***LISTERIA* CASE FORM** Completed by _____ Date completed _____

Form Approved
OMB No. 0920-0004

BOX 1: CASE-PATIENT INFORMATION

Case-patients = adults and children >1 month of age. For fetal or neonatal infections, the MOTHER is the case-patient.

Patient's name: _____ **Surrogate's name:** _____
Patient's street address: _____
City: _____ **State:** _____ **Zip:** _____
Phone numbers: (h) _____ **(w)** _____ **(m)** _____
Hospital name(s): _____ **Hospital contact name(s):** _____
_____ _____
Hospital contact numbers: _____ _____ _____
----------*detach here to remove personal identifiers if necessary*

Sex: ☐ M ☐ F
State of residence: ___ ___
Age: _____
DOB: ____/____/_____

Ethnicity (*check one*):
☐ Hispanic/Latino
☐ Non-Hispanic/Latino
☐ Unknown

Race (*check all that apply*):
☐ African American/Black
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Native American/Alaska Native
☐ White
☐ Unknown

State or local epi case ID: _____
CDC outbreak (EFORS) ID: _____

BOX 2: IS *LISTERIA* CASE ASSOCIATED WITH PREGNANCY? (Illness in pregnant woman, fetus, or neonate ≤1 month)

☐ Yes ***If yes, skip to Box 4.***
☐ No ***If no, continue with Box 3.***
☐ Unknown ***If unknown, continue with Box 3.***

BOX 3: CASES NOT ASSOCIATED WITH PREGNANCY (Illness in non-pregnant adults and children > 1 month of age)

Type(s) of specimen(s) that grew *Listeria* (*check all that apply*)	**Specimen collection date**	**Submitting Lab (state, city, county)**	**State Public Health Lab Isolate ID Number (*important: must have at least one*)**
☐ Blood	____/____/____		
☐ CSF	____/____/____		
☐ Stool	____/____/____		
☐ Other _____	____/____/____		
☐ Other _____	____/____/____		

Type(s) of illness (*check all that apply*)	**Was patient hospitalized for listeriosis?**	**Patient's outcome**
☐ Bacteremia/sepsis	☐ Yes ***If yes:***	☐ Survived
☐ Meningitis	Admit date: ____/____/____	☐ Died
☐ Febrile gastroenteritis	Discharge date: ____/____/____	☐ Unknown
☐ Other _____	☐ Still hospitalized	
☐ Unknown	☐ No	
	☐ Unknown	

Please send completed forms to: Enteric Diseases Epidemiology Branch, Centers for Disease Control and Prevention, Mailstop A-38, Atlanta, GA 30338. Fax (404) 639-2206

BOX 4: CASES ASSOCIATED WITH PREGNANCY (Illness in pregnant woman, fetus, or neonate ≤1 month of age)			
Type(s) of specimen(s) that grew *Listeria* (*check all that apply*)	**Specimen collection date**	**Submitting Lab (state, city, county)**	**State Public Health Lab Isolate ID Number (*important: must have at least one*)**
☐ Blood from mother	____/____/____		
☐ Blood from neonate	____/____/____		
☐ CSF from mother	____/____/____		
☐ CSF from neonate	____/____/____		
☐ Stool from mother	____/____/____		
☐ Placenta	____/____/____		
☐ Amniotic fluid	____/____/____		
☐ Other _____	____/____/____		
☐ Other _____	____/____/____		

BOX 4 (CONTINUED): CASES ASSOCIATED WITH PREGNANCY					
Outcome of pregnancy (single gestation or twin 1) (*check one*)	**Weeks of gestation**	**Date**	**Outcome of pregnancy (twin 2) (*check one*)**	**Weeks of gestation**	**Date**
☐ Still pregnant		____/____/____	☐ Still pregnant as of: __/__/__		____/____/____
☐ Fetal death (miscarriage or stillbirth)		____/____/____	☐ Fetal death (miscarriage or stillbirth)		____/____/____
☐ Induced abortion		____/____/____	☐ Induced abortion		____/____/____
☐ Delivery (live birth)		____/____/____	☐ Delivery (live birth)		____/____/____
☐ Other _____		____/____/____	☐ Other _____		____/____/____

