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CASE ACCESSION NUMBER



HEPATITIS A FOOD RECALL QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN DEVELOPED TO INVESTIGATE HEPATITIS A INFECTIONS. THE QUESTIONS ARE VERY COMPREHENSIVE AND ARE INTENDED TO HELP IDENTIFY POSSIBLE SOURCES OF YOUR ILLNESS AND PREVENT FURTHER CASES. THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS FORM.

FOR PUBLIC HEALTH: THIS QUESTIONNAIRE IS TO BE USED IN ADDITION TO THE DATA COLLECTION REQUIREMENTS OUTLINED IN THE GENERAL COMMUNICABLE DISEASE INVESTIGATION FORM.

INCUBATION PERIOD – PUBLIC HEALTH TO COMPLETE	DATE (YYYY-MM-DD)
1. EARLIEST POSSIBLE EXPOSURE (50 days before symptom onset)	
2. LATEST POSSIBLE EXPOSURE (15 days before symptom onset)	

1. DIETARY PRACTICES AND FOOD PREFERENCES

Are (you/case) a vegetarian? ☐ Y ☐ N ☐ DK

If yes, do (you/case) ever eat:

Eggs ☐ Y ☐ N ☐ DK

Dairy ☐ Y ☐ N ☐ DK

Fish ☐ Y ☐ N ☐ DK

Poultry ☐ Y ☐ N ☐ DK

Red meat ☐ Y ☐ N ☐ DK

Other Meat ☐ Y ☐ N ☐ DK

If yes, specify:

Are (you/case) allergic to any foods? ☐ Y ☐ N ☐ DK If yes, specify which foods:

Are there any foods/food groups that (you/case) never eat? ☐ Y ☐ N ☐ DK If yes, describe:

In the 50 - 15 days prior to illness, were (you/case):

Following a particular dietary practice? (e.g. raw food diet, vegan, diabetic diet, kosher, halal)

☐ Y ☐ N ☐ DK If yes, describe:

Taking a dietary or nutritional supplement? (e.g. meal replacements, protein powder, vitamins, herbs, kratom)

☐ Y ☐ N ☐ DK If yes, describe (include purchase location):

Did you consume any bottled, pre-made health drinks? (e.g. Kombucha, coconut water)

☐ Y ☐ N ☐ DK If yes, describe (include purchase location):

2. SOURCES OF FOOD PREPARED AT HOME (FOOD PURCHASE LOCATIONS)

List where the food came from was prepared and eaten at home or that you may have eaten during the 50-15 days before illness. Specify details in the table below and consider the following potential sources:

☐ grocery stores, food warehouse stores, mini marts
☐ ethnic specialty markets
☐ delicatessens, bakeries
☐ farmer's markets
☐ fish or meat/butcher shops
☐ online food kit order (e.g. Hello Fresh)

☐ food bank (e.g. Helping hands, Siloam mission, Harvest Manitoba)
☐ home-processed meat (e.g. farm animals, wild game)
☐ home-grown produce, home slaughtered meat, wild caught fish or seafood
☐ private households (friends, family, etc.)

STORE/ SITE/ COMPANY NAME	STORE/SITE/COMPANY LOCATION/ADDRESS	IF APPLICABLE, CAN WE CONTACT YOU TO COLLECT AND USE YOUR LOYALTY/MEMBERSHIP CARD NUMBER TO VERIFY PURCHASES?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

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		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO

### 3. SOURCES OF FOOD PREPARED AT EATING ESTABLISHMENTS INCLUDING TAKEOUT AND DELIVERY

List where any pre-prepared food came from that was eaten during the 50-15 days before illness.

Specify details in the table below and consider the following potential sources:

- |  |   |
|--|---|
| <input type="checkbox"/> fast-food and sit-down restaurants                            | <input type="checkbox"/> tavern or bar  |
| <input type="checkbox"/> grocery store deli  | <input type="checkbox"/> cafeteria/dining room/food bought at worksite, hospital, school, |
| <input type="checkbox"/> bakery or coffee shop   | <input type="checkbox"/> long term care home, childcare, etc.                             |
| <input type="checkbox"/> street vendor/food cart/kiosk/food truck                      | <input type="checkbox"/> hotel room service   |
| <input type="checkbox"/> event concession stands (e.g. at a sporting event or concert) | <input type="checkbox"/> potluck-type private events (e.g. church, social)                |
| <input type="checkbox"/> gas station or similar mini mart                              | <input type="checkbox"/> catered private gatherings (e.g., weddings, parties)             |
| <input type="checkbox"/> soup kitchen  | <input type="checkbox"/> home delivery services (e.g., meals-on-wheels)                   |
| <input type="checkbox"/> free samples (e.g. grocery store, farmer's market)            | <input type="checkbox"/> food served on planes, trains, buses, or boats                   |
|  | <input type="checkbox"/> online (delivery or curbside pick-up)                            |

RESTAURANT /VENUE/SITE NAME	RESTAURANT/ VENUE/SITE LOCATION/ ADDRESS	DATES(S)	FOODS EATEN	WAS ANYONE ELSE ILL THAT ATE THE SAME PREPARED MEAL?
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK details:
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK details:
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK details:
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK details:
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK details:
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK details:
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK details:

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#### 4. FOOD ITEM LIST

Review the following list of food items. For each item, mark either "YES", PROB (probably), "NO", or "DK" (don't know) if eaten during the 50-15 days before your illness began. Include food eaten on their own, or as part of a salad, sandwich, or dish.

