

*

CASE ACCESSION NUMBER



SALMONELLA FOOD RECALL QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN DEVELOPED TO INVESTIGATE SALMONELLA 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.

INCUBATION PERIOD – PUBLIC HEALTH TO COMPLETE	DATE YYYY-MM-DD	TIME HH:MM
1. EARLIEST POSSIBLE EXPOSURE (7 days before symptom onset)		
2. LATEST POSSIBLE EXPOSURE (day of symptom onset)		

1. FOOD HISTORY

List all foods eaten on the day of symptom onset and during the 7 days before the illness began. Start with the day symptoms started (day 0), and work backwards for the 7 days. If unable to remember any foods eaten, note as “uk”(unknown)

- For food prepared at home: list variety/brand, how it was prepared (if relevant), where purchased.
- For food prepared outside the home such as a social gathering or event (ie; wedding, potluck), or at any food establishment (ie: restaurant, deli), provide all details of the food, how it was prepared (if relevant) and location.

DAY 0 (day of symptom onset)	DATE: YYYY-MM-DD		
<div>BREAKFAST</div> <div> <input type="checkbox"/> at home <input type="checkbox"/> outside of home </div>	<div>LUNCH</div> <div> <input type="checkbox"/> at home <input type="checkbox"/> outside of home </div>	<div>DINNER</div> <div> <input type="checkbox"/> at home <input type="checkbox"/> outside of home </div>	<div>OTHER/SNACKS</div> <div> <input type="checkbox"/> at home <input type="checkbox"/> outside of home </div>
DAY 1 (day of symptom onset)	DATE: YYYY-MM-DD		
<div>BREAKFAST</div> <div> <input type="checkbox"/> at home <input type="checkbox"/> outside of home </div>	<div>LUNCH</div> <div> <input type="checkbox"/> at home <input type="checkbox"/> outside of home </div>	<div>DINNER</div> <div> <input type="checkbox"/> at home <input type="checkbox"/> outside of home </div>	<div>OTHER/SNACKS</div> <div> <input type="checkbox"/> at home <input type="checkbox"/> outside of home </div>
DAY 2 (day of symptom onset)	DATE: YYYY-MM-DD		
<div>BREAKFAST</div> <div> <input type="checkbox"/> at home <input type="checkbox"/> outside of home </div>	<div>LUNCH</div> <div> <input type="checkbox"/> at home <input type="checkbox"/> outside of home </div>	<div>DINNER</div> <div> <input type="checkbox"/> at home <input type="checkbox"/> outside of home </div>	<div>OTHER/SNACKS</div> <div> <input type="checkbox"/> at home <input type="checkbox"/> outside of home </div>



CASE ACCESSION NUMBER



DAY 3 (day of symptom onset)	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH <input type="checkbox"/> at home <input type="checkbox"/> outside of home	DINNER <input type="checkbox"/> at home <input type="checkbox"/> outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home
DAY 4 (day of symptom onset)	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH <input type="checkbox"/> at home <input type="checkbox"/> outside of home	DINNER <input type="checkbox"/> at home <input type="checkbox"/> outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home
DAY 5 (day of symptom onset)	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH <input type="checkbox"/> at home <input type="checkbox"/> outside of home	DINNER <input type="checkbox"/> at home <input type="checkbox"/> outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home
DAY 6 (day of symptom onset)	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH <input type="checkbox"/> at home <input type="checkbox"/> outside of home	DINNER <input type="checkbox"/> at home <input type="checkbox"/> outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home
DAY 7 (day of symptom onset)	DATE: YYYY-MM-DD		
BREAKFAST <input type="checkbox"/> at home <input type="checkbox"/> outside of home	LUNCH <input type="checkbox"/> at home <input type="checkbox"/> outside of home	DINNER <input type="checkbox"/> at home <input type="checkbox"/> outside of home	OTHER/SNACKS <input type="checkbox"/> at home <input type="checkbox"/> outside of home

MHSU- SALMONELLA

MH – SURVEILLANCE UNIT: 4TH FLOOR – 300 CARLTON ST. WINNIPEG, MB

CONFIDENTIAL FAX 204-948-3044

CONFIDENTIAL WHEN COMPLETED

Page 2 of 9

* CASE ACCESSION NUMBER



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

List where the food came from that you prepared and ate at home on the day symptoms developed (day 0) and during the 7 days before. Specify details in the table below and consider the following potential sources:

