

**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/school worker/attende
 Healthcare worker Food service worker N/A

If so, name of daycare/school/health care facility/food service facility:

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: <input type="checkbox"/> | Diarrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: _____ |
| Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No | Bloody Stool: <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Nausea: <input type="checkbox"/> Yes <input type="checkbox"/> No | Abdominal Cramps: <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No | Headache: <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

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

6. Pertinent lab results: Was patient specimen sent for laboratory testing?: Yes No

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

If yes, 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 Unknown

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 Unknown

13. Type of sewage: Public Private Unknown

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

Yes No Unknown

15. Recent (one month prior to onset) recreational water activities (swimming, water-skiing, boating, Water Park): Yes No Unknown

If yes, What/Where: _____

16. Recent Construction / Soil Disturbance (Gardening, Farming etc.): Yes No Unknown

17. Animal Exposure Indoor: Yes No Unknown

18. Animal Exposure Outdoor: Yes No Unknown

19. Animal exposure in month preceding illness:

Dogs/Cats:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes,type: _____
Swine/Sheep:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes,type: _____
Poultry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes,type: _____
Cattle:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes,type: _____
Rodents:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes,type: _____
Birds:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes,type: _____
Reptiles:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes,type: _____
Other animals:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes,type: _____

20. Any Pets Ill? Yes No Unknown

21. Farm/petting zoo in month preceding illness: Yes No Unknown

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

22. Travel in month preceding illness: Yes No Unknown

If yes:

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. _____

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

Yes No Unknown When: ___/___/___

What: _____ Where: _____

Others ill? _____

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

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

Address of Grocery Store: _____

25. Restaurants/take out: Yes No Unknown

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

26. Food and beverage history by day and meal:

Food and Beverage History by Day and Meal				
	Breakfast	Lunch	Dinner	Snacks/Other
Day of Onset				
One Day Prior to Onset				
Two Days Prior to Onset				
Three Days Prior to Onset				
Four Days Prior to Onset				
Five Days Prior to Onset				

Limited Food Recall

26. Did you drink any milk within the last 7 days, preceding your illness?:

Yes No Unknown

When and where did you get the milk, you drank?

Date of Purchase: ___/___/___ Where:

Was any of it unpasteurized or raw milk: Yes No Unknown

Brand: _____ Type: _____

27. Did you eat any ground beef within the last 7 days, preceding your illness?:

Yes No Unknown

When and where did you purchase any ground beef you ate a week before your illness?

Date of Purchase: ___/___/___ Where:

What type of ground beef was it?: _____ Brand:

_____ Package Size: _____

Percent Lean (e.g., 80/20): _____

28. Did you eat any chicken or turkey within the last 7 days, preceding your illness?:

Yes No Unknown

When and where did you purchase any other meat products that you ate a week before your illness

Date of Purchase: ___/___/___ Where:

Brand _____ What type is it (e.g., breast, ground, legs, thigh, whole):

29. Did you eat any other meat products within the last 7 days, preceding your illness?:

Yes No Unknown

When and where did you purchase any other meat products that you ate a week before your illness

Date of Purchase: ___/___/___ Where:

Brand _____ What type is it (e.g., pork, lamb, fish, etc):

30. Did you eat any home canned foods, within the last 7 days, before your illness?:

Yes No Unknown

Date of Consumption: ___/___/___ If yes, what was it:

Do you have any unused canned food available for testing: Yes No Unknown

31. Did you eat any rice, 24 hours prior to your illness?: Yes No Unknown

Date of Consumption: ___/___/___ Where was it eaten?:

Brand _____ What type of rice was consumed?:

Was the food catered?: Yes No Unknown If yes,
who?: _____

32. Did you eat any potato salad, 24 hours prior to your illness?: Yes No Unknown

Date of Consumption: ___/___/___ Where was it eaten?:

Brand _____ Was the food catered?: Yes No Unknown

If yes, who?: _____

33. Did you eat any cole slaw, 24 hours prior to your illness?: Yes No Unknown

Date of Consumption: ___/___/___ Where was it eaten?:

Brand _____ Was the food catered?: Yes No Unknown

If yes, who?: _____

34. Specific food and beverage items consumed:

Meat, Poultry, Fish, Egg, and Dairy	Yes	No	Unknown	Vegetables	Yes	No	Unknown
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"/>
Soy Milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce in Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lettuce on Sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cottage Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spinach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ricotta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presliced Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basil, Parsley, Cilantro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Block Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broccoli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mexican Style Cheese (Queso Fresco, Queso Blanco)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cucumber/zucchini/squash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef (Not Ground)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peppers (sweet peppers, jalapenos, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Onion/ Garlic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Turkey/Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Fresh Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pork/Ham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frozen Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premade/Processed Foods	Yes	No	Unknown
Deli Meats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Store-bought potato/egg/pasta salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Dogs/Sausage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tofu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seafood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cereal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baby Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Juice/Fruit	Yes	No	Unknown	Frozen Dinners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpasteurized Juice/Cider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-made dinner requiring reheat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salsa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apple Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	Yes	No	Unknown
Other Juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beans or Lentils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cantaloupe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nuts (walnut, almonds, peanuts, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watermelon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dried Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honeydew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Peanut Butter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raspberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Strawberries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Bananas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Apples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Grapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other Fresh Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Frozen Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Counseling (initial once completed):

- ____ Educate on pathogen and source (e.g. animal, human)
- ____ 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
- ____ Disinfecting surfaces
- ____ Unrecognized foods (raw eggs in homemade ice cream, homemade salad dressings/sauces, raw cookie dough)
- ____ High risk circumstances for transmission identified.
- ____ Counseled to avoid activities that put others at risk of catching disease.
- ____ Mailed educational information to (address) _____

Environmentalist Notified: Yes No If yes, whom? Name: _____
Interviewer Name and Agency: _____

Enter completed questionnaire into NEDSS and retain a copy at the Local Health Department along with pertinent case information. Fax laboratory reports to the Reportable Disease Section secure fax 502-696-3803.