

# Shelby County Health Department Food Complaint Form

Please fill this form out as completely as possible.

## DEMOGRAPHICS

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_  
**Reported Age:** \_\_\_\_\_  Days  Months  Years **Sex:**  Male  Female  Unknown  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Ethnicity:**  Hispanic  Not Hispanic **Race:**  American Indian / Alaskan  Asian  Black / African American  
 Hawaiian / Pacific Islander  White  Other ( \_\_\_\_\_ )  
**Employer/School/Daycare:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

## POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

*The following questions refer to exposures in the 7 days before you or the patient got sick.*

[1] Y ? N A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>LEAD-IN QUESTIONS</b> Did the patient attend any special events (e.g., concerts, festivals, sporting events, reunions, religious gatherings, etc.)? <i>If yes, what?</i> _____ <i>Where?</i> _____ <i>When?</i> _____ Are you a vegetarian or vegan? Before you got sick, were you on any kind of special or restricted diet for medical, weight loss, religious, allergies or any other reasons? <i>If yes, describe</i> _____ _____ What is the source of tap water at home? D <input type="checkbox"/> Do not use tap water      E <input type="checkbox"/> Municipal, city or county      F <input type="checkbox"/> Other _____ G <input type="checkbox"/> Private well; <i>If yes, how was the well water treated?</i> _____ What is the source of tap water at school/work?: H <input type="checkbox"/> Do not use tap water      I <input type="checkbox"/> Municipal, city or county      J <input type="checkbox"/> Other _____ K <input type="checkbox"/> Private well; <i>If yes, how was the well water treated?</i> _____ Did the patient drink untreated water in the 7 days prior onset of illness? Was there any recreational water exposure in the 7 days prior to illness? <i>Where?</i> _____ <i>When?</i> _____ <i>If yes, what was the recreational water type?</i> N <input type="checkbox"/> hot spring      O <input type="checkbox"/> hot tub, whirlpool, jacuzzi, spa      P <input type="checkbox"/> interactive fountain Q <input type="checkbox"/> lake, pond, river, stream      R <input type="checkbox"/> ocean      S <input type="checkbox"/> recreational water park T <input type="checkbox"/> swimming pool      U <input type="checkbox"/> other _____      V <input type="checkbox"/> unknown
[2] Y ? N A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>LIVE ANIMAL CONTACT, PETS, PET FOOD, MANURE and COMPOST</b> Visit a farm or ranch with animals? Live on a farm or ranch with animals? Visit a live animal exhibit (petting zoos, fairs, 4H, etc.)? Come into contact with any animals? <i>Where?</i> _____ <i>When?</i> _____ <i>If yes, type of animal?</i> E <input type="checkbox"/> cat      F <input type="checkbox"/> cattle      G <input type="checkbox"/> chicken      H <input type="checkbox"/> dog      I <input type="checkbox"/> goats J <input type="checkbox"/> lizard      K <input type="checkbox"/> other*      L <input type="checkbox"/> other amphibian*      M <input type="checkbox"/> other bird*      N <input type="checkbox"/> other mammal* O <input type="checkbox"/> other reptile*      P <input type="checkbox"/> pig      Q <input type="checkbox"/> rodent      R <input type="checkbox"/> sheep      S <input type="checkbox"/> turkey T <input type="checkbox"/> turtle      U <input type="checkbox"/> unknown *If other, other amphibian, other bird, other _____ mammal, or other reptile, please specify: _____
[3] Y ? N A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>LIVE ANIMAL CONTACT, PETS, PET FOOD, MANURE and COMPOST 2</b> Come into any contact with tropical fish or aquariums? Come into any contact with animal feces or manure? Come in contact with a pet that had diarrhea? Have any contact or household use of pet treats or chews (e.g., pig ears, pizzles, rawhide chews, package treats...) Have any contact with dry, canned or frozen animal feed? <i>If yes, please specify:</i> _____ Done any hiking, camping, gardening or yard work?

