Invasive Listeriosis Questionnaire	Provincial Case ID:
National Case ID (PHAC Only):	Provincial Lab ID:

Please complete questionnaire for all invasive listeriosis cases that meet the following case definition:

Clinical Evidence: *Invasive clinical illness is characterized by meningitis or bacteremia. Infection during pregnancy may result in fetal loss through miscarriage, stillbirth, neonatal meningitis or bacteremia.*

Laboratory Criteria for Diagnosis: *Laboratory confirmation of infection with symptoms:*

- *isolation of Listeria monocytogenes from a normally sterile site (e.g., blood, cerebral spinal fluid, joint, pleural or pericardial fluid) OR*
- *in the setting of miscarriage or stillbirth, isolation of L. monocytogenes from placental or fetal tissue (including amniotic fluid and meconium)*

For cases of Listeria in pregnant women or infants ≤1 month of age the MOTHER is the case.

Section 1. Interviewer Details:

Case Interviewed by: Date of interview: d _____ / m _____ / y _____

Respondent was: ☐ case ☐ parent ☐ spouse ☐ caretaker ☐ other, specify:_____

Section 2. Case Information:

Black-out if sending to PHAC

Case Name:	Proxy Name:
Address:	Home phone: _____ Work phone: _____ Cell Phone: _____
Physician:	Physician Phone:
Age: _____	Sex: ☐ M ☐ F
Health Unit/Authority:	Province:

Is Listeria Case Associated with Pregnancy? (Illness in pregnant woman, fetus or neonate ≤ 1 month)

☐ Yes	If yes, Skip to Section 4
☐ No	If no, continue to Section 3
☐ Unknown	If unknown, continue to Section 3

Section 3. Clinical Information: (Non-pregnant adults and children > 1 month of age)

Positive specimen type(s): ☐ CSF ☐ Blood ☐ Urine ☐Other:_____ PFGE Patterns: _____

Date reported to Health Authority: d _____ / m _____ / y _____

Date first positive specimen collected: d _____ / m _____ / y _____

Date of onset of first symptom: d _____ / m _____ / y _____

When did symptoms resolve (recovery date)? d ____ / m _____ / y _____

☐ Still ill ☐ Don't Know

Type of Illness: ☐ Bacteremia/sepsis ☐ Meningitis ☐ UTI ☐ Other: _____

Symptoms :												
	Diarrhea*	☐ Y	☐ N	☐ DK	Abdominal cramps	☐ Y	☐ N	☐ DK	Stiff neck	☐ Y	☐ N	☐ DK
	Headache	☐ Y	☐ N	☐ DK	Muscle aches	☐ Y	☐ N	☐ DK	Confusion	☐ Y	☐ N	☐ DK
	Vomiting	☐ Y	☐ N	☐ DK	Fever	☐ Y	☐ N	☐ DK	Weakness	☐ Y	☐ N	☐ DK
	Chills	☐ Y	☐ N	☐ DK	Nausea	☐ Y	☐ N	☐ DK	Asymptomatic	☐ Y	☐ N	☐ DK

**3 or more loose stools in 24 hours*

Other (specify) _____

Hospitalization? *do not include individuals who visit an emergency room or outpatient clinic

☐ Not admitted to hospital ☐ Admitted to hospital due to listeriosis

☐ Don't know ☐ Admitted to hospital for another reason

Date of admission: d _____ / m _____ / y _____

Date of discharge: d _____ / m _____ / y _____

☐ Still hospitalized at time of interview

Case deceased? ☐ Y ☐ N Date of death: d _____ / m _____ / y _____

If yes, *Listeria* infection underlying/contributing cause of death? ☐ Y ☐ N ☐ DK

If yes, was determination based on death certificate? ☐ Y ☐ N ☐ DK

Underlying medical conditions and treatments? ☐ Y ☐ N ☐ DK If yes, specify:

☐ cancer ☐ organ transplant ☐ liver disease ☐ immunosuppressive medication

☐ heart disease ☐ kidney disease ☐ COPD ☐ other (specify) _____

Proceed to Section 5. Exposure Sources

Section 4. Clinical Information: (Pregnant woman, fetus or neonate ≤ 1 month of age)

Positive specimen type(s): ☐ CSF (mother) ☐ Blood (mother) ☐Other:_____ PFGE Patterns: _____

☐ CSF (neonate) ☐ Blood (neonate)