For any "yes" response, please complete as much detail as possible on the product, including the type, variety, brand, and where it was purchased or eaten.

	YES	PROB	NO	DK	IMPORTANT. Please complete it in as much detail as possible  TYPE / VARIETY / BRAND	WHERE PURCHASED OR EATEN:  Specify location and if prepared and eaten at home, or at a restaurant/food venue
<b>VEGETABLES</b> Include raw or cooked vegetables (exclude vegetables purchased canned)						
Any tomatoes, including any in a dish or meal such as salad, sandwich, burger, or taco	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Tomatoes that were semi-dried or sun-dried <i>If yes, were they:</i>  <input type="checkbox"/> Packed in oil <input type="checkbox"/> Loose	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Any lettuce or leafy greens in a dish or meal such as in a salad, burger or taco <i>If yes, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<input type="checkbox"/> Iceberg and/or <input type="checkbox"/> Romaine lettuce  Purchased: <input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<input type="checkbox"/> Spinach <input type="checkbox"/> Arugula and/or <input type="checkbox"/> Kale  Purchased: <input type="checkbox"/> Loose <input type="checkbox"/> Prepackaged	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other lettuce or leafy greens <i>If yes, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Any commercially pre-packaged salad kits (e.g. in a bag or container may include dressing or toppings) <i>If yes, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Green salads store bought prepared or ready to eat (e.g. prepared Caesar, kale, garden, chef's, spinach) <i>Other specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<input type="checkbox"/> Potato Salad <input type="checkbox"/> Pasta Salad	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other salad (e.g. greek, quinoa, bean) <i>Other specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		



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Any cabbage (e.g. whole, shredded, coleslaw) <input type="checkbox"/> Prepackaged <input type="checkbox"/> Loose/Head  Other specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Microgreens or Sprouts included on a sandwich or salad <input type="checkbox"/> Alfalfa <input type="checkbox"/> Bean <input type="checkbox"/> Broccoli <input type="checkbox"/> Microgreens If other, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cucumbers <input type="checkbox"/> English <input type="checkbox"/> Field <input type="checkbox"/> Mini	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Bell peppers <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Yellow	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Hot pepper <input type="checkbox"/> Jalapeño <input type="checkbox"/> Serrano <input type="checkbox"/> Habanero  Other specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Carrots <input type="checkbox"/> Whole <input type="checkbox"/> Mini/baby	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Peas <input type="checkbox"/> Fresh <input type="checkbox"/> Raw pea pods <input type="checkbox"/> Snap peas <input type="checkbox"/> Snow peas	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Beans <input type="checkbox"/> Green <input type="checkbox"/> Yellow	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<input type="checkbox"/> Broccoli <input type="checkbox"/> Cauliflower <input type="checkbox"/> Mushrooms <input type="checkbox"/> Celery <input type="checkbox"/> Leeks	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Onions <input type="checkbox"/> White <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/> Green	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other vegetables  If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Frozen vegetables  If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Vegetable juices (e.g. <input type="checkbox"/> Tomato juice <input type="checkbox"/> Carrot juice)  If yes, specify:	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		



