

**Hepatitis A - Hypothesis Generating Questionnaire**

(for office use only)

**PLEASE RETURN BY FAX TO WRHA COMMUNICABLE DISEASE UNIT  
ATTENTION TO YOUR C.D. COORDINATOR 940-2690**

Case ID: \_\_\_\_\_

National ID: \_\_\_\_\_

**Section 1. Interviewer Details:**

Case Interviewed by: \_\_\_\_\_ Date of interview: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Health Unit/Authority: \_\_\_\_\_ Date reported to Health Unit/Authority: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Province/Territory: \_\_\_\_\_

Respondent was:  case  parent  spouse  caretaker  other, specify: \_\_\_\_\_

Name of person interviewed (if not case): \_\_\_\_\_ Phone number: \_\_\_\_\_

**Section 2. Case Information:**

Back-out if sending to PHAC	Case Name: _____	Home phone: _____
	Street Address: _____	Work phone: _____
	City/Town: _____	Cell Phone: _____
	Postal Code: _____	Physician Phone: _____
	Physician: _____	Health #: _____

Sex:  M  F Date of birth d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_ Age: \_\_\_\_\_

Country of birth: \_\_\_\_\_ When immigrated to Canada: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Aboriginal Person, that is, First Nations (North American Indian), Metis, or Inuit?  Y  N If FN or Metis, living on reserve:  Y  N

What ethnic group do you most identify with?

- White  South Asian (i.e. East Indian, Pakistani, Sri Lankan, etc.)  Chinese  Black  Filipino  
 Latin-American  Arab  Southeast Asian (i.e. Vietnamese, Cambodian, Malaysian, Laotian, etc.)  West Asian (i.e. Iranian, Afghan, etc.)  
 Korean  Japanese  
 Other (includes mixed ethnicity), please specify: \_\_\_\_\_

Place(s) of Employment/Volunteer work: \_\_\_\_\_ Last day worked: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Food/beverage handler:  Y  N Last day worked: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Specify duties: \_\_\_\_\_

Daycare:  Y  N Last day worked: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Adult care facility\*:  Y  N Last day worked: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Hospital/Health Care:  Y  N Last day worked: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

In your place(s) of employment do you assist others with bathroom use/diapering?  Y  N

Attends Post-Secondary Institution:  Y  N If yes, Name and location of college/university: \_\_\_\_\_

Date of last attendance: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Attends Daycare:  Y  N If yes, Name and location of Daycare: \_\_\_\_\_

Is case in diapers:  Y  N Toileting with assistance:  Y  N Toileting on own:  Y  N

Date of last attendance: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

\*Adult care facility is defined as: a home or residence that provides residential care and/or services for adults (e.g., adult day care centre, retirement home, group home, shelter or prison/correction facility)

Section 3. Clinical Information (Historical and Current):	
Date positive specimen(s) collected: d ____ / m ____ / y ____	Anti-HAV IgM: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate
Specimen submitted for genotyping : <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, specify genotype: _____	
Asymptomatic: <input type="checkbox"/> Y <input type="checkbox"/> N If yes, reason case was tested: <input type="checkbox"/> Reported risk factors, specify _____ <input type="checkbox"/> No risk factors (i.e., patient requested) <input type="checkbox"/> Other: _____	
For Asymptomatic cases, please complete Section 4, Section 5 and Section 12 only	
Symptoms:	Jaundice <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, date onset jaundice: d ____ / m ____ / y ____
	Abdominal Pain <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Anorexia <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
	Fatigue <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Fever <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
	Dark Urine <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Pale Stool <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
	Vomiting <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Elevated liver enzyme (i.e. ALT/AST) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
	Other: _____
Admitted* to hospital because of Hepatitis A? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK *Do not include individuals who visit an emergency room or outpatient clinic	Date of admission: d ____ / m ____ / y ____ Date of discharge: d ____ / m ____ / y ____ <input type="checkbox"/> Still hospitalized
When did symptoms resolve (recovery date)? d ____ / m ____ / y ____	<input type="checkbox"/> Still ill <input type="checkbox"/> Don't Know
Complications related to illness: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	If yes, specify : _____
Have (you/case) been diagnosed with hepatitis A in the past? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	If yes, date: d ____ / m ____ / y ____
Have (you/case) received immunoglobulin in the past 5 months? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	If yes, date: d ____ / m ____ / y ____
Have (you/case) received hepatitis A vaccine in the past? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	If yes, date of last vaccine: d ____ / m ____ / y ____ # of doses: ____
To Be Filled Out By Interviewer	Case deceased? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Hepatitis A infection was: (i) <input type="checkbox"/> underlying or (ii) <input type="checkbox"/> contributing cause of death or (iii) <input type="checkbox"/> DK
	Date of Death: d ____ / m ____ / y ____

