



<b>Did you travel to any other states in the 7 days before illness?</b>				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown	
City/State:		Depart CT: / /		Return CT: / /					
City/State:		Depart CT: / /		Return CT: / /					
<b>Did you travel outside of the United States in the 7 days before illness?</b>				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown	
Country:		Depart CT: / /		Return CT: / /					
Country:		Depart CT: / /		Return CT: / /					
In the <b>6 months before</b> your illness began, did you travel outside of the United States?									
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown		If yes, list countries?			
In the <b>6 months before</b> your illness began, did any member of your household travel outside of the United States?									
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown		If yes, list countries?			
<b>Did you attend any large parties or gatherings (parties, fairs, festivals) in the 7 days before illness?</b>									
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown					
Event:		City:		Date/Time: / /		:		AM PM	
Foods eaten:									
<b>Did you eat foods from any restaurants in the 7 days before illness?</b>				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown	
Name:		City:		Date/Time: / /		:		AM PM	
Foods eaten:									
Name:		City:		Date/Time: / /		:		AM PM	
Foods eaten:									
Name:		City:		Date/Time: / /		:		AM PM	
Foods eaten:									
<b>Where did you purchase groceries eaten in the 7 days before illness</b> (including farmer's markets, home delivery service)									
<b>Store Name</b>				<b>City</b>					
<b>Special Diet</b>				<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>If yes, specify/describe, brand/type:</b>		
Food allergies that prevent you from eating certain foods									
Vegetarian or vegan diet									
Special or restricted diet (weight-loss, cultural, religious)									
If infant, formula or baby food									
<b>Did you have any of the following exposures in the 7 days before your illness?</b>									
<i>(Note for interviewer: If yes, please ask any listed follow-up questions)</i>									
<b>Water-Related Exposure</b>				<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>If yes, where:</b>		
Drink untreated water (natural spring, pond, lake, river)									
Swim, wade, or play in untreated water (ocean, lake, pond, river, stream, or natural spring)									
Swim, wade, or play in treated water (pool, hot tub/spa, fountain, splash pad, or waterpark with treated or chlorinated water)									
<b>Animal Contact</b>				<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>If yes, where/type of animal:</b>		
Dog									
Is dog a puppy (<1 year)?									
Cat									
Other pet mammals (rodent, ferrets, rabbits, guinea pigs)									
Reptiles/Amphibians (turtles, frogs, lizards)									
Other pets (fish, hermit crabs)									
Live poultry (chicken, turkey)									
Cattle, goats, sheep									
Pigs									
Visit, work, or live on farm/ranch/petting zoo									
<b>Ill Contacts</b>				<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>If yes, who:</b>		
Household or close contact with diarrhea									

The food exposure section below can be omitted if case traveled internationally during the entire 7-day period before onset. If case was out of the country only for part of the 7-day period before onset, please collect information on foods eaten while in US.

<b>Did you eat the following items in the 7 days before your illness?</b>				
<i>(Note for interviewer: If yes, please ask any listed follow-up questions and specify brand/type, where purchased/eaten.)</i>				
<b>Meats and Seafood</b>	<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>If yes, food details:</b>
Chicken or foods containing chicken (deli, ground, jerky)				
Any chicken at home bought fresh?				
Any chicken at home bought frozen?				
Was chicken ground?				
Turkey or foods containing turkey (deli, ground, jerky)				
Was turkey ground?				
Beef or foods containing beef (deli, ground, jerky)				
Was beef ground?				
Was ground beef undercooked or raw?				
Pork or foods containing pork (deli, ground, jerky)				
Lamb or mutton				
Veal				
Raw or undercooked liver				
Liver pate				
Game meat (bison, elk, rabbit, venison)				
Fish or fish products				
Was fish undercooked or raw (sushi)?				
Shellfish (crab, shrimp, oysters, clams)				
Was shellfish undercooked or raw?				
<b>Eggs and Dairy</b>	<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>If yes, food details:</b>
Eggs				
Were eggs undercooked or raw?				
Foods made with raw eggs (mayonnaise, cookie dough)				
Unpasteurized or raw milk				
Other raw dairy products (cheese, yogurt, ice cream)				
Any dairy products				
<b>Fresh, Raw Produce</b>	<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>If yes, food details:</b>
Cantaloupe				
Watermelon				
Berries, specify type:				
Lettuce, specify type:				
Was lettuce prepackaged/bagged?				
Was lettuce whole head or loose leaf?				
Raw spinach				
Raw tomatoes, specify type:				
Cucumbers, specify type:				
Sprouts, specify type:				
Fresh herbs, specify type:				
Other fruits and vegetables (fresh, dried, frozen)				
<b>Other Foods</b>	<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>If yes, food details:</b>
Any unpasteurized or raw juices, ciders, smoothies				
Raw nuts (not roasted, processed)				
Peanut butter/ peanut butter-containing products (crackers)				
Frozen entrees (pot pies, stuffed chicken products, pizza)				