Date reported to Health Authority: d _____ / m _____ / y _____

Date first positive specimen collected: d _____ / m _____ / y _____

Clinical Information on MOTHER:

Date of onset of first symptom: d _____ / m _____ / y _____

When did symptoms resolve (recovery date)? d ____ / m _____ / y _____

☐ Still ill ☐ Don't Know

Type of Illness: ☐ Bacteremia/sepsis ☐ Meningitis

☐ UTI ☐ None

☐ Other: _____

Symptoms :								
	Diarrhea*	☐ Y ☐ N ☐ DK	Abdominal cramps	☐ Y ☐ N ☐ DK	Stiff neck	☐ Y ☐ N ☐ DK
	Headache	☐ Y ☐ N ☐ DK	Muscle aches	☐ Y ☐ N ☐ DK	Confusion	☐ Y ☐ N ☐ DK
	Vomiting	☐ Y ☐ N ☐ DK	Fever	☐ Y ☐ N ☐ DK	Weakness	☐ Y ☐ N ☐ DK
	Chills	☐ Y ☐ N ☐ DK	Nausea	☐ Y ☐ N ☐ DK	Asymptomatic	☐ Y ☐ N ☐ DK

**3 or more loose stools in 24 hours*

Other (specify) _____

Hospitalization? *do not include individuals who visit an emergency room or outpatient clinic

☐ Not admitted to hospital ☐ Admitted to hospital due to listeriosis

☐ Don't know ☐ Admitted to hospital for another reason

Date of admission: d _____ / m _____ / y _____

Date of discharge: d _____ / m _____ / y _____

☐ Still hospitalized at time of interview

Case deceased? ☐ Y ☐ N Date of death: d _____ / m _____ / y _____

If yes, *Listeria* infection underlying/contributing cause of death? ☐ Y ☐ N ☐ DK

If yes, was determination based on death certificate? ☐ Y ☐ N ☐ DK

Underlying medical conditions and treatments? ☐ Y ☐ N ☐ DK If yes, specify:

☐ cancer ☐ organ transplant ☐ liver disease ☐ immunosuppressive medication

☐ heart disease ☐ kidney disease ☐ COPD ☐ other (specify)? _____

Outcome of Pregnancy: ☐ Still pregnant ☐ Fetal death (miscarriage/stillbirth) ☐ Induced abortion ☐ Live birth

No. weeks gestation _____ Date: d _____ / m _____ / y _____

Clinical Information on NEONATE:	Age (at onset of illness) _____days
Date of onset of first symptom: d _____ / m _____ / y _____ When did symptoms resolve (recovery date)? d ____ / m _____ / y_____ ☐ Still ill ☐ Don't Know	Type of Illness: ☐ None ☐ Bacteremia ☐ Meningitis ☐ Febrile Gastroenteritis ☐ Other _____

Hospitalization? *do not include individuals who visit an emergency room or outpatient clinic

☐ Not admitted to hospital ☐ Admitted to hospital due to listeriosis ☐ Don't know ☐ Admitted to hospital for another reason	Date of admission: d _____ / m _____ / y _____ Date of discharge: d _____ / m _____ / y _____ ☐ Still hospitalized at time of interview

Neonate deceased? ☐ Y ☐ N Date of death: d _____ / m _____ / y _____

If yes, *Listeria* infection underlying/contributing cause of death? ☐ Y ☐ N ☐ DK

If yes, was determination based on death certificate? ☐ Y ☐ N ☐ DK

Section 5. Exposure Sources:

In the 4 weeks before onset of illness did you/case:

Live in a residential institution ? ☐ Y ☐ N ☐ DK

(e.g. Nursing home, long term care facility, hospital, convalescent care center, prison, boarding school, etc)

Institution type/name:

Travel? ☐ Y ☐ N ☐ DK

If, yes: ☐ Within Province/Territory ☐ Other Province/Territory ☐ Outside Canada

Travel Destination (country/town/resort):

Departure: d _____ / m _____ / y _____

Return: d _____ / m _____ / y _____

Section 6. Home Food Purchase – Please attach a separate sheet if necessary

Where did you/case purchase food for **home** consumption in the **last 4 weeks** (include grocery stores, farmers markets, speciality stores, ethnic markets, food banks etc)?

