

<b>Section 1. Interviewer Details:</b>			
Case Interviewed by:		Date of interview: MM/ DD/ YYYY	
Health department:		Date reported to Health Department: MM/ DD/ YYYY	
Respondent was: <input type="checkbox"/> case <input type="checkbox"/> parent <input type="checkbox"/> spouse <input type="checkbox"/> caretaker <input type="checkbox"/> other, specify:			
Name of person interviewed (if <u>not</u> case):		Phone number:	
<b>Section 2. Clinical Information (Historical and Current):</b>			
Date positive specimen(s) collected: MM/ DD/ YYYY			
<b>Section 3. Incubation and Infectious Period:</b>			
Date of symptom onset: MM/ DD/ YYYY			
Date of jaundice onset: MM/ DD/ YYYY			
<b>Incubation Period (use symptom onset date if no jaundice)</b> <a href="#">For help with calculating dates - go to link here.</a>			
50 days prior to jaundice onset: MM/ DD/ YYYY to 15 days prior to jaundice onset: MM/ DD/ YYYY			
Comments:			
<b>Section 4. Special Diets or Food Preferences:</b>			
Are (you/case) on a vegetarian diet? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
If yes, do (you/case) ever eat: Eggs <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Dairy <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Poultry <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Fish <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Are (you/case) on a vegan diet? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
Do (you/case) have any food allergies? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, please describe/list:			
Are there any foods that you never eat? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, please describe/list:			
In the incubation period, were (you/case):			
On a special or restricted diet? (e.g. diabetic diet, kosher, halal, etc.) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, describe:			
Take a dietary or nutritional supplement? (e.g. protein powder, vitamins, herbs, etc.) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, describe:			
Consuming any foods that are associated with a specific ethnic culture (e.g. Chinese, Italian, Indian, Lebanese food, etc)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK			
If yes, describe:			
Comments:			

Do you know others who developed the same illness as you? ☐ Y ☐ DK If yes, please describe:

Comments:

**Section 5. Home Food Purchase:**

Where did (you/case) usually purchase food for home consumption **before** (your/case's) illness (include grocery stores, farmers markets, specialty stores, ethnic markets, food banks, warehouse stores, etc)?

	Store Name	Location/Address/Purchase Details
A.	<b>COSTCO</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK  Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK  Loyalty card #:	Location/Address:  Payment method: <input type="checkbox"/> Credit/debit <input type="checkbox"/> Cash <input type="checkbox"/> Other: _____  Purchased food online (delivery or curbside pick-up) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Are receipts, invoices, email notifications available? <input type="checkbox"/> Yes <input type="checkbox"/> No
B.	<b>TRADER JOE'S</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK  Loyalty card?  Loyalty card #:	Location/Address:  Payment method: <input type="checkbox"/> Credit/debit <input type="checkbox"/> Cash <input type="checkbox"/> Other: _____  Purchased food online (delivery or curbside pick-up) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Are receipts, invoices, email notifications available? <input type="checkbox"/> Yes <input type="checkbox"/> No
C.	  Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK  Loyalty card #:	Location/Address:  Payment method: <input type="checkbox"/> Credit/debit <input type="checkbox"/> Cash <input type="checkbox"/> Other: _____  Purchased food online (delivery or curbside pick-up) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Are receipts, invoices, email notifications available? <input type="checkbox"/> Yes <input type="checkbox"/> No
D.	  Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK  Loyalty card #:	Location/Address:  Payment method: <input type="checkbox"/> Credit/debit <input type="checkbox"/> Cash <input type="checkbox"/> Other: _____  Purchased food online (delivery or curbside pick-up) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Are receipts, invoices, email notifications available? <input type="checkbox"/> Yes <input type="checkbox"/> No
E.	  Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK  Loyalty card #:	Location/Address:  Payment method: <input type="checkbox"/> Credit/debit <input type="checkbox"/> Cash <input type="checkbox"/> Other: _____  Purchased food online (delivery or curbside pick-up) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Are receipts, invoices, email notifications available? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 6: Possible Food Sources – Foods Prepared and Consumed in the Home:**

Did (you/case) eat any of the following foods prepared and/or consumed at home (excluding take-out) in the **Incubation Period** - 15 to 50 days prior to illness onset?

