

Ref No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>IN STRICT MEDICAL CONFIDENCE</i>
<i>Health Protection Agency & Health Protection Scotland</i>					
Salmonella Enterica					
Trawling Questionnaire					
Update: 23 June 2014					

Please tick boxes or write in the space(s) provided. **USE BLACK OR DARK BLUE BIRO/PEN.**

Interviewer's initialsHPU Date / / (dd/mm/yy)

Attempt	Date	Time (start)	Contact made		Consent/interviewed	
			Yes	No	Yes	No
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL DETAILS

1. Forename Surname
2. Address
.....Postcode
3. Tel no (home) Tel no (mobile)
4. Sex: Male Female
5. Date of Birth/...../..... dd/mm/yy
6. Occupation
7. School/Workplace address
..... Postcode
8. General Practitioner
.....Postcode

CLINICAL DETAILS

9. When did you start to feel unwell?/...../..... dd/mm/yy

10. Symptoms:

	Yes	No
Diarrhoea <i>(3 or more loose stools within 24 hrs)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Blood in stools	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/> please specify

11. Are you still ill? Yes No If NO - How many days were you ill for?

12. Were you admitted to hospital for this illness?

Yes No

If YES, which hospital?

Date of Admission?/...../..... Discharge date?/...../.....

If exact dates are not known, how many days were you in hospital for?

TREATMENT FOR OTHER CONDITIONS

13. Were you being treated at a clinic or by your GP for any other conditions in the 5 DAYS before these stomach problems started?

Yes No

If YES, please specify

14. Were you taking any of the following in the 5 DAYS before you became ill?

Medicines (oral preparations) Yes No

[Prompt: includes prescription, over the counter and homeopathic medicines]

If YES, please specify type (s)

Dietary supplements Yes No

[Prompt: includes powdered drinks, shakes and tonics]

If YES, please specify type and brand (s)

Vitamins and minerals Yes No

[Prompt: includes multivitamins, calcium supplements etc and herbal remedies]

If YES, please specify type and brand (s)

HOUSEHOLD DETAILS

15. How many people, including you normally live in your household?

Number

16. Did anyone else in the household have diarrhoea in the **5 DAYS** before you became ill?

Yes No

If YES, can you tell me who?

Name	Age	Sex	Date of onset
...../.../....
...../.../....

IF YES, THANK THE INTERVIEWEE AND END THE INTERVIEW

17. Did you come into close contact with anyone else with diarrhoea in the **5 DAYS** before you became ill?

[Prompt: close contact refers to groups such as medical, nursing or care staff in health care settings, teaching staff in nurseries, people caring for ill relatives away from their own household and people in health care institutions or nurseries who might come into contact with other ill patients/pupils]

Yes No **IF YES, THANK THE INTERVIEWEE AND END THE INTERVIEW**

TRAVEL HISTORY

18. Did you spend any nights outside the UK in the **5 DAYS** before you became ill?

Yes No

If YES, give details:

Country(ies) Visited	Date of Departure dd/mm/yy	Date of Return dd/mm/yy

Addresses of places stayed : **[Prompt: towns, hotels, campsites etc]**

.....

IF YES, THANK THE INTERVIEWEE AND END THE INTERVIEW

19. Did you spend any nights away from home or travelled but within the UK in the **5 DAYS** before you became ill?

[Prompt: includes staying at friends or relatives, recreational and business trips etc]

Yes No

If **YES**, give details:

Place Visited (Hotel, friend's house etc)	Town or Village Visited	Date of Departure dd/mm/yy	Date of Return dd/mm/yy

20. Did you go on any day trips within the UK in the **5 DAYS** before you became ill?

[Prompt: includes business visits, work off site, cinemas, shopping trips, gyms, parks etc]

Yes No

Names and addresses of places visited (include post code if known or area eg Central London)

.....

CONTACT WITH ANIMALS

21. Do you or your family keep any domestic pets at home?

Yes No

If **YES**, give details:

	Yes	No
Dog(s)	<input type="checkbox"/>	<input type="checkbox"/>
Cat(s)	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>
Bird(s)	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Prompt: budgies, parrots, pigeons etc]</i>		
Reptile(s)	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Prompt: snakes, lizards, tortoises etc]</i>		
Other	<input type="checkbox"/>	<input type="checkbox"/>

Please specify

[Prompt: hamsters, rabbits, frogs etc]

22. Did you come into contact with any domestic pets outside your home?

[Prompt: at a friends house, school etc]

Yes No

If **YES** please specify. *[Prompt: cats, dogs, hamsters, snakes, terrapins etc]*

.....

23. Did you or any other member of your household buy any products from a pet shop or market stall which sells pet foods etc in the **5 DAYS** before you became ill?

Yes No

If YES, were any of the following types of product bought?

