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| IN STRICT MEDICAL CONFIDENCE Health Protection Surveillance CentreGastrointestinal Diseases Section **SALMONELLA TRAWLING QUESTIONNAIRE****Last updated: October 2024** |
|  |
|  |

Name of interviewer: 

Title: 

Date: DD/MM/YYYY

Person interviewed (if not case): 

Relationship to case: 

Outbreak Reference/Number/Code (if applicable): 

CIDR Event ID: 

Local clinical laboratory specimen ID: 

Reference laboratory ID: 

**Note to interviewer:**

The details required on page 2 should be completed in advance of the interview.

**Guidance:**

This trawl should be used as a tool for investigation of a suspected or recognised outbreak

This trawl is designed to identify common exposures.

It can be administered both to confirmed and probable primary cases.

**This is an electronically fillable form: please tick boxes, type or write in the space(s) provided.**

**If a parent/guardian is answering on behalf of their child please regularly remind the respondent that they are answering for someone else.**

# For Completion WHERE POSSIBLE By Interviewer In Advance of Interview

**Attempt Date Time Contact made Consent/interviewed**

 **(start) Yes No** **Yes No**

1. DD/MM/YYYY  
2. DD/MM/YYYY  
3. DD/MM/YYYY  
4. DD/MM/YYYY  
5. DD/MM/YYYY  

# PERSONAL DETAILSPersonal Details:

1. Surname: 
2. Forename(s): 
3. Address: Telephone: 

Email: 

1. Date of Birth DD/MM/YYYY 5. Sex: Male[ ]  Female [ ]
2. What is the current location of the patient?

Hospital[ ]  Home[ ]  Other[ ] 

Occupation:  General Practitioner*:* 

 Telephone:  Telephone: 

 School/Workplace address: GP Address:

  

# Risk group

1. Does case fall into any of the following risk groups?

High-risk food handler [ ]  Healthcare/childcare staff [ ]

Children under 5 years of age attending childcare facilities [ ]

Older children and adults who are unable to implement good standards of personal hygiene [ ]

1. Does case attend a child/elderly/disability day care service? Yes[ ]  No[ ]

**If yes,** name, address and contact details for facility.

Name of facility: 

Address of facility: 

Phone number: 

# Specimen Details:

1. Specimen taken? Yes [ ]  No[ ]
2. Date of receipt in primary lab: DD/MM/YYYY
3. Primary lab: 
4. Sent to Reference Laboratory : Yes[ ]  No[ ]

(*If yes)* Date Sent: DD/MM/YYYY

# Contact with Symptomatic Patient:

1. Outbreak case classification: Confirmed[ ]  Probable[ ]  Possible[ ]
2. Did this case have contact with another known case? Yes[ ]  No[ ]
3. If yes to Q15, has that known case had a trawl questionnaire completed?

 Yes[ ]  No[ ]

# Household details

1. How many people, including you, normally live in your household? Number: ****
2. Did anyone else in the household have diarrhoea in the **7 DAYS** before you became ill?

 Yes [ ]  No [ ]  Not sure[ ]

If **YES**, can you tell me who?

 **Name Age Sex Date of onset**

 **** **** DD/MM/YYYY

 **** **** DD/MM/YYYY  **** **** DD/MM/YYYY

 **** **** DD/MM/YYYY

1. Did you have contact with any other person who had diarrhoea in the 7 DAYS before you became ill?

 Yes[ ]  No[ ]  Not sure[ ]

**If yes,** what is the name of this person: 

 Relationship: 

# Clinical Details [If clinical history already captured on earlier investigation form, skip to next section]

1. Did you have any of the following symptoms?

**Yes No Not sure**

 Diarrhoea [ ]  [ ]  [ ]

 (3 or more loose stools within 24 hrs which take the shape of the container)

 Blood in stools [ ]  [ ]  [ ]

 Nausea [ ]  [ ]  [ ]

 Vomiting [ ]  [ ]  [ ]

 Abdominal pain [ ]  [ ]  [ ]

 Fever [ ]  [ ]  [ ]

 Other [ ]  [ ]  [ ]

 *(Please Specify):* 

1. On what date did you start to feel unwell? DD/MM/YYYY Time: ****:**** (24hr clock)
2. Are you still ill? Recovered[ ]  Recovering[ ]  Still ill[ ]

 **If recovered,** how many days were you ill for? **** (*in total)*

1. Have you consulted a GP for this illness? Yes [ ]  No[ ]  Not sure [ ]

 **If YES,** when: DD/MM/YYYY

1. GP name/address 

Telephone: 

1. Did you attend the Emergency Department for this illness? Yes[ ]  No[ ]  Not sure[ ]
2. Were you admitted to hospital for this illness Yes[ ]  No[ ]  Not sure[ ]

**If YES,** please give details (if known):

Hospital name 

Date of admission: DD/MM/YYYY

Date of discharge: DD/MM/YYYY

 Name of consultant: 

# Calculating the 7 day time period for exposure asessment

Date of onset . . DD/MM/YYYY

7 days before onset: DD/MM/YYYY

Period of interest DD/MM/YYYY to DD/MM/YYYY

# Water consumption

1. Did you drink **bottled water** **in the 7 days** before you became ill? Yes[ ]  No[ ]  Unsure[ ]
2. If YES, name **brand**(s) 
3. Specify premises where purchased, e,g, supermarket, restaurant, pub, sandwich bar, etc. 
4. Are you likely to have consumed **unboiled drinking water in the 7 DAYS** before you became ill?