- | | |
|--|---|
| <input type="checkbox"/> grocery stores, food warehouse stores, mini-marts | <input type="checkbox"/> food bank (e.g. Helping Hands, Siloam Mission, Harvest Manitoba) |
| <input type="checkbox"/> ethnic specialty markets | <input type="checkbox"/> home-processed meat (e.g. farm animals, wild game) |
| <input type="checkbox"/> delicatessens, bakeries | <input type="checkbox"/> home-grown produce |
| <input type="checkbox"/> farmer's markets | <input type="checkbox"/> private households (friends, family, etc.) |
| <input type="checkbox"/> fish or meat shops | <input type="checkbox"/> farm-raised poultry, free-range eggs |
| | <input type="checkbox"/> online food kit purchases |

STORE/SITE NAME	STORE/SITE LOCATION/ADDRESS	If applicable, can we contact you to collect and use your loyalty 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
		<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 the day symptoms developed (day 0) and during the 7 days before. Specify details in the table below and consider the following potential sources:

- | | |
|--|--|
| <input type="checkbox"/> fast-food and sit-down restaurants | <input type="checkbox"/> free samples (e.g. grocery store, farmer's market) |
| <input type="checkbox"/> grocery store deli | <input type="checkbox"/> tavern or bar |
| <input type="checkbox"/> bakery or coffee shop | <input type="checkbox"/> cafeteria/dining room/food bought at worksite, hospital, school, 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"/> food served on planes, train, bus or boat |

RESTAURANT /VENUE/SITE NAME	RESTAURANT/VENUE/SITE LOCATION/ADDRESS	Was anyone else ill that ate the same prepared meal?
		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:
		<input type="checkbox"/> YES <input type="checkbox"/> NO Details:



CASE ACCESSION NUMBER

4. FOOD ITEM LIST

Review the following list of food items. for each item, mark “yes” or “no”, or “dk” (don’t know) if eaten on the day symptoms developed (day 0) and during the 7 days before. Please try and answer each question individually, even if you think it was already covered. 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 (please document all locations in section 2).

	YES	NO	DK	IMPORTANT. PLEASE COMPLETE IN AS MUCH DETAIL AS POSSIBLE TYPE/ VARIETY/ BRAND (ie: President’s choice)	WHERE PURCHASED OR EATEN: SPECIFY LOCATION/SITE AND IF PREPARED AND EATEN AT HOME OR RESTAURENT/FOOD VENUE, (ie: Superstore- eaten at home)
BEEF					
Any beef (not including deli meat) <i>If yes, please specify type(s) below</i>					
Hamburgers (e.g. hamburger patties fresh or frozen)					
Any other ground beef (e.g. meatballs, chili, spaghetti)					
Ground beef consumed raw or undercooked (e.g. tartare or kibbeh)					
Raw beef (e.g. carpaccio) Purchased <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> DK					
Veal					
Other beef, including steak/stewing beef, roasts, ribs Purchased <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> DK					
PORK					
Any pork (not including deli meat) <i>If yes, please specify type(s) below</i>					
Ham (not including deli-meat)					
Bacon					
Ground pork or Sausage (not including deli meat)					
Other pork (e.g. roasts, chops or as part of a dish) Purchased <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> DK					
OTHER MEAT/ANIMAL PRODUCTS					
Any pre-packaged sliced deli meats					
Any other sliced deli meats (i.e., not pre-packaged)					
Other cooked or processed meats (e.g. hot dogs, corn dogs, sausage)					

