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: _______________________________________________________
   a. Restaurant Address: __________________________________________________

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.