

Kentucky Department for Public Health
Division of Epidemiology and Health Planning

Enteric Disease Investigation Form

Circle one:

Campylobacter, Cryptosporidium, Salmonella, Shiga toxin-producing E. coli (STEC), Shigella

State Case # _____ Patient Initials: _____ Date of Interview: ___/___/___

Gender: [] Male [] Female Age _____ County of Residence _____

Ethnicity: [] Hispanic or Latino [] Not Hispanic or Latino [] Unknown
Race: [] White [] Black or African American [] Asian [] Native American/Pacific Islander [] American Indian/ Alaskan Native [] Unknown

Occupation: _____

Employer: _____ Job Description: _____

Is the patient: [] Daycare worker/attendee [] Healthcare worker [] Food service worker

If so, where? _____

SECTION 1: Clinical Information

1. Date of illness onset: ___/___/___ 2. Time of illness onset: _____AM / PM

3. Still ill at time of interview: [] Yes [] No If no, duration of illness: ___ hours / days

4. Symptoms: Unknown [] Diarrhea [] Yes [] No Other: _____
Fever [] Yes [] No Bloody Stool [] Yes [] No _____
Nausea [] Yes [] No Abdominal Cramps [] Yes [] No _____
Vomiting [] Yes [] No Headache [] Yes [] No _____

5. Admitted to hospital for illness: [] Yes [] No When: ___/___/___ Where: _____

6. Pertinent lab results: Type of Test: _____ Specimen Source: _____

Collection Date: ___/___/___ Result: [] Positive [] Negative

Name of Organism isolated: _____ Serotype: _____

Isolate sent to the Division of Laboratory Services (State Lab): [] Yes [] No

7. Antibiotic Therapy: [] Yes [] No Name of Antibiotic: _____

Date initiated: ___/___/___ Duration of prescription: _____

Antibiotic resistance/susceptibility report available: [] Yes [] No

If yes, please send a copy to the Reportable Diseases Section with this form and the lab report.

8. Patient immunocompromised: [] Yes [] No

SECTION 2: General Exposures

9. Family, friends, or co-workers with similar illness: Yes No Don't know

Describe: _____

10. Usual sources of drinking water: Tap water Bottled water Water from refrigerator

11. Usual sources of ice: Tap water Bottled water Store-bought Ice from refrigerator

12. Type of water supply: Public Private Don't know

13. Type of sewage: Public Private Don't know

14. Recent (one month prior to onset) problems with water supply or sewage system:

Yes No Don't know

15. Recent (one month prior to onset) recreational water activities (swimming, water-skiing, boating, Water Park):

Yes What/Where: _____ No Don't know

16. Animal exposure in month preceding illness:

Puppies/Kittens: Yes Type: _____ No Don't know

Swine/Sheep: Yes Type: _____ No Don't know

Poultry/Cattle: Yes Type: _____ No Don't know

Rodents/Birds: Yes Type: _____ No Don't know

Reptiles: Yes Type: _____ No Don't know

Other: Yes Type: _____ No Don't know

17. Any Pets Ill? Yes No Don't know

18. Farm/petting zoo in month preceding illness: Yes No Don't know

Where: _____ When: __/__/__ Type of animal(s) _____

19. Travel in month preceding illness: Yes No Don't know

Travel in the U.S: Where: _____ When: __/__/__

Travel outside of the U.S: Where: _____ When: __/__/__

Mode of Travel: Airplane Bus Car Cruise Ship Train Other

Identifier, such as flight no. airline, etc. _____

20. Social events in seven days preceding illness (parties, weddings, etc):

Yes No Don't know When: __/__/__

What: _____ Where: _____

Others ill? _____

SECTION 3: Food and Beverage History (Refer to the five days preceding illness onset)

21. Grocery store(s) where food was purchased: _____

22. Restaurants/take out: Yes No Don't know

Where: _____ When: ___/___/___ Foods Eaten: _____

Where: _____ When: ___/___/___ Foods Eaten: _____

Where: _____ When: ___/___/___ Foods Eaten: _____

Where: _____ When: ___/___/___ Foods Eaten: _____

23. Food and beverage history by day and meal: Limited Food History Recall

	Breakfast	Lunch	Dinner	Other
Day of Onset				
One Day Before Onset				
Two Days Before Onset				
Three Days Before Onset				
Four Days Before Onset				
Five Days Before Onset				

24. Specific food and beverage items consumed:

Y	?	N	Meat, Poultry, Fish, Egg, and Dairy	Y	?	N	Fresh Produce
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eggs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tomatoes: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unpasteurized milk: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrots: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized milk: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce in a salad: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ice cream/frozen yogurt: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce on a sandwich: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soy milk: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spinach: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cottage cheese: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any sprouts: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ricotta: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any basil, parsley, cilantro: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cheese slices: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broccoli: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any cheese spread: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any beans or lentils: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feta: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mushrooms: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mexican-style (queso fresco, queso blanco)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potatoes: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any fancy imported cheese: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cantaloupe: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground beef: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honeydew: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other ground meat: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Watermelon: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Raspberries: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pork/ham: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strawberries: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deli meats: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bananas: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot dogs/sausage: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apples: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seafood: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grapes: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fish: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any organic produce: _____
Y	?	N	Pre-made/Processed Foods	Y	?	N	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Store-bought potato/egg/pasta salad: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuts (walnut, almonds, peanuts, etc): _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hummus: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dried fruit: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tofu: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orange Juice: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cereal: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apple cider: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baby food: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peanut butter: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen dinners: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yogurt: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-made dinners requiring reheat: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tahini, sesame: _____

Counseling (initial once completed):

- _____ Mode of transmission/prevention/control
- _____ Proper hand washing and personal hygiene
- _____ Avoid sharing personal hygiene products
- _____ Washing all fruits and vegetables; proper food storage and thorough cooking of meats
- _____ Avoiding cross contamination (surfaces, cutting boards, utensils, stored food in refrigerator)
- _____ Avoid direct contact with reptiles (lizards, snakes, iguanas, turtles)
- _____ Risks associated with unpasteurized milk/juice
- _____ Avoid preparation of food for others

Environmentalist Notified: Yes No If so, whom? Name: _____

Interviewer Name and Agency: _____

Send completed questionnaire along with lab report to the Reportable Disease Section, secure fax: 502-696-3803.