Section 4. Incubation and Infectious Period:	
Date of onset for first symptom: d ____ / m ____ / y ____	OR Proxy for onset date* (in order of preference): Specimen collection date: d ____ / m ____ / y ____ Lab reporting date: d ____ / m ____ / y ____
<i>*in absence of a symptom onset date and for asymptomatic cases, please use, in order of preference, (i) specimen collection date, or (ii) lab reporting date, to calculate incubation and infectious periods</i>	
<b>Incubation Period:</b> 50 days prior to first symptom onset: d ____ / m ____ / y ____ to 15 days prior to first symptom onset: d ____ / m ____ / y ____	
<b>Infectious Period:</b> 14 days prior to first symptom onset: d ____ / m ____ / y ____ to 10 days after onset of jaundice: d ____ / m ____ / y ____	
To be Filled Out By Interviewer	Should case be excluded from daycare, school, work or volunteer activities due to the diagnosis of hepatitis A? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, Start date of exclusion: d ____ / m ____ / y ____ End date of exclusion: d ____ / m ____ / y ____
	Was case formally excluded from daycare, school, work or volunteer activities due to the diagnosis of hepatitis A? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, Start date of exclusion: d ____ / m ____ / y ____ End date of exclusion: d ____ / m ____ / y ____

**Section 5. Preparing Foods for Others Outside the Home (excluding place of employment and for immediate family members):**

Did the case prepare or handle food for others during the Infectious Period -- 14 days prior to symptom onset to 10 days after onset of jaundice?  Y  N  
If yes, please list and include details of food handling below and fill out Section 12 "Household and Close Contacts"

Date	Occasion / Location (Include social gatherings, church gatherings, etc.)
d ___ / m ___ / y ___	
d ___ / m ___ / y ___	
d ___ / m ___ / y ___	

**Section 6. Risk Factors for Acquiring Disease/Infection: During the Incubation Period did (you/case) have:**

Contact with a known hepatitis A case:  Y  N Contact with a jaundiced individual:  Y  N

If yes, provide name of contact and contact information (phone number, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Refused to provide name and/or contact information

Receive a blood transfusion or blood products during the incubation period? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, date: d ___ / m ___ / y ___	Receive an organ transplant during the incubation period? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, date: d ___ / m ___ / y ___
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Donate blood during the incubation period?  Y  N  DK If yes, date: d \_\_\_ / m \_\_\_ / y \_\_\_

Travel within or outside of Canada?  Y  N  DK

If yes:  Within Province  Within Canada  Outside Canada  
 Specify travel destination(s) (country/town/resort): \_\_\_\_\_ Departure: d \_\_\_ / m \_\_\_ / y \_\_\_  
 Return: d \_\_\_ / m \_\_\_ / y \_\_\_

If yes:  Within Province  Within Canada  Outside Canada  
 Specify travel destination(s) (country/town/resort): \_\_\_\_\_ Departure: d \_\_\_ / m \_\_\_ / y \_\_\_  
 Return: d \_\_\_ / m \_\_\_ / y \_\_\_