	Yes	No		Yes	No
Fishfood	<input type="checkbox"/>	<input type="checkbox"/>	Dog chews	<input type="checkbox"/>	<input type="checkbox"/>
Birdfood	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Fresh meat/offal	<input type="checkbox"/>	<input type="checkbox"/>			

If other, please specify. [Prompt: dog biscuits, live mice/insects for reptiles etc]

.....

If YES to any, where were the products purchased? [Prompt: name and location of shop/stall]

.....

24. Did you have any contact with non-domestic animals in the **5 DAYS** before you became ill?

[Prompt: farm animals, wildlife, animals in zoos etc]

Yes No

If YES, name the type of animal(s)

[Prompt: horses, calves, goats, chicks, deer, pigeons etc]

.....

Please give the name and location of the places in which you came into contact with the animals listed above. [eg xx zoo or park, or woods near xx village in Kent etc]

.....

.....

.....

FOOD HISTORY

Now we are going to ask you about food eaten in the **5 DAYS** before you became ill.

EATING OUT/TAKE AWAYS

25. Did you eat any meals out at a function in the **5 DAYS** before you started to feel ill?

[Prompt: wedding reception, birthday/ anniversary or dinner party, club or conference dinner]

Yes No

i) Name(s)

[Prompt: Hotel X, restaurant Y etc]

ii) Location(s)

[Prompt: street and town or area etc]

26. Did you eat any food (including take-aways and delivered foods) from or in any of the following places in the **5 DAYS** before you became ill?

	Yes	No	Name and Dish
Coffee shop <i>[Prompt: eg Starbucks, Costas etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Burger bar <i>[Prompt: eg McDonalds, Burger King etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza parlour <i>[Prompt: eg Dominos, Pizza Express etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Kebab shop	<input type="checkbox"/>	<input type="checkbox"/>
Fish & chip shop	<input type="checkbox"/>	<input type="checkbox"/>
Fried chicken bar <i>[Prompt: eg KFC, Tennessee Fried Chicken etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Bakers shop	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich bar	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen <i>[not in a supermarket]</i>	<input type="checkbox"/>	<input type="checkbox"/>
British restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Chinese restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Greek restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Indian restaurant	<input type="checkbox"/>	<input type="checkbox"/>
(If yes what kind of dish?)		
Italian restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Other restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Hotel	<input type="checkbox"/>	<input type="checkbox"/>
Café <i>[greasy spoons etc.]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Pub	<input type="checkbox"/>	<input type="checkbox"/>
Canteen	<input type="checkbox"/>	<input type="checkbox"/>
Mobile caterer <i>[Prompt: eg lunch van, hot dog stand, market stands etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Motorway service	<input type="checkbox"/>	<input type="checkbox"/>
Airport	<input type="checkbox"/>	<input type="checkbox"/>
Railway station/train	<input type="checkbox"/>	<input type="checkbox"/>
Petrol station	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>[Prompt: eg ferry, theme park etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>

POULTRY

27. Did you eat any of the following foods in the **5 DAYS** before you became ill?

	Cooked at home	Away from home	No
Hot chicken <i>[Prompt: eg roasts, casseroles, curries, pies, nuggets etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold chicken <i>[Prompt: eg sandwiches/baguettes, salads etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken liver pâté/parfait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold turkey <i>[Prompt: eg sandwiches/baguettes, salads etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot duck <i>[Prompt: eg roasts, crispy fried duck etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other poultry <i>[Prompt: eg goose, guinea fowl, quail, partridge etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES to other please specify			
<i>[specify eg quail, partridge]</i>			

28. Was any **raw poultry** cooked in your household in the **5 DAYS** before you became ill?

Yes No

If **YES**, was it bought as?

	Fresh	Frozen
Whole chicken	<input type="checkbox"/>	<input type="checkbox"/>
Chicken portions	<input type="checkbox"/>	<input type="checkbox"/>
Whole turkey	<input type="checkbox"/>	<input type="checkbox"/>
Turkey portions	<input type="checkbox"/>	<input type="checkbox"/>
Whole duck	<input type="checkbox"/>	<input type="checkbox"/>
Duck portions	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If **YES** to other please specify

[specify eg quail, partridge]

29. Did you eat any processed poultry products which were cooked at home?

[Prompt: chicken pies; breaded chicken breasts; turkey burgers, chicken nuggets/dinosaurs, cooked chill or ready meals eg curries, casseroles etc]

Yes No

If **YES** please specify

[Prompt: ask for brands of pies, nuggets etc]

30. Was the poultry bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Halal butcher	<input type="checkbox"/>	<input type="checkbox"/>
Kosher butcher	<input type="checkbox"/>	<input type="checkbox"/>
Other butcher	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

[Prompt: from a local farm or smallholding]

