

## CAMPYLOBACTERIOSIS CASE INVESTIGATION FORM

*Use this form to interview all cases of infection with Campylobacter  
 (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson Counties should NOT use this form;  
 other counties may use the longer FoodNet Case Exposure Ascertainment (CEA) form if desired)*

<b>Patient Name:</b> _____	<b>CEDRS #</b> _____	<b>Interview date:</b> ___/___/___
<b>Agency Name:</b> _____	<b>Form Completed by:</b> _____	
<b>Contact attempts: record date(s) and contact method (phone, text, letter) here:</b>		
<b>Interviewed:</b> 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/Alaskan Native	Asian	Black	Unknown
Pacific Islander/Hawaiian Native	White	Other	

Ethnicity (Circle one):      Hispanic      Non Hispanic      Unknown

Language spoken: \_\_\_\_\_      Parent/legal guardian: \_\_\_\_\_

<b>Residence:</b>	<b>Phone Numbers:</b>
Address: _____	Home Phone: (_____) _____
City: _____	Work Phone: (_____) _____
County: _____	Mobile: (_____) _____
Zip Code: _____	E-mail: _____

**Was pt living in an Institutional setting at time of event?**    Y    N    U    **If yes, what type?** \_\_\_\_\_

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

Culture: Pos    Neg    Not tested	EIA: Pos    Neg    Not tested	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	Fever (max temp _____)	Y    N    U	Headache	Y    N    U
Date diarrhea onset	___/___/___	Vomiting	Y    N    U	Body aches	Y    N    U
Bloody diarrhea	Y    N    U	Abd. cramps	Y    N    U	Other _____	Y    N    U

How many days did the illness last? \_\_\_\_\_ days

**Outcome/Hospitalization**

Outcome:    Survived    Died    Unk    (*Record pt outcome on 7th day after specimen collect date*)  
*If died, date of death:* \_\_\_/\_\_\_/\_\_\_

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

Hospital Name: _____	Date of Admission: ___/___/___	Date of Discharge: ___/___/___
2 <sup>nd</sup> hospital Name: _____	Date of Admission: ___/___/___	Date of Discharge: ___/___/___

**Infection timeline**

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

**Exposure period**      **Communicable period**

Days from onset:      -7      -2      Onset date

Variable—as long as *Campylobacter* excreted in stool; most infectious while having diarrhea

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

**School/Work**

Current place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Student?    Yes    No      *If yes, Name of School:* \_\_\_\_\_

*In the 7 days before illness onset:*

Primary occupation: \_\_\_\_\_ Industry (see CEDRS for list): \_\_\_\_\_  
 Describe main occupational duties: \_\_\_\_\_

*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? <i>If yes, name and location of facility</i> _____	Yes	No	Unk
Are other children/staff ill?	Yes	No	Unk
Attend, work or volunteer at a residential facility? (e.g. nsg home) <i>If yes, name and location of facility</i> _____	Yes	No	Unk
Are other staff/residents ill?	Yes	No	Unk
Provide direct patient care as a health care worker? <i>If yes, name and location of facility</i> _____	Yes	No	Unk
Work as a food handler? <i>If yes, name and location of facility</i> _____	Yes	No	Unk
Since the patient became ill, did case prepare food for any public or private gatherings? <i>If yes, provide details:</i> _____	Yes	No	Unk

**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	_____	_____

**Epi-links**

Is any person listed above already a confirmed or suspected case in CEDRS?      Yes    No    Unk      *If yes, CEDRS#* \_\_\_\_\_  
 Is this patient part of a known/suspected outbreak?      Yes    No    Unk      *If yes, specify:* \_\_\_\_\_

**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.**

**Travel information**

Did patient travel outside the US in the 7 days prior to the onset of illness? Yes No Unk  
 If yes, 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: \_\_\_\_\_

**If case traveled out of the country, complete international travel section and conclude interview. It's not necessary to collect other food or exposure information.**

**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

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

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  
 did the case participate in calving or birthing any animals Yes No Unk  
 did the case participate in branding? Yes No Unk

Work in a slaughterhouse or meat packing plant? 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. \_\_\_\_\_

**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:

Name/location: \_\_\_\_\_  
Name/location: \_\_\_\_\_  
Name/location: \_\_\_\_\_

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:** Provide details including where food obtained, when consumed, etc, below

Nonpasteurized (raw) milk Y N U  
Other nonpasteurized milk products  
(Queso fresco, ice cream, etc) Y N U  
Any locally produced kiefer, cheese curds, yogurt, 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

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.? Yes No Unk

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.? Yes No Unk

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

Notes:

**Summary of follow up**

- |   |  |
|---|--|
| <input type="checkbox"/> Hygiene education provided             | <input type="checkbox"/> Child care center inspected |
| <input type="checkbox"/> Work or childcare restriction for case | <input type="checkbox"/> Restaurant inspected        |
| <input type="checkbox"/> Follow up of other household members   | <input type="checkbox"/> _____                       |

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).**