco?
B Burrito?
C Quesadilla?
D 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
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) 64645

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

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

Age 21 Sex M F State DE County New Castle City Wilmington

Interviewer name Susan Shore 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: 11/24 /2006 Time: 6:00 AM PM

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

Date of onset of other symptoms 11/23 /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	Did you visit a health care provider for your illness?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A Any Nausea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B Any Vomiting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H
<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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Any Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	J
<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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F Any Fever?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	L

Did you visit an emergency room for your illness?

Were you hospitalized overnight? If yes, number of hospital nights 4

Did you develop HUS (hemolytic uremic syndrome)?

Did you receive antibiotics for your illness?

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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>3902 Concord Pike, Wilmington</u> Date <u>11/20</u> /2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	C Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	F Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	G Did you eat at McDonald's?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	H Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
<input 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 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) _____	

ID number (State Lab ID if available) 64645

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

Y	?	N		#	Y	?	N		#		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)	I
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	—						
				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"/>	renchero 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	—						
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							
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	—						
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	—						
G	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- ground beef (standard)	—						
H	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- chicken	—	A	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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) 64645

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 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

Not PFGE-matched

entered

ID number (State Lab ID if available)

(b)(6)

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

Phone number

(b)(6)

Age 30

Sex M F

State UT

County Weber

City Ogden

Interviewer name Tina Lester

Date of interview 12/07/2006

Who was interviewed? Case X

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: 11/25/2006

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 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	
<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? 27th onset	<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 5
<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? 26th onset	<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		(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 LOS BANOS, CA Date 11/21/2006 lunch time Date / /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location LOS BANOS, CA Date 11/25/2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location LOS BANOS, CA Date / /2006
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location / /2006
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location / /2006
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location / /2006
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location / /2006
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at Blimpie?	If yes, Location / /2006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name (b)(6) contact number (b)(6) which restaurant? KFC, CARLS JR.	
			family + 2 contact number (b)(6) which restaurant? - - -	
			3 contact number (b)(6) which restaurant? KFC, CARLS JR.	
<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)	

no TB exposure

(b)(6)

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 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 <i>11 crunchy taco¹¹</i>		A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	—
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	1	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"/>	enchirrito- ground beef (standard)	—
A	<input type="checkbox"/>	<input type="checkbox"/>	bean burrito	—	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirrito- chicken	—
B	<input type="checkbox"/>	<input type="checkbox"/>	7 layer burrito	—	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchirrito- 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 checked="" type="checkbox"/>	<input type="checkbox"/>	fiesta burrito- ground beef (standard)	1	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 checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Large Pepsi Fountain drink</u> 1	—
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 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

Burrito ingredients: ground beef
sour cream
beans
cheese, tomatoes

doesn't remember seeing green onions,
but he didn't specify substitutions

(b)(6)

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

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

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

A A Taco?

B A Burrito?

C A Quesadilla?

D A Salad?

E Nachos?

F Other (ex. gordita, chalupa, etc) Describe _____

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

He remembered, but I marked Foods specified on burrito and tacos

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) (b)(6) EW-A 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 5 1/2 Sex M F State SC County Richland city Columbia
 Interviewer name Sheral Bowman RN Date of interview 12/08/2006
 Who was interviewed? Control _____ Parent /

Have you been ill with vomiting or diarrhea since November 1st? Yes No (# 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 11/18/2006 (fill in case illness onset date)

Y	?	N			
A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any restaurants? - If no, end interview	(Specify street, city, state for each location)	
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Interstate 70, East PA - Rt 100, Near Allentown, PA</u>	Date <u>11/18/2006</u>
C	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____	Date <u>/ / 2006</u>
D	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____	Date <u>/ / 2006</u>
E	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____	Date <u>/ / 2006</u>
F	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____	Date <u>/ / 2006</u>
G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>Virginia</u>	Date <u>11/18/2006</u>
H	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location _____	Date <u>/ / 2006</u>
I	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at Slimpies?	If yes, Location _____	Date <u>/ / 2006</u>
J	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at any other restaurant?		

