

GENERAL ENTERIC DISEASES INTERVIEW FORM SALMONELLA AND CAMPYLOBACTER Version 01-2022

| Reporting Health Department | | | | | | | | | | |
|--|-----|--------|-------------------------------|--|---|--|--|--|--|--|
| Completed by: LHD: Phone: | | | | | | | | | | |
| Date of first interview attempt: / / | | | Date interview completed: / / | | | | | | | |
| Case was interviewed | | | | | | | | | | |
| NOTE: Even if case could not be interviewed, please complete above information, and enter into CTEDSS. Please enter all | | | | | | | | | | |
| information below in CTEDSS Upon completion of interview. | | | | | | | | | | |
| Case Information | | | | | | | | | | |
| Last name: First Name: | | | | | | | | | | |
| Street: City: Zip: | | | | | | | | | | |
| Phone: () - DOB: / / Age: Sex: M F Other | | | | | | | | | | |
| Date specimen collected: / / Source: Stool Blood Urine Other | | | | | | | | | | |
| Pathogen: Laboratory: | | | | | | | | | | |
| D-f | 4 | | : C | andian an arrangement and attacker | | | | | | |
| Before we ask about your illness, we would lill What is your race? White Black | | Asian | | Native Hawaiian/Pacific Islander | | | | | | |
| What is your race? White Black American Indian/ | | - | | | | | | | | |
| | | _ | | Other Unknown | | | | | | |
| Are you of Hispanic/Latino background? Yes | | No | | Unknown | | | | | | |
| Illness Information | Yes | No | Unk | If yes, additional details: | | | | | | |
| Did you have any symptoms associated with | | | | Date/time of onset: / / : AM PM | | | | | | |
| this illness? | | | | | | | | | | |
| Vomiting | | | | Date/time of onset: / / : AM PM | | | | | | |
| Diarrhea | | | | Date/time of onset: / / : AM PM | | | | | | |
| | | | | Number of days diarrhea lasted: | | | | | | |
| Bloody Diarrhea | | | | | | | | | | |
| Fever | | | | Highest temperature: | | | | | | |
| Are you still experiencing symptoms? | | | | If no, total number of days illness lasted: | | | | | | |
| | Yes | No | Unk | • / | | | | | | |
| Were you hospitalized? | | | | Hospital name: | | | | | | |
| (Inpatient only, not just ED visit) | | | | Admit date: / / Discharge date: / / | | | | | | |
| During any part of the hospitalization, did | | | | | | | | | | |
| you stay in an Intensive Care Unit (ICU) or | | | | | | | | | | |
| a Critical Care Unit (CCU)? | | | | | | | | | | |
| Outcome: Survived Died | | | | | | | | | | |
| Occupation and Risk Factor Information | | | | | | | | | | |
| What is your occupation? | | | | | | | | | | |
| | Yes | No | Unk | If yes, specify name and address of the facility | | | | | | |
| Do you work or volunteer in a facility that | | | | | | | | | | |
| prepares/serves/handles/sells food? | | | | | | | | | | |
| Provide direct patient care outside the home | | | | | | | | | | |
| Work in day care setting | | | | | | | | | | |
| Attend day care setting | | | | | | | | | | |
| Can you tell us about other household members, their ages, occupation, and whether they have been ill with a similar illness: | | | | | | | | | | |
| Name Relationship Age | 1 (| Occupa | tion | Ill If yes, onset date and symptoms | S | | | | | |
| Traine Relationship Age | | occupa | 11011 | Yes No | , | | | | | |
| | + | | | Yes No | | | | | | |
| | I | | | Yes No | | | | | | |
| | | | | Yes No | | | | | | |
| NOTE: If case or household contacts are involved in high risk occupations/activities, implement appropriate control recommendations. Refer to the "Reportable Infectious Diseases Reference Manual". | | | | | | | | | | |

| Did you travel to any other states in the | 7 days before ill | ness? | | | Yes | ☐ No | , [| Unkno | own | |
|---|--|----------|---------|------------|----------|----------|---|----------|------------------|----|
| City/State: | Depart (| | / | / | | ırn CT | | / / | | |
| City/State: | Depart (| | / | / | | urn CT | | / / | | |
| Did you travel outside of the United Sta | | | illnes | s? | Yes | □ No | | Unkno | wn | |
| Country: | Depart (| | / | / | | ırn CT | | / / | | |
| Country: | Depart 0 | | / | / | | ırn CT | <u>`: </u> | / / | | |
| | In the <u>6 months before</u> your illness began, did you travel outside of the United States? Yes No Unknown If yes, list countries? | | | | | | | | | |
| In the <u>6 months before</u> your illness begar | n, did any member If yes, list countrie | | r hous | sehold tra | avel o | ıtside o | of the | United | States? | |
| 100 110 0111110 111 | ir yes, nse esamer. | | | | | | | | | |
| Did you attend any large parties or gath Yes No | nerings (parties, f | | estival | ls) in the | 7 day | ys befo | <u>re i</u> ll | lness? | | |
| Event: | City: | | | Date/Tin | ne: | / | / | : | AM PM | |
| Foods eaten: | | | · | | | | | | | |
| Did you eat foods from any restaurants | in the 7 days bef | ore illi | ness? | Yes | | lo 🔲 | Unk | nown | | |
| Name: | City: | | | Date/Tin | ne: | | / | : | AM PM | |
| Foods eaten: | | | · | | | | | | | |
| Name: | City: | | | Date/Tin | ne: | / | / | : | AM PM | |
| Foods eaten: | 1 - 2 | | | | | | | | | |
| Name: | City: | | | Date/Tin | ne: | / | / | : | AM PM | |
| Foods eaten: | | | · | | | | | | | |
| | | | | | | | | | | |
| Where did you purchase groceries eater | n in the <u>7 days be</u> | | lness (| includin | g farm | ner's m | narket | ts, home | delivery service | .) |
| Store Name | | City | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Special Diet | | Yes | No | Unk | If y | es, spe | cify/o | describe | e, brand/type: | |
| Food allergies that prevent you from eating | g certain foods | | | | | | | | | |
| Vegetarian or vegan diet | | | | | | | | | | |
| Special or restricted diet (weight-loss, cult | tural, religious) | | | | | | | | | |
| If infant, formula or baby food | | 1 - 6 | | :11 | <u> </u> | | | | | |
| Did you have any of the following expos | | | | r inness | • | | | | | |
| (Note for interviewer: If yes, please ask an Water-Related Exposure | ty tistea jottow-up | Yes | No | Unk | Tf v | es, who | 0701 | | | |
| Drink untreated water (natural spring, pon | d loko rivor) | 168 | 110 | Ulik | II y | es, who | ere. | | | |
| Swim, wade, or play in untreated water (o | | | | | | | | | | |
| pond, river, stream, or natural spring) | ccan, iakc, | | | | | | | | | |
| Swim, wade, or play in treated water (poo | l hot tuh/sna | | | | | | | | | |
| fountain, splash pad, or waterpark with tre | | | | | | | | | | |
| chlorinated water) | | | | | | | | | | |
| Animal Contact | | Yes | No | Unk | If y | es, who | ere/t | ype of a | nimal: | |
| Dog | | | | | | | | | | |
| Is dog a puppy (<1 year)? | | | 1 | • | | | | | | |
| Cat | | | | | | | | | | |
| Other pet mammals (rodent, ferrets, rabbit | ts, guinea pigs) | | | | | | | | | |
| Reptiles/Amphibians (turtles, frogs, lizard | ls) | | | | | | | | | |
| Other pets (fish, hermit crabs) | | | | | | | | | | |
| Live poultry (chicken, turkey) | | | | | | | | | | |
| Cattle, goats, sheep | | | | | | | | | | |
| Pigs | | | | | | | | | | |
| Visit, work, or live on farm/ranch/petting | Z00 | | | | | | | | | |
| Ill Contacts | | Yes | No | Unk | If y | es, who | 0: | | | |
| Household or close contact with diarrhea | | | | | | | | | | |

The food exposure section below can be omitted if case traveled internationally during the <u>entire 7-day period</u> 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.

| Did you eat the following items in the 7 days before your illness | | | | 1000 |
|--|-----|----|-----|-----------------------|
| (Note for interviewer: If yes, please ask any listed follow-up questions and s | | | | |
| Meats and Seafood | Yes | No | Unk | If yes, food details: |
| 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 | | | 1 | |
| 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? | | | | |
| Eggs and Dairy | Yes | No | Unk | If yes, food details: |
| 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 | | | | |
| Fresh, Raw Produce | Yes | No | Unk | If yes, food details: |
| 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) | | | | |
| Other Foods | Yes | No | Unk | If yes, food details: |
| Any unpasteurized or raw juices, ciders, smoothies | | | | , |
| Raw nuts (not roasted, processed) | | | | |
| Peanut butter/ peanut butter-containing products (crackers) | | | | |
| 1 canal batter, peanal batter containing products (crackers) | | | | |

The following questions should be asked for <u>all Salmonella</u> cases and <u>Campylobacter cases with isolates</u> available.

| questions may not ap | few questions about your m ply to you, but we need to a | ask them of | every | body. ` | Your res | | | | |
|---|--|--|------------|---------|---|--|--|--|--|
| infections and how to Comorbidities | ially in vuli | nerable Yes | No No | Unk | If yes, additional o | latails: | | | |
| | | you | 165 | NU | UIIK | n yes, additional C | ictans. | | |
| diagnosed or treated t | | - | | | | | | | |
| abdominal surgery (gallbladder, or any suintestines)? | re your illness began, did yo (e.g. removal of appendix o urgery of the stomach or lar | ge | | | | | | | |
| you immunocompron | erlying medical conditions nised? | or are | | | | Describe: | | | |
| Medications | | | Yes | No | Unk | If Yes, additional details: | | | |
| Did you take antibiotics for this illness ? | | | | | | List antibiotic name(s): Date started: Date ended: | | | |
| In the 30 days before your illness began, did you take any antibiotics? | | | | | | List antibiotic name(s): | | | |
| In the 30 days before your illness began, did you take any form of antacid (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 30 days before you/illness began, did you take a probiotic (these can take the form of pills, powders, yogurts, and other fermented dairy products that contain "live and active" cultures)? | | | | | | Describe: | | | |
| in preventing others f | terview. Thank you for ta From becoming sick. | aking the ti | ime to | answe | r these | questions. Your res | sponses may be helpful | | |
| Antibiotic Names Amoxicillin Bactrim Cefixime Cephradine Duricef Keflex Norfloxacin/Norflox Suprax | Amoxicillin/Clavulanate Biaxin Cefuorixime Ciprofloxacin/Cipro Erythromycin Keftab Ofloxacin/Oflox Tetracycline | Ampicill Ceclor Cefzil Clarithro Erythron Levoflox Pediazol Trimox | ılfisoxize | ble | Augmentin Azithromycin Cefaclor Ceftrin Cefprozil Cephalexin Dapsone Doxycycline Flagyl Floxin Levoquin Metronidazole Penicillin/Pen VK Septra Trimethoprim/Sulfa Zithromax/Z-Pal | | | | |
| Antacid Names Aluminium hydroxide Cal-Guest Di-Gel Isopan Mi-Acid Nexium Pepcid Ri-Mag Tagamet Zegerid | Ami-Lac Caltrate Gas-X with Maalox Maalox / Maox Milantex Nizatidine Pepto Children's Riopan Tempo | Amphojel calcium-based supplem Gaviscon Magaldrate Milk of Magnesia Os-Cal Prevacid Rolaids Titralac | | | Ge Ma Mi Oy Pri | xilant lusil gnesium Hydroxide ntox sco losec n-Acid | Calcium carbonate Dialume Genaton Masanti Mylanta Oyster (shell) calcium Protonix Rulox Zantac | | |
| COMMENTS: | | | | | | | | | |