If yes:  Within Province  Within Canada  Outside Canada  
 Specify travel destination(s) (country/town/resort): \_\_\_\_\_ Departure: d \_\_\_ / m \_\_\_ / y \_\_\_  
 Return: d \_\_\_ / m \_\_\_ / y \_\_\_

Live/Stay in a residential institution/facility?  Y  N  DK If yes, please specify:

Prison/Correction facility  Residential facility serving the developmentally disabled  
 Community residential program (i.e. group home, shelter)  Long-term care facility/nursing home  
 Acute care facility (i.e. hospital)  Other (specify): \_\_\_\_\_

Institution/facility name: \_\_\_\_\_

Diaper a child or assist a child or adult with bathroom use?  Y  N  DK

What were (your/case's) sources of drinking water during incubation period? (check all that apply)  
 Municipal  Well/Private water source  Bottled water (specify brand): \_\_\_\_\_  Other: \_\_\_\_\_

Did (you/case) come in contact with, or were (you/case) exposed to, sewage back-up?  Y  N  DK  
 If yes, please specify: \_\_\_\_\_

Were (you/case) sexually active within the incubation period?  Y  N  Refuse  
 (please ask both question regardless of case's sex) If yes, how many male partners? \_\_\_\_\_ How many female partners? \_\_\_\_\_

Did (you/case) use intravenous drugs (IDU) during the incubation period?  Y  N  Refuse

Did (you/case) use non-intravenous drugs (non-IDU) during the incubation period?  Y  N  Refuse

**Section 7. Special Diets or Food Preferences:**

Are (you/case) a vegetarian?  Y  N  DK  
 If yes, do (you/case) ever eat: Eggs  Y  N  DK Dairy  Y  N  DK Poultry  Y  N  DK  
 Fish  Y  N  DK Red meat  Y  N  DK Other Meat  Y  N  DK

Are (you/case) allergic to any foods?  Y  N  DK If yes, specify which foods: \_\_\_\_\_

Are there any foods/food groups that (you/case) never eat?  Y  N  DK If yes, describe: \_\_\_\_\_

In the Incubation period, were (you/case):  
 On a special or restricted diet? (i.e. diabetic diet, kosher, halal, etc.)  Y  N  DK If yes, describe: \_\_\_\_\_  
 Take a dietary or nutritional supplement? (e.g. protein powder, vitamins, herbs, etc.)  Y  N  DK If yes, describe: \_\_\_\_\_  
 Consuming any foods that are associated with a specific culture (e.g. Chinese, Italian, Indian, Lebanese food, etc)?  Y  N  DK  
 If yes, describe: \_\_\_\_\_

**Section 8. Social Gatherings and Activities:**

Did (you/case) attend any social gatherings where food was served during Incubation Period - 15 to 50 days prior to illness onset?  Y  N  DK  
 (Note, social gatherings include weddings, pot lucks, parties, religious events, community events, conferences, movies, sports events, bars, clubs, fitness centers, etc.)

If yes, complete information below:

Event names/description	Location	Food consumed	Date
			d____ / m____ / y____
			d____ / m____ / y____
			d____ / m____ / y____
			d____ / m____ / y____
			d____ / m____ / y____

**Section 9: Food Prepared outside the home**

Did (you/case) eat foods prepared outside the home (including take-out food) during the Incubation Period - 15 to 50 days prior to illness onset?  
 Y  N  P  DK  
 (including restaurants, bars, fast food outlets, coffee shops or bakeries, cafeterias, street vendors or concession stands)

\*P (Probably) = Case thinks he/she ate at the food establishment, or case usually eats at the food establishment, but is unsure if ate at the establishment during the time period in question