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

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

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

(b)(6)

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 1/2	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	cinamon 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 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) (b)(6) Control 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

Entered

ID number (State Lab ID if available) (b)(6) EW-B Control A (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 41 Sex CM F State SC County Richland City Columbia
 Interviewer name Sheral Bowman RN 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			
<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>Interstate 78, east PA Rte 100, near Allentown, PA</u>	Date <u>11/18/2006</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>Virginia</u>	Date <u>11/18/2006</u>
<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 Bimble's?	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"/>	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	---					

(b)(6)

ID number (State Lab ID if available)

Control A **B** (circle)

Y	?	N	Tacos	#	Y	?	N	Nachos & Sides	#
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	---	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos	---
B	<input 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 bellgrands	---
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	---	Spectatlas				
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"/>	enchilito- ground beef (standard)	---
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7 layer burrito	---	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchilito- chicken	---
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chili cheese burrito	---	E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	enchilito- 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 checked="" type="checkbox"/>	<input type="checkbox"/>	grilled stuffed burrito- chicken	I	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)	---

This individual is the mother of a confirmed case. This individual reported becoming symptomatic to diarrhea 12/2/06:

12/01/06 - had many stools

12/02/06 - diarrhea

12/03/06 - diarrhea

12/04/06 - bloody diarrhea; saw physician -> stool specimen obtained

12/05/06 - nausea & diarrhea continued

12/07/06 - symptoms continue.

12/08/06 - stool & blood lab results > pending

This individual denies vomiting & fever.

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

Entered

ID number (State Lab ID if available) (b)(6) *EW-C* 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 64 Sex M F State SC County Richland City Columbia

Interviewer name Sheral Bowman PA 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			
<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)	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Interstate 76, East PA. Rt 100, Near Allentown PA</u>	Date <u>11, 18, 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>Virginia</u>	Date <u>11, 18, 2006</u>
<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	---					

(b)(6)

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)	---	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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> I added a sauce to my meal (e.g., mild, hot, fire)						

(b)(6)

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., gerbits, 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

SL

* EW

Entered

* case interview faxed to NJ as well

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

NOVEMBER 2006 - E. COLI O157 OUTBREAK - CASE QUESTIONNAIRE

Phone number (b)(6)

Age 7 Sex M F State SC County Richland city Columbia

Interviewer name Sheral W Bonner, RN Date of interview 12/07/2006

Who was interviewed? Case Spouse Parent

Stool specimen collection date: 11/25/2006

Case Status (please circle) Confirmed Probable

First I will ask you some questions about your illness.

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

Date of onset of diarrhea: 11/22/2006 Time: 3:00 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: 7:00 AM PM Fever 100°F

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit an emergency room for your illness?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any Bloody diarrhea?	<input 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	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>Interstate 78 east</u> Date <u>11/18/2006</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat at McDonald's?	If yes, Location <u>VA</u> Date <u>11/18/2006</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?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	
			If yes, name (b)(6)	Contact number _____ which restaurant? _____
				Contact number _____ which restaurant? _____
				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)	(b)(6)

Case Questionnaire (b)(6) ate the same foods. A taco was taken from Taco Bell 11/18/2006, placed in a cooler in the car taken to Reheated in microwave 11/19/06 (9:00pm) in NJ. (b)(6) ate the reheated Taco, only.

SC

Correction -
12/08/06

(b)(6)

Mother indicated

(b)(6)

all soft taco, not supreme.

- Case. South Carolina

ID number (State Lab ID if available)

ILL 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	original taco (standard is ground beef)	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos supreme	—
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	taco supreme (standard is ground beef)	—	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	nachos bellgrande	—
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	2	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 type="checkbox"/>	<input checked="" type="checkbox"/>	crunchwrap supreme	—
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	grilled steak soft taco	—	B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	mexican pizza	—
			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 type="checkbox"/>	<input checked="" type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)	—

SC

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 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

ID number (State Lab ID if available) PA-01

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

Phone number (b)(6)

Age 20 Sex M F State PA County Montgomery City Gilbertsville

Interviewer name Kari Kirchgessner 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: 12/02/2006 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 12/02/2006 Time: _____ AM PM

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

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

Y	?	N	Did you have any of these symptoms?	Y	?	N	
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Nausea?	G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you visit a health care provider for your illness?
B	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any Vomiting?	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you visit an emergency room for your illness?
C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any Abdominal cramps?	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights <u>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 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.

