

Local ID Number \_\_\_\_\_

California Department of Public Health  
 Center for Infectious Diseases  
 Division of Communicable Disease Control  
 Infectious Diseases Branch  
 Surveillance and Statistics Section  
 MS 7306, P.O. Box 997377 Sacramento, CA  
 95899-7377

## LISTERIOSIS CASE REPORT

This form should be used for all listeriosis cases meeting the confirmed or probable case definition **except** for neonatal cases. Neonatal case-patients (live born neonate <28 days old) should be entered on the neonatal listeriosis case report form. In most instances of pregnancy-associated listeriosis, both mother and neonate should be reported.

PATIENT INFORMATION					
Last Name	First Name	Middle Name	Suffix	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Social Security Number (9 digits)		DOB (mm/dd/yyyy)	Age	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days	
Address Number & Street – Residence			Apartment/Unit Number		
City/Town		State	Zip Code		
Census Tract	County of Residence		Country of Residence		
Country of Birth		If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)			
Home Telephone		Cellular Phone/Pager		Work/School Telephone	
E-mail Address		Other Electronic Contact Information			
Work/School Location		Work/School Contact			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____					
Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		If Yes, Est. Delivery Date (mm/dd/yyyy)			
Medical Record Number		Patient's Parent/Guardian Name			
Occupation Setting (see list on page 16)		Other Describe/Specify			
Occupation (see list on page 16)		Other Describe/Specify			
*Comment: self-identity or self-reporting The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.					
CLINICAL INFORMATION					
Physician Name - Last Name			First Name		Telephone Number

First three letters of patient's last name: 

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**SIGNS AND SYMPTOMS**

Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Onset Date (mm/dd/yyyy)	Date First Sought Medical Care (mm/dd/yyyy)	Duration of Acute Symptoms (days)
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Note: Please provide copy of discharge summary, if available.

Signs and Symptoms	Yes	No	Unk	If Yes, Specify as Noted
Meningitis				
Bacteremia / sepsis				
Gastroenteritis(vomiting/diarrhea)				
Fever				If Yes, highest temperature (specify °F/°C)
Amnionitis				
Miscarriage/stillbirth				

Other signs / symptoms (specify)

**PREGNANCY INFORMATION**

Was the patient pregnant at onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, Number of Weeks Gestation
Was a neonatal case-patient reported? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Neonatal Case ID
	Neonatal Case Classification <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Not a Case

**PAST MEDICAL HISTORY**

Does the patient take any medications regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, specify medication(s)
Does the patient have any medical conditions? (i.e., renal disease, diabetes, immune compromising conditions) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, specify medical condition(s)

**HOSPITALIZATION**

Did patient visit emergency room for illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Was patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	If Yes, how many total hospital nights?
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If there were any ER or hospital stays related to this illness, specify details below.

**HOSPITALIZATION – DETAILS**

Hospital Name 1	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis
Hospital Name 2	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis

**OUTCOME**

Outcome? <input type="checkbox"/> Survived <input type="checkbox"/> Died <input type="checkbox"/> Unk	If Survived, Survived as of _____ (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)
If patient was pregnant, outcome of fetus? <input type="checkbox"/> Stillborn <input type="checkbox"/> Born alive but died within 7 days <input type="checkbox"/> Alive and well		

First three letters of patient's last name: 

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**LABORATORY INFORMATION**

**LABORATORY RESULTS SUMMARY**

If pregnancy-associated, enter information for maternal specimen. Enter information for neonatal specimen in the pregnancy-associated section below.

**Specimen Type**  
 Blood  CSF  Placenta  Stool  Other: \_\_\_\_\_  None collected

**Type of Test**  
 Culture  Culture Independent Diagnostic Test (CIDT)  Other: \_\_\_\_\_

<b>Collection Date (mm/dd/yyyy)</b>	<b>Result</b> <input type="checkbox"/> <i>Listeria monocytogenes</i> <input type="checkbox"/> Other <i>Listeria</i> species (specify): _____
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<b>Laboratory Name</b>	<b>Telephone</b>
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<b>State Laboratory/Local Laboratory ID</b>	<b>Whole Genome Sequencing ID</b>
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<b>Whole Genome Sequencing Allele Code</b>	<b>Outbreak Code</b>
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**PREGNANCY-ASSOCIATED CASES ONLY**

<b>Was a neonatal specimen collected?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<b>If Yes, Neonatal Lab ID</b>
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<b>Collection Date (mm/dd/yyyy)</b>	<b>Result</b> <input type="checkbox"/> <i>Listeria monocytogenes</i> <input type="checkbox"/> Other <i>Listeria</i> species (specify): _____
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If mother is confirmed or probable from products of conception, the neonate is considered a probable case even if a specimen was not collected. If the mother is confirmed or probable from blood or CSF, the neonate is considered probable if clinically compatible. If neonate (<28 days) is confirmed or probable, the mother is considered a probable case even if a specimen was not collected.

