

Interviewer Details:	
Case Interviewed by:	Date of interview: MM/ DD/ YYYY
Health department:	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:
Incubation Period:	
Onset date (jaundice onset, or symptom onset if no jaundice): DD/ MM/ YYYY	
Incubation Period: 50 days prior to onset: DD/ MM/YYYY to 15 days prior to onset: DD/ MM/ YYYY	
Special Diets or Food Preferences:	
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:	
Comments:	
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, online purchases, etc)?	
Store Name	Location/Address/Details
A. VONS <input type="checkbox"/> Y <input type="checkbox"/> P <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: 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 <i>To help identify whether purchase history could be pulled:</i> Purchase Method (credit, debit, cash, EBT/SNAP, other): _____ Google Pay or Apple Pay used: <input type="checkbox"/> Yes <input type="checkbox"/> No
B. TRADER JOE'S <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK	Location: 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 <i>To help identify whether purchase history could be pulled:</i> Purchase Method (credit, debit, cash, EBT/SNAP, other): _____ Google Pay or Apple Pay used: <input type="checkbox"/> Yes <input type="checkbox"/> No
C. COSTCO <input type="checkbox"/> Y <input type="checkbox"/> P <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: 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 <i>To help identify whether purchase history could be pulled:</i> Purchase Method (credit, debit, cash, EBT/SNAP, other): _____ Google Pay or Apple Pay used: <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>D. SAFEWAY, ALBERTSONS, or PAVILIONS <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK Specify: _____ Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #:</p>	<p>Location: 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 <i>To help identify whether purchase history could be pulled:</i> Purchase Method (credit, debit, cash, EBT/SNAP, other): _____ Google Pay or Apple Pay used: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>E. Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #:</p>	<p>Location: 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 <i>To help identify whether purchase history could be pulled:</i> Purchase Method (credit, debit, cash, EBT/SNAP, other): _____ Google Pay or Apple Pay used: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>F. Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #:</p>	<p>Location: 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 <i>To help identify whether purchase history could be pulled:</i> Purchase Method (credit, debit, cash, EBT/SNAP, other): _____ Google Pay or Apple Pay used: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>G. Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #:</p>	<p>Location: 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 <i>To help identify whether purchase history could be pulled:</i> Purchase Method (credit, debit, cash, EBT/SNAP, other): _____ Google Pay or Apple Pay used: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>H. Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #:</p>	<p>Location: 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 <i>To help identify whether purchase history could be pulled:</i> Purchase Method (credit, debit, cash, EBT/SNAP, other): _____ Google Pay or Apple Pay used: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Additional details from above-listed stores. If applicable, include information on typical purchases from specialty/online stores, details on purchase method (debit/credit), and if the case is willing to share receipts, invoices, etc.</p>	
<p> </p>	

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: DD/ MM/ YYYY/ to 15 days prior to illness onset: DD/ MM/ 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 Ingredients / Organic?	Where purchased: Use store code (e.g. 'A', 'B') from previous section
Berries (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Strawberries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand (check all that apply) <input type="checkbox"/> Driscolls <input type="checkbox"/> Fresh Kampo <input type="checkbox"/> Store brand _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> DK Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK Country of Origin: _____ <input type="checkbox"/> DK Purchase Dates:	
Blueberries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK	Brand (check all that apply) <input type="checkbox"/> Driscolls <input type="checkbox"/> Fresh Kampo <input type="checkbox"/> Store brand _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> DK Describe packaging/size: Variety: Organic: <input type="checkbox"/> Y <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> DK Country of Origin: _____ <input type="checkbox"/> DK Purchase Dates:	
Mixed berries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen Specify ingredients:	<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	
Other berries, specify: Purchased: <input type="checkbox"/> raw/fresh <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	
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)	
Fruit salad If yes, specify ingredients:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		

END OF INTERVIEW

Return completed form to Katherine.Lamba@cdph.ca.gov, or
upload to CalREDIE electronic filing cabinet and notify Katherine.Lamba@cdph.ca.gov that it has been uploaded.