BEEF

31. Did you eat any of the following foods containing beef in the **5 DAYS** before you became ill?

	Cooked at home	Away from home	No
Burgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other minced beef dishes [Prompt: Bolognaise/lasagne/chilli/meatballs etc]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roast beef (hot)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef stew/casserole/curry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pies and pasties [Prompt: steak & kidney pie, Cornish pasty etc]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold roast/corned beef etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sausages [including hot dogs]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES to other please specify

32. Was any **raw beef** cooked in your household in the **5 DAYS** before you became ill?

[Prompt: joints; steaks; mince; burgers etc]

Yes No

33. Did you eat any **cold cooked beef** in salads or sandwiches etc, which were made at home in the **5 DAYS** before you became ill? **[Prompt: sliced roast beef; corned beef, tongue, brawn etc]**

Yes No

If **YES** please specify

[Prompt: product type and brand eg corned beef from supermarket X]

If **YES**, was the meat sliced at the counter? Yes No

[Prompt: at a butchers shop or delicatessen counter]

34. Did you eat any processed beef products which were cooked at home?
[Prompt: cooked chill or ready meals eg lasagne, steak and kidney pudding etc]

Yes No

If **YES** please specify
[Prompt: ask for brands of pies etc]

35. If any beef was eaten, was the beef bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Halal butcher	<input type="checkbox"/>	<input type="checkbox"/>
Kosher butcher	<input type="checkbox"/>	<input type="checkbox"/>
Other butcher	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

[Prompt: from a local farm or smallholding]

PORK

36. Did you eat any of the following foods in the **5 DAYS** before you became ill?

	Cooked at home	Away from home	No
Pork sausages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gammon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot pork dishes <i>[Prompt: roast, chops, casseroles etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork pies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pâté	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salami	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pepperoni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork scratchings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ham <i>[Not including Parma, Serrano ham etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry cured ham <i>[Parma, Serrano, Bayonne ham etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luncheon meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Other please specify
[eg cold roast pork, mortadella etc]

37. If ham, salami or luncheon meat were eaten -
Were any of the products sliced at the shop counter? Yes No
[Prompt: at a butchers shop or delicatessen counter]
38. Was any **raw pork** cooked in your household in the **5 DAYS** before you became ill? **[Prompt:**
joints; chops; mince; sausages]
Yes No
39. Did you eat any processed pork products which were cooked at home?
[Prompt: cooked chill or ready meals eg sweet and sour pork, slimmers meals etc]
Yes No
If **YES** please specify
[Prompt: ask for brands]
40. If any pork was consumed, was the pork bought from? [Can be more than one]
- | | Yes | No | Name/Branch/Location |
|----------------------|--------------------------|--------------------------|----------------------|
| Supermarket | <input type="checkbox"/> | <input type="checkbox"/> | |
| Halal butcher | <input type="checkbox"/> | <input type="checkbox"/> | |
| Kosher butcher | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other butcher | <input type="checkbox"/> | <input type="checkbox"/> | |
| Corner shop/mini mkt | <input type="checkbox"/> | <input type="checkbox"/> | |
| Market | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mobile shop | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | |
- [Prompt: from a local farm or smallholding]*

LAMB

41. Did you eat any hot dishes containing lamb/mutton in the **5 DAYS** before you became ill?
[Prompt: Roast lamb, chops, kebabs, casseroles, curries or stews]
- Cooked at home from raw Ready meals cooked at home
Away from home No
42. Was any **raw** lamb/mutton cooked in your household in the **5 DAYS** before you became ill?
[Prompt: joints; chops; mince; etc]
Yes No
43. Was the lamb bought from? [Can be more than one]
- | | Yes | No | Name/Branch/Location |
|----------------------|--------------------------|--------------------------|----------------------|
| Supermarket | <input type="checkbox"/> | <input type="checkbox"/> | |
| Halal butcher | <input type="checkbox"/> | <input type="checkbox"/> | |
| Kosher butcher | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other butcher | <input type="checkbox"/> | <input type="checkbox"/> | |
| Corner shop/mini mkt | <input type="checkbox"/> | <input type="checkbox"/> | |
| Market | <input type="checkbox"/> | <input type="checkbox"/> | |

Mobile shop

Other

[Prompt: from a local farm or smallholding]

OTHER MEAT PRODUCTS

44. Did you eat any of the following foods in the **5 DAYS** before you became ill?

	Cooked at home	Away from home	No
Kebabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sausages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sausage rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasties/ meat pies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken pies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scotch eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haggis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tripe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haslet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza with meat <i>[Pepperoni etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rabbit meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goat meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exotic/game meat <i>[Prompt: kangaroo, ostrich, alligator etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES please specify			
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES please specify			
<i>[eg ready meals, slimmers meals etc]</i>			

45. If eaten at home, were the other meat products bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Halal butcher	<input type="checkbox"/>	<input type="checkbox"/>
Kosher butcher	<input type="checkbox"/>	<input type="checkbox"/>
Other butcher	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Prompt: from a local farm or smallholding]</i>			

FISH & SEAFOOD

46. Did you/ your child eat any seafood in the **5 DAYS** before you became ill? [Prompt: fish, crab, scampi, mussels]

Yes No

IF YES WHAT TYPE OF FISH?