**[Prompt including as cordials, ice, when brushing teeth, etc.]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LOCATION** | **Yes** | **No** | **Unk** | **Name and Location** | **Type of water supply [public, public group water scheme, private group water scheme, other private supply, private well/spring, etc]** |
| Home  |  |  |  |  |  |
| Workplace, school or childcare facility  |  |  |  |  |  |
| Home of friend or relative |  |  |  |  |  |
| Restaurant/hotel/café/pub or other food premises |  |  |  |  |  |
| Other**[Prompt: mountain streams, spring or river water. outside tap, etc]** |  |  |  |  |  |

# Travel History

1. Did you spend any time **outside of the Republic of Ireland** in the **7 DAYS** before you became ill? Yes[ ]  No[ ]  Unsure[ ]

|  |  |  |  |
| --- | --- | --- | --- |
| **Addresses of places visited** Including resorts, conferences attended, etc.  | **Country** | **Date of outward travel****dd/mm/yyyy** | **Date of return travel****dd/mm/yy** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. If travelled outside of Republic of Ireland, give details of **method of transport**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mode of transport, e.g. airplane, train, ferry, etc.** | **Departure point** | **Destination** | **Carrier/ferry/train company and flight number if applicable** | **Date and time of departure** | **Date and time of arrival**  | **List any foods consumed/purchased on board** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Did you spend any nights **away from home in** the Republic of Ireland in the **7 DAYS** before you became ill? Yes[ ]  No[ ]  Unsure[ ]

|  |  |  |
| --- | --- | --- |
| **Addresses of places visited** Including resorts, conferences attended, etc.  | **Date of outward travel****dd/mm/yyyy** | **Date of Return****dd/mm/yy** |
|  |  |  |
|  |  |  |
|  |  |  |

# Animal/environmental exposures

1. Did you have any contact with **FARM** **ANIMALS or FARMLAND** in the 7 days before you became ill? Yes[ ]  No[ ]  Unsure[ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOCATION** | **Name and location** | **List types of animals at venue, e.g. calves, lambs, cattle, goats, chickens, ducks, etc** | **Type of contact, e.g. touching/petting/feeding/indirect exposure to environment contaminated with farm animal faeces, etc** | **Date(s) contact occurred** |
| Family farm |  |  |  |  |
| Private farm of a friend or relative |  |  |  |  |
| Public venue, e.g. open farm, agricultural show, mart, etc. |  |  |  |  |
| Workplace, e.g. abattoir, veterinary practice, etc. |  |  |  |  |
| Other, e.g. walking through farmland, etc. |  |  |  |  |

1. Do you know if these animals had **diarrhoea or vomiting** in the 7 days before you became ill? Yes[ ]  No[ ]  Unsure[ ]
2. Did you have any contact with **PET/COMPANION ANIMALS** in the 7 days before you before ill? Yes[ ]  No[ ]  Unsure[ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOCATION** | **Name and location** | **List types of animals at venue, e.g. kittens, dogs, budgies, goldfish, rabbits, hamsters, racing pigeons, snakes, terrapins, other reptiles, , etc** | **Type of contact, e.g. touching/petting/feeding, etc** | **Date(s) contact occurred** |
| Family home |  |  |  |  |
| Private house of a friend or relative |  |  |  |  |
| Public venue, e.g. open farm, zoo, reptile party, pet shop, etc. |  |  |  |  |
| Other, e.g. casual contact on street or in a park |  |  |  |  |

1. Do you know if these pet/companion animals had **diarrhoea or vomiting** in the 7 days before you became ill? Yes[ ]  No[ ]  Unsure[ ]
2. If you own a pet, does your pet have **access to farmland**? Yes[ ]  No[ ]  Unsure[ ]
3. Are you likely to have had contact with any **pet food** in the 7 days before you before ill? Yes[ ]  No[ ]  Unsure[ ]

**[Prompt: Pigs ears, bird seed, fresh meat/offal, feeder mice, nuts, etc.]**

39a. Please provide additional details of pet food and/or pet treats used e.g. brand, name, type (if food/treat is raw or if raw ingredients included in food/treat), where pet food/treat was purchased, any other relevant information pertaining to pet food or pet treats.