*Provide details (name or location of animal contact, whether or not pet was acquired before illness onset) for those items checked above. If contact was with an animal not listed above, please specify.*

Please let us know if you or the patient ate at any restaurants in the 7 days before becoming ill.

[4] Y ? N	RESTAURANTS GENRES	Y ? N	RESTAURANT GENRES 2
A <input type="checkbox"/>	Did you eat out in the 7 days before illness?	H <input type="checkbox"/>	Steakhouse or Grill
B <input type="checkbox"/>	Asian (e.g., Chinese, Japanese, Indian, Thai, etc.)	I <input type="checkbox"/>	Other ethnic food (Greek/ Middle Eastern, etc.)
C <input type="checkbox"/>	Barbeque	J <input type="checkbox"/>	Seafood
D <input type="checkbox"/>	Italian or Pizzeria	K <input type="checkbox"/>	Sandwich shop or Delis
E <input type="checkbox"/>	Mexican/Tex-Mex	L <input type="checkbox"/>	School or other institutional setting
F <input type="checkbox"/>	All-you-can-eat buffet	M <input type="checkbox"/>	A catered event
G <input type="checkbox"/>	National fast food chain	N <input type="checkbox"/>	Any other restaurant (specify: _____)

Provide details (location, dates, times) for those restaurant genres checked above. If you can recall eating at any other restaurants (not listed above) that week, please list them by name; if possible, what was eaten.

Please answer the following questions about where the food came from that you ate at home in the past 7 days.

[5] Y ? N	SOURCES OF FOOD AT HOME [List store names and check if they use a "shopper card" or save itemized receipts]
A <input type="checkbox"/>	grocery stores/supermarkets (specify) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
B <input type="checkbox"/>	warehouse stores (Costco, Sam's Club, ...) <input type="checkbox"/> _____ <input type="checkbox"/> _____
C <input type="checkbox"/>	small markets and mini-marts <input type="checkbox"/> _____
D <input type="checkbox"/>	specialty markets (e.g., ethnic, gourmet, or organic groceries) <input type="checkbox"/> _____
E <input type="checkbox"/>	health foods, "whole food" stores or Co-ops <input type="checkbox"/> _____
F <input type="checkbox"/>	fish or meat specialty shops (butcher's shop, etc.) <input type="checkbox"/> _____
G <input type="checkbox"/>	farmer's markets, roadside stands, open-air markets, on farm <input type="checkbox"/> _____
H <input type="checkbox"/>	Any other sources of food at home that you ate 7 days before your illness began <input type="checkbox"/> _____

Please check the items in the list below that you or the patient ate in the 7 days before becoming sick.

[6] Y ? N	EGGS AND DAIRY
A <input type="checkbox"/>	eggs (anything anywhere from whole shell eggs [i.e., not powdered or processed]) If yes, ...
B <input type="checkbox"/>	eggs at home (brand or type/ place purchased: _____)
C <input type="checkbox"/>	eggs made outside of your home or someone else's home (location: _____)
D <input type="checkbox"/>	eggs anywhere that were raw or runny
E <input type="checkbox"/>	anything uncooked made with raw eggs (e.g., cookie dough, sauces, mousse, homemade ice cream or mayo)
F <input type="checkbox"/>	yogurt (e.g., frozen yogurt, yogurt drinks or other store-bought yogurt)
G <input type="checkbox"/>	ice cream (e.g., tubs, cartons, bars, frozen dairy desserts, Baskin-Robbins, etc.) (brand or type/ place purchased: _____)
H <input type="checkbox"/>	unpasteurized (raw) milk (type/ place purchased: _____ date consumed: _____ date obtained: _____ <input type="checkbox"/> available for testing)
I <input type="checkbox"/>	other unpasteurized (raw) dairy products (e.g. yogurt, ice cream, etc.)
J <input type="checkbox"/>	pasteurized ("regular") milk. If yes, specify type and where purchased: _____

  

