

36. If a stool examination such as AFB reveals structures suggestive of *Cryptosporidium*, what does your lab do next? **[Check all that apply then skip to q. 40]**
- test the specimen on-site with a stain/technique for *Cryptosporidium*
 - send the specimen to a reference lab for *Cryptosporidium* testing
 - report it as suggestive but do no further testing here or elsewhere
 - don't know
 - other, specify: _____ **[skip to q. 31]**
37. Does your laboratory perform on-site testing of stool specimens for *Cryptosporidium* if requested by a physician?
- yes **[continue to q. 38]**
 - no **[continue to q. 38]**
 - no, we send the specimen to a reference laboratory for testing **[continue to q. 38]**
 - don't know **[continue to q. 38]**
38. If a stool examination such as O&P or AFB reveals structures suggestive of *Cryptosporidium*, what does your lab do next?
- test the specimen on-site with a stain/technique for *Cryptosporidium*
 - send the specimen to a reference lab for *Cryptosporidium* testing
 - report it as suggestive but do no further testing here or elsewhere
 - don't know
 - other, specify: _____
39. Are there any other circumstances that your laboratory tests on-site for *Cryptosporidium*? **[Check all that all apply]**
- yes, all liquid stool specimens even if submitted for C&S testing
 - yes, all liquid stool specimens submitted for O&P
 - yes, all stool specimens submitted for O&P from known HIV-positive persons
 - yes, all stool specimens submitted for O&P from hospitalized persons
 - yes, other, specify _____
 - no, there are no other circumstances
40. What was the total number of stool specimens examined by your laboratory for *Cryptosporidium* in 1996?
- |_|_|_|_| total number examined **[continue to q. 41]**
- don't know **[skip to q. 42]**
41. Is this number from records or is it an estimate?
- records
 - estimate
42. How many specimens were positive for *Cryptosporidium* in 1996?
- |_|_|_|_| total number of positive specimens **[continue to q. 43]**
- don't know **[skip to q. 44]**

43. Is this number from records or is it an estimate?
- records
 - estimate
44. What method does your laboratory use for examining stool specimens for *Cryptosporidium*?
- direct *[skip to q. 46]*
 - concentration, if so, method: _____
 - both, if so, concentration method: _____
45. Does your concentration method for *Cryptosporidium* involve centrifugation?
- yes, please indicate : _____ (minutes) @ _____ X g.
 - no
46. What type(s) of stains/techniques does your laboratory use for *Cryptosporidium* testing? If more than one stain/technique is used, please indicate (by checking the appropriate box) whether the particular stain/technique is used **Routinely** (i.e., to examine all stools tested for *Cryptosporidium*) OR is used only as a **Confirmatory** test (i.e., to examine only those stools that are or may be positive with a screening test).
- | <u>Type of Stain/technique used</u>
<i>[Read all and check ALL that apply]</i> | <u>How is stain/technique used:</u> | |
|---|-------------------------------------|---------------------|
| | <u>Routinely - OR-</u> | <u>Confirmatory</u> |
| | <i>[Check EITHER box, not both]</i> | |
| • Wet mount, not stained | • | • |
| • Wet mount, iodine or other temporary stain
if other, please specify stain: _____ | • | • |
| • Acid fast: type: _____ | • | • |
| • FA (Direct Immunofluorescence) | • | • |
| • ELISA: specify immunoassay
method: _____ | • | • |
| • PCR | • | • |
| • Other 1, please specify: _____ | • | • |
| • Other 2, please specify: _____ | • | • |
47. Do you ever send specimens for *Cryptosporidium* testing to another laboratory, e.g., a reference laboratory?
[Check all that apply]
- yes, positive specimens for confirmation. To what lab? _____
 - yes, (as stated in Question 28) at the request of a physician. To what lab? _____
 - yes, (as stated in Question 29) we send specimens with suspicious structures. To what lab? _____
 - yes, other indications, List: _____
To what lab? _____
 - no *[skip to q. 50]*
 - don't know *[skip to q. 50]*
48. Does this laboratory send the results of their testing to your laboratory?
- yes, our laboratory receives a report of their results *[skip to q. 50]*
 - no, the laboratory sends the report only to the requesting physician or health care provider *[continue to q. 49]*

