



**Exposures during 2 weeks before onset of illness:**

(For dates, be as specific as possible. However, approximations [e.g., mm/yyyy] are okay.)

History of travel (during 2 weeks before onset of illness):	Yes	No	Unknown
<b>International travel (country):</b> ( <b>Unknown dates of travel and unable to approximate</b> )			
(1) _____	Departure date: _____	Return date: _____	
(2) _____	Departure date: _____	Return date: _____	
(3) _____	Departure date: _____	Return date: _____	
<b>U.S. travel (state):</b> ( <b>Unknown dates of travel and unable to approximate</b> )			
(1) _____	Departure date: _____	Return date: _____	
(2) _____	Departure date: _____	Return date: _____	
(3) _____	Departure date: _____	Return date: _____	

**Fresh produce exposures (produce eaten or tasted during 2 weeks before onset of illness):**

**Fresh berries:** Yes (If yes, specify types; check all that apply) No Unknown

Strawberries Blackberries Blueberries  
Raspberries Black raspberries Golden raspberries Unknown type of berry  
Other types of berries (specify): \_\_\_\_\_

**Fresh herbs:** Yes (If yes, specify types; check all that apply) No Unknown

Cilantro Oregano Thyme Mint Dill Parsley Rosemary  
Basil (specify types): Sweet basil Thai basil (i.e., green leaves and purple stems)  
Purple basil (i.e., purple leaves and stems)  
Other types of herbs (specify): \_\_\_\_\_  
Unknown type of herb

**Lettuce:** Yes (If yes, specify types; check all that apply) No Unknown

Mesclun (a.k.a., spring mix, field greens, baby greens, & gourmet salad mix)  
Arugula  
Other types of lettuce (specify): \_\_\_\_\_  
Unknown type of lettuce

**Other types of fresh produce:** Yes (If yes, specify types; check all that apply) No Unknown

Fruit, other than berries (specify types): \_\_\_\_\_  
Snow peas (flat, shiny pea pods containing tiny peas)  
Other types of fresh produce (specify): \_\_\_\_\_  
Unknown type of fresh produce

**Did the case-patient attend any events** (e.g., wedding reception) (during **2 weeks** before onset of illness)?

Yes No Unknown

If yes, specify type of social or other event: \_\_\_\_\_ Event date: \_\_\_\_\_

**Does the case-patient know of other ill persons?** Yes No Unknown

If yes, did health department obtain contact information and investigate further (provide comments below)?

Yes No Under consideration (or pending) Unknown

**Comments and additional data:**

**Name** (person filling out form): \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of investigating health department:** \_\_\_\_\_ **Date form submitted:** \_\_\_\_\_