Listeriosis case questionnaire

(Updated Dec 2023)

Case Initials:	
State ID:	
National ID:	
☐ sporadic case ☐ outbreak case	
Outbreak ref:	

Refer to CDNA surveillance case definition:
https://www.health.gov.au/resources/collections/cdna-surveillance-case-definitions

PRIVACY STATEMENT

The information you provide in this questionnaire is for the purpose of trying to prevent further cases of illness. We do this by trying to find out what is likely to have caused your illness and also by providing you with information to reduce the spread of illness to others. The data collected is kept confidential and identifying information will not be disclosed for any other purpose unless legally required, or otherwise without your consent. You can access your information by contacting the NSW Health agency that holds your data. A fact sheet is available ("Information and privacy commission NSW – Accessing your health information in NSW") if you would like further information.

Information read☐

Note: The following preliminary information can be recorded prior to interview if known

CASE DETAILS

First Name:	Last Name:	Parent's Name (if applicable):
DOB: __ / ___ / ___ Age:	Gender: ☐M ☐F	
Address:		
Home Phone:	Mobile Phone:	
Email:		
Born in Australia ☐Y ☐N *If not born in Australia*, specify where:		
Cultural or ethnic background:	Primary language(s) spoken at home:	
Are [you/the case] of Aboriginal or Torres Strait Islander origin? (check all that apply) ☐No ☐Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Not stated		

Interviewer Initials:

Date/time Interviewed	
1	☐
2	☐
3	☐
4	☐
5	☐
6	☐

Person interviewed (if not case):

Call back notes:

Interpreter used ☐
Case lost to follow up ☐

Case admitted to hospital? ☐Y ☐N		Hospital Name:	
Date Admitted ____/____/____	Date Discharged: ____/____/____		Hospital UR #:
Notification Date: ____/____/____	Reason for admission ☐ Listeriosis ☐ Other Specify other:		
Treating Doctor:	Phone:	Hospital / Medical Practice:	

INSTITUTION CONTACT

Do [you/the case] live at or attend an aged care facility / residential home / other institution? ☐Y ☐N

If yes, provide details

Name:

Address:

Contact details:

MEDICAL & DIAGNOSTIC INFORMATION

Has the isolate been forwarded for further typing? ☐Y ☐N

Typing	Result	Conducted by (lab name):
Serotype (PCR):		
Binary-type:		
MLST:		
WGS:	Linked case? ☐Y ☐N	MDU report number:

NON-PERINATAL CASE (If a perinatal case go to next table) *Any notified case that is not associated with a pregnancy.*	
Specimen type: ☐CSF ☐Blood ☐Other specify:	Specimen collection date: ____/____/____
Nature of illness (case): ☐Meningitis ☐Septicaemia ☐Other, specify:	
Outcome: Patient died of the notifiable disease/condition or it was a contributing factor: ☐Y ☐N ☐Unknown	Date of death: ____/____/____

PERINATAL CASE (If a non-perinatal case go to clinical section) *Any notified case that is associated with a pregnancy.*			
☐ Mother		☐ Foetus / Neonate	
Culture Site	Specimen collection date	Culture Site	Specimen collection date
☐ Blood	____/____/____	☐ Blood	____/____/____
☐ CSF	____/____/____	☐ CSF	____/____/____
☐ Stool	____/____/____	☐ Gastric aspirate	____/____/____
☐ Placenta	____/____/____	☐ Meconium	____/____/____
☐ Other specify:	____/____/____	☐ Other specify:	____/____/____
☐ None (must be a perinatal pair where the foetus/neonate has lab definitive evidence)		☐ None (must be a perinatal pair where the mother has lab definitive evidence)	
Outcome of pregnancy:			
☐ Still pregnant ☐ Foetal death (miscarriage / stillbirth) ☐ Induced abortion ☐ Delivery (live birth) ☐ Other specify:			
Weeks' Gestation:		Outcome Date: ____/____/____	
Type(s) of illness in Mother (tick all that apply)		Type(s) of illness in Foetus / Neonate (tick all that apply)	
☐ Bacteraemia / sepsis		☐ Bacteraemia / sepsis	
☐ Meningitis		☐ Meningitis	
☐ Febrile gastroenteritis		☐ Pneumonia	
☐ Amnionitis		☐ Granulomatosis infantisepticum	
☐ Non-specific “flu-like” illness			
☐ Unknown		☐ Unknown	
☐ Other specify:		☐ Other specify:	
☐ None		☐ None	
Mother’s outcome		Foetus / Neonate outcome	
Patient died of the notifiable disease/condition or it was a contributing factor: ☐Y ☐N ☐Unknown Date of death: ____/____/____		Patient died of the notifiable disease/condition or it was a contributing factor: ☐Y ☐N ☐Unknown Date of death: ____/____/____	