****

1. Are you likely to have been exposed to any **WILDLIFE** in the 7 days before you before ill? Yes[ ]  No[ ]  Unsure[ ]

[**Prompt: includes exposure to birds at birdfeeders, hedgehogs, rabbits, bats, foxes, etc**]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOCATION** | **Name and location** | **List types of animals at venue, e.g. birds at bird feeder, hedgehogs, rabbits, rodents, pigeons, etc** | **Type of contact, e.g. touching/petting/feeding/ indirect exposure through handling feeding bowls/bird feeders, etc** | **Date(s) contact occurred** |
| Family home |  |  |  |  |
| Private house of a friend or relative |  |  |  |  |
| Public venue, e.g. open farm, zoo, wildlife centre, etc. |  |  |  |  |
| Other |  |  |  |  |

1. Have you engaged in any of the following **ACTIVITIES**?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACTIVITY** | **Yes** | **No** | **Unsure** | **Location and other details** | **Dates** |
| Hiking/hillwalking |  |  |  |  |  |
| Camping |  |  |  |  |  |
| Fishing |  |  |  |  |  |
| Outdoor swimming or other outdoor water activities  |  |  |  |  |  |
| Visiting/walking on a beach |  |  |  |  |  |
| Walking through farmland |  |  |  |  |  |
| Field sports, e.g. football |  |  |  |  |  |
| Handling soil, manure or sewage |  |  |  |  |  |
| Attending a swimming pool |  |  |  |  |  |
| Having close contact with a child under 5 years, e.g. toileting, feeding, nappy changing, etc. |  |  |  |  |  |
| Handling raw meat or vegetables in the course of your work |  |  |  |  |  |
| Handling raw meat or vegetables at home |  |  |  |  |  |
| Cooked or ate at a BBQ |  |  |  |  |  |
| Handled or consumed raw flour inc. tasting or handling batter/dough while baking, handling partially baked products, handling dough for crafts without prior heat treatment |  |  |  |  |  |
| Other  |  |  |  |  |  |

# EATING OUT:

1. Did you eat any **meals away from home in the 7 DAYS** before you became ill?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LOCATION** | **yes** | **No** | **Unk** | **Name and Location** | **List all food and drinks consumed** | **Dates** |
| **Function**[**Prompt**: wedding reception, birthday/ anniversary or dinner party, funeral, club or conference dinner] |  |  |  |  |  |  |
| **Mobile caterer** [**Prompt**: lunch vans; hot dog stands; burger vans; concert stands; sport events; market stalls etc]  |  |  |  |  |  |  |
| **Fast food restaurant** [**Prompt**: burger bars; snack bars; kebab shops; pizza parlours etc includes take-aways] |  |  |  |  |  |  |
| **Restaurant/hotel/café/pub** [**Prompt**: includes ethnic restaurants etc.] |  |  |  |  |  |  |
| **Staff/school canteen** |  |  |  |  |  |  |
| **Festival** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |

# READY-TO-EAT FOODS:

1. Did you eat any **READY TO EAT FOOD** in the **7 DAYS** before you became ill?

[**Prompt:** This does not include food eaten in restaurants but does include food delivered to homes and work places e.g.: cakes; sandwiches; burgers; pizzas; pre-packed salads; kebabs; etc]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LOCATION** | **Yes** | **No** | **Unk** | **Name and Location** | **List food and drinks consumed** | **Dates** |
| **Takeaways** |  |  |  |  |  |  |
| **Sandwich bar** |  |  |  |  |  |  |
| **Delicatessen** |  |  |  |  |  |  |
| **Petrol station** |  |  |  |  |  |  |
| **Market stall** |  |  |  |  |  |  |
| **Farmers market** |  |  |  |  |  |  |
| **Smoothie/Juice bars** |  |  |  |  |  |  |
| **Ice cream van/parlour** |  |  |  |  |  |  |
| **Railway catering either on a train or a station** |  |  |  |  |  |  |
| **Other venue** |  |  |  |  |  |  |

# Eating foods from Abroad:

1. In the **7 DAYS before you became ill,** have **you** eaten any food that was **bought abroad?**

  **[Prompt: bought by yourself or given to you as a gift]**

 Yes[ ]  No[ ]  Not sure[ ]

If **YES,** please specify type of food and country of purchase

 **[Prompt: e.g. cheeses, chocolates, confectionary, dried meats, salami, nuts, spices, etc]**

 