Store Name	Location/Address

Section 7. Eating places outside the home – Please attach a separate sheet if necessary

In the **4 weeks** prior to illness onset did you/case eat at a restaurant, fast food outlet, coffeeshop, cafeteria or social event? ☐ Y ☐ N ☐ DK

Eating Place Name	Location	Date

Section 8. Special Diets:

Are you/case a vegetarian? ☐ Y ☐ N ☐ DK	Are you/ case allgeric to any foods? ☐ Y ☐ N ☐ DK If yes, specify which foods:

In the 4 weeks prior to illness, were you/case on a special or restricted diet? (e.g. diabetic diet, kosher, halal, etc) ☐ Y ☐ N ☐ DK

If yes, describe:

Section 9. Food History: Did you/case eat any of the following foods in the **4 weeks** prior to illness onset?

Instructions for interviewer: *For each food item that the case consumed, ask follow up questions regarding the brand, location of purchase. Please read all response options to case in each category. In the event of a fetal death/ neonatal infection (<1 month of age), the MOTHER is the case; ask her about her food history during the 4 weeks before DELIVERY*

INSTRUCTIONS TO READ TO CASE:
I am interested in the foods you ate during the 4 weeks before your illness onset date. I will be asking you questions about 4 weeks before **this date**, that is, from **d____/m____/y____** through **d____/m____/y____** . For each food item, please give me your best guess as to whether you ATE the food, you're not sure but you PROBABLY ate the food, or you DID NOT EAT the food. Please include foods eaten by themselves, as part of a sandwich, or as part of another food dish, including salads.

***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
****DK** = Don't know if it was eaten during the time period in question.

	Yes	Prob*	No	DK**	Brand/Details	Where purchased or eaten:
DELI MEATS:						
Turkey deli meat ☐ prepackaged ☐ sliced at the deli counter	☐Y	☐P	☐N	☐DK		
Chicken deli meat ☐ prepackaged ☐ sliced at the deli counter	☐Y	☐P	☐N	☐DK		
Beef deli meat *(e.g. roastbeef)* ☐ prepackaged ☐ sliced at the deli counter	☐Y	☐P	☐N	☐DK		
Ham deli meat ☐ prepackaged ☐ sliced at the deli counter	☐Y	☐P	☐N	☐DK		
Bologna ☐ prepackaged ☐ sliced at the deli counter	☐Y	☐P	☐N	☐DK		
Pastrami ☐ prepackaged ☐ sliced at the deli counter	☐Y	☐P	☐N	☐DK		
Salami ☐ prepackaged ☐ sliced at the deli counter	☐Y	☐P	☐N	☐DK		
Pepperoni ☐ prepackaged ☐ sliced at the deli counter	☐Y	☐P	☐N	☐DK		
Other deli meat *(e.g. corned beef, kielbasa, prosciutto, mortadella)* specify:_____ ☐ prepackaged ☐ sliced at the deli counter	☐Y	☐P	☐N	☐DK		
Prepackaged sandwiches/wraps *(purchased from vending machine, cafeteria, gas station, grocery store etc.)*	☐Y	☐P	☐N	☐DK		
OTHER MEATS:						
Pâté/meat spread *(not canned)*	☐Y	☐P	☐N	☐DK		
Hot dogs If yes, heated before eating? ☐Y ☐N ☐DK	☐Y	☐P	☐N	☐DK		