The following questions should be asked for **all Salmonella** cases and **Campylobacter cases with isolates** available.

I'd like to now ask a few questions about your medical history and treatments you may have received. Some of these questions may not apply to you, but we need to ask them of everybody. Your response can help us better understand these infections and how to better prevent them, especially in vulnerable populations.

<b>Comorbidities</b>	<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>If yes, additional details:</b>
In the 6 months before your illness began, were you diagnosed or treated for <b>cancer</b> (including leukemia/lymphoma)?				
In the 6 months before your illness began, were you diagnosed or treated for <b>diabetes</b> ?				
In the 6 months before your illness began, did you have <b>abdominal surgery</b> (e.g. removal of appendix or gallbladder, or any surgery of the stomach or large intestines)?				
Do you have any underlying medical conditions or are you immunocompromised?				Describe:
<b>Medications</b>	<b>Yes</b>	<b>No</b>	<b>Unk</b>	<b>If Yes, additional details:</b>
Did you take <b>antibiotics for this illness</b> ?				List antibiotic name(s): Date started: Date ended:
In the <b>30 days before</b> your illness began, did you take any <b>antibiotics</b> ?				List antibiotic name(s):
In the <b>30 days before</b> your illness began, did you take any form of <b>antacid</b> (e.g. medications to block acid such as those taken for heartburn, indigestion, or acid reflex, including proton-pump inhibitors)?				List antacid name(s):
In the <b>30 days before</b> you/ illness began, did you take a <b>probiotic</b> (these can take the form of pills, powders, yogurts, and other fermented dairy products that contain "live and active" cultures)?				Describe:

**That completes the interview. Thank you for taking the time to answer these questions. Your responses may be helpful in preventing others from becoming sick.**

**Antibiotic Names**

Amoxicillin	Amoxicillin/Clavulanate	Ampicillin	Augmentin	Azithromycin
Bactrim	Biaxin	Ceclor	Cefaclor	Ceftrin
Cefixime	Cefuorixime	Cefzil	Cefprozil	Cephalexin
Cephadrine	Ciprofloxacin/Cipro	Clarithromycin	Dapsone	Doxycycline
Duricef	Erythromycin	Erythromycin/sulfisoxazole	Flagyl	Floxin
Keflex	Keftab	Levofloxacin	Levoquin	Metronidazole
Norfloxacin/Norflex	Ofloxacin/Oflox	Pediazole	Penicillin/Pen VK	Septra
Suprax	Tetracycline	Trimox	Trimethoprim/Sulfa	Zithromax/Z-Pak

**Antacid Names**

Aluminium hydroxide	Ami-Lac	Amphojel	Axid	Calcium carbonate
Cal-Guest	Caltrate	calcium-based supplements	Dexilant	Dialume
Di-Gel	Gas-X with Maalox	Gaviscon	Gelusil	Genaton
Isopan	Maalox / Maox	Magaldrate	Magnesium Hydroxide	Masanti
Mi-Acid	Milantex	Milk of Magnesia	Mintox	Mylanta
Nexium	Nizatidine	Os-Cal	Oysco	Oyster (shell) calcium
Pepcid	Pepto Children's	Prevacid	Prilosec	Protonix
Ri-Mag	Riopan	Rolaid	Ron-Acid	Rulox
Tagamet	Tempo	Titalac	Tums	Zantac
Zegerid				

**COMMENTS:** \_\_\_\_\_

**Please enter interview data into CTEDSS. Thank you.**