**EPIDEMIOLOGIC INFORMATION**

**INCUBATION PERIOD: 4 WEEKS PRIOR TO ILLNESS ONSET**

**Did the patient have any allergies that prevented him/her from eating any foods?**  
 Yes  No  Unk

**If Yes, specify**  
 Milk  Eggs  Peanuts  Tree nuts  Fish  Soy  Wheat  Shellfish  Other (specify): \_\_\_\_\_

<b>Did the patient have a vegetarian or vegan diet?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<b>If Yes, specify</b> <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan
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<b>Did the patient have a special or restricted diet (medical, weight-loss, religious, cultural) or any other types of food the patient does not eat?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<b>If Yes, describe</b>
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**FOOD HISTORY – GROCERIES**

**WHERE DID PATIENT SHOP FOR GROCERIES?**

**1) Grocery stores or supermarkets, 2) Warehouse stores, such as Costco or Sam's Club, 3) Small markets (convenience stores, gas stations, etc.), 4) Ethnically specialty markets (e.g. Mexican, Asian), 5) Farmer's Markets, 6) Online stores or food received by mail, 7) Food eaten at home**

<b>Store / Location 1</b>	<b>Address / Cross-streets</b>	
	<b>City</b>	<b>State</b>

<b>Store / Location 2</b>	<b>Address / Cross-streets</b>	
	<b>City</b>	<b>State</b>

<b>Store / Location 3</b>	<b>Address / Cross-streets</b>	
	<b>City</b>	<b>State</b>

First three letters of patient's last name: 

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**FOOD HISTORY – GROCERIES (continued)**

Would you be willing to share your shopper card information?  
 Yes  No  None available

If Yes, please store name and shopper card number:

Store name: \_\_\_\_\_ Shopper card # \_\_\_\_\_

Store name: \_\_\_\_\_ Shopper card # \_\_\_\_\_

Store name: \_\_\_\_\_ Shopper card # \_\_\_\_\_

Did the patient consume food outside the home during the incubation period?  
 Yes  No  Unk

If Yes, specify name of place, location, date, and items consumed below. Include items eaten at any of the following:

- Buffet-style (where you serve yourself)
- Ethnic restaurants that are not fast-food, such as Mexican, Italian, Chinese
- Sandwich shops or delis
- Fast-food (drive up or pay at the counter)
- Event (wedding, party, conference)
- Any other type of restaurant/location (salad bars, food trucks, picnics, potlucks, concession stands, institutions, local farms or dairies)

Restaurant	Location	What food did patient eat?	Date(s)

**FOOD CONSUMPTION HISTORY**

CHEESE	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	Details (e.g. type, variety, brand, packaging, shape/size, how prepared)	Made from raw milk?	Place of purchase or consumption
Feta	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Goat cheese	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Blue-veined cheese	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Brie or camembert	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Gouda	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Prepackaged shredded cheese	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Fresh mozzarella, sold in water	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Cottage cheese	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Ricotta cheese	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Other gourmet, fancy, or artisanal cheese	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Any cheese sliced at a deli counter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	

First three letters of patient's last name: 

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<b>FOOD CONSUMPTION HISTORY (continued)</b>								
<b>CHEESE</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Made from raw milk?</b>	<b>Place of purchase or consumption</b>
Middle Eastern style cheese (e.g. akawi, nebulsi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Mexican- or Latin- style cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
<i>If ate (1) or likely ate (2) Mexican- or Latin-style cheese, what type(s)?</i>								
Queso fresco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Queso blanco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Queso casero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Cuajada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Asadero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Cotija	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Queso ranchero	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Requeson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Oaxaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Other Mexican-Latin-style cheese (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Other soft cheese (not cream, cottage, ricotta) (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Any cheese from raw/unpasteurized milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
Any other cheese (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
<b>OTHER DAIRY</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>	
Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Raw/unpasteurized?								
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk								
Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Skim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other milk (e.g., chocolate, buttermilk)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Frozen yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Raw/unpasteurized?								
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk								