49. Does your laboratory have a method to retrieve the results of the other laboratory?
- yes
 - no
 - don't know
50. What does your laboratory use as its literature reference(s) for the technique(s) used for testing for *Cryptosporidium*? (Check all that apply)
- ASM Clinical Microbiology Procedures Handbook (Ed. Isenberg) _____ year and/or Edition _____
 - Manual of Clinical Microbiology (Ed. Murray) _____ year and/or Edition _____
 - NCCLS Procedures, _____ year and/or Edition _____
 - Other 1, please specify: _____ Year ____ Edition ____
 - Other 2, please specify: _____ Year ____ Edition ____

SECTION E: Cyclospora

51. Does your laboratory perform on-site testing of stool specimens submitted for O&P for *Cyclospora*?
- yes *[skip to q. 56]*
 - no *[go to q. 52]*
 - don't know *[go to q. 52]*
52. Does your laboratory send stool specimens submitted for O&P to another laboratory, e.g., reference lab, for *Cyclospora* testing at any time?
- yes *[go to q. 53]*
 - no *[skip to q. 55]*
 - don't know *[skip to q. 55]*
53. To what laboratory do you send the specimens? _____
54. Does this laboratory send the results of their testing to your laboratory?
- yes, our laboratory receives a report of their results *[go to q. 55]*
 - no, the laboratory sends the report only to the requesting physician or health care provider *[continue to q. 54A]*
- 54A. Does your laboratory have a method to retrieve the results of the other laboratory?
- yes *[continue to q. 55]*
 - no *[continue to q. 55]*
 - don't know *[continue to q. 55]*

55. If a stool examination such as O&P or AFB reveals structures suggestive of *Cyclospora* what does your lab do next?
- test the specimen on-site with a stain/technique for *Cyclospora* *[skip to END]*
 - send the specimen to a reference lab for *Cyclospora* testing *[skip to END]*
 - report it as suggestive but do no further testing here or elsewhere *[skip to q. END]*
 - don't know *[skip to END]*
 - other, specify _____ *[skip to END]*
56. Does your laboratory test on-site all stool specimens submitted for O&P for *Cyclospora*?
- yes *[go to q. 57]*
 - no *[skip to q. 59]*
 - don't know *[skip to q. 59]*
57. Does your laboratory perform on-site testing for *Cyclospora* on liquid stool specimens submitted for bacterial culture?
- yes
 - no
 - don't know
58. If a stool examination such as AFB reveals structures suggestive of *Cyclospora* what does your lab do next?
[Check all that apply then skip to Q. 62]
- test the specimen on-site with a stain/technique for *Cyclospora*
 - send the specimen to a reference lab for *Cyclospora* testing
 - report it as suggestive but do no further testing here or elsewhere
 - don't know
 - other, specify: _____ *[skip to q. 53]*
59. Does your laboratory perform on-site testing of stool specimens for *Cyclospora* if requested by a physician?
- yes *[continue to q. 60]*
 - no *[continue to q. 60]*
 - no, we send the specimen to a reference laboratory for testing *[continue to q. 60]*
 - don't know *[continue to q. 60]*
60. If a stool examination such as O&P or AFB reveals structures suggestive of *Cyclospora* what does your lab do next?
- test the specimen on-site with a stain/technique for *Cyclospora*
 - send the specimen to a reference lab for *Cyclospora* testing
 - report it as suggestive but do no further testing here or elsewhere
 - don't know
 - other, specify: _____

61. Are there any other circumstances that your laboratory tests on-site for *Cyclospora* (Check all that all apply)?
- yes, all liquid stool specimens even if submitted for C&S testing
 - yes, all liquid stool specimens submitted for O&P
 - yes, all stool specimens submitted for O&P from known HIV-positive persons
 - yes, all stool specimens submitted for O&P from hospitalized persons
 - yes, other, specify _____
 - no, there are no other circumstances
62. What was the total number of stool specimens examined by your laboratory for *Cyclospora* in 1996?
- |_|_|_|_| total number examined [continue to q. 63]
- don't know [skip to q. 64]
63. Is this number from records or is it an estimate?
- records
 - estimate
64. How many specimens were positive for *Cyclospora* in 1996?
- |_|_|_|_| total number of positive specimens [continue to q. 65]
- don't know [skip to q. 66]
65. Is this number from records or is it an estimate?
- records
 - estimate
66. What method does your laboratory use for examining stool specimens for *Cyclospora*?
- direct [skip to q. 68]
 - concentration, if so, method: _____
 - both, if so, concentration method: _____
67. Does your concentration method for *Cyclospora* involve centrifugation?
- yes, please indicate : _____ (minutes) @ _____ X g.
 - no

