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If patient is an infant or toddler, is the child: Breast fed Formula fed Both

If formula fed, which brand(s) did the child consume in the 10 days before onset: _____

Please indicate whether the patient ate any of the following food items in the 10 days before onset:

Bacon Cooked sausage Chorizo Chitterlings Lunch meats Pork chops Ham

Barbecued pork Hot dogs Tofu Other pork: _____

What raw or uncooked fruits or vegetables did the patient eat in the 10 days before onset? _____

Did the patient consume unpasteurized milk or dairy products in the 10 days before onset? YES NO

If YES, please identify: _____

Other Potential Risk Factors (Please check all that apply):

Exposure to untreated water

Contact with pet(s). Type(s) of animal(s): _____

Contact with other animals. Type(s) of animal(s): _____

Contact with animal waste

Blood transfusion prior to illness onset. Date of transfusion: ____/____/____

Travel 10 days prior to illness onset. Date(s) and destination(s): _____

Underlying medical conditions or immunocompromised. Explain: _____

What restaurants or fast food places did the patient eat at in the 10 days before onset?

Restaurant	Date

What grocery store(s) did the patient/patient's parents shop at during the 10 days before onset?

Store	Date

Reported by: _____ Phone: (____) _____ Date Reported: ____/____/____

Investigated by: _____ Investigation Start Date: ____/____/____

Agency: _____ Phone: (____) _____