Type(s) of illness in mother (*check all that apply*)	**Type(s) of illness in neonate (twin 1) (*check all that apply*)**	**Type(s) of illness in neonate 2 (twin 2) (*check all that apply*)**
☐ Bacteremia/sepsis	☐ Bacteremia/sepsis	☐ Bacteremia/sepsis
☐ Meningitis	☐ Meningitis	☐ Meningitis
☐ Febrile gastroenteritis	☐ Pneumonia	☐ Pneumonia
☐ Amnionitis	☐ Granulomatosis infantisepticum	☐ Granulomatosis infantisepticum
☐ Non-specific "flu-like" illness	☐ None	☐ None
☐ None	☐ Other _____	☐ Other _____
☐ Other _____	☐ Unknown	☐ Unknown
☐ Unknown		

Was mother hospitalized for listeriosis?	**Was neonate (twin 1) hospitalized for listeriosis?**	**Was neonate 2 (twin 2) hospitalized for listeriosis?**
☐ Yes ***If yes:***	☐ Yes ***If yes:***	☐ Yes ***If yes:***
Admit date: ____/____/____	Admit date: ____/____/____	Admit date: ____/____/____
Discharge date: ____/____/____	Discharge date: ____/____/____	Discharge date: ____/____/____
☐ Still hospitalized	☐ Still hospitalized	☐ Still hospitalized
☐ No	☐ No	☐ No
☐ Unknown	☐ Unknown	☐ Unknown

Mother's outcome	**Neonate's (twin 1's) outcome**	**Neonate 2's (twin 2's) outcome**
☐ Survived	☐ Survived	☐ Survived
☐ Died	☐ Died	☐ Died
☐ Unknown	☐ Unknown	☐ Unknown

CASE-PATIENT INTERVIEW

Date of interview(mm/dd/yyyy): ___/___/_____ Initials of interviewer: _____
Interviewee: ☐ Case-patient ☐ Surrogate ☐ Unknown
If surrogate, relationship to patient: ☐ Parent ☐ Child ☐ Sibling ☐ Spouse ☐ Other, Specify _____

When did your illness begin? (Onset of illness) (mm/dd/yyyy): ___/___/_____ ☐ Not applicable (e.g. pregnant woman without clinical illness)
During the 4 weeks before your illness (*delivery date*), were you admitted to a hospital (≥overnight)? ☐ Yes ☐ No ☐ Don't know
During the 4 weeks before your illness (*delivery date)*, were you a resident in a nursing home or other long term care facility? ☐ Yes ☐ No ☐ Don't know
If yes, Date of admission (mm/dd/yyyy) ___/___/___
Date of discharge (mm/dd/yyyy) ___/___/___ or ☐ Still hospitalized or residing in facility
During the 4 weeks before your illness (*delivery date*), did you travel to a state outside your state of residence? ☐ Yes ☐ No ☐ Don't know
If yes, please list states visited: _____

During the 4 weeks before your illness (*delivery date*), did you travel outside the U.S.? ☐ Yes ☐ No ☐ Don't know
If yes, name of country visited _____
If yes, Date of departure from U.S. (mm/dd/yyyy) ___/___/___
Date of return to U. S. (mm/dd/yyyy) ___/___/___

Which of the following symptoms were associated with illness? ***(read each)***

Fever	☐ Yes	☐ No	☐ Don't know	Diarrhea (≥3 loose stools/day)	☐ Yes	☐ No	☐ Don't know
Chills	☐ Yes	☐ No	☐ Don't know	Vomiting	☐ Yes	☐ No	☐ Don't know
Headache	☐ Yes	☐ No	☐ Don't know	Preterm labor	☐ Yes	☐ No	☐ Don't know
Muscle Aches	☐ Yes	☐ No	☐ Don't know	Other _____	☐ Yes	☐ No	☐ Don't know
Stiff Neck	☐ Yes	☐ No	☐ Don't know	Other _____	☐ Yes	☐ No	☐ Don't know

FOOD HISTORY

INSTRUCTIONS FOR INTERVIEWER: Ask case-patient about the food he/she consumed during the 4 weeks before his/her Listeria SPECIMEN COLLECTION DATE. In the event of a fetal death or neonatal infection (<1 month of age), the MOTHER is the case-patient, and she should be asked about her food history during the 4 weeks before DELIVERY. Please refer to patient as "you" if interviewing the case-patient directly; if interviewing a surrogate, please use "he" or "she."