First three letters of patient's last name:

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<b>FOOD CONSUMPTION HISTORY (continued)</b>							
<b>OTHER DAIRY</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>
Yogurt drinks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Cream or half-and-half	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Ice cream bars, milkshakes, or frozen dairy desserts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Ice cream	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was any of the ice cream soft-serve?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Sour cream or crema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
<b>SEAFOOD</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>
Precooked shrimp	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Precooked shellfish (e.g. crab, mussels, clams) specify _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Refrigerated smoked or cured fish that was not from a can (e.g. smoked salmon)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Any raw fish or seafood, including sushi	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Frozen seafood (e.g. fish sticks or breaded fish)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
<b>DIPS AND SPREADS</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>
Hummus	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Refrigerated fresh salsa or pico de gallo (not from a jar or a can)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Guacamole	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Other dips or spreads specify _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
<b>FRUIT</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>
Apples, including apple slices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
	<b>Were items purchased pre-sliced?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Grapes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Raisins	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Pears	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Peaches	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Nectarines	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Apricots	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Plums	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	

First three letters of patient's last name: 

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<b>FOOD CONSUMPTION HISTORY (continued)</b>							
<b>FRUIT</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>
Strawberries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Raspberries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Blueberries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Blackberries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Cherries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Honeydew melon	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Were items purchased pre-sliced?</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
Cantaloupe	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Were items purchased pre-sliced?</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
Watermelon	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Were items purchased pre-sliced?</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
Pineapple	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Were items purchased pre-sliced?</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
Mango	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Were items purchased pre-sliced?</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
Papaya	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Avocado (including homemade guacamole)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Fruit salad (including pre-cut cubes of a single fruit)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Other fruit (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
Fruit sorbet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99	<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Dried	
<b>DELI MEATS</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>
Ham	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it sliced at a deli counter?</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
Bologna	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it sliced at a deli counter?</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
Turkey Breast	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it sliced at a deli counter?</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
Chicken deli meat (NOT fresh or rotisserie)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it sliced at a deli counter?</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
Roast Beef	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it sliced at a deli counter?</b>						
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							

First three letters of patient's last name: 

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<b>FOOD CONSUMPTION HISTORY (continued)</b>							
<b>DELI MEATS</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>
Pastrami or corned beef	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it sliced at a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Liverwurst or braunschweiger	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it sliced at a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Paté or meat spread that was not canned	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Head cheese	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it sliced at a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Pepperoni	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it sliced at a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Any other Italian-style meats such as salami or prosciutto	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it sliced at a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Other deli/luncheon meat, specify _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it sliced at a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Anything from a deli area where meat is sliced	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it sliced at a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
<b>OTHER MEAT/POULTRY</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>
Precooked sausage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Precooked chicken (whole or parts, including rotisserie)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Other precooked meat (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Cured or dried meat (e.g. jerky)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Hot dogs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Were the hot dogs:</b> <input type="checkbox"/> Heated before being eaten <input type="checkbox"/> Not heated before being eaten (eaten directly out of package) <input type="checkbox"/> Unk						
Frozen processed poultry (e.g. chicken nuggets or chicken pot pie) (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Ground chicken or turkey (specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		



First three letters of patient's last name: 

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<b>FOOD CONSUMPTION HISTORY (continued)</b>							
VEGETABLES AND OTHER PRODUCE	Ate (=1)	Likely ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	Don't know (=99)	Details (e.g. type, variety, brand, packaging, shape/size, how prepared)	Place of purchase or consumption
Sprouts (including in a sandwich, salad, soup, sushi, or other food)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b><i>If 1 or 2, Which of the following types of sprouts did you eat?</i></b>						
Alfalfa	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Bean (e.g. mung, soybean)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Clover	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Radish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Broccoli	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Mixed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Other sprouts (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Cucumbers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Pea pod/snap peas/snow peas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Sweet peppers (green, red, orange, or yellow bell peppers)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Hot chili peppers such as jalapeños or serranos	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Green onions or scallions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Celery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Mini-carrots	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Fresh mushrooms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Pre-cut raw vegetable mixes (e.g. celery, onions) specify _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Fresh Basil	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Fresh cilantro	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Fresh parsley	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Other fresh herbs (sage, thyme, dill etc.) specify _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Fresh tomatoes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b><i>If 1 or 2, what type(s) of tomatoes?</i></b>						
Red round	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Roma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Cherry/grape	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Other (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		

First three letters of patient's last name: 