NOTE: For perinatal cases ask the remaining questions of the mother

CLINICAL

In the 4 week period prior to diagnosis of listeriosis, did [you/case] experience any of the following symptoms?

Fever:	☐Y ☐N ☐DK	Chills:	☐Y ☐N ☐DK	Headache:	☐Y ☐N ☐DK
Stiff Neck	☐Y ☐N ☐DK	Confusion:	☐Y ☐N ☐DK	Diarrhoea:	☐Y ☐N ☐DK
Vomiting:	☐Y ☐N ☐DK	Muscle & Body Aches:	☐Y ☐N ☐DK		

Other: ☐Y ☐N ☐DK → ***if yes please specify:***

What was the first symptom [you/case] experienced?

First symptom: First symptom onset date: ____/____/____

Do [you/case] <u>currently</u> have any of the following pre-existing illnesses or conditions? *Please ask case and review medical records*		
Pre-existing illness / condition	Case response	Doctor response / Medical records
Diabetes- insulin dependent	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Diabetes- non-insulin dependent	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Heart disease	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Renal / kidney disease requiring dialysis	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Other renal disease	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Rheumatological condition	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Blood disorder	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Organ transplant	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Liver disease	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Chronic lung disease (excluding asthma)	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Cancer **Specify type:**	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Hypertension	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Diagnosed chronic inflammatory gastrointestinal condition (e.g. Crohn's disease, ulcerative colitis, Coeliac, inflammatory bowel syndrome)	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Other immunosuppressive condition (e.g. multiple sclerosis, lupus, HIV, etc.)	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Other illness or condition **Specify:**	☐Y ☐N ☐DK	☐Y ☐N ☐DK
<u>No</u> current illness or condition	☐Y	☐Y

In the 4 weeks prior to illness, were [you/case] taking any of the following treatments? *Please ask case and review medical records*		
Treatments	Case response	Doctor response / Medical records
Corticosteroids (e.g. prednisone)	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Cyclosporine	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Other drugs that affect the immune system	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Chemotherapy	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Radiation therapy	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Antidiarrhoeal medication (e.g. Lomotil, Imodium)	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Antacids (e.g. Mylanta, Mucaine)	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Medications that reduce stomach acid (e.g. Zantac, Tagamet, Somac, Losec)	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Antibiotics **Specify:**	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Other **Specify:**	☐Y ☐N ☐DK	☐Y ☐N ☐DK
<u>No</u> treatments in the 4 weeks prior to illness	☐Y	☐Y

DAY VISITS (FOR TREATMENT/CARE)				
Did [you/case] have any hospital / treatment centre day visits in the 4 weeks prior to illness? ☐Y ☐N				
If yes: How many hospital day visits? OR Frequency of visits?				
Reason for visit (e.g. dialysis, outpatient appointment)	Date of hospital visit	Hospital	Hospital food consumed	Detail of food consumed (during day visits in 4 weeks prior to illness)
	____/____/____		☐Y ☐N	
	____/____/____		☐Y ☐N	
	____/____/____		☐Y ☐N	

