Colorado Department of Public Health and Environment
Communicable Disease Epidemiology Program
4300 Cherry Creek Dr S, Denver, CO 80246 Phone 303-692-2700, Fax 303-782-0338

SALMONELLOSIS CASE INVESTIGATION FORM

Use this form to interview all cases of salmonellosis for the CASE EXPOSURE ASSESSMENT PROJECT (ONLY REQUIRED FOR FOODNET COUNTIES). ***DO NOT use this form for Typhoid Fever***

Questions marked with * must be entered into CEDRS

Patient Name: _____ **CEDRS #** _____ ***Interview date:** ____/____/____

Agency Name: _____ Form Completed by: _____

Contact attempts: record date(s) and contact method (phone, text, letter) here:

Interviewed: Patient Parent/Spouse Refused/Unable to Contact Medical Record Other: _____

Demographics and Contact Information

*Date of Birth ____/____/_____ Age: _____ (Circle: Yrs., Mos., Days) *Sex: F M

*Race (Circle all that apply):
American Indian/Alaska Native Asian Black Unknown
Pacific Islander/Hawaiian Native White Other

*Ethnicity (Circle one): Hispanic Non Hispanic Unknown

Language spoken: _____ Parent/legal guardian: _____

Residence:
Address: _____
City: _____
County: _____
Zip Code: _____

Phone Numbers:
Home Phone: (_____)_____
Work Phone: (_____)_____
Mobile: (_____)_____
E-mail: _____

Laboratory information *****please confirm lab information with patient, even if already in CEDRS*

*Culture: Pos Neg Not tested Serotype_____
*PCR: Pos Neg Not tested
Lab or hospital name:_____

*Date specimen(s) collected: ____/____/_____ *Specimen source: Stool Urine Blood Other:_____

Physician Name: _____ MD Phone: (____) _____
Clinic Name: _____ City/State: _____

Clinical Description (Yes=Y; No=N; Unknown=U)

Did the patient have symptoms?: Y N U *If yes*, *onset date ____/____/_____ Time: _____ AM / PM

Did the patient have:

Diarrhea Y N U
Date diarrhea onset ___/___/___
Bloody diarrhea Y N U

Fever (max temp_____) Y N U
Vomiting Y N U
Abd. cramps Y N U

Headache Y N U
Body aches Y N U
Other_____ Y N U

How many days did the illness last? _____days

*Outcome: Survived Died Unk (*FoodNet counties: record pt outcome on 7th day after specimen collect date)*
If died, date of death: ___/___/___

Patient Name: _____ **CEDRS #** _____

*Was patient hospitalized? Yes No Unk *(ER visits only not considered "hospitalized")*

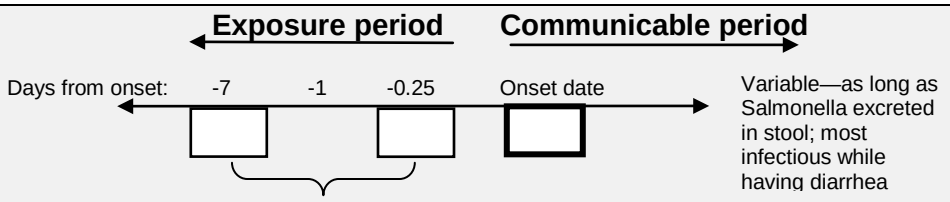
If hospitalized: *Hospital Name: _____

*Date of Admission: ____/____/____ *Date of Discharge: ____/____/____

*Transferred to another hospital? Yes No Unk *Transfer hosp name:_____

Infection timeline

Enter onset date in box, then count back to determine probable exposure period and enter those dates.



If not otherwise specified, please ask about exposures 6 hours-7 days before symptom onset.

School/Work

Occupation: _____ Student? Yes No

Place of Employment: _____ *If yes*, Name of School: _____

Does the patient…

Attend, work or volunteer at a child care center / preschool? Yes No Unk

Have a child(ren) in a child care center? Yes No Unk

Attend, work or volunteer at a residential facility? (e.g. nsg home) Yes No Unk

If yes to any of the above,

Name and location of facility _____

Are other children/staff ill? Yes No Unk

Provide direct patient care as a health care worker? Yes No Unk

If yes, name and location of facility _____

Work as a food handler? Yes No Unk

If yes, name and location of facility _____

Since the patient became ill, did case prepare food for any public or private gatherings? Yes No Unk

If yes, provide details:_____

Contact management

* Did patient have contact with any individual who had a diarrheal illness (before case's onset)? Yes No Unk

Complete the table below for **all** household members and other close contacts. If any of these persons has been ill with similar symptoms, please indicate the date of onset and symptoms.