68. What type(s) of stains/techniques does your laboratory use for *Cyclospora* testing? If more than one stain/technique is used, please indicate (by checking the appropriate box) whether the particular stain/technique is used **Routinely** (i.e., to examine all stools tested for *Cyclospora*) OR is used only as a **Confirmatory** test (i.e., to examine only those stools that are or may be positive with a screening test).

<u>Type of Stain/technique used</u> <i>[Read all, check ALL that apply]</i>	How is stain/technique used: <u>Routinely - OR - Confirmatory</u> <i>[Check EITHER box, not both]</i>	
• Wet mount, not stained	•	•
• Wet mount, iodine or other temporary stain if other, please specify stain: _____	•	•
• Wet mount, autofluorescence	•	•
• Acid fast: type: _____	•	•
• Safranin, specify _____	•	•
• PCR	•	•
• Other 1, please specify: _____	•	•
• Other 2, please specify: _____	•	•

69. What does your laboratory use as its literature reference(s) for the technique(s) used for testing for *Cyclospora* *[Check all that apply]*

- ASM Clinical Microbiology
 Procedures Handbook (Ed. Isenberg) _____ year and/or Edition _____
- Manual of Clinical Microbiology (Ed. Murray) _____ year and/or Edition _____
- NCCLS Procedures, _____ year and/or Edition _____
- Other 1, please specify: _____ Year ____ Edition ____
- Other 2, please specify: _____ Year ____ Edition ____

70. Do you ever send specimens for *Cyclospora* testing to another laboratory, e.g., a reference laboratory? (Check all that apply)?

- yes, positive specimens for confirmation, to what lab? _____
- yes, (as stated in Question 50) at the request of a physician, to what lab? _____
- yes, (as stated in Question 51) we send specimens with suspicious structures. To what lab? _____
- yes, other indications, List: _____
 To what lab? _____
- no *[skip to END]*
- don't know *[skip to END]*

71. Does this laboratory send the results of their testing to your laboratory?

- yes, our laboratory receives a report of their results *[skip to END]*
- no, the laboratory sends the report only to the requesting physician or health care provider *[continue to q. 63]*

72. Does your laboratory have a method to retrieve the results of the other laboratory?

- yes
- no
- don't know

END. Thank you very much for participating in FoodNet.

CDC Emerging Infection Program: Physician Survey

Thank you for participating in this survey of physicians. Your responses will help determine estimates of diarrheal disease in the United States. The survey will take approximately **FIVE MINUTES** to complete.

SECTION A Background information

1. What is today's date? (mo/day/yr) _____/_____/_____
2. Is your practice located in [sites to fill in catchment area]?
 - yes **[continue questionnaire]**
 - no **[stop here and return questionnaire in enclosed envelope; receiving your questionnaire is important for data analysis]**
3. On average, are you involved in direct patient care at least 8 hours a week?
 - yes **[continue questionnaire]**
 - no **[stop here and return questionnaire in enclosed envelope; receiving your questionnaire is important for data analysis]**
4. Which of the following describe(s) your practice? **[CHECK ALL THAT APPLY]**
 - General Internal Medicine
 - Subspecialty Internal Medicine (specify _____)
 - General Pediatrics
 - Subspecialty Pediatrics (specify _____)
 - Family Practice
 - Emergency Department practice
 - Obstetrics/Gynecology
 - Other (specify _____)
5. Are you currently an intern, resident, or fellow in a training program? • yes • no
6. What is the **PRIMARY** setting of your practice? **[CHECK ONLY ONE]**
 - Outpatient private practice/fee for service • Outpatient HMO/Managed care
 - Hospital-based • Other _____
7. In the past 12 months, have you seen **ANY** patients with an **acute diarrheal illness**? (For the purpose of this questionnaire, we define an acute diarrheal illness as ≥ 3 loose stools in a 24 hour period which had lasted < 7 days in duration before presentation).
 - yes **[continue questionnaire]**
 - no **[stop here and return questionnaire in enclosed envelope; receiving your questionnaire is important for data analysis]**
8. Approximately what percentage of all the patients that you see in your practice are HIV-infected?.....%
9. Approximately what percentage of all the patients that you see are referred to you from another physician?.....%

