

**Kentucky Department for Public Health
Division of Epidemiology and Health Planning**

Campylobacteriosis Supplemental Questionnaire

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: _____

Is the patient: Daycare worker/attende Healthcare worker Food service worker

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:

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	Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Abdominal Cramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other :	_____	

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

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

Collection Date: ____/____/____ Result: Positive Negative, Serotype: _____

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

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

SECTION 2: General Exposures

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

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

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

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

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

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

Yes No Don't know

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

Yes What/Where: _____ No Don't know

15. 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

Other: Yes Type: _____ No Don't know

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

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

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

If poultry exposure is noted, please complete questions 22-29.

18. 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. _____

19. 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)

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

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

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

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

Food and beverage history by day and meal:

	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				

SECTION 4: Complete if chicken farm or poultry exposure is noted (e.g. employment, neighboring chicken farm, etc. (Do not include home food preparation)

22. What type of exposure? _____
If domestic, specify: _____

23. If poultry processing plant or farm, specify name and location: _____

24. Work Category: poultry processing plant or chicken farm

If processing plant, choose which area: If chicken farm, choose which area:

- | | |
|---|---|
| <input type="checkbox"/> Kill and Pick Line | <input type="checkbox"/> Breeder |
| <input type="checkbox"/> Eviscerating Line | <input type="checkbox"/> Broiler |
| <input type="checkbox"/> Packaging Line | <input type="checkbox"/> Other, specify |
| <input type="checkbox"/> Other, specify | |

25. How long have you been employed with the poultry industry? _____

26. How many times have you experienced a diarrheal illness since the start of employment?

27. Were you required to have two negative stool cultures before returning to work? Yes No

28. Were you instructed in control and prevention measures at work? Yes No

29. Other comments: _____

Interviewer Name and Agency: _____

Send completed questionnaire to the Reportable Disease Section, secure fax: 502-696-3803 or e-mail tracyl.vaughn@ky.gov .