47. Were eaten at home, were the fish products bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Fishmonger	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

[Prompt: from a local farm or smallholding]

EGGS

48. Did you eat any of the following foods in the **5 DAYS** before you became ill?

	Cooked at home	Away from home	No
Omelettes/scrambled eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Egg sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Egg salads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs with runny yolks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eggs with hard yolks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scotch eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Souffles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home made mayonnaise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Prompt: not in jars]			
Hollandaise sauce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Did you or any other member of your household use any fresh hens eggs in the home during the **5 DAYS** before you became ill?

Yes No

50. If YES where were the eggs bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen	<input type="checkbox"/>	<input type="checkbox"/>
[not in a supermarket]			
Cheese shop	<input type="checkbox"/>	<input type="checkbox"/>
Butcher	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>

If other please specify

[Prompt: eg farm shop, a neighbour, local smallholding]

Were the eggs sold boxed Yes No or loose Yes No

Were the eggs Lion mark Yes No

51. Did you eat any other types of eggs in the **5 DAYS** before you became ill?

[Prompt: duck eggs, quails eggs etc.]

Yes No

If **YES** please specify

Purchased from

MILK

52. Did you drink (or have with cereal, tea/coffee etc) any milk in the **5 DAYS** before you became ill?

Yes No

53. If YES was the milk?

	Yes	No
Cows milk	<input type="checkbox"/>	<input type="checkbox"/>
Goats milk	<input type="checkbox"/>	<input type="checkbox"/>
Soya milk	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other please specify

54. Was the milk?

	Full fat	Semi-skimmed	Skimmed
Unpasteurised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasteurised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterilised/UHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powdered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. Was it bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Milk round	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

[Prompt: eg farm shop, market etc]

CHEESE

56. Did you eat any of the following types of cheese in the **5 DAYS** before you became ill?
[Prompt: includes cheese in salads, sandwiches, burgers etc]

	At home	Away from home	No	Type(s) of cheese
Blue cheese [eg Stilton, Gorgonzola etc]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese spread [eg Philadelphia, Dairylea, Roulé etc]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other soft cheese [eg Brie, dolcelatte, cottage cheese etc]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard white cheese [eg Cheddar, Edam, Feta etc]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked cheese dishes [eg pizza, macaroni cheese etc]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. If eaten at home was cheese bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen [not in a supermarket]	<input type="checkbox"/>	<input type="checkbox"/>
Cheese shop	<input type="checkbox"/>	<input type="checkbox"/>
Butcher	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other please specify
[Prompt: department store, farm shop, abroad etc]

58. Was the cheese prepacked? Yes No

59. Was the cheese cut in the shop Yes No [Can be both]

OTHER DAIRY PRODUCTS

60. Did you eat any of the following dairy products in the **5 DAYS** before you became ill?

	At home	Away from home	No
Cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fromage frais	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Other please specify
 [Prompt: buttermilk, smetena etc]

61. If eaten at home were the other dairy products bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen [not in a supermarket]	<input type="checkbox"/>	<input type="checkbox"/>
Cheese shop	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other please specify
 [Prompt: department store, farm shop, ethnic grocer etc]

CAKES & BISCUITS

62. Did you/ your child eat any custard cakes in the **5 DAYS** before you became ill?

[Prompt: custard slice, custard Danish, custard tart, fruit tart with custard, manchester tart, vanilla slice etc]

Yes No

If YES please specify
 [Prompt: ask for type and brand]

63. Did you/ your child eat any cream cakes in the **5 DAYS** before you became ill? [Prompt: cheesecake, cream sponge, éclair, profiterole, other cream cakes]

Yes No

If YES please specify
 [Prompt: ask for type and brand]

64. Did you/ your child eat any other type of cakes in the **5 DAYS** before you became ill?

[Prompt: chocolate cake, fresh fruit tart, cooked fruit tart/ pie, cakes with icing, iced buns, Danish pastry, muffin, cakes with nuts, other]

Yes No

If YES please specify
 [Prompt: ask for type and brand]

65. Did you/ your child eat any kind of biscuits in the **5 DAYS** before you became ill? [Prompt: flapjacks, cookies, biscuits]

Yes No

If **YES** please specify
 [Prompt: ask for type and brand]