INSTRUCTIONS TO READ TO CASE-PATIENT (OR SURROGATE):

I am interested in the foods you ate during the 4 weeks before your illness *(delivery*). I see that you had a positive test for listeriosis *(delivered)* on ____/____/____. For most of the interview, I will be asking you questions about the 4 weeks before this date, that is, from ____/____/____ (date 4 weeks before) through ____/____/____ (specimen collection/delivery date). *(Have patient get calendar for reference if possible.)* First I'd like to ask you about where the foods you ate were purchased. I am going to read you a list of places where food can be purchased. For each, please tell me if you ate food purchased from that type of place in the four week time period. I know that it can be difficult to remember that far back, but please do the best you can. If you're not sure, please tell me whether it's likely or unlikely that you ate food purchased from that location.

I. FOOD PURCHASE HISTORY

A. Grocery stores: Did you eat food purchased from any grocery stores during the 4 week time period? *(Please read all options.)*
☐ Yes ☐ It's likely ☐ It's unlikely ☐ No ***If yes or likely,***

Store Name	Street Address	City	County	State
1.				
2.				
3.				
4.				
5.				
6.				
7.				

B. Delis, small markets, farmers' markets: Did you eat food purchased from any delicatessens, small local markets, other small shops, or farmers' markets during the 4 week period? ☐ Yes ☐ It's likely ☐ It's unlikely ☐ No ***If yes or likely,***

Store Name	Street Address	City	County	State
1.				
2.				
3.				
4.				
5.				
6.				
7.				

C. Restaurants: Did you eat food from any restaurants, including sit-down, fast-food, and take-out restaurants during the 4 week period?
☐ Yes ☐ It's likely ☐ It's unlikely ☐ No ***If yes or likely,***

Restaurant Name	Street Address	City	County	State	Dining dates (mm/dd/yyy)
1.					___/___/___
2.					___/___/___
3.					___/___/___
4.					___/___/___
5.					___/___/___
6.					___/___/___
7.					___/___/___
					___/___/___

D. Other venues: cafeterias, concession stands, institutions: Did you eat food purchased or obtained from any other venues, such as school cafeterias, concession stands, street vendors, institutions (e.g. hospital food), local farms, or private vendors during the 4 week period?
☐ Yes ☐ It's likely ☐ It's unlikely ☐ No ***If yes or likely,***

Name	Street Address	City	County	State	Dining dates (mm/dd/yyy)
1.					___/___/___

2.					___/___/___
3.					___/___/___
4.					___/___/___
5.					___/___/___
6.					___/___/___
7.					___/___/___

II. FOOD CONSUMPTION HISTORY

INSTRUCTIONS FOR INTERVIEWER: Please read all options to case-patient in each category. For the names of purchase sites, it is preferable to use codes from Section I above, e.g. A1 for first grocery store, A3 for third grocery store, C5 for fifth restaurant. A DELI COUNTER serves portions or helpings of salads, cheeses, and meats sliced ON-SITE at a specified counter within a grocery store, food market, or delicatessen. Foods sliced and packaged AT the FACTORY and sold as pre-packaged containers in self-serve refrigerated display cases are NOT considered to be from a deli counter

INSTRUCTIONS TO READ TO CASE-PATIENT (OR SURROGATE):

Now I'd like to ask you about the foods that you ate between ____/____/____ (date 4 weeks before) through ____/____/____ (specimen collection/delivery date). For each food item, please give me your best guess as to whether you ATE the food, you're not sure but you LIKELY ATE the food, you're not sure but you LIKELY DID NOT EAT the food, or you DID NOT EAT the food.

MEATS: In the 4 week period, did you eat any of the following COLD CUT, DELI MEAT, OR LUNCHEON MEAT items?

	Ate (=1)	**Likely Ate (=2)**	**Likely did NOT eat (=3)**	**Did NOT eat (=4)**	***If ate or likely ate,* How often?**	***If ate or likely ate,* Where was it purchased? *(choose all types that apply)***	**Name(s) of store/restaurant/venue: *(all names that apply)***	**Types or brands: *(all that apply)***
Ham	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Bologna	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Turkey breast	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Other turkey deli meat (e.g. turkey ham)	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____

	Ate (=1)	Likely Ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	*If ate or likely ate,* How often?	*If ate or likely ate,* Where was it purchased? *(choose all types that apply)*	Name(s) of store/restaurant/venue: *(all names that apply)*	Types or brands: *(all that apply)*
Chicken deli meat (*NOT fresh chicken or rotisserie chicken*)	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Pastrami/ Corned beef	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Other deli/ luncheon meat (*specify)*_____	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Patè or meat spread that was not canned	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Hot dogs	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____

If Yes, were the hot dogs: ☐ Heated before consumption
☐ Not heated before consumption (eaten directly out of package)

CHEESES: In the 4 weeks between ____/____/____ (date 4 weeks before) through ____/____/____ (specimen collection/delivery date), did you eat any of the following CHEESES?