HOSPITAL ADMISSION				
Were [you/case] admitted to hospital in the 4 weeks prior to illness? ☐Y ☐N				
Admission	Discharge	Hospital	Reason for admission	Ward / section
____/____/____	____/____/____			
____/____/____	____/____/____			
____/____/____	____/____/____			
All foods consumed during hospital admission in the 4 weeks prior to illness (See below for additional prompts):				

Foods consumed during hospital admissions and day visits (in the 4 weeks prior to illness)

High risk foods consumed during any hospital admission or day visits?
☐Y ☐N ☐Unknown ☐Not answered

Types of foods consumed during hospital admissions and day visits (select all that apply):
☐Sandwiches (any) ☐Hot meals ☐Cold meats ☐Raw fruit/veg ☐Desserts
☐Fluids only ☐Meal supplements ☐Other, Specify:

Hospital menu information for all hospital admissions / day visits
☐Obtained ☐Not-obtained ☐N/A (no hospitalisations)
If not obtained, specify reason:

ENVIRONMENTAL RISK FACTORS

In the 4 weeks prior to illness, did [you/case] travel overseas, to another state or territory, or anywhere within the state? ☐Y ☐N

Overseas? ☐Y ☐N ☐DK Interstate? ☐Y ☐N ☐DK Within state? ☐Y ☐N ☐DK	If yes, provide travel details: Specify location(s): Name of resort, hotel, etc.:
	Departure Date: ____/____/____ Mode of travel: ☐air ☐car ☐train ☐bus ☐ship ☐other, specify: Name of airline / tour company: Travel/Flight/Ship numbers/names (if applicable): **Foods consumed on plane/train/ship/bus etc.:** **Foods consumed at the airport / station etc.:**

	Return Date: ____/____/____ Mode of travel: ☐air ☐car ☐train ☐bus ☐ship ☐other, specify: Name of airline / tour company: Travel/Flight/Ship numbers/names (if applicable): **Foods consumed on plane/train/ship/bus etc.:** **Foods consumed at the airport / station etc.:**

SPECIAL DIETS		
Are most meals that are cooked at home from a specific culture? (e.g. Mexican, Chinese, Italian, Lebanese, Thai, Indian, Japanese)	☐Y ☐N ☐DK	Details:
Are [you/the case] on a special diet? (e.g. vegetarian, vegan, paleo, gluten free)	☐Y ☐N ☐DK	Details:
Are [you/the case] allergic to any foods?	☐Y ☐N ☐DK	Details:
Are there any foods or food groups that [you/ the case] *never* eat?	☐Y ☐N ☐DK	Details:
Did [you/ the case] have any vitamins or nutritional supplements, such as teas or other liquids, tablets, or powders, etc.?	☐Y ☐N ☐DK	Details:

USUAL HOME FOOD PURCHASES

In this section I want to know where [you/case] <u>usually</u> purchase food and groceries for consumption at home. Did you <u>usually</u> purchase the groceries consumed at home from any of these locations?

	Food purchased from (tick if yes)	**Location / Name**
Grocery stores / supermarkets	Woolworths☐	
	Coles ☐	
	IGA ☐	
	Aldi ☐	
	Costco ☐	
	Ethnic grocer ☐	
	Other grocer☐	
Specialty food stores	Butcher ☐	
	Fishmonger ☐	
	Fruit & Veg ☐	
	Delicatessen ☐	
Farm direct food	Market stall ☐	
	Direct from farm ☐	
	Self-grown / self-slaughtered ☐	

STORE REWARDS CARDS	
When you do your shopping do you use Fly buys or the shopper rewards cards? Another way to investigate the cause of your illness is to compare your food purchases with other people who also have the same illness. If needed, we would like to use the shopping information history attached to your loyalty card to confirm what food items you purchased in the lead up to your illness. This information would be kept strictly confidential and only used by the Health Department and Food Safety to identify any common products purchased among other recent listeriosis cases. But we need your permission to use your data for this purpose.	
Do you have and use a shopper loyalty card for any food/grocery stores?	☐ Y ☐ N ☐ DK
If Yes, would you be happy to provide your shopper loyalty card number for this purpose?	☐ Y ☐ N ☐ DK
Woolworths Everyday Rewards card number *(The number begins with a "9" under the barcode)*	
Coles FlyBuys card number *(The number begins with a "2" under the barcode)*	
Other card – specify:	