# foods of animal origin

1. In the 7 days before you became ill, did you eat any **pork/ham or pork/ham products** at home or elsewhere?

**[Prompt: includes meats in sandwiches, salads, pies, soups, pizzas, kebabs etc Includes home made meals or commercially prepared dishes from food outlets]**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PORK and HAM products** | **Yes** | **No** | **Unk** | **Purchased raw?** **(Y/N/Unk)** | **Describe, e.g. organic/free-range, type of cut/joint, marinated, stuffed etc if relevant** | **Packaging/presentation, e.g. cling wrapped/leak proof tray/ butchers bag, whole/ sliced /filleted, etc** | **Brand and where purchased/eaten, e.g. name of supermarket, local store, farmers market, restaurant/café etc** |
| Pork meat (chops, steak, pork pieces, etc) |  |  |  |  |  |  |  |
| Pork mince |  |  |  |  |  |  |  |
| Pork pies |  |  |  |  |  |  |  |
| Pork offal |  |  |  |  |  |  |  |
| Bacon/ham joint |  |  |  |  |  |  |  |
| Rashers of bacon |  |  |  |  |  |  |  |
| Sausages |  |  |  |  |  |  |  |
| Sausage rolls/ frankfurter |  |  |  |  |  |  |  |
| Pudding (white/black) |  |  |  |  |  |  |  |
| Pork in ready meals (e.g. curry, pizza etc) |  |  |  |  |  |  |  |
| Pork meat stuffing |  |  |  |  |  |  |  |
| Other (scotch eggs, meat pies, pasties, döner kebab, haggis etc) |  |  |  |  |  |  |  |
| Salami/ pepperoni/ mortadella sausage/ chorizo (inc. on pizza) |  |  |  |  |  |  |  |
| Cold cooked meats (ham, haslett, etc) |  |  |  |  |  |  |  |
| Parma /Serrano/ Prosciutto ham |  |  |  |  |  |  |  |
| Paté (pork, Brussels, etc) |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |

1. In the 7 days before you became ill, did you eat any **poultry or poultry products** at home or elsewhere?

**[Prompt: includes meats in sandwiches, salads, pies, soups, pizzas, kebabs etc Includes home made meals or commercially prepared dishes from food outlets]**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **POULTRY** | **Yes** | **No** | **Unk** | **Purchased raw?** **(Y/N/Unk)** | **Describe, e.g. organic/free-range, type of cut/joint, marinated, stuffed etc if relevant** | **Packaging/presentation, e.g. cling wrapped/leak proof tray/ butchers bag, whole/ sliced /filleted, etc** | **Brand and where purchased/eaten, e.g. name of supermarket, butchers, farmers market, restaurant/café etc** |
| Fresh chicken (whole or portions) |  |  |  |  |  |  |  |
| Frozen chicken |  |  |  |  |  |  |  |
| Breaded chicken |  |  |  |  |  |  |  |
| Fresh turkey (whole, portions, etc) |  |  |  |  |  |  |  |
| Frozen turkey |  |  |  |  |  |  |  |
| Breaded turkey |  |  |  |  |  |  |  |
| Duck |  |  |  |  |  |  |  |
| Quail |  |  |  |  |  |  |  |
| Ostrich |  |  |  |  |  |  |  |
| Other game bird |  |  |  |  |  |  |  |
| Cold cooked poultry (chicken, turkey meat, etc) |  |  |  |  |  |  |  |
| Paté (chicken, duck liver, etc) |  |  |  |  |  |  |  |
| Poultry in ready meals (e.g. curry, lasagne, pizza, pies, etc) |  |  |  |  |  |  |  |

1. In the 7 days before you became ill, did you eat any **beef, lamb or other meat products** at home or elsewhere?

**[Prompt: includes meats in sandwiches, salads, pies, soups, pizzas, kebabs etc Includes home made meals or commercially prepared dishes from food outlets]**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BEEF, LAMB and OTHER MEATS** | **Yes** | **No** | **Unk** | **Purchased raw?** **(Y/N/Unk)** | **Describe, e.g. organic/free-range, type of cut/joint, marinated, stuffed etc if relevant** | **Packaging/presentation, e.g. cling wrapped/leak proof tray/ butchers bag, whole/ sliced /filleted, etc** | **Brand and where purchased/eaten, e.g. name of supermarket, butchers, farmers market, restaurant/café etc** |
| Meal prepared from beef joint, steak or beef strips |  |  |  |  |  |  |  |
| Beef burger |  |  |  |  |  |  |  |
| Other minced beef product |  |  |  |  |  |  |  |
| Beef ready-meal, e.g. curry, lasagne, shepherd’s pie, etc |  |  |  |  |  |  |  |
| Other processed beef product, e.g. sausage/salami, on pizza, pies, etc, |  |  |  |  |  |  |  |
| Beef offal |  |  |  |  |  |  |  |
| Cold cooked beef/corned beef  |  |  |  |  |  |  |  |
| Meal prepared from lamb joint, steak or lamb strips |  |  |  |  |  |  |  |
| Lamb burger |  |  |  |  |  |  |  |
| Lamb offal, e.g. liver |  |  |  |  |  |  |  |
| Other minced lamb product |  |  |  |  |  |  |  |
| Lamb ready-meal, e.g. curry, etc |  |  |  |  |  |  |  |
| Other processed lamb product, e.g kebabs, etc, |  |  |  |  |  |  |  |
| Sliced cooked lamb |  |  |  |  |  |  |  |
| Other meats, e.g. venison, rabbit, goat, frogs legs, snails, etc. |  |  |  |  |  |  |  |

