

**Ground Beef Supplemental Form for Ohio cases of Shiga-toxin positive *E. coli*
(including *E. coli* O157)**

Obtain the information below from all patients with laboratory confirmed Shiga-toxin positive *E. coli* infection.

Case Name: _____ ODRS #: _____ ODH Lab LITS #: _____

Gender: M F Age: _____ years Date of birth: _____

Date of illness onset: _____ Date of specimen collection: _____

The following questions should refer to **7 days prior to illness onset**. When thinking about ground beef, please consider hamburger patties, meatballs, meatloaf, tacos, chili or other dishes made with ground beef.

In the 7 days before your illness onset...

- 1) Did you eat any food made from ground beef at your home or at someone else's home?
 Yes No Don't recall

- 2) Was there any ground beef in your home, in the freezer or refrigerator, even if you did not eat it?
 Yes No Don't recall (If no or don't recall, skip to question 4.)

- 3) Where did you purchase or obtain your ground beef (store or other source)?

Complete the information below for each ground beef purchase:

3a) Store Name: _____ Location: _____ Date of purchase: _____
Condition: frozen fresh unkn. Form: bulk patties other _____ Weight: _____ lbs.
Type/Grade: _____ % lean _____ Brand: _____ Lot#: _____ Sell by: _____ USDA# _____
Receipt available? Yes No Bought w/ a shopper's card? Yes No
What was case's exposure? ate it prepared it none known other _____
Is any of this meat (or companion package) still available? Yes: (raw / cooked) (frozen / refrigerated) No

3b) Store Name: _____ Location: _____ Date of purchase: _____
Condition: frozen fresh unkn. Form: bulk patties other _____ Weight: _____ lbs.
Type/Grade: _____ % lean _____ Brand: _____ Lot#: _____ Sell by: _____ USDA# _____
Receipt available? Yes No Bought w/ a shopper's card? Yes No
What was case's exposure? ate it prepared it none known other _____
Is any of this meat (or companion package) still available? Yes: (raw / cooked) (frozen / refrigerated) No

If more than two ground beef purchases were made, please continue question 3 on a second form.

In the 7 days before your illness onset...

- 4) Did you eat a meal made with ground beef at any restaurants, including fast-food restaurants, delis, or take-out?
 Yes No Don't recall

If yes, When and where? List the name(s) and location(s) of the restaurant(s) and the type of food:

- a) Name: _____ Location: _____ Date: _____
 hamburger meatballs meatloaf tacos Other: _____

- b) Name: _____ Location: _____ Date: _____
 hamburger meatballs meatloaf tacos Other: _____

- c) Name: _____ Location: _____ Date: _____
 hamburger meatballs meatloaf tacos Other: _____

- d) Name: _____ Location: _____ Date: _____
 hamburger meatballs meatloaf tacos Other: _____

Form completed by: _____ tel: _____

**If any ground beef (raw, cooked, frozen or refrigerated) is available for testing,
please contact ORBIT, BIDC, ODH at 614/995-5599.**