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	YES	PROB	NO	DK	IMPORTANT. Please complete it in as much detail as possible  TYPE / VARIETY / BRAND	WHERE PURCHASED OR EATEN:  Specify location and if prepared and eaten at home, or at a restaurant/food venue
<b>FRESH HERBS (exclude dried herbs and spices)</b>						
<input type="checkbox"/> Basil <input type="checkbox"/> Coriander/ <input type="checkbox"/> Cilantro <input type="checkbox"/> Parsley	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other fresh herbs (e.g. oregano, dill, mint, rosemary, chives, thyme)  <i>If yes, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>FRUIT includes raw or cooked fruits (exclude fruits purchased canned)</b>						
Fruit salad/ pre-cut fruit or fruit platter	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<input type="checkbox"/> Cantaloupe <input type="checkbox"/> Honeydew <input type="checkbox"/> Watermelon (fresh or frozen)  <i>If other, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<input type="checkbox"/> Apples <input type="checkbox"/> Pears <input type="checkbox"/> Kiwi <input type="checkbox"/> Bananas (fresh or dried)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<input type="checkbox"/> Peaches <input type="checkbox"/> Nectarines <input type="checkbox"/> Apricots <input type="checkbox"/> Plums (fresh, frozen or dried)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Citrus fruits <input type="checkbox"/> Oranges <input type="checkbox"/> Grapefruit <input type="checkbox"/> Lemons <input type="checkbox"/> Limes  <i>If other, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Berries (fresh, frozen or dried) <input type="checkbox"/> Strawberries <input type="checkbox"/> Raspberries <input type="checkbox"/> Blueberries <input type="checkbox"/> Blackberries <input type="checkbox"/> Cranberries <input type="checkbox"/> Gooseberries  <i>If other, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<input type="checkbox"/> Cherries <input type="checkbox"/> Grapes <input type="checkbox"/> Pineapple <input type="checkbox"/> Pomegranate (fresh, frozen or dried)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<input type="checkbox"/> Mangos <input type="checkbox"/> Papaya <input type="checkbox"/> Coconut (fresh, frozen or dried)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<input type="checkbox"/> Avocado (including guacamole) <input type="checkbox"/> Olives ( <input type="checkbox"/> Black or <input type="checkbox"/> Green)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other fruits <i>If yes, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		



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Any unpasteurized fruit juices <input type="checkbox"/> Apple cider <input type="checkbox"/> Kombucha  <i>If other, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Smoothies made with fresh or frozen fruit or produce, made at home or purchased fresh-made from a store or restaurant <i>If yes, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>FISH AND SEAFOOD</b>						
Fish (fresh, canned, jarred or frozen)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Smoked fish (e.g. smoked salmon)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fish eaten raw: (e.g. sushi, tartare, sashimi, ceviche)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other fish (e.g. dried) <i>If yes, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Shellfish <input type="checkbox"/> Mussels <input type="checkbox"/> Clams <input type="checkbox"/> Shrimps/ <input type="checkbox"/> Prawns <input type="checkbox"/> Oysters <input type="checkbox"/> Scallops <input type="checkbox"/> Cockles <input type="checkbox"/> Crab <input type="checkbox"/> Crayfish <input type="checkbox"/> Lobster  <i>If yes, was it eaten raw:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other seafood or seaweed products <i>If yes, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Any deli meats/ cold cuts: <input type="checkbox"/> Bologna <input type="checkbox"/> Salami <input type="checkbox"/> Pepperoni <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <i>If other, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<input type="checkbox"/> Hot dogs <i>Specify if, heated before eating:</i> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> Corn dogs <i>Specify if, heated before eating:</i> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>OTHER MEAT/ANIMAL PRODUCTS</b>						
Dried/ cured meat products Beef jerky <input type="checkbox"/> Dried sausage <input type="checkbox"/> Summer sausage <i>If other, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pâté spread or meat spread	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Shawarma/ Donair/ Gyro	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		



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<b>DAIRY AND DAIRY SUBSTITUTES</b>						
Unpasteurized (raw) dairy milk <i>If yes, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other unpasteurized dairy products <i>If yes, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>CHEESE</b>						
Any cheese made with unpasteurized (raw) milk <i>If yes, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cheese sliced at a deli counter <i>If yes, specify:</i>	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>IN THE 50-15 DAYS PRIOR TO SYMPTOM ONSET...</b>	<b>YES</b>	<b>PROB</b>	<b>NO</b>	<b>DK</b>	<b>DETAILS (INCLUDE LOCATION, TYPE OR FREQUENCY OF CONTACT)</b>	
Did you use any of the following sources of drinking water? <input type="checkbox"/> Bottled <input type="checkbox"/> Municipal <input type="checkbox"/> Well/Private water	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Did you swim or go into the <input type="checkbox"/> Ocean <input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Pool or <input type="checkbox"/> Hot tub?	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Did you have contact with pet food or treats including those derived from animal parts (e.g. pig's ears, rawhide)? <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Raw	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Are there any other potential sources or additional information that you would like to share?	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		

THANK YOU FOR YOUR TIME IN COMPLETING THIS FORM AND FOR HELPING TO IDENTIFYING POSSIBLE SOURCES FOR YOUR INFECTION. THE DATA COLLECTED IS KEPT CONFIDENTIAL AND IDENTIFYING INFORMATION WILL NOT BE DISCLOSED FOR ANY OTHER PURPOSE WITHOUT YOUR CONSENT.

IN THE EVENT THAT THE ILLNESS IS LINKED TO A NATIONAL OUTBREAK, CAN WE CONTACT YOU TO BE RE-INTERVIEWED BY THE PUBLIC HEALTH AGENCY OF CANADA IF REQUIRED? ☐ YES ☐ NO

**For investigation forms that have been provided directly to the case, please return this completed form to:**

NAME:

\_\_\_\_\_

CONTACT INFORMATION:

\_\_\_\_\_