1. In the 7 days before you became ill, did you eat any **seafood** or **seafood** products at home or elsewhere?

**[Prompt: includes meats in sandwiches, salads, pies, soups, pizzas, kebabs etc Includes home made meals or commercially prepared dishes from food outlets]**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FISH/SEAFOOD** | **Yes** | **No** | **Unk** | **Purchased raw?** **(Y/N/Unk)** | **Describe, e.g. organic/free-range, type of cut/joint, marinated, stuffed etc if relevant** | **Packaging/presentation, e.g. cling wrapped/leak proof tray/ butchers bag, whole/ sliced /filleted, etc** | **Brand and where purchased/eaten, e.g. name of supermarket, fishmongers, fish market, restaurant/café etc** |
| Whole or filleted white fish, e.g. hake, brill, haddock, cod, monkfish, etc |  |  |  |  |  |  |  |
| Whole or filleted oily fish, e.g. mackerel, salmon, trout, sardines, etc) |  |  |  |  |  |  |  |
| Shellfish, e.g. prawns, lobster, oysters, mussels, scallops, crab, clams, etc |  |  |  |  |  |  |  |
| Raw Sushi |  |  |  |  |  |  |  |
| Breaded or battered fish, including fish fingers |  |  |  |  |  |  |  |
| Fish paste/pate, e.g. taramasalata, salmon pate, etc. |  |  |  |  |  |  |  |
| Smoked fish, e.g. smoked salmon, mackerel, etc |  |  |  |  |  |  |  |
| Tinned fish, e.g. sardines, tuna, salmon, etc. |  |  |  |  |  |  |  |
| Fish/shellfish ready meals, e.g. paella, fish pie, chowder, etc |  |  |  |  |  |  |  |
| Other seafood |  |  |  |  |  |  |  |

1. In the **7 days before you became ill**, did you eat any **egg or dairy products** at home or elsewhere?

**[Prompt: includes eggs or dairy contained in omelettes, scrambled eggs, fried eggs, quiches, soufflés, sandwiches, salads, pies, soups, pizzas etc. Includes home made meals or commercially prepared in food outlets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EGGS/DAIRY** | **Yes** | **No** | **Describe, e.g. organic or not, free-range for eggs, variety, size, flavour, etc if relevant** | **Brand and where purchased, e.g. name restaurant/café, supermarket, local store, farmers market, home produced, roadside stall, etc** |
| Fresh eggs |  |  |  |  |
| Cheese – unpasteurised |  |  |  |  |
| Cheese – pasteurised |  |  |  |  |
| Processed cheese (strings, triangles, etc.) |  |  |  |  |
| Unpasteurised (raw) milk |  |  |  |  |
| Pasteurised milk (specify cows, goats, etc)  |  |  |  |  |
| Non-dairy milk (soya, rice, nut etc) |  |  |  |  |
| Yoghurts (inc. frozen and non-dairy) |  |  |  |  |
| Fromage frais/ créme fraiche |  |  |  |  |
| Cream |  |  |  |  |
| Butter |  |  |  |  |
| Ice-cream |  |  |  |  |
| Other dairy |  |  |  |  |

#

# fresh produce:

1. In the **7 DAYS** before you became ill, did you eat any **raw salad vegetables** **either at home or outside the home**?

[**Prompt: don’t forget salad items in sandwiches, in juices and smoothies, as crudités, burgers, kebabs, at home, in restaurants/cafes, etc**]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SALAD VEGETABLES** | **Yes** | **No** | **Unk** | **Describe, e.g. organic or not, variety, shape, colour, if relevant** | **Packaging/presentation, e.g. wrapped/loose/tray/bag, whole/halved/sliced, 6-pack/3-pack, etc** | **Brand and where purchased/eaten, e.g. name restaurant/café, supermarket, local store, farmers market, homegrown, etc** |
| Lettuce, e.g. ball-headed like iceberg, loose leaved, bagged lettuce leaves, etc |  |  |  |  |  |  |
| Other salad leaves, (specify chard, rocket, baby beet leaves, spinach, lambs lettuce, watercress, etc) |  |  |  |  |  |  |
| Tomatoes |  |  |  |  |  |  |
| Cucumber |  |  |  |  |  |  |
| Peppers |  |  |  |  |  |  |
| Onion/shallots |  |  |  |  |  |  |
| Spring onion |  |  |  |  |  |  |
| Radish |  |  |  |  |  |  |
| Pre-made deli style salads either from an open salad bar or pre-packed, (specify bean-based, pasta-based, carrot- based, potato-based, coleslaw, cous-cous based etc) |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

1. In the **7 DAYS** before you became ill, did you eat any of the other **fresh produce** listed below **either cooked or raw** or did you **handle any prior to cooking** **either at home or outside the home**?