	Ate (=1)	**Likely Ate (=2)**	**Likely did NOT eat (=3)**	**Did NOT eat (=4)**	***If ate or likely ate,* How often?**	***If ate or likely ate,* Where was it purchased? *(choose all types that apply)***	**Name(s) of store/restaurant/venue: *(all names that apply)***	**Types or brands: *(all that apply)***
Brie	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
						Was this item purchased from a deli counter at any of the sites? ☐ Yes ☐ No ☐ Don't know		
Feta	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
						Was this item purchased from a deli counter at any of the sites? ☐ Yes ☐ No ☐ Don't know		
Camembert	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
						Was this item purchased from a deli counter at any of the sites? ☐ Yes ☐ No ☐ Don't know		
Goat	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
						Was this item purchased from a deli counter at any of the sites? ☐ Yes ☐ No ☐ Don't know		
Blue or gorgonzola	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
						Was this item purchased from a deli counter at any of the sites? ☐ Yes ☐ No ☐ Don't know		

***Listeria* Case Form** **Patient State Laboratory ID No._____**

	Ate (=1)	Likely Ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	*If ate or likely ate,* How often?	*If ate or likely ate,* Where was it purchased? *(choose all types that apply)*	Name(s) of store/restaurant/venue: *(all names that apply)*	Types or brands: *(all that apply)*
Mexican-style cheese (Queso fresco, queso blanco)	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Farmer's cheese	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Raw (Unpast-eurized milk) cheese	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Other soft white cheese (*not cream, cottage, or ricotta – specify)*____ _____	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____

READY-TO-EAT SALADS: In the 4 week period, did you eat any of the following ready-to-eat, deli-style salads (that were NOT PREPARED AT HOME)?

	Ate (=1)	Likely Ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	*If ate or likely ate,* How often?	*If ate or likely ate,* Where was it purchased? *(choose all types that apply)*	Name(s) of store/restaurant/venue: *(all names that apply)*	Types or brands: *(all that apply)*
Potato salad	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Pasta salad	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Tuna salad	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Bean salad	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Hummus	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____

***Listeria* Case Form** **Patient State Laboratory ID No._____**

	Ate (=1)	Likely Ate (=2)	Likely did NOT eat (=3)	Did NOT eat (=4)	*If ate or likely ate,* How often?	*If ate or likely ate,* Where was it purchased? *(choose all types that apply)*	Name(s) of store/restaurant/venue: *(all names that apply)*	Types or brands: *(all that apply)*
Cole slaw	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Seafood salad	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Fruit salad (*including pre-cut cubes of a single fruit)*	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Other ready-to-eat meat, vegetable or fruit salad not made at home (*Specify*) _____	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____

***Listeria* Case Form** **Patient State Laboratory ID No._____**

SEAFOOD: In the 4 weeks between ____/____/____ (date 4 weeks before) through ____/____/____ (specimen collection/delivery date), did you eat any of the following ready-to-eat fish or seafood items or fruit items?

	Ate (=1)	**Likely Ate (=2)**	**Likely did NOT eat (=3)**	**Did NOT eat (=4)**	***If ate or likely ate,* How often?**	***If ate or likely ate,* Where was it purchased? *(choose all types that apply)***	**Name(s) of store/restaurant/venue: *(all names that apply)***	**Types or brands: *(all that apply)***
Precooked shrimp	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Precooked crab (*including imitation crab meat)*	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Smoked or cured fish that was not from a can (e.g. smoked salmon or lox)	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____

Fruit: In the 4 weeks between ____/____/____ (date 4 weeks before) through ____/____/____ (specimen collection/delivery date), did you eat any of the following fruit items?						
Honeydew melon	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store _____ _____ ☐ Deli/small market _____ _____ ☐ Restaurant _____ _____ ☐ Other venue _____ _____ ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know
Cantaloupe	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store _____ _____ ☐ Deli/small market _____ _____ ☐ Restaurant _____ _____ ☐ Other venue _____ _____ ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know
Watermelon	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store _____ _____ ☐ Deli/small market _____ _____ ☐ Restaurant _____ _____ ☐ Other venue _____ _____ ☐ Don't know **Was this item purchased from a deli counter at any of the sites?** ☐ Yes ☐ No ☐ Don't know

MILK: In the 4 weeks between ____/____/____ (date 4 weeks before) through ____/____/____ (specimen collection/delivery date), did you drink any of the following types of milk?