Incubation period from Section 4: 50 days prior to illness onset: MM/ DD/ YYYY to 15 days prior to illness onset: MM/ DD/ YYYY

*\*Probably Ate = Case thinks he/she ate this food or case usually eats this food, but is unsure if eaten during time period in question*

FRUIT: (including fruits eaten in a fruit salad, fruits in drinks, etc)	Yes	Prob*	No	DK	IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand	Where/when purchased: Use store code (e.g. 'A', 'B') from previous section

# Hepatitis A food history supplemental questionnaire

## Supplemental Questionnaire: Berries

State Case ID:

Frozen Berries (If yes, specify types below):		<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Raspberries	Purchased: <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand: Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Store(s): Purchase date(s):
Strawberries	Purchased: <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand: Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK Leftovers available for food testing? <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Store(s): Purchase date(s):
Blueberries	Purchased: <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand: Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Store(s): Purchase date(s):
Blackberries	Purchased: <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand: Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Store(s): Purchase date(s):
Mixed berries	Purchased: <input type="checkbox"/> frozen Specify ingredients or name of blend:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand: Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Store(s): Purchase date(s):
Other, specify: Purchased: <input type="checkbox"/> frozen		<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand: Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Store(s): Purchase date(s):
Smoothies							
Fruit smoothies (specify ingredients):		<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Specify details for each ingredient (Brand, packaging, variety, organic, fresh/frozen)	Specify details for each ingredient (store(s), purchase date(s))
Fresh Berries (If yes, specify types below):		<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		

# Hepatitis A food history supplemental questionnaire

## Supplemental Questionnaire: Berries

State Case ID:

Raspberries	Purchased: <input type="checkbox"/> raw/fresh	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand: Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Store(s): Purchase date(s):
Strawberries	Purchased: <input type="checkbox"/> raw/fresh	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand: Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Store(s): Purchase date(s):
Blueberries	Purchased: <input type="checkbox"/> raw/fresh	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand: Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Store(s): Purchase date(s):
Blackberries	Purchased: <input type="checkbox"/> raw/fresh	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand: Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Store(s): Purchase date(s):
Mixed berries Specify ingredients or name of blend:	Purchased: <input type="checkbox"/> raw/fresh	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand: Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Store(s): Purchase date(s):
Other, specify: Purchased: <input type="checkbox"/> raw/fresh		<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand: Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Store(s): Purchase date(s):

### LEFTOVER BERRY SAMPLES DETAILS (Including strawberries, other berries, or berry blends)

If the case-patient has leftover sample available, please:

- See if they can confirm if their product was recalled:
  - Kirkland Signature recall: <https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/california-splendor-inc-recalls-kirkland-brand-bags-frozen-organic-whole-strawberries-distributed>
  - <https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/updated-scenic-fruit-company-recalls-frozen-organic-strawberries-and-frozen-organic-tropical-blend>
- Document all product detail information below, including best by dates, lot numbers etc. If they can take photos of product including lot information and send it by email/text, please have them do so.
- Have case-patient set product aside to determine if CDPH will collect for testing

# Hepatitis A food history supplemental questionnaire

## Supplemental Questionnaire: Berries

State Case ID:

Item 1	<p>Item/Product Name:</p> <p>Brand Name:</p> <p>Organic: <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>DK</p> <p>Size:</p> <p>Is the item: <input type="checkbox"/> OPENED <input type="checkbox"/> UNOPENED</p> <p>Was the item consumed during the incubation period: <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>DK</p> <p>Purchase date: MM/ DD/ YYYY</p> <p>Include all product lot information, best by date etc (have case-patient also take and send photo if possible):</p>
Item 2	<p>Item/Product Name:</p> <p>Brand Name:</p> <p>Organic: <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>DK</p> <p>Size:</p> <p>Is the item: <input type="checkbox"/> OPENED <input type="checkbox"/> UNOPENED</p> <p>Was the item consumed during the incubation period: <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>DK</p> <p>Purchase date: MM/ DD/ YYYY</p> <p>Include all product lot information, best by date etc (have case-patient also take and send photo if possible):</p>
Item 3	<p>Item/Product Name:</p> <p>Brand Name:</p> <p>Organic: <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>DK</p> <p>Size:</p> <p>Is the item: <input type="checkbox"/> OPENED <input type="checkbox"/> UNOPENED</p> <p>Was the item consumed during the incubation period: <input type="checkbox"/>Y <input type="checkbox"/>P <input type="checkbox"/>N <input type="checkbox"/>DK</p> <p>Purchase date: MM/ DD/ YYYY</p> <p>Include all product lot information, best by date etc (have case-patient also take and send photo if possible):</p>
COMMENTS	

Return questionnaire to [Katherine.Lamba@cdph.ca.gov](mailto:Katherine.Lamba@cdph.ca.gov) or upload to CalREDIE electronic filing cabinet and notify Katherine.Lamba@cdph.ca.gov

END OF INTERVIEW