10. In the past 7 days, approximately how many different **outpatients**, including ER patients, did you see?.....**outpatients**

Of those outpatients, how many had an acute diarrheal illness? (Please don't include patients with an acute exacerbation of inflammatory bowel disease.)**outpatients**

Of those outpatients with an acute diarrheal illness, how many were subsequently hospitalized because of the acute diarrheal illness?.....**outpatients**

11. In the past 7 days, approximately how many different **inpatients** did you make rounds on or see as the primary provider or in consultation?.....**inpatients**

Of those inpatients, how many were hospitalized because of an acute diarrheal illness? (Please don't include patients with an acute exacerbation of inflammatory bowel disease.).....**inpatients**

SECTION B Last patient with diarrhea

12. When did you see your most recent patient who had an acute diarrheal illness?

- 1 month ago • >1 to 6 months ago • > 6 months to 12 months ago

Physician ID # _____

Adult Patients 1 2 3

13. Regarding the last patient you saw with an acute diarrheal illness, please answer **YES, NO, or DON'T KNOW** for each question.

a. Was this patient referred to you from another health care provider specifically for the evaluation or treatment of this diarrheal illness?	• Yes	• No	• Don't know
b. Did this patient have a temperature >101 °F ?	• Yes	• No	• Don't know
c. Did this patient have bloody diarrhea ?	• Yes	• No	• Don't know
d. Did this patient have abdominal pain ?	• Yes	• No	• Don't know
e. Did this patient require intravenous rehydration ?	• Yes	• No	• Don't know
f. Did this patient have AIDS ?	• Yes	• No	• Don't know
g. Was this patient known to be part of an outbreak of diarrheal illness?	• Yes	• No	• Don't know
h. Was this patient in a developing country in the week before diarrhea onset?	• Yes	• No	• Don't know
i. Did this patient have any medical insurance , including Medicare or Medicaid?	• Yes	• No	• Don't know
j. Did this patient have diarrhea that lasted > 3 days ?	• Yes	• No	• Don't know
k. Did you refer this patient to another physician for the evaluation or treatment of this diarrheal illness?	• Yes	• No	• Don't know
l. Was this patient an outpatient ? [IF YES] Was this patient subsequently hospitalized for this diarrheal illness?	• Yes • Yes	• No • No	• Don't know • Don't know
m. Did you order a bacterial stool culture (other than <i>Clostridium difficile</i> testing) from this patient?	• Yes	• No	• Don't know

n. Did someone else order a bacterial stool culture (other than <i>Clostridium difficile</i> testing) from this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
o. [IF YOU ORDERED A BACTERIAL STOOL CULTURE FROM THE LAST PATIENT YOU SAW WITH DIARRHEA] What was the MOST important factor in your decision to order a culture? [CHECK ONLY ONE]	
<ul style="list-style-type: none"> <input type="checkbox"/> Duration <input type="checkbox"/> Fever <input type="checkbox"/> Bloody diarrhea <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Dehydration <input type="checkbox"/> AIDS <input type="checkbox"/> Patient request <input type="checkbox"/> Travel <input type="checkbox"/> Outbreak associated <input type="checkbox"/> Other 	
(list) _____	
Was the culture positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know [IF YES] Which of the following organisms was isolated:	
<ul style="list-style-type: none"> <input type="checkbox"/> <i>Salmonella</i> <input type="checkbox"/> <i>Shigella</i> <input type="checkbox"/> <i>Campylobacter</i> <input type="checkbox"/> <i>E. coli</i> O157 <input type="checkbox"/> <i>Vibrio</i> <input type="checkbox"/> <i>Yersinia</i> <input type="checkbox"/> <i>Aeromonas</i> <input type="checkbox"/> <i>Plesiomonas</i> <input type="checkbox"/> Can't recall name of organism <input type="checkbox"/> Other (list) 	
(list) _____	
p. [IF YOU DID NOT ORDER A BACTERIAL STOOL CULTURE FROM THE LAST PATIENT YOUR SAW WITH DIARRHEA] What was the MOST important factor in your decision NOT to order a culture? [CHECK ONLY ONE]	
<ul style="list-style-type: none"> <input type="checkbox"/> Culture previously ordered <input type="checkbox"/> No fever <input type="checkbox"/> No bloody diarrhea <input type="checkbox"/> No abdominal pain <input type="checkbox"/> No dehydration <input type="checkbox"/> Short duration <input type="checkbox"/> Patient refusal <input type="checkbox"/> Results would not alter treatment <input type="checkbox"/> Not outbreak related <input type="checkbox"/> No travel <input type="checkbox"/> Cost <input type="checkbox"/> Not likely to yield a pathogen <input type="checkbox"/> Other 	
(list) _____	