Name	Age	Occupation/ Child Care	Similar illness	Onset m d y	Comments
			Y N U		
			Y N U		
			Y N U		
			Y N U		
			Y N U		
			Y N U		
			Y N U		

If case or household contact is high risk (food handler, health care worker, child care) refer to CD manual for restrictions/follow up. Obtain details of site, job description, dates worked/attended during communicable period, supervisor name, etc.

Patient Name: _____ **CEDRS #** _____

Travel information

*Did patient travel outside the US in the 7 days prior to the onset of illness? Yes No Unk

If yes, complete international travel section ONLY and STOP (no other food or other exposure info is necessary; complete the CEDRS record and any necessary disease control activities)

	Country	Date left US	Date returned to US
(1)			
(2)			
(3)			

☐ Check box if case was adopted or immigrated to US (no "date left US")

Did patient travel within the US in the 7 days prior to the onset of illness? Yes No Unk

If yes, where/when:_____

Water

* During the 7 days before illness, did patient drink any water from a private well? Yes No Unk

If yes, location/type of well_____

* Did patient live in a home with a septic system? Yes No Unk

* Did patient drink <u>any</u> untreated water from a pond, stream, spring, lake or river? Yes No Unk

Did the patient swim or wade in any of the following types of recreational water? <u>If yes, location / dates:</u>

* Lake, pond, river, or stream Y N U
* Ocean Y N U
* Hot tub/spa, whirlpool, Jacuzzi Y N U
* Swimming or wading pool Y N U
* Recreational waterpark or any type of fountain Y N U

Drainage ditch/irrigation canal Y N U

Other, specify:_____

Pet or animal exposure

*Did the patient visit, work, or live on a farm within 7 days prior to illness? Yes No Unk

*Visit any animal exhibits (petting zoo, county fair, etc)? Yes No Unk

If yes to either, did the case have exposure to manure? Yes No Unk

* Have contact with a pet or any other animal at home, school, work, etc.? Yes No Unk

If yes to any of these, indicate the animals with which patient had contact:

*Dog/puppy	Y N	*Cow/calf	Y N
*Cat/kitten	Y N	*Chicken/duck/turkey	Y N
*Frog	Y N	*Sheep	Y N
*Reptile (e.g. snake, iguana, turtle)	Y N	*Goat	Y N
*Rodent (e.g. mouse, hamster, guinea pig)	Y N	*Pig	Y N
*Ferret, hedgehog or similar small animal?	Y N	Horse	Y N
*Pet bird or wild bird (e.g. parakeet, bird feeder bird)	Y N	Other _____	Y N

*Did any of these animals recently have diarrhea? Y N Which one(s)? _____

Were any of them recently acquired? Y N Details_____

Provide details about the type and location of contact with any animals noted above. Was this contact at home, in a store, a farm, etc? Note dates and locations, if relevant. _____

_____

Did case handle any pet food or pet treats? Y N

If yes, provide details of type of treat/food:_____

Restaurant history/Group activities

Any group gatherings, picnics, sporting events, etc., during the 7 days before illness? Yes No Unk

Did others accompanying the case become ill with diarrhea, fever, or abdominal pain? Yes No Unk
(If others became ill after a common exposure, this may be an outbreak. Call regional epidemiologist or CDPHE for assistance)

Did patient eat out at any restaurants or other commercial places (i.e., not at a friend's house)? Yes No Unk
If yes, Name Address Date of Exposure Foods Eaten

_____
_____
_____
_____
_____
_____
_____
_____

Grocery / food store history: List food store(s) or grocery store(s) for foods consumed during 7 days prior to illness.
Collect shopper card info at end of interview, suggested script is on last page:

Name/location: _____

Shopper card number (if applicable):_____

Name/location: _____

Shopper card number (if applicable):_____

Name/location: _____

Shopper card number (if applicable):_____

Did patient purchase/consume any food from a farmer's market? Yes No Unk *If yes,* what/where?_____

Did patient purchase/consume any food from a CSA (community supported agriculture project) or a food coop or a home delivery service (such as a service that delivers fresh produce to your doorstep)?
Yes No Unk *If yes,* what/where?_____

Did patient purchase/consume any food from a specialty stores? Yes No Unk *If yes,* what/where?_____
(such as a carniceria, or ethnic market)

Food history *Interviewer: if patient is unsure, ask patient if it is likely if s/he ate a particular food item*
Definition: OUT means foods cooked at a commercial establishment such as a by a restaurant, deli, fast food, take out, farmer's market, or catered. This does not include at another person's house, a potluck, etc.