[**Prompt: don’t forget vegetable items in salads, sandwiches, soups, stews, casseroles, in juices and smoothies, as crudités, etc at home, in restaurants/cafes** ]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OTHER FRESH PRODUCE** | **No -did not eat** | **Yes -ate cooked** | **Yes -ate raw**  | **Yes -handled during shopping or preparation** | **Describe, e.g. organic or not, variety, shape, colour if relevant** | **Packaging/presentation, e.g. wrapped/loose/tray, whole/halved/sliced, etc** | **Brand and where purchased, e.g. name restaurant/café, supermarket, local store, farmers market, homegrown, roadside stall, etc** |
| Broccoli |  |  |  |  |  |  |  |
| Cauliflower |  |  |  |  |  |  |  |
| Cabbage (including in coleslaw) |  |  |  |  |  |  |  |
| Peas (including mangetout, sugarsnap, shelled peas) |  |  |  |  |  |  |  |
| Beans, e.g. French, runner, broad, etc |  |  |  |  |  |  |  |
| Courgette |  |  |  |  |  |  |  |
| Carrots (including carrot sticks) |  |  |  |  |  |  |  |
| Mushrooms |  |  |  |  |  |  |  |
| Fennel bulb |  |  |  |  |  |  |  |
| Artichokes |  |  |  |  |  |  |  |
| Beetroot |  |  |  |  |  |  |  |
| Celeriac |  |  |  |  |  |  |  |
| Celery |  |  |  |  |  |  |  |
| **OTHER FRESH PRODUCE CONT’D** | **No -did not eat** | **Yes -ate cooked** | **Yes -ate raw**  | **Yes -handled during shopping or preparation** | **Describe, e.g. organic or not, variety, shape, colour if relevant** | **Packaging/presentation, e.g. wrapped/loose/tray, whole/halved/sliced, etc** | **Brand and where purchased, e.g. name restaurant/café, supermarket, local store, farmers market, homegrown, roadside stall, etc** |
| Asparagus |  |  |  |  |  |  |  |
| Swede |  |  |  |  |  |  |  |
| Parsnips |  |  |  |  |  |  |  |
| Leeks |  |  |  |  |  |  |  |
| Potatoes |  |  |  |  |  |  |  |
| Aubergine |  |  |  |  |  |  |  |
| Brussels sprouts |  |  |  |  |  |  |  |
| Turnip |  |  |  |  |  |  |  |
| Sweet potatoes |  |  |  |  |  |  |  |
| Asian greens, e.g. pakchoi, mizuna, Chinese cabbage, etc |  |  |  |  |  |  |  |
| Kale |  |  |  |  |  |  |  |
| Fresh garlic (e.g. as bulb or purée) |  |  |  |  |  |  |  |
| Fresh ginger (e.g. as root or purée)  |  |  |  |  |  |  |  |
| Fresh chillies (e.g. as whole chilli or purée) |  |  |  |  |  |  |  |
| Squash/Pumpkin |  |  |  |  |  |  |  |
| Other vegetables |  |  |  |  |  |  |  |

1. In the **7 DAYS** before you became ill, did you eat any of the **other salad ingredients/toppings** listed below **either at home or outside the home**?

[**Prompt: don’t forget items in salads, sandwiches, at home, in restaurants/cafes, in juices and smoothies, etc** ]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **OTHER SALAD INGREDIENTS/TOPPINGS** | **Yes** | **No** | **Unk** | **Describe, e.g. organic or not, variety, shape, colour, if relevant** | **Packaging/presentation, e.g. wrapped/loose/tray/bag, whole/halved/sliced, 6-pack/3-pack, etc** | **Brand and where purchased/eaten, e.g. name restaurant/café, supermarket, local store, farmers market, homegrown, etc** |
| Seeds, e.g. pumpkin/sunflower, etc |  |  |  |  |  |  |
| Microgreens, e.g. cress, mustard leaves, etc |  |  |  |  |  |  |
| Sprouted seeds, e.g. bean sprouts |  |  |  |  |  |  |
| Nuts, (specify, e.g. pinenuts, almonds, hazelnuts, brazil, walnuts, cashewnuts, etc) |  |  |  |  |  |  |
| Croutons |  |  |  |  |  |  |
| Grains, e.g. quinoa, cous-cous, rice, etc |  |  |  |  |  |  |
| Pulses, e.g. lentils, chickpeas, etc. |  |  |  |  |  |  |
| Dried fruit, e.g. sultanas, currants, apricots, cranberries, etc |  |  |  |  |  |  |
| Dried herbs/spices applied without further cooking, e.g, chilli flakes, dried garlic |  |  |  |  |  |  |
| Black pepper |  |  |  |  |  |  |
| Pickles |  |  |  |  |  |  |
| Olives |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

1. In the **7 DAYS** before you became ill, did you eat any of the **fresh/dried herbs or spices** listed below **either at home or outside the home**?

