

### Shigella Questionnaire

Please email your completed questionnaire to <mailto:dgmerner@msmd.ca> or fax it to 416-363-7485.

MSMD File:	Tourlos v Tiffany Gate Foods
<b>Section A: Please provide your contact information:</b>	
Date questionnaire completed:	
First Name:	
Last Name:	
Home Address:	
Phone (Home):	
Phone (Work):	
Age:	
What is your OHIP number?	
<b>Section B: Please answer these questions on your illness:</b>	
When did you become sick?	
Was this your first time with this type of sickness?	
How long were you sick for?	
How sick were you, please list any confirmed conditions that your doctor may have advised you of?	
Have you completely recovered from your sickness as of today?	
How were you diagnosed and treated?	

Did you buy the Greek pasta salad? If “no”, please state who did purchase the salad and provide their name, address and telephone number.	
Where was the Greek pasta salad bought?	
When did you first eat this purchased salad?	
<b>Section C: Please answer these questions on the origin of the product:</b>	
How did you transport the salad from the place it was purchased?	
How did you store it prior to eating it?	
How long did you keep the salad?	
Was the product sold to you in a pre-packaged condition or spooned out in front of you?	
Did you observe anything about the storage of the product before you bought it?	
Did you have any concerns about the product before eating it?	
Did anyone else that you know eat the same product?	
Did they suffer any ill effects?	
<b>Section D: Please answer these questions on income loss:</b>	
Where are you employed?	

<p>Terms of Remuneration? " (If you missed time from work, do you have sick benefits and if so do they have a cash value, i.e. can you recover the value of them at the end of your employment if they are not used or can they be bought back? You should consult with your employer on this point.)</p>	
<p>Timed missed?</p>	

**Section E: Please use this area to provide additional comments.**