[7] Y ? N	CHEESE
A <input type="checkbox"/>	prepackaged, shredded cheese (brand or type/ place purchased: _____)
B <input type="checkbox"/>	processed sliced cheese
C <input type="checkbox"/>	block-type cheese (cheddar, Swiss, Colby, Jack, etc.) (brand or type/ place purchased: _____)
D <input type="checkbox"/>	string cheese
E <input type="checkbox"/>	cottage cheese
F <input type="checkbox"/>	feta cheese (could be part of a dish or a salad)
G <input type="checkbox"/>	blue or gorgonzola cheese
H <input type="checkbox"/>	fresh, dried Parmesan, Romano, or similar cheese
I <input type="checkbox"/>	soft cheese (e.g., queso fresco, queso blanco, brie, etc.) (brand or type/ place purchased: _____)
J <input type="checkbox"/>	if yes, made from unpasteurized (raw) milk (homemade, from a farm, etc.) (type/ place purchased _____)
K <input type="checkbox"/>	other cheese (brand or type/ place purchased: _____)
L <input type="checkbox"/>	if yes, made from unpasteurized (raw) milk (homemade, from a farm, etc.) (type/ place purchased: _____)

Provide details (brands, packaging, dates, times) for those items checked above.

[8]	Y	?	N	<b>FRESH, FROZEN, COOKED, PROCESSED MEAT &amp; POULTRY 1</b>
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would you/your child or anyone else in your household handled raw <b>chicken</b> in the home?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you/your child eat any <b>chicken</b> ? <i>if yes, C <input type="checkbox"/> ground D <input type="checkbox"/> whole E <input type="checkbox"/> processed (e.g., deli slices, chicken nuggets)</i> <i>if yes, F <input type="checkbox"/> raw or undercooked</i>
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the <b>chicken</b> prepared at home (brand / place purchased: _____) <i>if yes, H <input type="checkbox"/> fresh I <input type="checkbox"/> frozen</i>
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the <b>chicken</b> made outside of your home or someone else's home (including tenders, strips, nuggets, etc.) (location: _____)
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K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would you/your child or anyone else in your household handled raw <b>turkey</b> in the home?
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you/your child eat any <b>turkey</b> ? <i>if yes, M <input type="checkbox"/> ground N <input type="checkbox"/> whole O <input type="checkbox"/> processed (e.g., deli slices, etc.)</i> <i>if yes, P <input type="checkbox"/> raw or undercooked</i>
Q	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the <b>turkey</b> prepared at home (brand / place purchased: _____) <i>if yes, R <input type="checkbox"/> fresh S <input type="checkbox"/> frozen</i>
T	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the <b>turkey</b> made outside of your home or someone else's home (location: _____)
U	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would you/your child eaten any poultry other than chicken or turkey (e.g., duck, quail, etc.)
[9]	Y	?	N	<b>FRESH, FROZEN, COOKED, PROCESSED MEAT &amp; POULTRY 2</b>
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would you/your child or anyone else in your household handled raw <b>beef</b> in the home?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you/your child eat any <b>beef</b> ? <i>if yes, C <input type="checkbox"/> ground D <input type="checkbox"/> whole E <input type="checkbox"/> processed (e.g., deli slices, jerky, sausage, etc.)</i> <i>if yes to C, F <input type="checkbox"/> raw or undercooked</i> <i>if yes to D or E, G <input type="checkbox"/> raw or undercooked</i>
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the <b>beef</b> prepared at home (brand / place purchased: _____) <i>if yes, I <input type="checkbox"/> fresh J <input type="checkbox"/> frozen</i>
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the <b>beef</b> made outside of your home or someone else's home (location: _____)
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L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would you/your child or anyone else in your household handled raw <b>pork</b> in the home?
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you/your child eat any <b>pork</b> ? <i>if yes, N <input type="checkbox"/> ground O <input type="checkbox"/> whole/pulled P <input type="checkbox"/> processed (e.g., deli slices, bacon, etc.) Q <input type="checkbox"/> Chitterlings</i> <i>if yes, R <input type="checkbox"/> raw or undercooked</i>
S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the <b>pork</b> prepared at home (brand / place purchased: _____) <i>if yes, T <input type="checkbox"/> fresh U <input type="checkbox"/> frozen</i>
V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the <b>pork</b> made outside of your home or someone else's home (location: _____)
W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any other processed meats (e.g., hotdogs)
X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you/your child eat any lamb?
Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wild game (e.g., elk, deer, etc.)?
[10]	Y	?	N	<b>FISH &amp; SEAFOOD (not canned)</b>
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	any type of fish or fish products (e.g. filets, fish sticks, etc.) <b>IF NO GO TO QUESTION D</b>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>if yes, whole fish or fish filets (catfish, salmon, cod, etc.)</i>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>if yes, raw or undercooked fish (eg., sushi)</i>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	shellfish (e.g., crab, oysters, clams, scallops, shrimp, lobster, crawfish, mussels, etc.) <b>IF NO GO TO QUESTION F</b>
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>if yes, raw undercooked shellfish (eg., raw clams, oysters, etc)</i>
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	seafood salad
[11]	Y	?	N	<b>FRESH VEGETABLES 1</b>
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carrots (mini, full size, peeled, shredded, etc.) (brand/type/location: _____)
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	celery
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cucumbers, zucchini, squash
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	broccoli
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cauliflower
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bell peppers (green, red, yellow, orange)
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	hot chili/chile peppers (jalapeños or seranos) ( <i>specify</i> ) _____
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	asparagus
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fresh raw peas (shelled or in the pod)
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fresh beans
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fresh potatoes
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	yams or sweet potatoes
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	commercial fresh tomatoes eaten raw at home or away from home, including on sandwiches (brand/location: _____) <i>if yes, specify: N <input type="checkbox"/> cherry O <input type="checkbox"/> grape P <input type="checkbox"/> Roma Q <input type="checkbox"/> other (e.g., beefsteak) R <input type="checkbox"/> sold on vine</i>