SECTION C Last patient you saw with bloody diarrhea

14. When did you see your most recent patient who had **bloody diarrhea**?

- 1 month ago >1 to 6 months ago > 6 months to 12 months ago >12 months ago

Did you order a bacterial stool culture on this patient? Yes No Don't know

[IF YES] Did you specifically ask the laboratory to culture for *E. coli* O157?

- Yes No, our lab routinely cultures for O157 No Don't know

SECTION D Bacterial stool cultures

15. When you order a routine bacterial stool culture, where is it tested ? **[CHECK ALL THAT APPLY- if you check more than one box, please indicate the approximate percentage for each]**

- lab in your office.....%
- local hospital lab(s) (name of hospital _____).....%
- (name of hospital _____).....%
- independent lab(s) (name of lab _____).....%
- (name of lab _____).....%
- other (specify _____).....%
- don't know

For the next question, please consider the laboratory to which you send **MOST** stools for bacterial culture.

16. When you order a routine bacterial stool culture, that is, you make no specific requests to the laboratory, which of the following bacterial pathogens do you think that laboratory **always** tests for? **Please answer YES, NO, or DONT KNOW for each bacterial pathogen.**

- | | | | | | | | |
|---------------------|-------|------|--------------|----------------------|-------|------|--------------|
| <i>Salmonella</i> | • Yes | • No | • Don't know | <i>Campylobacter</i> | • Yes | • No | • Don't know |
| <i>Shigella</i> | • Yes | • No | • Don't know | <i>Vibrios</i> | • Yes | • No | • Don't know |
| <i>E. coli</i> O157 | • Yes | • No | • Don't know | <i>Yersinia</i> | • Yes | • No | • Don't know |
| Other | • Yes | • No | • Don't know | | | | |

[IF YES to "Other", please list] _____

17. In the past 12 months, approximately how many bacterial stool cultures did you order?
 • 0 • 1-2 • 3-5 • 6-10 • >10

SECTION E Scenarios

18. A previously healthy 30-year-old person presents to your office with a 3-day history of non-bloody diarrhea that is not improving. The patient has no other symptoms and no other significant history or physical findings. **Please answer YES, NO, or DONT KNOW for each scenario.**

Would YOU order a routine bacterial stool culture...	
a. on this patient?	• Yes • No • Don't know
b. if this patient was in a developing country in the week before diarrhea onset?	• Yes • No • Don't know
c. if this patient had a fever of 101° F and bloody diarrhea?	• Yes • No • Don't know
d. if this patient had AIDS?	• Yes • No • Don't know
e. if this patient had a fever of 101° F?	• Yes • No • Don't know
f. if this patient had a 10 day history of non-bloody diarrhea with no fever?	• Yes • No • Don't know
g. if this patient had bloody diarrhea but did not have fever?	• Yes • No • Don't know

Thank you for completing this survey. Please return the survey in the enclosed envelope

Appendix 1.

Physician Survey

We are interested in gaining a better understanding of the physician's role as a food-safety educator. Your participation is completely voluntary, and you may discontinue the questionnaire at any point. Your responses will be kept confidential as permitted by law, and any identifiers will not be published. The following survey will take approximately FIVE minutes to complete. Your input is valuable and greatly appreciated.