	Drank (=1)	**Likely drank (=2)**	**Likely did NOT drink (=3)**	**Did NOT drink (=4)**	***If ate or likely ate,* How often?**	***If ate or likely ate,* Where was it purchased? *(choose all types that apply)***	**Name(s) of store/restaurant/venue: *(all names that apply)***	**Types or brands: *(all that apply)***
Whole milk	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was any of this milk unpasteurized (raw)?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
2% milk	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was any of this milk unpasteurized (raw)?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
1% milk	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was any of this milk unpasteurized (raw)?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Skim milk	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was any of this milk unpasteurized (raw)?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Other milk – chocolate, buttermilk, etc. (*Specify)*___ _____	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know **Was any of this milk unpasteurized (raw)?** ☐ Yes ☐ No ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____

OTHER DAIRY: In the 4 week period, did you eat any of the following other dairy items?

	Ate (=1)	**Likely Ate (=2)**	**Likely did NOT eat (=3)**	**Did NOT eat (=4)**	***If ate or likely ate,* How often?**	***If ate or likely ate,* Where was it purchased? *(choose all types that apply)***	**Name(s) of store/restaurant/venue: *(all names that apply)***	**Types or brands: *(all that apply)***
Butter (*not margarine or other butter substitute*)	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Cream	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Ice cream	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Sour cream	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____
Yogurt	1	2	3	4	☐ ~ 1-2 x/month ☐ ~ 1x/week ☐ ~ 2-4x/week ☐ ~ 5-7x/week ☐ not sure	☐ Grocery store ☐ Deli/small market ☐ Restaurant ☐ Other venue ☐ Don't know	_____ _____ _____ _____	_____ _____ _____ _____

That is all. Thank you very much!

Patient's name: _____	**DOB:** ____/____/____	**Age:** _____	**Sex:** ☐ M ☐ F ☐ Unk
Patient's address: _____ _____ **Phone number:** (h) ( ) _____ (w) ( ) _____	**Race (Check all that apply):** ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ Other ☐ Unknown		**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Listeriosis—Supplemental Medical History Form

(Use in addition to *Listeria* Case Form CDC for cases not associated with pregnancy)

PREVIOUS DIAGNOSES

Have you ever been told or diagnosed by a physician as having any of the following:

Diabetes	☐ Yes	☐ No	☐ Don't Know	**Liver Disease**	☐ Yes	☐ No	☐ Don't Know
Heart Disease	☐ Yes	☐ No	☐ Don't Know	**Kidney Disease**	☐ Yes	☐ No	☐ Don't Know
Stomach Ulcers	☐ Yes	☐ No	☐ Don't Know	**Chronic Diarrhea**	☐ Yes	☐ No	☐ Don't Know
Stomach Surgery	☐ Yes	☐ No	☐ Don't Know	**Arthritis**	☐ Yes	☐ No	☐ Don't Know
Organ Transplant	☐ Yes	☐ No	☐ Don't Know	**Lupus**	☐ Yes	☐ No	☐ Don't Know
Cancer (other than skin)	☐ Yes	☐ No	☐ Don't Know	**Other**	☐ Yes	☐ No	☐ Don't Know
HIV/AIDS	☐ Yes	☐ No	☐ Don't Know	**Specify** _____			
Hypertension/ High Blood Pressure	☐ Yes	☐ No	☐ Don't Know				
End-Stage Renal Disease/ Chronic Dialysis	☐ Yes	☐ No	☐ Don't Know				
Do you take steroids every day?	☐ Yes	☐ No	☐ Don't Know				

In the 4 weeks before your illness, were you hospitalized? ☐ Yes ☐ No ☐ Don't Know

If yes, what dates? From ____/____/____ to ____/____/____