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<b>FOOD CONSUMPTION HISTORY (continued)</b>							
<b>VEGETABLES AND OTHER PRODUCE</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>
Any lettuce	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>If 1 or 2, Was any of the lettuce prepackaged?</b> <input type="checkbox"/> Yes (specify type and brand) <input type="checkbox"/> No <input type="checkbox"/> DK						
	<b>If 1 or 2, what types of lettuce?</b>						
Iceberg	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Romaine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Mesclun (spring mix)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Radish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Any other leaf lettuce specify _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Other prepackaged leafy green (e.g. kale, spinach specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Premade green salad that includes other ingredients besides greens (e.g., cobb, Caesar salad)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Other produce (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
<b>DELI SALADS</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>
Potato salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it purchased from a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Pasta salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it purchased from a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Egg salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it purchased from a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Tuna salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it purchased from a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Chicken salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it purchased from a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Bean salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it purchased from a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Seafood salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it purchased from a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						
Cole slaw	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
	<b>Was it purchased from a deli counter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk						

First three letters of patient's last name: 

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<b>FOOD CONSUMPTION HISTORY (continued)</b>							
<b>DELI SALADS</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>
Other ready-to-eat meat or vegetable salad not made at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
<i>Was it purchased from a deli counter?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
Anything from a salad bar	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
<i>Was it purchased from a deli counter?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk							
<b>OTHER FOODS</b>	<b>Ate (=1)</b>	<b>Likely ate (=2)</b>	<b>Likely did NOT eat (=3)</b>	<b>Did NOT eat (=4)</b>	<b>Don't know (=99)</b>	<b>Details (e.g. type, variety, brand, packaging, shape/size, how prepared)</b>	<b>Place of purchase or consumption</b>
Freshly-made smoothie with fresh or frozen fruit or produce	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Tahini	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Tofu, tempeh, or seitan	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Rice noodles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Sandwiches from a refrigerated case or vending	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Peanut butter or other nut butters or nut cheeses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Nuts including peanuts, almonds, cashews	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Seeds including chia, hemp, flax or sunflower	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Food brought from another country	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
<b>ANIMAL CONTACT</b>	<b>Spent time or fed (=1)</b>	<b>Likely spent time or fed (=2)</b>	<b>Likely did NOT spend time or feed (=3)</b>	<b>Did NOT spend time or feed (=4)</b>	<b>Don't know (=99)</b>	<b>Type of animal or pet food</b>	<b>Place of contact or purchase</b>
Spent time at a petting zoo, farm, or other venue with livestock, such as cattle, sheep, goat etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Fed a cat or dog raw pet food (i.e. pet food marked as raw)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		
Fed a cat or dog refrigerated or freeze dried pet treats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 99		

First three letters of patient's last name: 

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**TRAVEL HISTORY**

Did patient travel **outside county of residence** during the incubation period?  
 Yes  No  Unk If Yes, specify all locations and dates below.

**TRAVEL HISTORY – DETAILS**

Location (city, county, state, country)	Date Travel Started (mm/dd/yyyy)	Date Travel Ended (mm/dd/yyyy)

**ILL CONTACTS**

Any contacts with similar illness (including household contacts)?  
 Yes  No  Unk If Yes, specify details below.

**ILL CONTACTS – DETAILS**

Name 1	Age	Gender	Telephone Number	Type of Contact / Relationship		
	Street Address			Date of Contact (mm/dd/yyyy)	Illness Onset Date (mm/dd/yyyy)	
	City	State	Zip Code	Exposure Event		
Name 2	Age	Gender	Telephone Number	Type of Contact / Relationship		
	Street Address			Date of Contact (mm/dd/yyyy)	Illness Onset Date (mm/dd/yyyy)	
	City	State	Zip Code	Exposure Event		

**NOTES / REMARKS**

**REPORTING AGENCY**

Investigator Name	Local Health Jurisdiction	Telephone Number	Date (mm/dd/yyyy)
First Reported By <input type="checkbox"/> Clinician <input type="checkbox"/> Laboratory <input type="checkbox"/> Other (specify): _____			

**EPIDEMIOLOGICAL LINKAGE**

Epi-linked to known case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Contact Name / Case Number
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First three letters of patient's last name: 