[12]Y	?	N	FRESH VEGETABLES 2
A	<input type="checkbox"/>	<input type="checkbox"/>	white or yellow onions
B	<input type="checkbox"/>	<input type="checkbox"/>	green onions (scallions)
C	<input type="checkbox"/>	<input type="checkbox"/>	fresh salsa or pico de gallo (brand/location: _____)
D	<input type="checkbox"/>	<input type="checkbox"/>	commercially made guacamole
E	<input type="checkbox"/>	<input type="checkbox"/>	avocados
F	<input type="checkbox"/>	<input type="checkbox"/>	cabbage
G	<input type="checkbox"/>	<input type="checkbox"/>	sprouts (alfalfa, bean, etc.) (brand/location: _____)
H	<input type="checkbox"/>	<input type="checkbox"/>	handle any sprouts, even if you didn't eat them
I	<input type="checkbox"/>	<input type="checkbox"/>	fresh spinach
J	<input type="checkbox"/>	<input type="checkbox"/>	any lettuce or other greens, including on a sandwich If yes, type: _____ brand: _____ where purchased: _____ restaurant: _____
K	<input type="checkbox"/>	<input type="checkbox"/>	anything from a salad bar
L	<input type="checkbox"/>	<input type="checkbox"/>	fresh herbs or spices such as basil, parsley, cilantro (type: _____ where purchased: _____ restaurant: _____)
M	<input type="checkbox"/>	<input type="checkbox"/>	any fresh vegetable juice

Provide details (brands, packaging, dates, times) for those items checked above.