	Yes	Prob*	No	DK**	Brand/Details	Where purchased or eaten:
Cured or dried meats *(e.g. jerky, pepperettes)* ☐ prepackaged ☐ unpackaged at deli counter	☐Y	☐P	☐N	☐DK		
Chicken eaten cold *(e.g. chicken pieces or strips, rotisserie, leftover cooked chicken, cold chicken on salads)* ☐ purchased cooked, ready to eat ☐ cooked at home & later ate it cold	☐Y	☐P	☐N	☐DK		
Ham eaten cold *(not deli meat)* ☐ purchased cooked, ready to eat ☐ cooked at home & later ate it cold	☐Y	☐P	☐N	☐DK		
Turkey eaten cold *(e.g. turkey pieces or strips, leftover cooked turkey)* ☐ purchased cooked, ready to eat ☐ cooked at home & later ate it cold	☐Y	☐P	☐N	☐DK		
Sausage eaten cold *(e.g. ham sausage, breakfast sausage, frankfurters, cured sausages, leftovers)* ☐ purchased cooked, ready to eat ☐ cooked at home & later ate it cold	☐Y	☐P	☐N	☐DK		
Ground Beef	☐Y	☐P	☐N	☐DK		
CHEESE:						
Brie	☐Y	☐P	☐N	☐DK		
Camembert	☐Y	☐P	☐N	☐DK		
Blue cheese *(e.g. Roquefort, Gorgonzola,Stilton etc)*	☐Y	☐P	☐N	☐DK		
Feta	☐Y	☐P	☐N	☐DK		
Goat cheese	☐Y	☐P	☐N	☐DK		
Mexican- or Latin-style fresh cheese *(e.g. queso fresco, queso blanco, queso panela etc.)*	☐Y	☐P	☐N	☐DK		
Other soft/semi-soft cheeses *(e.g. Havarti, bocconcini)* *specify:* _____	☐Y	☐P	☐N	☐DK		
Other cheese, all types *(e.g. cottage cheese,ricotta, gouda, cheese sold as a block, Halloumi cheese)* *specify:* _____	☐Y	☐P	☐N	☐DK		
Unpasteurized cheese *specify:*_____	☐Y	☐P	☐N	☐DK		
DAIRY:						
Unpasteurized (raw) milk	☐Y	☐P	☐N	☐DK		
Pasteurized milk *specify (e.g. whole,skim,1%, 2%, flavoured):*	☐Y	☐P	☐N	☐DK		
Ice cream/Frozen Yogurt/Gelato *(including milkshakes, frozen dairy bars and sandwiches, and other novelties)* If yes, was it soft serve from a machine? ☐Y ☐N ☐DK	☐Y	☐P	☐N	☐DK		
Other Dairy *(e.g. butter, yogurt, sour cream, whipped cream)* *specify:*_____	☐Y	☐P	☐N	☐DK		
SEAFOOD:						
Raw fish *(e.g. sushi, sashimi, tartar)*	☐Y	☐P	☐N	☐DK		

	Yes	Prob*	No	DK**	Brand/Details	Where purchased or eaten:
Smoked or cured fish *(not from a can/retort pouch e.g smoked salmon, gravlax, jerky or lox)*	☐Y	☐P	☐N	☐DK		
Pre-cooked shrimp or prawns eaten cold *(e.g. shrimp ring, shrimp cocktail, in a salad, leftovers eaten cold)*	☐Y	☐P	☐N	☐DK		
Pre-cooked crab eaten cold *(including imitation crab meat)*	☐Y	☐P	☐N	☐DK		
Other ready to eat shellfish eaten cold *(e.g. mussels, oysters, clams)*	☐Y	☐P	☐N	☐DK		
SALADS & DIPS:						
Prepared green salad *(e.g. garden, greek, caesar, purchased in a store, restaurant or cafeteria)*	☐Y	☐P	☐N	☐DK		
Potato salad ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
Pasta salad ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
Bean Salad ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
Cole slaw ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
Hummus ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
Other salads/dips *(e.g. chicken salad, egg salad, tuna salad, seafood salad, rice salad, tabouli)* *specify*:_____ ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
FRESH VEGETABLES (EATEN RAW, UNCOOKED):						
Alfalfa sprouts	☐Y	☐P	☐N	☐DK		
Bean sprouts	☐Y	☐P	☐N	☐DK		
Lettuce and/or salad purchased pre-packaged in a bag or plastic container	☐Y	☐P	☐N	☐DK		
Whole lettuce	☐Y	☐P	☐N	☐DK		
Spinach, purchased loose or in a package	☐Y	☐P	☐N	☐DK		
Mushrooms (raw, uncooked)	☐Y	☐P	☐N	☐DK		
Fresh Herbs *(e.g. basil, cilantro, parsley)*	☐Y	☐P	☐N	☐DK		
Packaged pre-cut vegetables *(e.g. in a platter or tray, diced onions, diced celery etc)* *specify*:_____	☐Y	☐P	☐N	☐DK		
FRESH FRUIT:						
Honeydew melon ☐ whole, cut at home ☐ pre-cut	☐Y	☐P	☐N	☐DK		
Cantaloupe ☐ whole, cut at home ☐ pre-cut	☐Y	☐P	☐N	☐DK		
Watermelon ☐ whole, cut at home ☐ pre-cut	☐Y	☐P	☐N	☐DK		
Packaged pre-cut fruit *(e.g. in a platter or tray, apple slices, fruit salad etc)*	☐Y	☐P	☐N	☐DK		
Unpasteurized fruit/vegetable juice *(e.g. fresh squeezed orange juice)*	☐Y	☐P	☐N	☐DK		

Local/Provincial/Territorial Comments (Attach additional pages if needed):

PHAC Comments (Attach additional pages if needed):