Public Health Agency of Canada | Agence de la santé publique du Canada

Invasive Listeriosis Questionnaire

Case ID:

National 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:
Date of birth d _____ / m _____ / y _____ 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: ☐ Bacterimia/sepsis ☐ Meningitis ☐ UTI ☐ Other: _____

Symptoms:				
	Diarrhea*	☐ Y ☐ N ☐ DK	Nausea	☐ Y ☐ N ☐ DK
	Headache	☐ Y ☐ N ☐ DK	Muscle aches	☐ Y ☐ N ☐ DK
	Vomiting	☐ Y ☐ N ☐ DK	Fever	☐ Y ☐ N ☐ DK
	Chills	☐ Y ☐ N ☐ DK	Asymptomatic	☐ Y ☐ N ☐ DK

**3 or more loose stools in 24 hours*

Other: _____

Case ID :
National ID:

Admitted to hospital because of the illness? ☐ Y ☐ N ☐ 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 _____

☐ 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 conditions or medications that suppress the immune system (e.g. diabetes, cancer, steroids)? ☐ Y ☐ N ☐ DK

If yes, specify:

Proceed to Section 5. Exposure Sources

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

Provincial Lab ID:

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: ☐ Bacterimia/sepsis ☐ Meningitis ☐ UTI ☐ None ☐ Other: _____

Symptoms:

Diarrhea*	☐ Y	☐ N	☐ DK	Nausea	☐ Y ☐ N ☐ DK
Headache	☐ Y	☐ N	☐ DK	Muscle aches	☐ Y ☐ N ☐ DK
Vomiting	☐ Y	☐ N	☐ DK	Fever	☐ Y ☐ N ☐ DK
Chills	☐ Y	☐ N	☐ DK	Asymptomatic	☐ Y ☐ N ☐ DK

**3 or more loose stools in 24 hours*

Other: _____

Admitted to hospital because of the illness? ☐ Y ☐ N ☐ 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 _____

☐ 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 conditions or medications that suppress the immune system (e.g. diabetes, cancer, steroids)? ☐ Y ☐ N ☐ DK

If yes, specify:

Outcome of Pregnancy: ☐ Still pregnant ☐ Fetal death (miscarriage/stillbirth) ☐ Induced aborton ☐ 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 ☐ Meningitis ☐ Bacteremia ☐ Febrile Gastroenteritis ☐ Other _____

Case ID :
National ID:

Admitted to hospital because of the illness? ☐ Y ☐ N ☐ 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 _____ ☐ 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, 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 _____

Have any contact with domestic animals or animal waste (include reptiles, fish, birds, cats, dogs, pet waste etc):

☐ Y ☐ N ☐ DK If yes, specify

Have any contact with non-domestic animals or animal waste (include farm animals, wildlife, zoo animals, animal waste etc):

☐ Y ☐ N ☐ DK If yes, specify

Section 6. Home Food Purchase

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:

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:

Case ID :
National ID:

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 ☐ 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 sandwich *(purchased from vending machine, cafeteria, gas station, grocery store etc.)*	☐Y	☐P	☐N	☐DK		
OTHER MEATS:						
Cooked chicken eaten cold	☐Y	☐P	☐N	☐DK		
Cooked ham eaten cold	☐Y	☐P	☐N	☐DK		
Cooked turkey eaten cold	☐Y	☐P	☐N	☐DK		
Cooked sausage eaten cold	☐Y	☐P	☐N	☐DK		

Case ID :
National ID:

	Yes	Prob*	No	DK**	Brand/Details	Where purchased or eaten:
Cured or dried meat *(e.g. parma ham, pepperettes)*	☐Y	☐P	☐N	☐DK		
Pâté/meat spread *(not canned)*	☐Y	☐P	☐N	☐DK		
Hot dogs If yes, heated before eating? ☐Y ☐N ☐DK	☐Y	☐P	☐N	☐DK		
Other,*specify*:						
CHEESE and DAIRY:						
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		
Cottage cheese	☐Y	☐P	☐N	☐DK		
Ricotta	☐Y	☐P	☐N	☐DK		
Mexican-style cheese *(e.g. queso fresco, queso blanco)*	☐Y	☐P	☐N	☐DK		
Other soft/semi-soft cheeses *(e.g. Havarti, Bocconcini, Gouda)* *specify: _____*	☐Y	☐P	☐N	☐DK		
Other cheese, all types *specify: _____*	☐Y	☐P	☐N	☐DK		
Unpasteurized cheese *specify:_____*	☐Y	☐P	☐N	☐DK		
Butter *(not margarine)*	☐Y	☐P	☐N	☐DK		
Unpasteurized (raw) milk	☐Y	☐P	☐N	☐DK		
Pasteurized milk *specify (e.g. whole,skim,1%, 2% flavoured):*	☐Y	☐P	☐N	☐DK		
Ice cream (soft serve)	☐Y	☐P	☐N	☐DK		
Ice cream (other)	☐Y	☐P	☐N	☐DK		
Yogurt	☐Y	☐P	☐N	☐DK		
Sour Cream	☐Y	☐P	☐N	☐DK		
Other, *specify*:						
SEAFOOD:						
Shrimp/Prawns *(not heated before eating)*	☐Y	☐P	☐N	☐DK		
Mussels *(not heated before eating)*	☐Y	☐P	☐N	☐DK		
Oysters *(not heated before eating)*	☐Y	☐P	☐N	☐DK		
Crab *(not heated before eating)*	☐Y	☐P	☐N	☐DK		
Imitation crab meat *(not heated before eating)*	☐Y	☐P	☐N	☐DK		
Smoked or cured fish *(not canned)*	☐Y	☐P	☐N	☐DK		
Raw fish *(e.g. sushi)*	☐Y	☐P	☐N	☐DK		
Other, *specify*:						

Case ID :
National ID:

	Yes	Prob*	No	DK**	Brand/Details	Where purchased or eaten:
SALADS/DIPS:						
Potato salad ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
Pasta salad ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
Tuna salad ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
Bean salad ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
Cole slaw ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
Seafood salad ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
Hummus ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
Other salads/dips *(e.g. chicken salad, egg salad, tabouli)* *specify*:_____ ☐ homemade ☐ purchased	☐Y	☐P	☐N	☐DK		
VEGETABLES:						
Alfalfa sprouts	☐Y	☐P	☐N	☐DK		
Bean sprouts	☐Y	☐P	☐N	☐DK		
Bagged chopped lettuce/salad mix	☐Y	☐P	☐N	☐DK		
Prepared green salad *(purchased from grocery store, cafeteria)*	☐Y	☐P	☐N	☐DK		
Whole lettuce	☐Y	☐P	☐N	☐DK		
Fresh raw mushrooms	☐Y	☐P	☐N	☐DK		
Fresh Herbs *(e.g. basil, cilantro, parsley)*	☐Y	☐P	☐N	☐DK		
Other vegatables purchased pre-cut *(e.g. diced onions)* *specify*:_____	☐Y	☐P	☐N	☐DK		
Other, *specify*:						
FRUIT:						
Honeydew melon	☐Y	☐P	☐N	☐DK		
Cantaloupe	☐Y	☐P	☐N	☐DK		
Watermelon	☐Y	☐P	☐N	☐DK		
Fresh pre-cut fruit *(e.g. fruit salad)*	☐Y	☐P	☐N	☐DK		
Unpasteurized fruit/vegetable juice *(eg fresh squeezed orange juice)*	☐Y	☐P	☐N	☐DK		
Other *specify*:						

Comments (Attach additional pages if needed):