[13]Y	?	N	FRESH FRUIT 1 (Eaten alone or in a fruit salad; Not canned, frozen, dried, or cooked)
A	<input type="checkbox"/>	<input type="checkbox"/>	apples
B	<input type="checkbox"/>	<input type="checkbox"/>	pears
C	<input type="checkbox"/>	<input type="checkbox"/>	peaches
D	<input type="checkbox"/>	<input type="checkbox"/>	nectarines
E	<input type="checkbox"/>	<input type="checkbox"/>	apricots
F	<input type="checkbox"/>	<input type="checkbox"/>	plums
G	<input type="checkbox"/>	<input type="checkbox"/>	oranges
H	<input type="checkbox"/>	<input type="checkbox"/>	tangerines
I	<input type="checkbox"/>	<input type="checkbox"/>	grapefruit
J	<input type="checkbox"/>	<input type="checkbox"/>	fresh lemon or lime (including any garnishes in drinks)
K	<input type="checkbox"/>	<input type="checkbox"/>	any raw or unpasteurized fruit juice
L	<input type="checkbox"/>	<input type="checkbox"/>	strawberries
M	<input type="checkbox"/>	<input type="checkbox"/>	raspberries
N	<input type="checkbox"/>	<input type="checkbox"/>	blueberries
O	<input type="checkbox"/>	<input type="checkbox"/>	blackberries
P	<input type="checkbox"/>	<input type="checkbox"/>	cherries
Q	<input type="checkbox"/>	<input type="checkbox"/>	other fresh berries (specify) _____
R	<input type="checkbox"/>	<input type="checkbox"/>	grapes (green, red, ....) (specify) _____
S	<input type="checkbox"/>	<input type="checkbox"/>	bananas
T	<input type="checkbox"/>	<input type="checkbox"/>	cantaloupe
U	<input type="checkbox"/>	<input type="checkbox"/>	honeydew

[14]Y	?	N	FRESH FRUIT 2 (Eaten alone or in a fruit salad; Not canned, frozen, dried, or cooked)
A	<input type="checkbox"/>	<input type="checkbox"/>	watermelon
B	<input type="checkbox"/>	<input type="checkbox"/>	any other kind of melon (specify) _____
C	<input type="checkbox"/>	<input type="checkbox"/>	any pre-mixed cut melon or melon salad
D	<input type="checkbox"/>	<input type="checkbox"/>	coconut (whole or shredded)?
E	<input type="checkbox"/>	<input type="checkbox"/>	pineapple
F	<input type="checkbox"/>	<input type="checkbox"/>	mango
G	<input type="checkbox"/>	<input type="checkbox"/>	other "exotic" fruits (specify) _____
H	<input type="checkbox"/>	<input type="checkbox"/>	frozen berries
I	<input type="checkbox"/>	<input type="checkbox"/>	other frozen fruit
J	<input type="checkbox"/>	<input type="checkbox"/>	raisins
K	<input type="checkbox"/>	<input type="checkbox"/>	other dried fruits (type/brand/location: _____)

Provide details (brands, packaging, dates, times) for those items checked above.

[14]Y	?	N	<b>NUTS AND SEEDS</b>
L	<input type="checkbox"/>	<input type="checkbox"/>	whole peanuts (specify shelled or in-shell) _____)
M	<input type="checkbox"/>	<input type="checkbox"/>	peanut butter (specify brands) _____)
N	<input type="checkbox"/>	<input type="checkbox"/>	any product made with peanut butter (type/brand) _____)
O	<input type="checkbox"/>	<input type="checkbox"/>	ground nut butter or spread (type/brand) _____)
P	<input type="checkbox"/>	<input type="checkbox"/>	almonds (e.g., whole, pre-chopped, sliced, almond-dusted pastries or candies, etc.)
Q	<input type="checkbox"/>	<input type="checkbox"/>	walnuts
R	<input type="checkbox"/>	<input type="checkbox"/>	cashews
S	<input type="checkbox"/>	<input type="checkbox"/>	pistachios
T	<input type="checkbox"/>	<input type="checkbox"/>	hazelnuts (filberts)
U	<input type="checkbox"/>	<input type="checkbox"/>	any other (whole, pre-chopped, sliced) nuts or mixed nuts
V	<input type="checkbox"/>	<input type="checkbox"/>	any raw or uncooked nuts
W	<input type="checkbox"/>	<input type="checkbox"/>	sunflower seeds
X	<input type="checkbox"/>	<input type="checkbox"/>	sesame seeds
Y	<input type="checkbox"/>	<input type="checkbox"/>	hummus

Provide details (brands, packaging, dates, times) for those items checked above.