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<b>DISEASE CASE CLASSIFICATION</b>			
<i>Case Classification (see case definition on page 14)</i>			
<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect			
<i>Neonatal or Non-Neonatal*</i>	<i>*Note that infected pregnant women and/or their infected offspring are to be designated as "Neonatal" cases.</i>		
<input type="checkbox"/> Neonatal <input type="checkbox"/> Non-Neonatal			
<i>Nosocomial or Community Acquired</i>		<i>Specify if Foodborne</i>	
<input type="checkbox"/> Nosocomial <input type="checkbox"/> Community acquired		<input type="checkbox"/> Foodborne	
<b>OUTBREAK</b>			
<i>Part of known outbreak?</i>	<i>If Yes, extent of outbreak</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> One CA jurisdiction <input type="checkbox"/> Multiple CA jurisdictions <input type="checkbox"/> Multistate <input type="checkbox"/> International <input type="checkbox"/> Unk <input type="checkbox"/> Other (specify): _____		
<i>Mode of Transmission</i>		<i>Vehicle of Outbreak</i>	<i>Allele Code(s)</i>
<input type="checkbox"/> Point source <input type="checkbox"/> Person-to-person <input type="checkbox"/> Unk <input type="checkbox"/> Other: _____			
<b>STATE USE ONLY</b>			
<i>State Case Classification</i>			
<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Not a case			

**CASE DEFINITION****LISTERIOSIS (2019)****CLINICAL DESCRIPTION**

Systemic illness caused by *L. monocytogenes* manifests most commonly as bacteremia or central nervous system infection. Other manifestations can include pneumonia, peritonitis, endocarditis, and focal infections of joints and bones.

Pregnancy-associated listeriosis has generally been classified as illness occurring in a pregnant woman or in an infant aged < 28 days. Listeriosis may result in pregnancy loss (fetal loss before 20 weeks gestation), intrauterine fetal demise (>20 weeks gestation), pre-term labor, or neonatal infection, while causing minimal or no systemic symptoms in the mother. Pregnancy loss and intrauterine fetal demise are considered to be maternal outcomes.

Neonatal listeriosis commonly manifests as bacteremia, central nervous system infection, and pneumonia, and is associated with high fatality rates. Transmission of *Listeria* from mother to baby transplacentally or during delivery is almost always the source of early-onset neonatal infections (diagnosed between birth and 6 days), and the most likely source of late-onset neonatal listeriosis (diagnosed between 7–28 days).

Non-invasive *Listeria* Infections: *Listeria* infection manifesting as an isolate from a non-invasive clinical specimen suggestive of a non-invasive infection; includes febrile gastroenteritis, urinary tract infection, and wound infection.

**LABORATORY CRITERIA FOR DIAGNOSIS****Confirmatory**

Isolation of *L. monocytogenes* from a normally sterile site reflective of an invasive infection (e.g. blood, cerebrospinal fluid, pleural, peritoneal, pericardial, hepatobiliary, or vitreous fluid; orthopedic site such as bone, bone marrow or joint)

**OR**

For maternal isolates in the setting of pregnancy, pregnancy loss, intrauterine fetal demise, or birth, isolation of *L. monocytogenes* from products of conception (e.g. chorionic villi, placenta, fetal tissue, umbilical cord blood, amniotic fluid) collected at the time of delivery;

**OR**

For neonatal isolates in the setting of live births, isolation of *L. monocytogenes* from a non-sterile neonatal specimen (e.g. meconium, tracheal aspirate, but not products of conception) collected within 48 hours of delivery.

**Presumptive**

Detection of *L. monocytogenes* by CIDT from a normally sterile site reflective of an invasive infection (e.g. blood, cerebrospinal fluid, pleural, peritoneal, pericardial, hepatobiliary, or vitreous fluid; orthopedic site such as bone, bone marrow or joint)

**OR**

For maternal isolates in the setting of pregnancy, pregnancy loss, intrauterine fetal demise, or birth, detection of *L. monocytogenes* by CIDT from products of conception (e.g. chorionic villi, placenta, fetal tissue, umbilical cord blood, amniotic fluid) collected at the time of delivery;

**OR**

For neonatal isolates in the setting of live births, detection of *L. monocytogenes* by CIDT from a non-sterile neonatal specimen (e.g. meconium, tracheal aspirate, but not products of conception) collected within 48 hours of delivery.

**Supportive**

Isolation of *L. monocytogenes* from a clinical specimen collected from a non-invasive specimen source (e.g. stool, urine, wound) other than those specified under maternal and neonatal specimens

**CASE DEFINITION (continued)****EPI-LINKAGE**For probable maternal cases:

A mother who does not meet the confirmed case criteria, **BUT** Who gave birth to a neonate who meets confirmatory or presumptive laboratory evidence for diagnosis, **AND** Neonatal specimen was collected up to 28 days of birth.