Food Establishment	Location(s)	Items Consumed	Date(s)
Restaurant(s) <input type="checkbox"/> Y <input type="checkbox"/> P			d____ / m____ / y____
			d____ / m____ / y____
			d____ / m____ / y____
Coffee Shop / Fast Food Outlet(s) (ie: Subway, McDonalds, Tim Horton's) <input type="checkbox"/> Y <input type="checkbox"/> P			d____ / m____ / y____
			d____ / m____ / y____
			d____ / m____ / y____

Section 9: Food Prepared outside the home: (Continued)			
Food Establishment	Location(s)	Items Consumed	Date(s)
Cafeteria(s) <input type="checkbox"/> Y <input type="checkbox"/> P			d____ / m____ / y____
			d____ / m____ / y____
Bakery / Deli(s) <input type="checkbox"/> Y <input type="checkbox"/> P			d____ / m____ / y____
			d____ / m____ / y____
Ready-to-Eat Food from Grocery/Convenience Store(s) <input type="checkbox"/> Y <input type="checkbox"/> P			d____ / m____ / y____
			d____ / m____ / y____
Street Vendor(s) <input type="checkbox"/> Y <input type="checkbox"/> P			d____ / m____ / y____
			d____ / m____ / y____
Concession(s) at an Event <input type="checkbox"/> Y <input type="checkbox"/> P			d____ / m____ / y____
			d____ / m____ / y____
Gas Stations(s) <input type="checkbox"/> Y <input type="checkbox"/> P			d____ / m____ / y____
			d____ / m____ / y____
Other(s): Specify <input type="checkbox"/> Y <input type="checkbox"/> P			d____ / m____ / y____
			d____ / m____ / y____

Section 10: Home Food Purchase:	
Where did (you/case) usually purchase food for home consumption before (your/case's) illness (include grocery stores, farmers markets, specialty stores, ethnic markets, food banks etc)?	
Store Name	Location/Address
A.  Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #: _____	
B.  Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #: _____	
C.  Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #: _____	
D.  Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #: _____	
E.  Loyalty card? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Loyalty card #: _____	

**Section 11: Possible Food Sources – Foods Prepared and Consumed in the Home:**

Did (you/case) eat any of the following foods prepared and/or consumed at home (excluding take-out) in the Incubation Period - 15 to 50 days prior to illness onset?

Incubation period from Section 4: 50 days prior to illness onset: d \_\_\_ / m \_\_\_ / y \_\_\_ to 15 days prior to illness onset: d \_\_\_ / m \_\_\_ / y \_\_\_

\*Prob (Probably Ate) = Case thinks he/she ate this food or case usually eats this food, but is unsure if eaten during time period in question

FRESH VEGETABLES:	Yes	Prob*	No	DK	IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand	Where purchased: Use store code (i.e. 'A', 'B') from previous section
Fresh tomatoes ( <u>not</u> grown at home) If yes, specify types below.	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Roma Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cherry Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Hot house Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Semi-dried Purchased: <input type="checkbox"/> loose <input type="checkbox"/> in oil Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other (i.e. Beef steak) If yes, specify: _____ Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked <input type="checkbox"/> sundried <input type="checkbox"/> semi-dried	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Salsa (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Store-bought Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Homemade Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Bagged or prewashed lettuce in a salad mix	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Iceberg lettuce Purchased as: <input type="checkbox"/> head <input type="checkbox"/> shredded <input type="checkbox"/> bagged	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Romaine Lettuce Purchased as: <input type="checkbox"/> head <input type="checkbox"/> shredded <input type="checkbox"/> bagged	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mesclun 'spring mix' Purchased as: <input type="checkbox"/> bagged <input type="checkbox"/> loose	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other lettuce Purchased as: <input type="checkbox"/> head <input type="checkbox"/> shredded <input type="checkbox"/> bagged	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other bagged salad (i.e. broccoli slaw, coleslaw, etc) If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Spinach Purchased: <input type="checkbox"/> bunched <input type="checkbox"/> bagged <input type="checkbox"/> loose <input type="checkbox"/> frozen Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Basil Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> dried <input type="checkbox"/> frozen <input type="checkbox"/> tubes	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Parsley Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> dried <input type="checkbox"/> frozen <input type="checkbox"/> tubes	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cilantro Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> dried <input type="checkbox"/> frozen <input type="checkbox"/> tubes	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		

