

# FOODBORNE BOTULISM SUPPLEMENTAL QUESTIONNAIRE

## CASE IDENTIFICATION AND DEMOGRAPHICS

Last name	First, MI	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Person interviewed (if other than case)		Relationship to case	

## FAST FACTS

**Agent:** Toxins produced by *Clostridium botulinum*, a spore-forming obligate anaerobic bacillus.

**Incubation:** Usually 12-36 hours, sometimes several days, after eating contaminated food.

**Mode of Transmission:** Foodborne botulism is acquired by ingestion of food in which toxin has been formed, predominantly after inadequate heating during preservation and without subsequent adequate cooking. Wound botulism is acquired by anaerobic growth of *C. botulinum* spores introduced into an open wound via trauma, injection drug use, etc. Intestinal botulism is acquired by ingestion of *Clostridium botulinum* spores with subsequent outgrowth and in-vivo toxin production in the large intestine.

**Common Sources:** Home canned products, unviscerated fish, baked potatoes, potpies, sautéed onions, minced garlic in oil, seal meat, smoked salmon, fermented salmon eggs, sausages, smoked or preserved meats, seafood.

**Rx:** Heptavalent botulinum antitoxin (HBAT) for toxin types A-G

## FOOD & BEVERAGE HISTORY (within 5 days prior to onset of symptoms)

Date	Breakfast	Lunch	Dinner	Snacks	Other Information

Use the following to code where food was consumed: Restaurant=1, fast food=2, take-out=3, potlucks=4, parties=5, catered event=6, shared food=7, street fairs=8, picnics=9, other=10.

## SPECIFIC FOOD & BEVERAGE EXPOSURES (within 5 days prior to onset of symptoms)

Did the patient eat or "taste" any of the following within 5 days prior to onset of symptoms?

1. Home-canned, -preserved, -pickled, or -bottled foods?       Yes     No     DK    If yes, please specify product: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_  
Please specify how prepared: \_\_\_\_\_
2. Other canned foods       Yes     No     DK    If yes, please specify product: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_  
If yes, were there any dents in can(s):     Yes     No     DK  
    Bulge in can(s):                             Yes     No     DK  
    Hissing when can(s) opened:         Yes     No     DK  
If yes, please specify brand and where purchased: \_\_\_\_\_
3. Vacuum-packed foods       Yes     No     DK    If yes, please specify products: \_\_\_\_\_  
Where purchased/obtained: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_
4. Olives or other vegetables kept in jars       Yes     No     DK    If yes, please specify products: \_\_\_\_\_  
Where purchased/obtained: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_

5. Bad tasting or smelling food  Yes  No  DK If yes, please specify product: \_\_\_\_\_  
Where purchased/obtained: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_
6. Left any cooked food out at room temperature for an extended period of time (e.g., >2 hours) before eating  Yes  No  DK If yes, please specify food: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_  
How long left out prior to eating: \_\_\_\_\_
7. Eat any left-overs  Yes  No  DK If yes, please specify which left-over(s): \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_  
Was it tasted prior to reheating?  Yes  No  DK  
How was it re-heated? \_\_\_\_\_  
Date/time food was originally prepared: \_\_\_\_\_
8. Food received as a gift  Yes  No  DK If yes, please specify product : \_\_\_\_\_  
Obtained from: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_
9. Any baked food items (e.g. baked potatoes, frozen pot pies, meatloaf)  Yes  No  DK If yes, specify food item: \_\_\_\_\_  
Where purchased/obtained: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_  
Was it left at room temperature or tasted prior to re-heating?  Yes  No  DK
10. Use of tin foil in cooking/baking  Yes  No  DK If yes, please specify product: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_
11. Vegetables or cheese (e.g., garlic, ginger, peppers, feta) packed in oil  Yes  No  DK If yes, please specify product : \_\_\_\_\_  
Where purchased/obtained: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_  
Was it left at room temperature before opening?  Yes  No  DK  
Was it left at room temperature after opening?  Yes  No  DK
12. Onions or other cooked vegetables  Yes  No  DK If yes, please specify: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_  
Were they left out before eating?  Yes  No  DK  
If yes, for how long? \_\_\_\_\_
13. Homemade salsa  Yes  No  DK If yes, please specify: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_  
How long was it at room temperature prior to eating? \_\_\_\_\_
14. Dips  Yes  No  DK If yes, please specify: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_  
Was it left out at room temperature prior to eating? \_\_\_\_\_  
If yes, for how long? \_\_\_\_\_
15. Sauces or marinades  Yes  No  DK If yes, please specify: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_  
Were they left out at room temperature before eating?  Yes  No  DK  
If yes, for how long? \_\_\_\_\_
16. Seafood, fish (esp. ungutted salted fish), fish eggs, or meat from marine mammals  Yes  No  DK If yes, please specify product: \_\_\_\_\_  
Where purchased/obtained: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_
17. Sausage, smoked or preserved meats, or other prepared meats (e.g. jerky, venison)  Yes  No  DK If yes, please specify product: \_\_\_\_\_  
Where purchased/obtained: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_
18. Natural herbs or medicines  Yes  No  DK If yes, please specify product: \_\_\_\_\_  
Where purchased/ obtained: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_
19. Cultural or ethnic foods  Yes  No  DK If yes, please specify product: \_\_\_\_\_  
Where purchased/ obtained: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_
20. Soups (e.g., purchased in the refrigerated section) or stews  Yes  No  DK If yes, please specify product: \_\_\_\_\_  
Where purchased/ obtained: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_
21. Honey or crystallized ginger  Yes  No  DK If yes, please specify product: \_\_\_\_\_  
Where purchased/ obtained: \_\_\_\_\_  
Date and time eaten: \_\_\_\_\_