TACO BELL - 3020 EASTON AVE BETHLEHEM PA 11/27/06

Y	?	N	Question	Location	Date
A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any restaurants?	(Specify street, city, state for each location)	<u>240025</u>
B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	<u>Philadelphia Ave</u>	<u>11/1/2006</u>
				<u>Gilbertsville, PA</u>	<u>11/12/2006</u>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	_____	<u>/</u> /2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	_____	<u>/</u> /2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	_____	<u>/</u> /2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	_____	<u>/</u> /2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	_____	<u>/</u> /2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	_____	<u>/</u> /2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	_____	<u>/</u> /2006
J	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any other restaurant?	_____	_____
K	<input type="checkbox"/>	<input type="checkbox"/>	Did you have a dining companion?	_____	_____
			If yes, name 1 <u>(b)(6)</u> contact number _____ which restaurant? <u>Gilbertsville</u>		
			2 _____ contact number _____ which restaurant? <u>Bethlehem</u>		
			3 _____ contact number _____ which restaurant? _____		
M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did your dining companion develop diarrhea and/or vomiting within 7 days of dining at the restaurant?		
			If yes, which dining companion (specify name) _____		

PA01

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. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

Y	?	N		Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	Big Bell Value Menu	A	<input type="checkbox"/>	<input type="checkbox"/>	Chalupas
B	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb cheesy bean & rice burrito grande soft taco	B	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- ground beef (standard)
C	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef combo burrito	C	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- chicken
D	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken soft taco	D	<input type="checkbox"/>	<input type="checkbox"/>	chalupa supreme- steak/ carne asada
E	<input type="checkbox"/>	<input type="checkbox"/>	spicy chicken burrito	E	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- ground beef (standard)
F	<input type="checkbox"/>	<input type="checkbox"/>	1/2 lb beef & potato burrito	F	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- chicken
G	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- ground beef (standard)	G	<input type="checkbox"/>	<input type="checkbox"/>	chalupa baja- steak/ carne asada
H	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- chicken	H	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- ground beef (standard)
I	<input type="checkbox"/>	<input type="checkbox"/>	double decker taco- steak/ carne asada	I	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- chicken
J	<input type="checkbox"/>	<input type="checkbox"/>	caramel apple empanada	J	<input type="checkbox"/>	<input type="checkbox"/>	chalupa nacho cheese- steak/ carne asada
			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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- ground beef (standard)	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Pepsi</u>
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	B	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
				D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

PA01

ID number (State Lab ID if available)

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

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

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

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

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) PA-01

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 PA County Northampton City Bethlehem

Interviewer name Kari Kuehgemur 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 12/7/2006 (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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>Easton Ave, Bethlehem</u> Date <u>11/20/2006</u>
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006
H	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ___/___/2006
I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ___/___/2006
J	<input type="checkbox"/>	<input 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. 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		Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	Tacos	A	<input type="checkbox"/>	<input type="checkbox"/>	Nachos & Sides
B	<input type="checkbox"/>	<input type="checkbox"/>	original taco (standard is ground beef)	B	<input type="checkbox"/>	<input type="checkbox"/>	nachos
C	<input type="checkbox"/>	<input type="checkbox"/>	taco supreme (standard is ground beef)	C	<input type="checkbox"/>	<input type="checkbox"/>	nachos supreme
D	<input type="checkbox"/>	<input type="checkbox"/>	soft taco (standard is ground beef)	D	<input type="checkbox"/>	<input type="checkbox"/>	nachos belgrande
E	<input type="checkbox"/>	<input type="checkbox"/>	ranchero chicken soft taco	E	<input type="checkbox"/>	<input type="checkbox"/>	pintos & cheese
F	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- ground beef (standard)	F	<input type="checkbox"/>	<input type="checkbox"/>	mexican rice
G	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- chicken		<input type="checkbox"/>	<input type="checkbox"/>	cinnamon twists
H	<input type="checkbox"/>	<input type="checkbox"/>	soft taco supreme- steak/ carne asada		<input type="checkbox"/>	<input type="checkbox"/>	Specialties
	<input type="checkbox"/>	<input type="checkbox"/>	grilled steak soft taco	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	crunchwrap supreme
	<input type="checkbox"/>	<input type="checkbox"/>	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
	<input type="checkbox"/>	<input type="checkbox"/>	Gorditas	O	<input type="checkbox"/>	<input type="checkbox"/>	mountain dew baja blast
A	<input type="checkbox"/>	<input type="checkbox"/>	gordita supreme- ground beef (standard)		<input type="checkbox"/>	<input type="checkbox"/>	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)		<input type="checkbox"/>	<input type="checkbox"/>	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)		<input type="checkbox"/>	<input type="checkbox"/>	Misc.
H	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- chicken	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Grilled Chicken Enchillada</u>
I	<input type="checkbox"/>	<input type="checkbox"/>	gordita nacho cheese- steak/ carne asada	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u>Pepsi</u>
	<input type="checkbox"/>	<input type="checkbox"/>		C	<input type="checkbox"/>	<input type="checkbox"/>	I don't remember
	<input type="checkbox"/>	<input type="checkbox"/>		D	<input type="checkbox"/>	<input type="checkbox"/>	I added a sauce to my meal (e.g., mild, hot, fire)