MHSU- SALMONELLA

MH – SURVEILLANCE UNIT: 4TH FLOOR – 300 CARLTON ST. WINNIPEG, MB

CONFIDENTIAL FAX 204-948-3044

CONFIDENTIAL WHEN COMPLETED

Page 4 of 9

* CASE ACCESSION NUMBER

	YES	NO	DK	IMPORTANT. PLEASE COMPLETE IN AS MUCH DETAIL AS POSSIBLE TYPE / VARIETY / BRAND	WHERE PURCHASED OR EATEN: SPECIFY LOCATION/SITE AND IF PREPARED AND EATEN AT HOME OR RESTAURANT/FOOD VENUES
POULTRY, FRESH OR FROZEN					
Any chicken (not including deli meat). <i>If yes, please specify type(s) below</i>					
Store bought frozen breaded chicken (e.g. nuggets, strips, or burgers)					
Any chicken pieces or parts (e.g. roasted whole, breasts, wings, thighs, in soups, or part of a dish)					
Any other chicken or poultry meat (e.g. ground chicken, turkey, turkey bacon, quail, duck, cornish hen)					
FISH AND SEAFOOD					
Any fish (including fresh, canned, jarred, frozen, smoked)					
Any shellfish (e.g. crab, shrimp, prawns, crayfish, lobster, mussels, clams, oysters) If yes, was it eaten raw? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK					
Any other fish, seafood, seaweed, sushi products					
DAIRY AND DAIRY SUBSTITUTES					
Pasteurized dairy milk, cream, whipping cream, sour cream					
Unpasteurized (raw) dairy milk (excluding cheese)					
Ice cream/gelato, or frozen dairy products					
Yogurt: <input type="checkbox"/> fresh or <input type="checkbox"/> frozen					
Milk or cream containing desserts (e.g. cream filled with pies/pastries, pudding)					
Non-dairy milk(e.g. soy, almond, coconut, rice)					
Other dairy products/ substitutes: (e.g. non- dairy yogurt, ice cream)					
Powdered milk products (e.g. powdered milk, Carnation, Ovaltine)					
CHEESE					
Any cheese, including cheddar cheese, processed cheese products (e.g. slices, strings, cheese in a jar), soft cheese, cottage cheese					

* CASE ACCESSION NUMBER



	YES	NO	DK	IMPORTANT. PLEASE COMPLETE IN AS MUCH DETAIL AS POSSIBLE TYPE / VARIETY / BRAND	WHERE PURCHASED OR EATEN: SPECIFY LOCATION/SITE AND IF PREPARED AND EATEN AT HOME OR RESTAURANT/FOOD VENUES
Any cheese made with unpasteurized milk					
Non-dairy cheese alternatives <i>If yes, specify</i>					
EGGS AND EGG-CONTAINING DISHES					
Eggs (e.g. scrambled egg, omelets)					
Any eggs eaten that were runny or undercooked					
Anything that had eggs in it that was still raw (e.g. dough, sauces, homemade ice cream, mayonnaise)					
Did you handle eggs? (e.g. egg farm)					
VEGETABLES INCLUDE RAW, COOKED OR FROZEN VEGETABLES (EXCLUDE VEGETABLES PURCHASED CANNED)					
Tomatoes (including those in a dish such as a salad, sandwich, burger or taco)					
Any lettuce or leafy greens, including in salads and pre-packaged					
Cabbage (including coleslaw) <input type="checkbox"/> Prepackaged <input type="checkbox"/> Loose/head					
Sprouts or microgreens, including on a sandwich etc. (e.g. alfalfa, bean sprouts, other)					
Cucumbers, Peppers, Celery, Broccoli, Cauliflower, Mushrooms, Zucchini					
Onions or leeks (e.g. white, yellow, red, green)					
Other vegetables (corn, potatoes, carrots, beans, peas, radishes)					
Frozen vegetables					
Fermented vegetables (e.g. sauerkraut, kimchi)					
Vegetable juices (e.g. tomato juice, carrot juice)					
Potato salad or pasta salad					