66. If eaten at home were the products bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen [not in a supermarket]	<input type="checkbox"/>	<input type="checkbox"/>
Bakers shop	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other please specify
 [Prompt: eg church fair, friend, abroad etc]

DESSERTS & PUDDINGS

67. A) i) Did you eat any of the following types of desserts or puddings in the **5 DAYS** before you became ill?

	At home	Carton	Away from home	No
Mousse (eg chocolate, lemon, strawberry etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meringue (including pavlova/baked alaska)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pancakes and crêpes [not Scotch pancakes or waffles]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trifle (with custard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiramisu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crème brulee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crème caramel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zabaglione	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home made ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk pudding [eg rice pudding etc]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pouring custard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kosher desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	At home	Carton	Away from home	No
Chinese/far eastern desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek desserts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle eastern desserts <i>[Prompt: includes halva]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other desserts/puddings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other please specify				
<i>[Prompt: sticky toffee pudding, banoffee pie, pannacotta etc but not fresh fruit or fruit cocktail]</i>				

68. If eaten at home were the products bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen <i>[not in a supermarket]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Bakers shop	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If other please specify			
<i>[Prompt: specialist ethnic store etc]</i>			

SANDWICHES, BURGERS & KEBABS

69. Did you eat any sandwiches, rolls, filled baguettes that were **bought or served** away from home in the **5 DAYS** before you became ill?
[Prompt: includes prepacked sandwiches from shops/railway stations, works/school canteens, rolls at buffet lunches, custom made sandwiches from sandwich bars, pubs etc].

Yes No

70. If **YES** did you eat any of the following types of sandwich?
[Prompt: Sandwich includes rolls, baguettes, wraps etc. Custom made is non-prepacked sandwiches made to order in sandwich bars, pubs etc.]

	Prepacked	Custom made	Buffet	No
Ham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef <i>[roast beef, corned beef, salt beef, pastrami etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacon/BLT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other meat <i>[salami, sausage etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuna sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salmon sandwich <i>[includes smoked salmon]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Prepacked	Custom made	Buffet	No
Prawn/other seafood <i>[crab, crayfish etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Egg mayonnaise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other egg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Other please specify

71. Did any of these sandwiches include any of the following extras?

	Yes	No		Yes	No
Mayonnaise	<input type="checkbox"/>	<input type="checkbox"/>	Cucumber	<input type="checkbox"/>	<input type="checkbox"/>
Lettuce	<input type="checkbox"/>	<input type="checkbox"/>	Onions	<input type="checkbox"/>	<input type="checkbox"/>
Tomato	<input type="checkbox"/>	<input type="checkbox"/>	Cress	<input type="checkbox"/>	<input type="checkbox"/>
Spinach	<input type="checkbox"/>	<input type="checkbox"/>	Other leaves	<input type="checkbox"/>	<input type="checkbox"/>

72. Were the sandwiches bought/served from?

	Yes	No	Name/Branch/Location
Bakers shop	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich bar	<input type="checkbox"/>	<input type="checkbox"/>
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Mini market	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant/hotel/pub	<input type="checkbox"/>	<input type="checkbox"/>
School/work canteen	<input type="checkbox"/>	<input type="checkbox"/>
Delivery service <i>[at work or hospital]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Petrol/service station	<input type="checkbox"/>	<input type="checkbox"/>
Railway station	<input type="checkbox"/>	<input type="checkbox"/>
Airport/plane	<input type="checkbox"/>	<input type="checkbox"/>
Buffet <i>[cricket club, wedding reception]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If Other please specify

73. Did you eat any burgers, hot dogs or kebabs that were bought or served away from home in the **5 DAYS** before you became ill?
[Prompt: includes chicken nuggets/burgers, fish burgers etc].

Yes No

74. If **YES** did you eat any of the following foods?

	Yes	No	Where purchased/served
Hamburgers (beef)	<input type="checkbox"/>	<input type="checkbox"/>
Chicken burgers	<input type="checkbox"/>	<input type="checkbox"/>
Chicken nuggets etc	<input type="checkbox"/>	<input type="checkbox"/>
Veggie burgers	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Where purchased/served
Fish burgers <i>[filet of fish etc.]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Hot dogs	<input type="checkbox"/>	<input type="checkbox"/>
Meat kebabs	<input type="checkbox"/>	<input type="checkbox"/>
Chicken kebabs	<input type="checkbox"/>	<input type="checkbox"/>

75. Did any of these include any of the following extras?

	Yes	No		Yes	No
Mayonnaise	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce	<input type="checkbox"/>	<input type="checkbox"/>
Ketchup	<input type="checkbox"/>	<input type="checkbox"/>	Tomato	<input type="checkbox"/>	<input type="checkbox"/>
Chilli sauce	<input type="checkbox"/>	<input type="checkbox"/>	Cucumber	<input type="checkbox"/>	<input type="checkbox"/>
Gherkins	<input type="checkbox"/>	<input type="checkbox"/>	Onions	<input type="checkbox"/>	<input type="checkbox"/>
Spinach	<input type="checkbox"/>	<input type="checkbox"/>	Other leaves	<input type="checkbox"/>	<input type="checkbox"/>