POTENTIAL FOOD SOURCES			
In the 4 weeks prior to illness (____/____/____ to ____/____/____) did [you/case] consume any of the following?			
Fruits and nuts	**Eaten in 4 weeks prior to illness**	**Type / brand / description**	**Where purchased or eaten**
Fruit salad (self-serve salad bar)	☐Y ☐N ☐DK		
Fruit salad (delicatessen)	☐Y ☐N ☐DK		
Fruit salad (other source)	☐Y ☐N ☐DK		
Rockmelon / cantaloupe	☐Y ☐N ☐DK	Purchased: ☐Whole ☐Cut	
Watermelon	☐Y ☐N ☐DK	Purchased: ☐Whole ☐Cut	
Honeydew melon	☐Y ☐N ☐DK	Purchased: ☐Whole ☐Cut	
Strawberries	☐Y ☐N ☐DK		
Other berries	☐Y ☐N ☐DK	**Specify**:	
Avocado	☐Y ☐N ☐DK		
Other fruit	☐Y ☐N ☐DK	**Specify:**	
Fresh fruit juice	☐Y ☐N ☐DK	**Specify:**	
Nuts	☐Y ☐N ☐DK	☐Loose ☐Packaged ☐Raw ☐Cooked **Specify:**	
Vegetables / salads	**Eaten in 4 weeks prior to illness**	**Type / brand / description**	**Where purchased or eaten**
Lettuce (e.g. Cos, Iceberg, Butter, Oak)	☐Y ☐N ☐DK	☐**Cos** ☐Bagged Size___☐Loose	
		☐**Iceberg** ☐Bagged Size___☐Loose	
		☐**Butter** ☐Bagged Size___☐Loose	
		☐**Oak** ☐Bagged Size___☐Loose	
		☐**Other** ☐Bagged Size___☐Loose **Specify:**	

POTENTIAL FOOD SOURCES Cont.			
Salad Greens (e.g. Baby spinach, rocket, 4 leaf mix etc.)	☐Y ☐N ☐DK	☐**Baby Spinach** ☐Bagged Size___☐Loose	
		☐**Rocket** ☐Bagged Size___☐Loose	
		☐**Rocket & Baby Spinach** ☐Bagged Size___☐Loose	
		☐**4 leaf mix** ☐Bagged Size___☐Loose	
		☐**Other - specify:** ☐Bagged Size___☐Loose	
Salad Kits (e.g. pre made salads in a bag or bowl) **Extra details can include:** • Brand • Details about dressing • Further details on salad contents (e.g. Chicken Caesar salad with egg)	☐Y ☐N ☐DK	☐**Caesar Salad** ☐Bagged ☐Bowl	
		☐**Asian Salad** ☐Bagged ☐Bowl	
		☐**Greek Salad** ☐Bagged ☐Bowl	
		☐**Thai Salad** ☐Bagged ☐Bowl	
		☐**Mexican Style Salad** ☐Bagged ☐Bowl	
		☐**Garden Salad** ☐Bagged ☐Bowl	
		☐**Coleslaw kit** ☐Bagged ☐Bowl	
		☐**Other slaw kit** ☐Bagged ☐Bowl	
		☐**Any other salad kit** ☐Bagged ☐Bowl **Specify:**	
Mushrooms	☐Y ☐N ☐DK	☐**Uncooked** ☐Enoki ☐Button ☐Other, specify:	
		☐**Cooked** ☐Enoki ☐Button ☐Other, specify:	
Alfalfa	☐Y ☐N ☐DK		
Pea sprouts	☐Y ☐N ☐DK		
Bean sprouts	☐Y ☐N ☐DK		
Fresh herbs eaten raw	☐Y ☐N ☐DK	**Specify:**	
Organic produce	☐Y ☐N ☐DK	**Specify:**	
Home grown produce	☐Y ☐N ☐DK	**Specify:**	
Raw vegetable juice (state type)	☐Y ☐N ☐DK	**Specify:**	
Uncooked frozen vegetables	☐Y ☐N ☐DK	**Specify:**	
Other vegetables consumed raw	☐Y ☐N ☐DK	**Specify:**	
Dairy	**Eaten in 4 weeks prior to illness**	**Type / brand / description**	**Where purchased or eaten**
Brie cheese	☐Y ☐N ☐DK		
Camembert cheese	☐Y ☐N ☐DK		
Blue-veined cheese	☐Y ☐N ☐DK		
Feta cheese	☐Y ☐N ☐DK		
Ricotta cheese	☐Y ☐N ☐DK		