[**Prompt: don’t forget in salads, in sandwiches, as garnishes on cooked dishes, in juices and smoothies, in burgers, at home, in restaurants/cafes, etc** ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FRESH HERBS** | **Yes** | **No** | **Unk** | **Packaging/presentation, e.g. organic or not, wrapped/loose/tray/bag/potted plant, etc** | **Brand and where purchased/eaten, e.g. name restaurant/café, supermarket, local store, farmers market, homegrown, etc** |
| Chives |  |  |  |  |  |
| Parsley |  |  |  |  |  |
| Mint |  |  |  |  |  |
| Leaf coriander |  |  |  |  |  |
| Dill |  |  |  |  |  |
| Basil |  |  |  |  |  |
| Tarragon |  |  |  |  |  |
| Fennel  |  |  |  |  |  |
| Other fresh herbs, (specify, e,g, rosemary, thyme, sage, bay leaf , etc)  |  |  |  |  |  |
| Dried herbs (specify type) |  |  |  |  |  |
| Dried spices (specify, e.g cayenne, black pepper, coriander, etc.) |  |  |  |  |  |

# sauces, pickles and dips:

1. In the 7 days before you became ill, did you eat any **sauces**, **pickles** or **dips** at home or elsewhere?

**[[Prompt: including those in sandwiches, burgers and kebabs, e.g. mayonnaise, salad dressings, tomato sauce, chilli sauce in kebabs, gravy, piccalilli, Indian pickles, hummus, salsas etc]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SAUCES, PICKLES or DIPS** | **Yes** | **No** | **Home-made?** **(Y/N/Unk)** | **Describe, e.g. variety, organic or not, packaging, if relevant** | **Brand and where purchased, e.g. name restaurant/café, supermarket, local store, farmers market, home produced, roadside stall, etc** |
| Mayonnaise |  |  |  |  |  |
| Hollandaise/ Béarnaise |  |  |  |  |  |
| Chilli sauce |  |  |  |  |  |
| Ketchup/ brown sauce |  |  |  |  |  |
| Salad cream |  |  |  |  |  |
| Pesto |  |  |  |  |  |
| Chutney/ pickle/ relish |  |  |  |  |  |
| Marinades (list ingredients if homemade) |  |  |  |  |  |
| Salad dressing (list ingredients if homemade) |  |  |  |  |  |
| Dips (e.g. hummus, guacamole, taramasalata, salsa) |  |  |  |  |  |
| Gravy |  |  |  |  |  |
| Olive oil |  |  |  |  |  |
| Other sauce |  |  |  |  |  |

# Fruit:

1. In the 7 DAYS before you became ill, did you eat any **fresh fruit**, e.g. as **whole fruit, as fruit salad, in juices, smoothies**, either at **home** or from a **food outlet**?

Yes[ ]  No[ ]  Not sure[ ]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FRUIT** | **Yes** | **No** | **Unk** | **Describe, e.g. organic or not, variety, shape, colour, if relevant** | **Packaging/presentation, e.g. wrapped/loose/tray/bag, whole/halved/sliced, 6-pack/3-pack, etc** | **Brand and where purchased/eaten, e.g. name restaurant/café, supermarket, local store, farmers market, homegrown, etc** |
| Apples |  |  |  |  |  |  |
| Oranges |  |  |  |  |  |  |
| Pears |  |  |  |  |  |  |
| Bananas |  |  |  |  |  |  |
| Grapes |  |  |  |  |  |  |
| Melons, (specify watermelon, honeydew type, canteloupe type, etc)  |  |  |  |  |  |  |
| Stone fruits, (specify plums/ mango/ peaches/nectarines/cherries/apricots, etc.) |  |  |  |  |  |  |
| Berries, (specify blueberries/ blackberries/ raspberries/strawberries/redcurrants, etc (including on desserts/cakes)) |  |  |  |  |  |  |
| Avocado |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

# Snackfoods, desserts and cakes:

1. Did you eat any **snackfoods**, **cakes** or **desserts** in the 7 DAYS before you became ill either at home or outside the home?