* CASE ACCESSION NUMBER



	YES	NO	DK	IMPORTANT. PLEASE COMPLETE IN AS MUCH DETAIL AS POSSIBLE TYPE / VARIETY / BRAND	WHERE PURCHASED OR EATEN: SPECIFY LOCATION/SITE AND IF PREPARED AND EATEN AT HOME OR RESTAURANT/FOOD VENUES
FRUIT, INCLUDE RAW COOKED OR FROZEN FRUITS (EXCLUDE FRUITS PURCHASED CANNED)					
Melon (e.g. cantaloupe, honeydew, watermelon)					
Berries (e.g. strawberries, raspberries, blueberries)					
Citrus and other fruits (e.g. oranges, grapefruit, lemons, limes, papaya)					
Apples, Pears, Peaches, Nectarines, Apricots, Plums, Cherries, Grapes, Bananas					
Any other fruit (e.g., mango, papaya, kiwi, pomegranate, pineapple, coconut) <i>If yes, specify</i>					
Avocado or Olives					
Any unpasteurized fruit juices (e.g. unpasteurized apple cider, kombucha)					
Smoothies made with fresh or frozen fruit or produce (purchased or prepared at home)					
HERBS AND SPICES					
Fresh Basil, Cilantro, Coriander, Parsley					
Other fresh herbs (e.g., oregano, dill, mint, rosemary, chives, thyme) <i>If yes, specify</i>					
Any dried herbs or spices <i>If yes, specify</i>					
STORE BOUGHT PREPARED SPREADS AND DIPS					
Salsa, Hummus					
Any other dips <i>If yes, specify</i>					
FROZEN FOODS					
Frozen pizza, pot pies, dinners/entrées/meals in a bag or box/appetizers etc. <i>If yes, specify</i>					
Frozen snack foods/appetizers (e.g. mozzarella sticks, jalapeno poppers, fries) <i>If yes, specify</i>					

* CASE ACCESSION NUMBER



	YES	NO	DK	IMPORTANT. PLEASE COMPLETE IN AS MUCH DETAIL AS POSSIBLE TYPE / VARIETY / BRAND	WHERE PURCHASED OR EATEN: SPECIFY LOCATION/SITE AND IF PREPARED AND EATEN AT HOME OR RESTAURANT/FOOD VENUES
Other frozen foods (e.g. frozen cakes, frozen cookie dough, tarts, pies, cream puffs, waffles) <i>If yes, specify</i>					
NUTS AND SEEDS					
Any nuts (including in granola bar, as a garnish or as part of a dish)					
Any peanut butter or other nut butter or spread					
Any seeds (e.g. sunflower seeds, sesame, chia, flax, hemp, sprouted seeds)					
Tahini, halva, or other products made from sesame seeds					
DRIED/PROCESSED/OTHER FOODS					
Chocolate or chocolate-containing candy					
Eat, taste, or lick any uncooked dough/ batter or raw flour used in the household (e.g., cookie dough, cake or muffin batter)					
Any other dessert or pastry items not already reported (e.g. cheesecake, tarts, cream puffs, eclairs, mousses or cakes) <i>If yes, specify</i>					
Any plant-based meat substitutes (e.g. tofu, veggie burgers, hotdogs or other plant-based meat substitute) <i>If yes, specify</i>					
Dried fruits (e.g. raisins, cranberries, apricots)					
Other prepackaged snack food (e.g. crackers, cookies, snack cakes, chips or pretzels, granola bars, power bars or other protein) <i>If yes, specify</i>					
Any food or drinks containing cannabis as an ingredient (e.g. brownies or other baked goods, gummies or candies, chocolate, oils, teas, juices or sodas, etc) <i>If yes, specify</i>					
Cold or hot breakfast cereal (e.g. porridge) <i>If yes, specify</i>					

MHSU- SALMONELLA

MH – SURVEILLANCE UNIT: 4TH FLOOR – 300 CARLTON ST. WINNIPEG, MB

CONFIDENTIAL FAX 204-948-3044

CONFIDENTIAL WHEN COMPLETED

Page 8 of 9



CASE ACCESSION NUMBER

IN THE 7 DAYS PRIOR TO ONSET....	YES	NO	DK	DETAILS (INCLUDE LOCATION, TYPE OR FREQUENCY OF CONTACT)
Did you have contact with any animals (e.g. reptiles, rodents, farm animals, pets, companion animals)?				
Did you have contact with poultry (e.g. chicks, goslings, ducklings, turkeys)?				
Did you have contact with other animals including wildlife?				
Did you have contact with or visit a farm/petting zoo/agricultural facility?				
Did you have contact with any raw pet food or treats derived from animal parts (e.g. Pigs ears, Rawhide)?				

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 submit this completed form to:***

NAME: _____

CONTACT INFORMATION: _____