



**Patient history**

**Assigned date for controls:** \_\_\_\_\_

In the 10 days before onset, how many times on average did the patient eat or taste any of the following food items?

**Infant foods**

<u>Item</u>	<u>Never</u>	<u>Number of Times:</u>	<u>Per day</u>	<u>Per week</u>
breast milk	_____	_____	_____	_____
Similac	_____	_____	_____	_____
Similac Fe	_____	_____	_____	_____
ProSoybe	_____	_____	_____	_____
Isomil	_____	_____	_____	_____
Isomil Fe	_____	_____	_____	_____
Carnation Good Start	_____	_____	_____	_____
Nutramigen	_____	_____	_____	_____
Enfamil	_____	_____	_____	_____
milk-based formula	_____	_____	_____	_____
Brand:	_____	_____	_____	_____
soy-based formula	_____	_____	_____	_____
Brand:	_____	_____	_____	_____
Baby foods (jars):				
Peaches	_____	_____	_____	_____
Bananas	_____	_____	_____	_____
Applesauce	_____	_____	_____	_____
Plums	_____	_____	_____	_____
Apple-blueberry	_____	_____	_____	_____
Apricots	_____	_____	_____	_____
Mixed fruit	_____	_____	_____	_____
Prunes	_____	_____	_____	_____
Peas	_____	_____	_____	_____
Spinach	_____	_____	_____	_____
Green beans	_____	_____	_____	_____
Squash	_____	_____	_____	_____
Carrots	_____	_____	_____	_____
Sweet potatoes	_____	_____	_____	_____
Mixed vegetables (green)	_____	_____	_____	_____
Mixed vegetables (orange)	_____	_____	_____	_____
Beef	_____	_____	_____	_____
Chicken	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
cow's milk	_____	_____	_____	_____
apple juice	_____	_____	_____	_____
pear juice	_____	_____	_____	_____
grape juice	_____	_____	_____	_____
orange juice	_____	_____	_____	_____

<u>Item</u>	<u>Never</u>	<u>Number of Times:</u>	<u>Per day</u>	<u>Per week</u>
rice cereal	_____	_____	_____	_____
oatmeal	_____	_____	_____	_____
mixed cereal	_____	_____	_____	_____
<b>Non-infant foods</b>				
beef jerky	_____	_____	_____	_____
Vienna sausages	_____	_____	_____	_____
potted meat	_____	_____	_____	_____
frozen chicken chunks	_____	_____	_____	_____
frozen fish sticks	_____	_____	_____	_____
ground beef	_____	_____	_____	_____
lunch meats	_____	_____	_____	_____
american cheese	_____	_____	_____	_____
cheddar cheese	_____	_____	_____	_____
Feta cheese	_____	_____	_____	_____
cottage cheese	_____	_____	_____	_____
goat cheese	_____	_____	_____	_____
yogurt	_____	_____	_____	_____
sour cream	_____	_____	_____	_____
butter	_____	_____	_____	_____
ice cream	_____	_____	_____	_____
cooked/scrambled eggs	_____	_____	_____	_____
cooked bacon	_____	_____	_____	_____
cooked sausage	_____	_____	_____	_____
chorizo	_____	_____	_____	_____
chitterlings	_____	_____	_____	_____
turkey	_____	_____	_____	_____
pork chops	_____	_____	_____	_____
ham	_____	_____	_____	_____
chicken	_____	_____	_____	_____
beef steak	_____	_____	_____	_____
barbecued beef	_____	_____	_____	_____
barbecued pork	_____	_____	_____	_____
hot dogs	_____	_____	_____	_____
pepperoni	_____	_____	_____	_____
summer sausage	_____	_____	_____	_____
sausage links	_____	_____	_____	_____
roast beef	_____	_____	_____	_____
strawberries	_____	_____	_____	_____
apples	_____	_____	_____	_____
oranges	_____	_____	_____	_____
bananas	_____	_____	_____	_____
grapes	_____	_____	_____	_____
blueberries	_____	_____	_____	_____
peaches	_____	_____	_____	_____