ID number (State Lab ID if available) _____

Control A B (circle)

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

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

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

(b)(6)

7:24 Not Reached
Controlled

ID number (State Lab ID if available) PA-01

Control A B (circle)

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

Control Phone number ~~XXXXXXXXXX~~ (b)(6)

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

Age 20 Sex M F State PA County Montgomery City Gilbertsville

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			
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>Swamp Pike Gilbertsville, PA</u> Date <u>11/25</u> /2006	
				<u>" "</u> Date <u>11/22</u> /2006	
C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ___/___/2006	
D	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ___/___/2006	
E	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ___/___/2006	
F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ___/___/2006	
G	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ___/___/2006	
H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you eat at Subway?	If yes, Location <u>Harrisonburg, VA</u> Date <u>11/29</u> /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>La Italia in Harrisonburg, VA</u>	

If the control did not eat at Taco Bell, please end interview. "Our Place" Gilbertsville, PA

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) PA 01

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meximelt- ground beef (standard)	1
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <u>Grande Soft Taco</u> *	1
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	gordita nacho cheese- steak/ carne asada	—	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <u>Cheesy Gordita Crunch</u>	5
						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, <u>hot</u> fire)	—

* From Big Bell Valve Menu "cheesy Gordita Crunch" - ate 5
 ↳ contained:
 lettuce
 ground beef
 cheese
 hot sauce
 spicy sauce maybe
 Baja Pepper Jack sauce

ID number (State Lab ID if available) RA 01

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 checked="" 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

Dining Companion
PA 02

Entered

ID number (State Lab ID if available) _____

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

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

Age 11 Sex M F State PA County Montgomery city Gilbertsville

Interviewer name Kelly Romano Date of interview 12/5/2006

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: 11/26/2006 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 11/24/2006 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	
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 type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Were you hospitalized overnight? If yes, number of hospital nights _____
D <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Diarrhea?	J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you develop HUS (hemolytic uremic syndrome)?
E <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Bloody diarrhea?	K <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you receive antibiotics for your illness?
F <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any Fever?	L <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did the patient die?

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

Y ? N		(Specify street, city, state for each location)
A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any restaurants?	
B <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you eat at any Taco Bell?	If yes, Location <u>E High St, Pottstown PA</u> Date <u>11/19/2006</u> <u>Philadelphia Ave, Gilbertsville PA</u> Date <u>11/22/2006</u>
C <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Kentucky Fried Chicken (KFC)?	If yes, Location _____ Date ____/____/2006
D <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any A & W All American Food?	If yes, Location _____ Date ____/____/2006
E <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Long John Silver's?	If yes, Location _____ Date ____/____/2006
F <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any Pizza Hut?	If yes, Location _____ Date ____/____/2006
G <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at McDonalds?	If yes, Location _____ Date ____/____/2006
H <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Subway?	If yes, Location _____ Date ____/____/2006
I <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at Blimpies?	If yes, Location _____ Date ____/____/2006
J <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Did you eat at any other restaurant?	
K <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you have a dining companion?	
	If yes, name 1. <u>(b)(6)</u> contact number <u>(b)(6)</u> which restaurant? <u>Pottstown</u>	
	2. _____ contact number _____ which restaurant? <u>Pottstown</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) _____	

PA 02

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. Please remember that many items can be ordered with beef, chicken, or steak. Please specify which meat you ate. If you made substitutions in your order, you will be able to specify this later in the questionnaire. If you cannot remember the name of the menu item you ate (please mark "I don't remember" under Misc), you will be able to describe it later in the questionnaire. If you added a sauce (e.g., mild, hot, fire) to your meal, please indicate that as well (mark under Misc).

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