[**Prompt:** biscuits, chocolate bars, crisps including flavour, tortilla chips, peanuts, bacon bites, Bombay mix etc]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SNACK FOODS** | **Yes** | **No** | **Unk** | **Describe, e.g. variety, shape, colour, if relevant** | **Packaging/presentation, e.g. wrapped/loose/tray/bag, whole/halved/sliced, 6-pack/3-pack, etc** | **Where purchased/eaten, e.g. name restaurant/café, supermarket, bakery, local store, farmers market, home produced etc** |
| Chocolate  |  |  |  |  |  |  |
| Crisps |  |  |  |  |  |  |
| Nuts (specify, e.g. pinenuts, peanuts, walnuts, almonds, brazil, hazelnut, cashew, walnut, pistachio, etc) |  |  |  |  |  |  |
| Nut based spreads (e.g. Nutella, peanut butter, etc) |  |  |  |  |  |  |
| Jams |  |  |  |  |  |  |
| Jellies |  |  |  |  |  |  |
| Biscuits |  |  |  |  |  |  |
| Scones |  |  |  |  |  |  |
| Cakes, e.g. chocolate cake, tarts, pies, cream cakes/ |  |  |  |  |  |  |
| Desserts, e.g. rice pudding, cheesecake, ice-creams, pavlova, mousse, etc. |  |  |  |  |  |  |
| Other, e.g. dried fruit, cereal bars |  |  |  |  |  |  |

# Supplements and medicines:

1. Did you take any **supplements** or **medicines** in the 7 DAYS before you became ill?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SUPPLEMENTS/MEDICINES** | **Yes** | **No** | **Unk** | **Specify type(s) and brand(s)** | **Where purchased e.g. pharmacy, health food shop, supermarket, homemade** |
| Medicines (oral preparations)e.g. prescription, over the counter and homeopathic medicines |  |  |  |  |  |
| Dietary supplements e.g. powdered drinks, shakes and tonics |  |  |  |  |  |
| Vitamins and minerals e.g. multivitamins, calcium supplements etc. and herbal remedies |  |  |  |  |  |
| Other |  |  |  |  |  |

# shops:

1. Did you eat any food in the **7 DAYS** before you became ill purchased from the following **shops**?

[**Prompt:** biscuits, chocolate bars, crisps including flavour, tortilla chips, peanuts, bacon bites, Bombay mix etc]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SHOPS** | **No** | **Unk** | **Yes –for meat, poultry & fish** | **Yes- for dairy and eggs** | **Yes –for fruit and veg** | **Yes –for general shopping** | **If yes, specify branch and location** |
| Aldi |  |  |  |  |  |  |  |
| Centra |  |  |  |  |  |  |  |
| Costcutters |  |  |  |  |  |  |  |
| Dunnes |  |  |  |  |  |  |  |
| Iceland |  |  |  |  |  |  |  |
| Lidl |  |  |  |  |  |  |  |
| Londis |  |  |  |  |  |  |  |
| Marks&Spencer |  |  |  |  |  |  |  |
| Mace |  |  |  |  |  |  |  |
| Spar |  |  |  |  |  |  |  |
| **SHOPS** | **No** | **Unk** | **Yes –for meat, poultry & fish** | **Yes- for dairy and eggs** | **Yes –for fruit and veg** | **Yes –for general shopping** | **If yes, specify branch and location** |
| Supervalu |  |  |  |  |  |  |  |
| Superquinn |  |  |  |  |  |  |  |
| Tesco |  |  |  |  |  |  |  |
| Local butchers |  |  |  |  |  |  |  |
| Local bakers |  |  |  |  |  |  |  |
| Local greengrocers |  |  |  |  |  |  |  |
| Local fish mongers |  |  |  |  |  |  |  |
| Weekly market |  |  |  |  |  |  |  |
| Corner shop |  |  |  |  |  |  |  |
| Speciality shop |  |  |  |  |  |  |  |
| Oriental food emporium |  |  |  |  |  |  |  |
| Other  |  |  |  |  |  |  |  |

# Questions about food eaten in the 3 days before you became ill

1. In the 3 DAYS before you became ill, can you tell me what you ate for:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DAY OF ONSET** | **1 DAY BEFORE ONSET** | **2 DAYS BEFORE ONSET** |
| **Breakfast:**[**Prompt**: cereal with milk, toast with butter, eggs, bacon, porridge with hot milk etc.] |  |  |  |
| Eaten out? Purchased RTE? Eaten at home? – give details |  |  |  |
| **Lunch** [**Prompt:** pre made/deli sandwiches, fillings, soups, ate out, dishes etc.] |  |  |  |
| Eaten out? Purchased RTE? Eaten at home? – give details  |  |  |  |
| **Dinner**[**Prompt:** eating out, fish, meat, dessert etc.] |  |  |  |
| Eaten out? Purchased RTE? Eaten at home? – give details |  |  |  |
| **Snacks**Detail brand if known[**Prompt:** biscuits, sweets, chocolate bars, ice creams etc.] | **Type** | **Time** | **Type** | **Time** | **Type** | **Time** |