<u>Item</u>	<u>Never</u>	<u>Number of Times:</u>	<u>Per day</u>	<u>Per week</u>
cantaloupe	_____	_____	_____	_____
watermelon	_____	_____	_____	_____
raw carrots	_____	_____	_____	_____
raw broccoli	_____	_____	_____	_____
raw onions	_____	_____	_____	_____
fresh green peppers	_____	_____	_____	_____
fresh celery	_____	_____	_____	_____
raw cucumbers	_____	_____	_____	_____
fresh tomatoes	_____	_____	_____	_____
radishes	_____	_____	_____	_____
fresh green beans	_____	_____	_____	_____
raw spinach	_____	_____	_____	_____
fresh mushrooms	_____	_____	_____	_____
fresh squash	_____	_____	_____	_____
lettuce	_____	_____	_____	_____
bean sprouts	_____	_____	_____	_____
raw cabbage	_____	_____	_____	_____
turnip greens	_____	_____	_____	_____
whole milk	_____	_____	_____	_____
2% milk	_____	_____	_____	_____
skim milk	_____	_____	_____	_____
buttermilk	_____	_____	_____	_____
chocolate milk	_____	_____	_____	_____
apple juice	_____	_____	_____	_____
pear juice	_____	_____	_____	_____
grape juice	_____	_____	_____	_____
orange juice	_____	_____	_____	_____
cranberry juice	_____	_____	_____	_____
mixed fruit juice	_____	_____	_____	_____

In the 10 days prior to onset, how many times did the patient eat at any of the following restaurants?

<u>Restaurant</u>	<u>Never</u>	<u>Number of Times:</u>
Applebee's	_____	_____
Arby's	_____	_____
Bennigan's	_____	_____
Black Eyed Pea	_____	_____
Burger King	_____	_____
C B's Sandwich Shop	_____	_____
Caddo Mills Pancake House	_____	_____
Catfish King	_____	_____
Chili's	_____	_____
Church's Chicken	_____	_____
Corn Dogs	_____	_____
Country Kitchen	_____	_____
Dairy Dart	_____	_____
Dairy Queen	_____	_____
Denny's	_____	_____
Domino's Pizza	_____	_____
El Chico	_____	_____
El Sombrero	_____	_____

<u>Restaurant</u>	<u>Never</u>	<u>Number of Times:</u>
Ernie's Pit BBQ	_____	_____
Fitzpatrick's	_____	_____
Friday's	_____	_____
Furr's	_____	_____
Golden China	_____	_____
Golden Corral	_____	_____
Grandy's	_____	_____
Homestead BBQ	_____	_____
IHOP	_____	_____
Jack-in-the-Box	_____	_____
Jim's Restaurants	_____	_____
Joe's Crab Shack	_____	_____
Johnson Street Smokehouse	_____	_____
KFC	_____	_____
Kettle	_____	_____
Landry's	_____	_____
Lee Street Hamburger Co.	_____	_____
Lone Star Cafe	_____	_____
Long John Silver's	_____	_____
Luby's	_____	_____
McDonald's	_____	_____
Miss Abi's Bistro	_____	_____
Mr. Gatti's	_____	_____
Olive Garden	_____	_____
Peddler's Pizza	_____	_____
Pizza Hut	_____	_____
Pizza Inn	_____	_____
Pizza Plaza Plus	_____	_____
Puddin Hill Store	_____	_____
Rawhide Cafe	_____	_____
Red Lobster	_____	_____
Royal Drive In	_____	_____
Royal Garden	_____	_____
Ruby's Cafe	_____	_____
Ryan's Family Steak House	_____	_____
Shoney's	_____	_____
Sirloin Stockade	_____	_____
Sonic	_____	_____
Taco Bell	_____	_____
Taco Bueno	_____	_____
Taco Cabana	_____	_____
TaMolly's	_____	_____
Two Señorita's	_____	_____
Wendy's	_____	_____
Western Sizzlin'	_____	_____
Whataburger	_____	_____
Whitworth's	_____	_____
Other	_____	_____
Other	_____	_____

Where did you buy meat, vegetables or other groceries that were eaten in the 10 days before the patient got sick?:

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Thank you for your assistance with our investigation.