[15]Y	?	N	<b>CEREALS AND PRE-PACKAGED FOODS</b>
A	<input type="checkbox"/>	<input type="checkbox"/>	granola bars, breakfast bars, power or protein bars? (type:/brand _____)
B	<input type="checkbox"/>	<input type="checkbox"/>	trail mix
C	<input type="checkbox"/>	<input type="checkbox"/>	fruit roll-up, fruit leather
D	<input type="checkbox"/>	<input type="checkbox"/>	chips or pretzels (type:/brand _____)
E	<input type="checkbox"/>	<input type="checkbox"/>	pre-packaged crackers, cookies, or snack cakes (type:/brand _____)
F	<input type="checkbox"/>	<input type="checkbox"/>	chocolate or chocolate-containing candy (type:/brand _____)
G	<input type="checkbox"/>	<input type="checkbox"/>	cold breakfast cereal (type:/brand _____)
H	<input type="checkbox"/>	<input type="checkbox"/>	hot breakfast cereal (type:/brand _____)

Provide details (brands, packaging, dates, times) for those items checked above.

[16]Y	?	N	<b>POWDERED FOODS, SUPPLEMENTS AND BABY FOODS</b>
A	<input type="checkbox"/>	<input type="checkbox"/>	dried buttermilk
B	<input type="checkbox"/>	<input type="checkbox"/>	flavored milk powder (chocolate or vanilla)
C	<input type="checkbox"/>	<input type="checkbox"/>	other powdered milk products
D	<input type="checkbox"/>	<input type="checkbox"/>	powdered nutritional supplement products
E	<input type="checkbox"/>	<input type="checkbox"/>	liquid nutritional supplement products (ensure)
F	<input type="checkbox"/>	<input type="checkbox"/>	breast milk
G	<input type="checkbox"/>	<input type="checkbox"/>	powdered baby formula (brand/ place purchased: _____)
H	<input type="checkbox"/>	<input type="checkbox"/>	liquid baby formula (brand/ place purchased: _____)
I	<input type="checkbox"/>	<input type="checkbox"/>	store-bought pureed baby food (e.g., Gerber) (brand/ place purchased: _____)
J	<input type="checkbox"/>	<input type="checkbox"/>	any other foods specifically marketed for babies or popular with babies (specify _____)

Provide details (brands, packaging, dates, times) for those items checked above.

[17]Y	?	N	<b>FROZEN FOODS</b>
A	<input type="checkbox"/>	<input type="checkbox"/>	frozen vegetables (in a box or bag)
B	<input type="checkbox"/>	<input type="checkbox"/>	frozen pot pies
C	<input type="checkbox"/>	<input type="checkbox"/>	frozen pizza
D	<input type="checkbox"/>	<input type="checkbox"/>	frozen Mexican-style foods (burritos, etc.)
E	<input type="checkbox"/>	<input type="checkbox"/>	frozen snack foods like mozzarella sticks, jalapeno poppers, potato skins, hot pockets, etc.
F	<input type="checkbox"/>	<input type="checkbox"/>	frozen breakfast items (waffles, breakfast sandwiches, etc.)
G	<input type="checkbox"/>	<input type="checkbox"/>	frozen vegetarian foods such as garden burgers
H	<input type="checkbox"/>	<input type="checkbox"/>	frozen pre-mixed meals in a bag or box (stir fry, pasta meals, etc.)
I	<input type="checkbox"/>	<input type="checkbox"/>	frozen dinners or box entrees
J	<input type="checkbox"/>	<input type="checkbox"/>	other frozen, prepackaged product not mentioned previously (specify: _____)

Provide details (brands, packaging, dates, times) for those items checked above.

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[18]Y	?	N	PERSON TO PERSON EXPOSURES
A	<input type="checkbox"/>	<input type="checkbox"/>	Lived, worked or volunteered in a shared living facility (e.g., nursing home, dorm, etc.) (name/phone # of facility: _____)
B	<input type="checkbox"/>	<input type="checkbox"/>	You/your child or anyone in the household work, attend or volunteer at a daycare center (name/phone # of center: _____)