POTENTIAL FOOD SOURCES Cont.			
Mozarella cheese	☐Y ☐N ☐DK		
Cottage cheese	☐Y ☐N ☐DK		
Other soft cheese	☐Y ☐N ☐DK	**Specify:**	
Shredded/grated hard cheese	☐Y ☐N ☐DK		
Raw / unpasteurised cheese	☐Y ☐N ☐DK		
Sour cream	☐Y ☐N ☐DK		
Ice-cream	☐Y ☐N ☐DK		
Gelato	☐Y ☐N ☐DK		
Yogurt	☐Y ☐N ☐DK		
Raw / unpasteurised milk (e.g. cow / goat)	☐Y ☐N ☐DK	**Specify:**	
Flavoured milk	☐Y ☐N ☐DK	**Specify:**	
Other dairy products	☐Y ☐N ☐DK	**Specify:**	
Deli items	**Eaten in 4 weeks prior to illness**	**Type / brand / description**	**Where purchased or eaten**
Barbequed chicken (purchased hot)	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli	
Cold cooked chicken (ready to eat, purchased cold)	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli ☐Shredded/pulled ☐Whole piece ☐Small pieces **Brand:** **Details:**	
Chicken slices/log/roll	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli ☐Sliced/shaved ☐Log/roll **Brand:** **Details:**	
Cold cooked turkey (ready to eat, purchased cold)	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli ☐Shredded/pulled ☐Whole piece ☐Small pieces **Brand:** **Details:**	
Turkey slices/log/roll	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli ☐Sliced/shaved ☐Log/roll **Brand:** **Details:**	
Ham	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli ☐Sliced/shaved ☐Shredded ☐On-bone ☐Off-bone ☐Whole piece **Brand:** **Details:**	
Cold cooked pork (ready to eat, purchased cold)	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli ☐Shredded/pulled ☐Whole piece ☐Small pieces **Brand:** **Details:**	
Salami	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli ☐Sliced/shaved ☐Log/roll **Brand:** **Details:**	
Silverside / corned beef / roast beef	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli ☐Sliced/Shaved ☐Whole piece ☐Raw to cook at home **Brand:** **Details:**	

POTENTIAL FOOD SOURCES Cont.			
Cold cooked beef (ready to eat, purchased cold)	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli ☐Shredded/pulled ☐Whole piece ☐Small pieces **Brand:** **Details:**	
Liverwurst	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli ☐Sliced/shaved ☐Log/roll **Brand:** **Details:**	
Luncheon / sandwich meat (includes devon, fritz, Windsor sausage, etc.)	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli ☐Sliced/shaved ☐Log/roll **Specify type:** **Brand:** **Details:**	
Other uncooked meat products (includes kabana, cabanossi, smoked / cured / dried meat, etc.)	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli **Specify type:** **Brand:** **Details:**	
Pate	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli	
Frankfurts / cheerios	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli	
Pre-prepared potato salad (deli)	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli	
Pre-prepared coleslaw (deli) *Excluding coleslaw kits (above)*	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli	
Pre-prepared pasta salad (deli)	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli	
Other pre-prepared salads (deli) *Excluding salad kits (above)*	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli **Specify:**	
Other antipasto sides (deli) (e.g. olives, artichokes, stuffed baby capsicums etc.)	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli **Specify:** **Details:**	
Dips	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli **Specify:**	
Tahini	☐Y ☐N ☐DK	☐Pre-packaged ☐Deli **Specify:**	