SAUCES, PICKLES & DIPS

76. Did you eat any **saucers, pickles or dips** in the **5 DAYS** before you became ill?

[Prompt: including those in sandwiches, burgers and kebabs, eg salad dressings, tomato sauce, soy sauce, Thai fish sauce, piccalilly, Indian pickles, hummus, salsas etc]

Yes No

77. If **YES**, please specify type (s)

[Prompt: salad dressing, guacamole, hummus, salsa etc]

.....

Was it? **[Can be more than one]**

From a restaurant/hotel/take away Yes No

If **YES** please specify

[Prompt: type of sauce/pickle, name and location of restaurant/take away]

.....

78. Was it? **[Can be more than one]** cont.

A commercial brand Yes No

If **YES**, please specify type and brand (s)

[Prompt: eg Heinz tomato ketchup, HP sauce, Pataks mango pickle, Tesco's hummus etc]

.....

Home made Yes No

If **YES** please specify

[Prompt: type of sauce or pickle eg barbecue sauce, lime pickle etc]

Other Yes No

[Prompt: eg from a local market stall, church sale or friend]

If YES, please specify type

[Prompt: eg tomato chutney, piccalilly etc]

SALAD VEGETABLES & HERBS

79. Did you eat any of the following raw vegetables in the **5 DAYS** before you became ill?
 [Prompt: don't forget salads that you've pureed or those in sandwiches, burgers, kebabs and as garnishes with Indian or Chinese meals etc includes lettuce, tomatoes, cucumbers, cress, bean shoots, beetroot, gerkins etc]

	At home	Away from home	No	In bag	Loose
l f o t h e r p l e s e s p e c i f y ...	<input type="checkbox"/>				
Mixed salad leaf	<input type="checkbox"/>				
Water cress	<input type="checkbox"/>				
Lettuce [includes rocket, radicchio etc]	<input type="checkbox"/>				
Tomatoes	<input type="checkbox"/>				
Spinach	<input type="checkbox"/>				
Baby Spinach	<input type="checkbox"/>				
Sprouted seeds (Including alfalfa, bean sprouts, etc.)	<input type="checkbox"/>				
Cabbage (eg cole slaw)	<input type="checkbox"/>				
Cucumber	<input type="checkbox"/>				
Peppers	<input type="checkbox"/>				
Onions (any)	<input type="checkbox"/>				
Mushrooms	<input type="checkbox"/>				
Cauliflower	<input type="checkbox"/>				
Basil	<input type="checkbox"/>				
Parsley	<input type="checkbox"/>				
Coriander leaves [not seeds]	<input type="checkbox"/>				
Dill	<input type="checkbox"/>				
Other [Prompt: beetroot, mustard cress, chives etc]	<input type="checkbox"/>				

80. Did you eat any of the following ready-made meals in the **5 DAYS** before you became ill?

	At home	Away from home	No	In bag	Loose
Pasta Salad	<input type="checkbox"/>				
Green Salad	<input type="checkbox"/>				
Chicken salad	<input type="checkbox"/>				
Potato salad	<input type="checkbox"/>				

	At home	Away from home	No	In bag	Loose
Couscous	<input type="checkbox"/>				
Peppers	<input type="checkbox"/>				
Coleslaw	<input type="checkbox"/>				
Sauerkraut	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

If other please specify

81. If eaten at home were the products bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen <i>[not in a supermarket]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Green grocers	<input type="checkbox"/>	<input type="checkbox"/>
Chinese grocers	<input type="checkbox"/>	<input type="checkbox"/>
Indian grocers	<input type="checkbox"/>	<input type="checkbox"/>
Greek grocers	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic grocers <i>[eg African, Arabic etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other please specify

FRUIT

82. Did you eat any of the following fresh fruit in the **5 DAYS** before you became ill?

	At home	Away from home	No
Apples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oranges <i>[includes satsumas, tangerines etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peaches/nectarines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strawberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raspberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other please specify
[Prompt: eg pineapples, pears, lychees, guava etc]

83. Did you eat any of the following types of preserved fruit in the **5 DAYS** before you became ill?

	At home	Away from home	No
Raisins/sultanas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Figs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desiccated coconut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Candied peel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glacé cherries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tinned fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify			
<i>[brand and type eg peaches, pears etc]</i>			
Dried fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify			
<i>[brand and type eg apricots, apples, fruit bars etc]</i>			
Jam and other preserves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify			
<i>[brand and type eg raspberry jam, lime marmalade, cranberry jelly etc]</i>			

84. If eaten at home were the products bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen <i>[not in a supermarket]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Green grocers	<input type="checkbox"/>	<input type="checkbox"/>
Chinese grocers	<input type="checkbox"/>	<input type="checkbox"/>
Indian grocers	<input type="checkbox"/>	<input type="checkbox"/>
Greek grocers	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic grocers <i>[eg African, Arabic etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If other please specify

SPICES AND SEEDS

85. Did you eat any foods prepared at home which contained any of the following spices in the **5 DAYS** before you became ill?