During 7 days prior to onset of illness did the case eat: **Provide details including where food obtained, when consumed, etc, below:**

Dairy
*Any dairy product Y N U
*Nonpasteurized (raw) milk Y N U
*Other products made from raw milk (Kiefer, ice cream, yogurt etc) Y N U
*Any soft cheese such as Queso fresco, Brie or goat cheese? Y N U
*Was that soft cheese made with raw milk? Y N U

*Any eggs Y N U
*Any eggs OUT? Y N U
*Raw or lightly cooked eggs (runny yolks) or foods made with raw eggs (sauces, cookie dough, etc) Y N U

Patient Name: _____ **CEDRS #** _____

Meats

*Any chicken or foods with chicken in them Y N U
*Any chicken OUT Y N U
*Any ground chicken Y N U
*Any turkey or foods with turkey in them Y N U
*Any turkey OUT Y N U
*Any ground turkey Y N U
Rare or undercooked poultry Y N U
Handled raw poultry Y N U

*Any beef or foods with beef in them (includes ground beef) Y N U
Any beef or ground beef OUT Y N U

*Any ground beef Y N U
Ground beef prepared at home Y N U
Prepared elsewhere Y N U → Details:_____
*Any pink or raw ground meat Y N U

Ground beef details:
Purchased in: ☐ Bulk ☐ Patties Package size _____lbs
Meat was:☐ Fresh ☐ Frozen Type: _____% lean
Where purchased?_____
What brand?_____ Purchase date_____
Lot/Est #:_____ Use/sell by date:_____

Any ground beef in home, even if did not eat it? Y N U
How often does case usually eat ground beef? ☐ ≥ 1/week ☐ ~1/month ☐ <1/month ☐ Never

*Any fish or foods with fish in them Y N U
*Was any of this fish raw or partially cooked? Y N U
*Any seafood, such as crab, shrimp, oysters, etc Y N U
*Was any of this seafood raw or partially cooked? Y N U

*Any pork or foods with pork in them Y N U
Dried meats (salami, jerky, etc) Y N U
Wild game (venison, elk, other game) Y N U

Produce

Any food from a salad bar Y N U Where:
*Sprouts (bean, alfalfa, clover…) Y N U
*Uncooked, fresh tomatoes Y N U Type(s):
*Lettuce Y N U Bagged?:
*Fresh spinach Y N U Bagged?:
Uncooked green onions (scallions) Y N U
*Uncooked cilantro Y N U
*Other fresh herbs (e.g. parsley, basil) Y N U
Other raw vegetables Y N U List:

*Any juice or cider that was NOT pasteurized Y N U
*Cantaloupe Y N U
*Watermelon Y N U
Honeydew Y N U
*Fresh strawberries Y N U
*Any other fresh berries Y N U
Mangoes Y N U
Grapes Y N U
Other fruits Y N U List:

Other Food Items.

Foods brought from other countries Y N U
Fresh salsa / pico de gallo Y N U
Health food products or supplements Y N U
Infant food or formula Y N U
Raw nuts (almonds, walnuts, etc) Y N U

Any food or drinks with marijuana or its active ingredient THC in them (e.g. brownies, cookies, butter or other foods)? Y N U

If yes: What food(s) did you eat or drink?_____
Was this food prepared or made at a store? Y N U
Was this food prepared or made at home?(i.e. not retail) Y N U
If at home, was it made with any infused products that were from a store? Y N U

Explanation an interviewer can read for shopper card number request:
If case asks why shopper card information has been requested, interviewer can read: The state public health lab does additional testing on all Salmonella specimens and sometimes determines that bacteria from several people are identical, which means they could have had the same source of infection. One way to learn if these people ate the same foods is to compare what they purchased at grocery stores. Would it be OK to get your shopper card number in case this happens? We would ask the store for foods you purchased, usually in the couple of weeks before you became ill.

Epi-links

Are any ill contacts listed on p. 2 already confirmed or suspected cases in CEDRS?	Yes	No	Unk	*If yes*, CEDRS#_____
Is this patient associated with a known outbreak?	Yes	No	Unk	*If yes*, specify:_____

If case or household contact or case is high risk (food handler, health care worker, child care) refer to CD manual for restrictions/follow up. Obtain details of site, job description, dates worked/attended during communicable period, supervisor name, etc.

Notes:

Summary of follow up

- ☐ Hygiene/handwashing education provided
- ☐ Safe food handling/cross-contamination education provided
- ☐ Work or childcare restriction for case
- ☐ Follow up of other household members
- ☐ Child care center inspected
- ☐ Restaurant inspected
- ☐ _____

Questions about filling out this form?
Contact the Communicable Disease Epidemiology Program at 303-692-2700, 800-866-2759

After finishing case interview, update the CEDRS record. Do NOT send this form to CDPHE unless it is requested (e.g. as part of a suspected outbreak).