Cold / uncooked seafood	**Eaten in 4 weeks prior to illness**	**Type / brand / description**	**Where purchased or eaten**
Mussels	☐Y ☐N ☐DK		
Crab	☐Y ☐N ☐DK		
Prawns (purchased cooked)	☐Y ☐N ☐DK		
Prawns (purchased raw)	☐Y ☐N ☐DK		
Oysters	☐Y ☐N ☐DK		
Smoked salmon	☐Y ☐N ☐DK		
Other smoked fish / seafood	☐Y ☐N ☐DK		
Sushi / sashimi	☐Y ☐N ☐DK		
Other seafood	☐Y ☐N ☐DK	**Specify:**	

POTENTIAL FOOD SOURCES Cont.			
Sandwiches / burgers / rolls / wraps containing:	**Eaten in 4weeks prior to illness**	**Type / brand / description**	**Where purchased or eaten**
Ham	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made **Details:**	
Beef (including silverside / corned beef / roast beef, and other beef)	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made **Details:**	
Bacon, lettuce, tomato (BLT)	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made **Details:**	
Chicken (including slices and whole meat)	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made **Details:**	
Turkey (including slices and whole meat)	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made **Details:**	
Other meat filling (e.g. pork, bacon not in a BLT, lamb, fish, duck, salami, etc.)	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made **Specify:** **Details:**	
Salad	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made **Details:**	
Cheese	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made **Specify:** **Details:**	
Other fillings (e.g. egg)	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made **Specify:** **Details:**	
Unknown filling	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made	

Delivered meals / meal kits			
Meal box / kits ☐Y ☐N ☐DK	☐ Marley Spoon ☐ HelloFresh ☐ Every plate ☐ Dinnerly ☐ Other, specify	Dates consumed:	Details of foods consumed:
Pre-prepared meals ☐Y ☐N ☐DK	☐ Meals on wheels ☐ The Dinner ladies ☐ Thr1ve ☐ Lite & Easy ☐ My muscle chef ☐ Nourish'd ☐ Chefgood ☐ YouFoodz ☐ Soulara ☐ Other, specify	Dates consumed:	Details of foods consumed:

RESTAURANT / TAKEAWAY / ETHNIC OR SPECIALITY FOODS			
In the 4 weeks prior to illness, did [you/case] attend/consume any of the following?			
Restaurant meals (specify)	**Eaten in 4 weeks prior to illness**	Date	Detail of food consumed
1.	☐Y ☐N ☐DK	____/____/____	
2.	☐Y ☐N ☐DK	____/____/____	
3.	☐Y ☐N ☐DK	____/____/____	
Takeaway meals (specify)	**Eaten in 4 weeks prior to illness**	Date	Detail of food consumed
1.	☐Y ☐N ☐DK	____/____/____	
2.	☐Y ☐N ☐DK	____/____/____	
3.	☐Y ☐N ☐DK	____/____/____	
Ethnic or specialty foods	**Eaten in 4 weeks prior to illness**	Date	Detail of food consumed
1.	☐Y ☐N ☐DK	____/____/____	
2.	☐Y ☐N ☐DK	____/____/____	
3.	☐Y ☐N ☐DK	____/____/____	

LEFT-OVER FOODS
Any left-over high risk foods available for testing? ☐Y ☐N **Specify:**

PRIOR KNOWLEDGE
Before this illness with *Listeria*, did a healthcare worker tell you to avoid certain foods to prevent listeriosis? ☐Y ☐N

ACTIONS		
Information on listeriosis requested?	☐Y ☐N	Date sent: ____/____/____
Premises/facility inspection required?	☐Y ☐N	**If yes** – Premises to be inspected by:
Will food samples be collected for analysis?	☐Y ☐N	**If yes** – Samples will be collected by (name of organisation or local council): Sample results:

COMMENTS

Please provide additional comments in the space provided if required: