



GENERAL ENTERIC DISEASES INTERVIEW FORM SALMONELLA AND CAMPYLOBACTER

Version 01-2019

Reporting Health Department			
Completed by:	LHD:	Phone:	
Date of first interview attempt: / /	Date interview completed: / /		
<input type="checkbox"/> Case was interviewed	Case was not interviewed because: <input type="checkbox"/> Unreachable <input type="checkbox"/> Refused <input type="checkbox"/> No working phone <input type="checkbox"/> Other _____		

NOTE: Even if case could not be interviewed, please complete above information and enter into CTEDSS or fax this page to the DPH Epidemiology Program at 860-509-7910.

Case Information			
Last name:	First Name:		
Street:	City:		Zip:
Phone: () -	DOB: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other _____
Date specimen collected: / /	Source: <input type="checkbox"/> Stool <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other _____		
Pathogen:	Laboratory:		

Before we ask about your illness, we would like to get some information on your race and ethnicity.

What is your race? White Black Asian Native Hawaiian/Pacific Islander
 American Indian/Alaska Native Other _____ Unknown

Are you of Hispanic background? Yes No Unknown

Illness Information	Yes	No	Unk	If yes, additional details:
Did you have any symptoms associated with this illness?				Date/time of onset: / / : AM PM
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	If yes, additional details:
Were you hospitalized? (Inpatient only, not just ED visit)				Hospital name: 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: <input type="checkbox"/> Survived <input type="checkbox"/> 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	Occupation	Ill	If yes, onset date and symptoms
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> 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 illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
City/State:	Depart CT: / /	Return CT: / /		
City/State:	Depart CT: / /	Return CT: / /		
Did you travel outside of the United States in the 7 days before illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Country:	Depart CT: / /	Return CT: / /		
Country:	Depart CT: / /	Return CT: / /		
In the 6 months before 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 6 months before 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?				
Did you attend any large parties or gatherings (parties, fairs, festivals) in the 7 days before illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Event:	City:	Date/Time: / / : AM PM		
Foods eaten:				
Did you eat foods from any restaurants in the 7 days before illness? <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:				
Where did you purchase groceries eaten in the 7 days before illness (including farmer's markets, home delivery service)				
Store Name	City			
Special Diet	Yes	No	Unk	If yes, specify/describe, brand/type:
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				
Did you have any of the following exposures in the 7 days before your illness? <i>(Note for interviewer: If yes, please ask any listed follow-up questions)</i>				
Water-Related Exposure	Yes	No	Unk	If yes, where:
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)				
Animal Contact	Yes	No	Unk	If yes, where/type of animal:
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				
Ill Contacts	Yes	No	Unk	If yes, who:
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.

Did you eat the following items in the 7 days before your illness?				
<i>(Note for interviewer: If yes, please ask any listed follow-up questions and specify brand/type, where purchased/eaten.)</i>				
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				
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)				
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.

Comorbidities	Yes	No	Unk	If yes, additional details:
In the 6 months before your illness began, were you diagnosed or treated for cancer (including leukemia/lymphoma)?				
In the 6 months before your illness began, were you diagnosed or treated for diabetes ?				
In the 6 months before your illness began, did you have abdominal surgery (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:
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:

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
Cephradine	Ciprofloxacin/Cipro	Clarithromycin	Dapsone	Doxycycline
Duricef	Erythromycin	Erythromycin/sulfisoxazole	Flagyl	Floxin
Keflex	Keftab	Levofloxacin	Levoquin	Metronidazole
Norfloxacin/Norflo	Ofloxacin/Oflox	Pediazole	Penicillin/Pen VK	Septa
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	Roloids	Ron-Acid	Rulox
Tagamet	Tempo	Titralac	Tums	Zantac
Zegerid				

COMMENTS: _____

Please enter interview data into CTEDSS or fax to DPH Epidemiology Program at 860-509-7910. Thank you.