FRESH VEGETABLES (Continued):	Yes	Prob*	No	DK	IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand	Where purchased: Use store code (i.e. 'A', 'B') from previous section
Other fresh herbs (specify): _____ Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> dried <input type="checkbox"/> frozen <input type="checkbox"/> tubes	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Sprouts (i.e. alfalfa, bean, onion; including sprouts on sandwiches, in a stir fry, etc.) If yes, specify: _____ Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cabbage (also include if eaten in coleslaw) Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cucumbers	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Celery Purchased: <input type="checkbox"/> loose <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Bell peppers (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Green Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Red Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Yellow Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Orange Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Hot peppers (i.e. jalapeno, Serrano, habanero, etc) If yes, specify: _____ Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked <input type="checkbox"/> dried	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Carrots (not mini) Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mini carrots Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Peas Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Beans Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Broccoli Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Corn Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cauliflower Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Onions (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
White Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Yellow Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Red Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Green/scallion Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		

<b>FRESH VEGETABLES (Continued):</b>	<b>Yes</b>	<b>Prob*</b>	<b>No</b>	<b>DK</b>	<b>IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand</b>	<b>Where purchased: Use store code (i.e. 'A', 'B') from previous section</b>
Onions (continued):						
Shallots Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Leeks Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mushrooms (specify) : _____ Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other vegetables (i.e. radish, zucchini, rhubarb, kohlrabi, etc.) If yes, specify: _____ Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen <input type="checkbox"/> prepackaged Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Vegetable juice (i.e. tomato, carrot, V8, etc) If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>FRUIT: (including fruits eaten in a fruit salad, fruits in drinks, etc)</b>	<b>Yes</b>	<b>Prob*</b>	<b>No</b>	<b>DK</b>	<b>IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand</b>	<b>Where purchased: Use store code (i.e. 'A', 'B') from previous section</b>
Cantaloupe Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Honeydew Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Watermelon Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other melons (specify): _____ Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Apples	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pears	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Peaches Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Nectarines	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Apricots	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Plums	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Citrus fruits (i.e. oranges, grapefruit, lemons, limes) If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Berries (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Raspberries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Strawberries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Blueberries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Blackberries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mixed berries Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other, specify: _____ Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cherries	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pomegranate Purchased: <input type="checkbox"/> whole fruit <input type="checkbox"/> seeds	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Grapes (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Red: Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Green: Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		



<b>FRUIT (Continued):</b>	<b>Yes</b>	<b>Prob*</b>	<b>No</b>	<b>DK</b>	<b>IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand</b>	<b>Where purchased: Use store code (i.e. 'A', 'B') from previous section</b>
Bananas	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mango Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Kiwi Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pineapple Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fruit salad If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Dried fruits (i.e. raisins, cranberries, apricots) If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Avocado	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Guacamole (If yes, specify types below):	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Store-bought: Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Homemade: Consumed: <input type="checkbox"/> raw/fresh <input type="checkbox"/> cooked	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other fruits (i.e. papaya, guave, etc.) Purchased: <input type="checkbox"/> raw/fresh <input type="checkbox"/> frozen If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fresh apple juice or cider	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fresh orange juice (not from concentrate)	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Any unpasteurized fruit juices (i.e. freshly squeezed orange juice, etc) If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fruit smoothies (specify): _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>FISH AND SEAFOOD:</b>	<b>Yes</b>	<b>Prob*</b>	<b>No</b>	<b>DK</b>	<b>IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand</b>	<b>Where purchased: Use store code (i.e. 'A', 'B') from previous section</b>
Fish – eaten RAW (i.e. sushi, tartare, etc) If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Fish - UNDERCOOKED If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Smoked or dried fish If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Oysters If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Clams If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Mussels If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Scallops If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		

