

COVIS Oyster Supplemental Questionnaire

Version 2: 10/04/2016

INSTRUCTIONS: Use this questionnaire ONLY if patient meets ALL of the following criteria:

- 1) Evidence of Vibrio spp infection (culture or CIDT) and
- 2) Gastroenteritis or systemic infection and
- 3) Reported eating raw or undercooked oysters

Section 1: OYSTERS EATEN AT A RESTAURANT (If case did not eat oysters at a restaurant, skip to Section 2)

1. Restaurant Name: _____ Unknown
 a. Restaurant Address: _____ Unknown
2. If you don't know the name or address of the restaurant, please describe cross streets, landmarks, or any other info that could help us identify the restaurant:

Interviewer: LOOK UP RESTAURANT MENU AND SEE IF OYSTER TYPES ARE LISTED

3. What type of oysters did you have?:
 Blue Points Kumamoto Malpeque PEI Carlsbad Other:

 Unknown type, please provide any other details you can remember (Pacific NW, East Coast, Canada, etc.)?:

4. Were the oysters part of a dish, like "chef special", "happy hour special"?: Yes, specify:
 _____ No Unknown
5. Do you have your receipt?:
 Yes: please check the receipt for a transaction number, purchase date, and time
 a. Transaction number: _____ Date: _____ Time: _____

Section 2: OYSTERS EATEN AT HOME OR SOMEONE ELSE'S PRIVATE HOME

1. Where did you buy the oysters? (If purchased by someone else, request that patient obtain that information from the host)
 a. Purchase Location Name: _____
 Unknown
 b. Purchase Location Address: _____
 Unknown
2. What type of oysters did you have?:
 Blue Points Kumamoto Malpeque PEI Carlsbad Other:

 Unknown type, please provide any other details you can remember (Pacific NW, East Coast, Canada, etc.)?:

3. Do you have your receipt?:
 Yes: please check the receipt for a transaction number, purchase date, and time
 a. Transaction number: _____ Date: _____ Time: _____

a.