- I understand that this survey is completely voluntary and would like to participate [if checked, please continue on to Question 1]
- I would prefer not to participate in this survey [if checked, please stop here and send questionnaire to:]

Section A. Background Information

1. Today's date is ____/____/____
2. I am a practicing physician within the state of _____
 - Yes
 - No [if no, please **stop here and send in questionnaire**]
3. I am involved in direct patient care at least 8 hours per week
 - Yes
 - No [if no, please **stop here and send in questionnaire**]
4. Type of practice: [please check one]
 - Oncology or Hematology
 - Obstetrics
 - Infectious Disease
 - Other Subspecialty Internal Medicine (please specify) _____
 - Other (please specify) _____
5. **Primary** clinic setting [please check one]
 - Outpatient private practice / Fee for service
 - Outpatient HMO/Managed Care
 - Hospital-based
 - Other [please specify]
6. Are you currently an intern, resident, or fellow? [if Yes, please skip to Question 8]
 - Yes
 - No
7. I have been in practice (post-internship, residency, fellowship) for ____ years.
8. **Approximately** what percentage of your patients are immunocompromised or pregnant? [circle one]
 - a. 0%
 - b. 1-25%
 - c. 26-50%
 - d. 51-75%
 - e. 76-100%

Section B. Patient Education

9. How often do your patients ask you about food safety or prevention of foodborne illness? [circle one]
- a. never
 - b. rarely
 - c. occasionally
 - d. often
10. Does anyone in your practice provide information on foodborne illness or prevention of foodborne illness to your patients?[check one]
- Yes [skip to **Question 12**]
 - No [go to **Question 11**]
11. Would you like to provide foodborne illness prevention information to your patients?
- Yes [skip to **Question 16**]
 - No [skip to **Question 16**]
12. Who provides food-safety practice information to your patients? [circle all that apply]
- a. yourself (physician)
 - b. nurse or nurse-practitioner
 - c. dietician or nutritionist
 - c. other [please specify] _____
 - d. not sure
13. How is information about foodborne illness provided to your patients? [circle all that apply]
- a. verbally, with an extensive discussion
 - b. verbally, with a brief discussion
 - c. brochure/patient fact sheet
 - d. poster in office / waiting room
 - e. video
 - f. other self-help materials [please specify] _____
14. What information about food safety do you provide? [circle all that apply]
- a. food-handling or preparation
 - b. 'risky' foods (for example: undercooked meat, unpasteurized cheese)
 - c. prevention of foodborne salmonellosis
 - d. prevention of foodborne listeriosis
 - e. prevention of other foodborne disease (please specify) _____
 - f. food safety advice specific for persons with HIV/AIDS
 - g. food safety advice specific for pregnant women
 - h. food safety advice specific for other populations (please specify) _____
 - i. other (please specify) _____
15. When is food-safety practice information provided? [circle all that apply]
- a. initial intake
 - b. routine office visit
 - c. when patient requests information
 - d. when patient is diagnosed with foodborne illness
 - e. other special circumstances [please specify] _____
 - f. not sure

Section C. Foodborne Illness. Please rate the following statements, 1 to 5, where 1 = strongly agree and 5 = strongly disagree.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
16. Foodborne illness can be a serious problem in immunocompromised patients.	1	2	3	4	5
17. Many of my patients are "at-risk" for infectious diseases, including foodborne diseases.	1	2	3	4	5
18. Assuring that patients receive education about prevention of foodborne illness is part of the physician's role.	1	2	3	4	5
19. I want to be aware of the risks of foodborne illness in my patients.	1	2	3	4	5
20. My patients would be interested in learning how they can prevent foodborne diseases.	1	2	3	4	5
21. I am willing to provide a brief (three minute) talk to my patients on preventing foodborne illness.	1	2	3	4	5
22. Educating patients about food safety will result in a decrease in foodborne illness.	1	2	3	4	5
23. My patients are likely to comply to recommendations I provide on prevention of foodborne illness.	1	2	3	4	5
24. Effectively educating patients on how to prevent foodborne illness takes too much time.	1	2	3	4	5
25. I am comfortable with my general knowledge of foodborne illness	1	2	3	4	5
26. I am confident about diagnosing and treating foodborne illness in my patients.	1	2	3	4	5
27. I am comfortable making recommendations on how to prevent foodborne illness.	1	2	3	4	5
28. My patients feel that I am a valuable resource for advice on prevention of foodborne diseases	1	2	3	4	5

Do you have any comments or suggestions? _____