<b>FISH AND SEAFOOD (Continued):</b>	<b>Yes</b>	<b>Prob*</b>	<b>No</b>	<b>DK</b>	<b>IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand</b>	<b>Where purchased: Use store code (i.e. 'A', 'B') from previous section</b>
Cockles If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Crab If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Shrimp If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Prawns If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Crayfish If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Lobster If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other fish, seafood or seaweed products If yes, specify: _____ If yes, eaten RAW: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes, eaten UNDERCOOKED: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
<b>DELI MEATS and OTHER MEATS:</b>	<b>Yes</b>	<b>Prob*</b>	<b>No</b>	<b>DK</b>	<b>IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand</b>	<b>Where purchased: Use store code (i.e. 'A', 'B') from previous section</b>
Chicken deli meat	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Turkey deli meat	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Ham deli meat	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Beef deli meat	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Bologna	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Salami	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Corned beef	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pepperoni	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other deli meat (i.e. pastrami, kielbasa, parma ham, etc) If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Hot dogs If yes, was it heated before eating: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Pâté/meat spread If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
RAW meat (i.e. steak tartare, etc) If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other UNDERCOOKED meat (excluding fish/seafood) If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		

Case ID:  
National ID:

DAIRY and DAIRY SUBSTITUTES:	Yes	Prob*	No	DK	IMPORTANT. Please complete in as much detail as possible Type / Variety / Brand	Where purchased: Use store code (i.e. 'A', 'B') from previous section
Unpasteurized milk If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Unpasteurized cheese If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Other unpasteurized dairy products If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		
Cheese slices bought at deli counter If yes, specify: _____	<input type="checkbox"/> Y	<input type="checkbox"/> P	<input type="checkbox"/> N	<input type="checkbox"/> DK		

Case ID:  
National ID:

**Section 12. Household and Close Contacts (remove if sending to PHAC)**

Did you/case have any household or other close contacts\* in the 14 days prior to symptom onset to 10 days after onset of jaundice?  Y  N  
(Infectious Period: 14 days prior to first symptom onset: d \_\_\_ / m \_\_\_ / y \_\_\_ to 10 days after onset of jaundice: d \_\_\_ / m \_\_\_ / y \_\_\_ )  
If yes, please list and include details of contact:

Name of Contact:	Type of Contact*:	Age:	Gender:	Phone #:	Date of Contact (YYYY/MM/DD)	Does contact work or volunteer as:			Is contact symptomatic? (Y/N) If yes, date of onset (YYYY/MM/DD)	Previous Immunizations / Infections? (Y/N)
						Food handler (Y/N)	Child care worker (Y/N)	Health care worker (Y/N)		

\*consider: household contacts; contacts with a very close or physical relationship including sexual contacts; contacts for whom the case prepared food; contacts who shared cigarettes, food or eating or drinking utensils with case; contacts that share a common bathroom (i.e. workplace contacts)

Case ID:  
National ID:

**Section 13. Prophylaxis (remove if sending to PHAC)**

Prophylaxis of Contact(s):  Yes  No      If yes, total number of people eligible for prophylaxis: \_\_\_\_\_

Summary of eligible individuals:

<p>Vaccine Only: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Number eligible for 1 dose: _____ Number eligible for 2 doses: _____</p>	<p>IG Only: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Number eligible: _____</p>	<p>Both Vaccine and IG: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Number eligible for 1 dose: _____ Number eligible for 2 doses: _____</p>
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**Notes:**

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END OF INTERVIEW

**PLEASE RETURN BY FAX TO WRHA COMMUNICABLE DISEASE UNIT  
ATTENTION TO YOUR C.D. COORDINATOR 940-2690**