	Yes	No
All spice	<input type="checkbox"/>	<input type="checkbox"/>
Chilli powder	<input type="checkbox"/>	<input type="checkbox"/>
Cinnamon bark/powder	<input type="checkbox"/>	<input type="checkbox"/>
Coriander seeds/powder	<input type="checkbox"/>	<input type="checkbox"/>
Cumin seeds/powder	<input type="checkbox"/>	<input type="checkbox"/>
Curry powder	<input type="checkbox"/>	<input type="checkbox"/>
Chinese five spice	<input type="checkbox"/>	<input type="checkbox"/>
Ginger root/powder	<input type="checkbox"/>	<input type="checkbox"/>
Nutmeg	<input type="checkbox"/>	<input type="checkbox"/>
Paprika	<input type="checkbox"/>	<input type="checkbox"/>
Pepper	<input type="checkbox"/>	<input type="checkbox"/>
Saffron	<input type="checkbox"/>	<input type="checkbox"/>
Turmeric	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Please specify

[Prompt: cardamom, star anise, poppy seeds, nigella etc]

86. If **YES** to any of the above were the products bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen <i>[not in a supermarket]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Green grocers	<input type="checkbox"/>	<input type="checkbox"/>
Chinese grocers	<input type="checkbox"/>	<input type="checkbox"/>
Indian grocers	<input type="checkbox"/>	<input type="checkbox"/>
Greek grocers	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic grocers <i>[eg African, Arabic etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If other please specify			

87. Did you eat any foods which contained seeds in the **5 DAYS** before you became ill?

Yes No

If yes, please specify which type of seeds.....
(**Prompt:** pumpkin, sunflower, sesame)

SNACKFOODS

88. Did you eat any **snackfoods** in the **5 DAYS** before you became ill?

[**Prompt:** cereal bars, crisps, tortilla chips, bombay mix, etc]

Yes No

If **YES**, please specify type and brand. [**Prompt:** crisps including flavour, tortilla chips, bombay mix, seedmixes, etc]

.....
.....

89. Were they bought from?

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant/take away	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

VEGETARIAN FOODS

90. Did you eat any of the following vegetarian foods in the **5 DAYS** before you became ill?

	At home	Away from home	No
Tofu/tofu products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bean curd/bean curd products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quorn/quorn product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veggie burgers/sausages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paneer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soya based products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other bean based products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other please specify

91. If **YES** to having any of the above at home were the products bought from? [Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Health food shops	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen <i>[not in a supermarket]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Green grocers	<input type="checkbox"/>	<input type="checkbox"/>
Chinese grocers	<input type="checkbox"/>	<input type="checkbox"/>
Indian grocers	<input type="checkbox"/>	<input type="checkbox"/>
Greek grocers	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic grocers <i>[eg Polish, African, etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If other please specify

[Prompt: eg brought back from holiday, mail order etc]

DRINKS

92. Did you have any of the following drinks in the **5 DAYS** before you became ill?

	At home	Carton/Bottle	Away from home	No
Orange juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pineapple juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapefruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoghurt based (inc. lassi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High protein milk shakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slimmers milk shakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other milk shakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other high protein drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbal infusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iced tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chilled coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee (inc. cappuccino, latte etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	At home	Carton/Bottle	Away from home	No
Still mineral water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sparkling mineral water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

93. If **YES** to having any of the above at home were the products bought from?
[Can be more than one]

	Yes	No	Name/Branch/Location
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Health food shops	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen <i>[not in a supermarket]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Green grocers	<input type="checkbox"/>	<input type="checkbox"/>
Chinese grocers	<input type="checkbox"/>	<input type="checkbox"/>
Indian grocers	<input type="checkbox"/>	<input type="checkbox"/>
Greek grocers	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic grocers <i>[eg Polish, African, etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Market	<input type="checkbox"/>	<input type="checkbox"/>
Mobile shop	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
If other please specify			

MISCELLANEOUS

94. Did you eat any of the following in the **5 DAYS** before you became ill?

Breakfast cereal	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES , please specify type and brand (s)				
Margarines and spreads	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES , please specify type and brand (s)				
Bread/rolls etc	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES , please specify type and brand (s)				
Crispbreads and crackers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES , please specify type and brand (s)				

CHOCOLATE & NUTS

95. Did you eat any bagged chocolate in the **5 DAYS** before you became ill (e.g. Smarties, Maltesers, Mini Eggs, poppets)?

