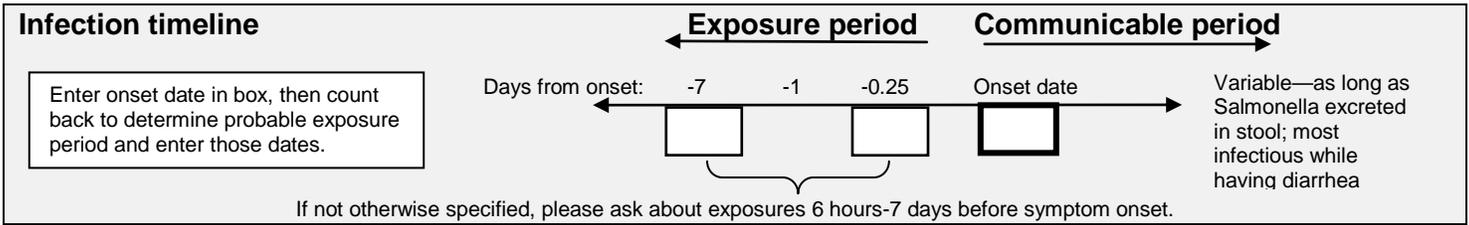


Was patient hospitalized? Yes No Unk (ER visits only not considered "hospitalized")
 If hospitalized: Hospital Name: _____
 Date of Admission: ___/___/___ Date of Discharge: ___/___/___
 Transferred to another hospital? Yes No Unk Transfer hosp name: _____



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

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	_____	_____

Epi-links

Are any ill contacts listed above 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.

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)

<u>Country</u>	<u>Date left US</u>	<u>Date returned to US</u>	<input type="checkbox"/> Check box if case was adopted or immigrated to US (no "date left US")
(1) _____	_____	_____	
(2) _____	_____	_____	
(3) _____	_____	_____	

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 drink any untreated water from a pond, stream, spring, lake or river? Yes No Unk

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

Dairy

Nonpasteurized (raw) milk Y N U
 Other products made from raw milk (Kiefer, ice cream, yogurt etc) Y N U
 Any soft cheese made with raw milk? Y N U

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

Meats

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

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: _____
 Details: _____

Raw or partially cooked seafood / fish? 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?:

Any juice or cider that was NOT pasteurized Y N U

Other Food Items.

Fresh salsa / pico de gallo 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

Optional, for pt education purposes:

Does case use the same cutting board to cut meat and vegetables, fruit, etc.? Yes No Unk

If yes, does case wash the cutting board after cutting meat, or before cutting fruits, vegetables, etc.? Y N U

Does case use the same knife to cut meat and vegetables, fruit, etc.? Yes No Unk

If yes, does case wash the knife after cutting meat, or before cutting fruits, vegetables, etc.? Y N U

How often does case wash hands after handling raw meat/poultry? Always Most times Sometimes Never NA

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.

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).