



GENERAL ENTERIC DISEASES INTERVIEW FORM

Revised 12/11/15

Use this form for: Salmonella, Campylobacter, Cryptosporidium, Shigella, and Yersinia.

| 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 Maven 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: | | |

| | 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 |
| Bloody Diarrhea | | | | Number of days diarrhea lasted: |
| Fever | | | | Highest temperature: |
| 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: / / |
| Do you have any underlying medical conditions or are you immunocompromised? | | | | Describe: |
| Outcome: <input type="checkbox"/> Survived <input type="checkbox"/> Died | | | | |

| Occupation and Risk Factor Information: | | | | |
|---|-----|----|-----|------------------------|
| Occupation: | | | | |
| | Yes | No | Unk | If yes, specify where: |
| Prepare foods outside the home: | | | | |
| 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 Diseases Reference Manual".

| |
|---|
| What is your race? <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown |
| Are you of Hispanic background? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

| | | | | |
|--|------------|------------------------|------------|--|
| 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: / / |
| 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 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 out at 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: |
| Live in a home with a septic system? | | | | |
| Use water from a private well as drinking water? | | | | |
| Drink untreated water (pond, lake, river, etc.?) | | | | |
| Swim or wade in untreated water? | | | | |
| Swim or wade in treated water? | | | | |
| Animal Contact | Yes | No | Unk | If yes, where/type of animal: |
| Dog? | | | | |
| Cat? | | | | |
| Other pet mammals? (rodent, ferrets, rabbits) | | | | |
| Pet bird (not poultry) | | | | |
| Reptiles/Amphibians (turtles, frogs, lizards) | | | | |
| Other pets? (fish, hermit crabs) | | | | |
| Live poultry? (chicken, turkey) | | | | |
| Cattle, goats, sheep? | | | | |
| Pigs? | | | | |
| Contact with a pet that had diarrhea? | | | | |
| Visit, work, or live on farm/ranch/petting zoo? | | | | |
| Ill Contacts | Yes | No | Unk | If yes, who: |
| Household or close contact with diarrhea? | | | | |

COMMENTS:

ADDITIONAL EXPOSURE QUESTIONS FOR SALMONELLA AND CAMPYLOBACTER ONLY

| 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) | | | | |
| Was chicken eaten outside the home? | | | | |
| 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 eaten outside the home? | | | | |
| Was turkey ground? | | | | |
| Beef or foods containing beef (deli, ground, jerky) | | | | |
| Was beef eaten outside the home? | | | | |
| Was beef ground? | | | | |
| Was ground beef undercooked or raw? | | | | |
| Pork or foods containing pork (deli, ground, jerky) | | | | |
| Lamb or mutton | | | | |
| Raw or undercooked liver | | | | |
| Liver pate | | | | |
| Game meat (bison, elk, rabbit, venison, etc.) | | | | |
| Fish or fish products | | | | |
| Was fish undercooked or raw? (sushi) | | | | |
| Shellfish (crab, shrimp, oysters, clams)? | | | | |
| Was shellfish undercooked or raw? | | | | |
| Anyone in household handle raw meat? | | | | |
| Anyone in household handle raw poultry? | | | | |
| Anyone in household handle raw seafood? | | | | |
| Eggs and Dairy | Yes | No | Unk | If yes, food details: |
| Eggs | | | | |
| Were eggs eaten outside of home? | | | | |
| Were eggs undercooked or raw? | | | | |
| Foods made with raw eggs | | | | |
| Dairy Products | | | | |
| Unpasteurized or Raw Milk | | | | |
| Pasteurized cow's or goat's milk | | | | |
| Soft cheese | | | | |
| Was soft cheese unpasteurized? | | | | |
| Other raw/unpasteurized 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 fresh fruits and vegetables | | | | |
| Other Foods | Yes | No | Unk | If yes, food details: |
| Any juice not pasteurized and not from concentrate | | | | |
| Raw nuts (not roasted, processed) | | | | |
| Peanut butter | | | | |
| Peanut butter-containing products (crackers, candies) | | | | |
| Frozen entrees (pot pies, stuffed chicken products, pizza) | | | | |