Yes No

If yes, please specify type, brand and place of purchase:.....

96. Did you eat any wrapped chocolate or chocolate bars in the **5 DAYS** before you became ill (Kit Kat, Milky way, Bounty, Twix, Snickers)?
 Yes No
 If yes, please specify type, brand and place of purchase:.....
97. Did you eat any boxed/ tinned chocolate in the **5 DAYS** before you became ill (gift box type e.g Milky Tray, Black Magic, Roses, Quality Street, Celebrations)?
 Yes No
 If yes, please specify type, brand and place of purchase:.....
98. Did you eat any chocolate coated nuts products in the **5 DAYS** before you became ill?
 Yes No
 If yes, please specify type, brand and place of purchase:.....
99. How was the product packed?
 In a box (e.g. gift box) Yes No
 In a bag Yes No
100. What type of chocolate were the nuts covered with?
 Dark chocolate Yes No
 Milk chocolate Yes No
101. Did you eat **any other kind of chocolate** in the **5 DAYS** before you became ill?
 Yes No
 If yes, please specify type, brand and place of purchase:.....
102. Did you eat any **nut products** in the **5 DAYS** before you became ill (e.g. peanut, hazelnut, pecan nut)?
 Yes No
 If yes, please specify type, brand and place of purchase:.....
103. Did you eat any of the following **nut products** in the **5 DAYS** before you became ill?
- | Nut product | Yes | No | Product/ purchased from |
|----------------------------|--------------------------|--------------------------|-------------------------|
| Peanut | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cashew | <input type="checkbox"/> | <input type="checkbox"/> | |
| Brazil | <input type="checkbox"/> | <input type="checkbox"/> | |
| Walnuts | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pistachios | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mixed fruit and nuts | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mixed seeds and nuts | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other nuts | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other mixed nuts | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other mixed seeds and nuts | <input type="checkbox"/> | <input type="checkbox"/> | |

104. Did you eat any boiled sweets in the **5 DAYS** before you became ill (i.e. sweets that you can suck on) (e.g Mint Humbug, Rhubarb and Custard, Pear Drops)?

Yes No

If yes, please specify type, brand and place of purchase:.....

SHOPS

105. Have you bought any food from the following **shops** recently?

[Prompt: bread, chicken; meat; milk; vegetables, processed foods etc]

	Yes	No	Name/Branch/location
Aldi	<input type="checkbox"/>	<input type="checkbox"/>
Asda	<input type="checkbox"/>	<input type="checkbox"/>
Budgens	<input type="checkbox"/>	<input type="checkbox"/>
Co-op	<input type="checkbox"/>	<input type="checkbox"/>
Iceland	<input type="checkbox"/>	<input type="checkbox"/>
Lidl	<input type="checkbox"/>	<input type="checkbox"/>
Marks & Spencer	<input type="checkbox"/>	<input type="checkbox"/>
Morrisons	<input type="checkbox"/>	<input type="checkbox"/>
Netto	<input type="checkbox"/>	<input type="checkbox"/>
Sainsbury	<input type="checkbox"/>	<input type="checkbox"/>
Somerfield	<input type="checkbox"/>	<input type="checkbox"/>
Spar	<input type="checkbox"/>	<input type="checkbox"/>
Tesco	<input type="checkbox"/>	<input type="checkbox"/>
Waitrose	<input type="checkbox"/>	<input type="checkbox"/>
Local butchers	<input type="checkbox"/>	<input type="checkbox"/>
Local bakers	<input type="checkbox"/>	<input type="checkbox"/>
Local green grocers	<input type="checkbox"/>	<input type="checkbox"/>
Local fish monger	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Cheese shop	<input type="checkbox"/>	<input type="checkbox"/>
Chinese grocers	<input type="checkbox"/>	<input type="checkbox"/>
Indian grocers	<input type="checkbox"/>	<input type="checkbox"/>
Greek grocers	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic grocers <i>[eg African, etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Other(s)	<input type="checkbox"/>	<input type="checkbox"/>

106. In the last **5 DAYS** have you eaten any food that was **bought abroad?**
[Prompt: bought by yourself or given to you as a gift]

Yes No

If **YES**, please specify type of food and country of purchase *[Prompt: eg camembert cheese from France etc]*

.....
.....

THANK YOU FOR YOUR CO-OPERATION

Would it be all right for us to contact you again for additional information?

Yes No

If you have any specific questions about this investigation either now or in the future please call or write to:

Add the name of the lead in the unit where the interviewing is being done.