For probable neonatal cases:

Neonate(s) who do not meet the confirmed case criteria, **AND** Whose mother meets confirmatory or presumptive laboratory evidence for diagnosis from products of conception, **OR** A clinically compatible neonate whose mother meets confirmatory or presumptive laboratory evidence for diagnosis from a normally sterile site.

**CASE CLASSIFICATION**

Confirmed: A person who meets confirmatory laboratory evidence.

Probable: A person who meets the presumptive laboratory evidence; **OR**

A mother or neonate who meets the epidemiologic linkage but who does not have confirmatory laboratory evidence.

Suspect: A person with supportive laboratory evidence.

RACE DESCRIPTIONS	
Race	Description
American Indian or Alaska Native	Patient has origins in <b>any</b> of the original peoples of North and South America (including Central America).
Asian	Patient has origins in <b>any</b> of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in <b>any</b> of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in <b>any</b> of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in <b>any</b> of the original peoples of Europe, the Middle East, or North Africa.
OCCUPATION SETTING	
<ul style="list-style-type: none"> <li>• Childcare/Preschool</li> <li>• Correctional Facility</li> <li>• Drug Treatment Center</li> <li>• Food Service</li> <li>• Health Care - Acute Care Facility</li> <li>• Health Care - Long Term Care Facility</li> <li>• Health Care - Other</li> </ul>	<ul style="list-style-type: none"> <li>• Homeless Shelter</li> <li>• Laboratory</li> <li>• Military Facility</li> <li>• Other Residential Facility</li> <li>• Place of Worship</li> <li>• School</li> <li>• Other</li> </ul>
OCCUPATION	
<ul style="list-style-type: none"> <li>• Adult film actor/actress</li> <li>• Agriculture - farmworker or laborer (crop, nursery, or greenhouse)</li> <li>• Agriculture - field worker</li> <li>• Agriculture - migratory/seasonal worker</li> <li>• Agriculture - other/unknown</li> <li>• Animal - animal control worker</li> <li>• Animal - farm worker or laborer (farm or ranch animals)</li> <li>• Animal - veterinarian or other animal health practitioner</li> <li>• Animal - other/unknown</li> <li>• Clerical, office, or salesworker</li> <li>• Correctional facility - employee</li> <li>• Correctional facility - inmate</li> <li>• Craftsman, foreman, or operative</li> <li>• Daycare or child care attendee</li> <li>• Daycare or child care worker</li> <li>• Dentist or other dental health worker</li> <li>• Drug dealer</li> <li>• Fire fighting or prevention worker</li> <li>• Flight attendant</li> <li>• Food service - cook or food preparation worker</li> <li>• Food service - host or hostess</li> <li>• Food service - server</li> <li>• Food service - other/unknown</li> <li>• Homemaker</li> <li>• Laboratory technologist or technician</li> <li>• Laborer - private household or unskilled worker</li> <li>• Manager, official, or proprietor</li> <li>• Manicurist or pedicurist</li> <li>• Medical - emergency medical technician or paramedic</li> <li>• Medical - health care worker</li> </ul>	<ul style="list-style-type: none"> <li>• Medical - medical assistant</li> <li>• Medical - pharmacist</li> <li>• Medical - physician assistant or nurse practitioner</li> <li>• Medical - physician or surgeon</li> <li>• Medical - nurse</li> <li>• Medical - other/unknown</li> <li>• Military</li> <li>• Police officer</li> <li>• Professional, technical, or related profession</li> <li>• Retired</li> <li>• Sex worker</li> <li>• Stay at home parent/guardian</li> <li>• Student - preschool or kindergarten</li> <li>• Student - elementary or middle school</li> <li>• Student - high school</li> <li>• Student - college or university</li> <li>• Student - other/unknown</li> <li>• Teacher/employee - preschool or kindergarten</li> <li>• Teacher/employee - elementary or middle school</li> <li>• Teacher/employee - high school</li> <li>• Teacher/instructor/employee - college or university</li> <li>• Teacher/instructor/employee - other/unknown</li> <li>• Unemployed - seeking employment</li> <li>• Unemployed - not seeking employment</li> <li>• Unemployed - other/unknown</li> <li>• Volunteer</li> <li>• Other</li> <li>• Refused</li> <li>• Unknown</li> </ul>