Appendix I: Enteric Disease-Specific Illness Investigation Forms

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Campylobacteriosis Questionnaire

Foodborne and Waterborne Illness Investigation Form

Campylobacteriosis FBWB Questionnaire

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Campylobacteriosis Questionnaire

Kentucky Public Health

Campylobacteriosis FBWB Questionnaire

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Campylobacteriosis Questionnaire

Kentucky Public Health

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NEDSS ID: _____

Interviewer Name: _____ **Interviewer Agency:** _____

Patient Initials: _____ **Date of First Attempt to Interview:** _____ **Date of Interview:** _____ **No. of Attempts:** _____
Refused: ☐Yes ☐No ☐Unk **Partially Completed:** ☐Yes ☐No ☐Unk **Letter Mailed?** ☐Yes ☐No ☐Unk

Lost to Follow-up: ☐Yes ☐No ☐Unk **Delayed report to LHD/KDPH causing limited exposure recall:** ☐Yes ☐No ☐Unk
Earliest Date Reported to County: _____

Person Being Interviewed: ☐ **Patient** ☐ **Surrogate (name and describe):**_____

Section 1: Patient Info

1. **DOB:** _____ 2. **Age (years/months):** _____ 3. **Sex:** ☐Male ☐Female ☐Unk

4. **Is the patient deceased?** ☐Yes ☐No ☐Unk 5. **Marital Status?** ☐Married ☐Single ☐Widowed

Occupation Information

6. **Are you:** ☐ Employed ☐ Unemployed ☐ Retired ☐ Student ☐ A Volunteer ☐ Unk
   If employed:
   Occupation: _____
   Employer (Name and Address):_____
   Job Title and Description: _____

   Please mark if the patient works in one of the following high-risk transmission occupations:
   ☐ Daycare/school ☐ Healthcare ☐ Food service ☐ Other (describe):_____
   Did you work or attend school while sick? ☐ Yes ☐ No ☐ Unk
   Dates worked: _____
   Describe job duties while sick: _____
   Describe hand hygiene practices while sick: _____

7. **Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?** ☐ Yes ☐ No ☐ Unk
   If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.) ☐ Yes ☐ No ☐ Unk

Daycare/School Information (obtain is patient is a child)

8. **Does the child attend:** ☐ Daycare ☐ School ☐ Other ☐ No/Unk
   (describe):_____
   Daycare/School Name and Address: _____
   Grade or room: _____
   Did your child attend daycare/school while sick? ☐ Yes ☐ No ☐ N/A ☐ Unk
   Dates Attended: _____
   Have any others at the daycare/school been ill? ☐ Yes ☐ No ☐ N/A ☐ Unk

Address

9. **County of Residence**: _____

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Ethnicity and Race

10. **Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unk

11. **Race:** ☐ White ☐ Black or African American ☐ Asian ☐ Native American/Pacific Islander/Alaskan Native ☐ Unk

Clinical Info

12. **Admitted to hospital for illness?** ☐ Yes ☐ No ☐ Unk
Name of Hospital: _____
Admission Date: _____ Discharge Date: _____
Did patient die? ☐ Yes ☐ No ☐ Unk Was death a result of illness? ☐ Yes ☐ No ☐ Unk

13. **Date and time of illness onset:** _____ _____ (Onset Time)

14. **Still ill at time of interview?** ☐ Yes ☐ No ☐ Unk
If no, date illness ended: _____ _____ (Illness End Time)

15. **Did your doctor prescribe antibiotics to treat your illness?** ☐ Yes ☐ No ☐ Unk
If yes,

Name of Antibiotic	Date Initiated	Duration of Prescription	Complete Prescription
	_____		☐ Yes ☐ No ☐ Unk
	_____		☐ Yes ☐ No ☐ Unk
	_____		☐ Yes ☐ No ☐ Unk

16. **Did you have any of the following symptoms?**

Fever:	☐ Yes	☐ No ☐ Unk	Diarrhea:	☐ Yes	☐ No ☐ Unk
Highest Recorded Temp:	_____		Days of Diarrhea:	_____	
Nausea:	☐ Yes	☐ No ☐ Unk	Bloody Stool:	☐ Yes	☐ No ☐ Unk
Vomiting:	☐ Yes	☐ No ☐ Unk	Abdominal Cramping:	☐ Yes	☐ No ☐ Unk
			Headache:	☐ Yes	☐ No ☐ Unk

Other Symptoms: _____

17. **Were you diagnosed with either of the following conditions?**
Hemolytic Uremic Syndrome (HUS)? ☐ Yes ☐ No ☐ Unk
Thrombocytopenic Purpura (TTP)? ☐ Yes ☐ No ☐ Unk

***Interviewer Note: HUS is a life-threatening complication resulting in kidney failure.*
TTP is a blood disease characterized by decreased platelet counts (thrombocytopenia) and hemolytic anemia.

18. **Do you have a weakened immune system?** (Have you had cancer/currently under a doctor's care for cancer? Are you taking steroids? Have you had any transplants? Are you pregnant?): ☐ Yes ☐ No ☐ Unk
Reason for weakened immune system: _____

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19. **Do you have any family, friends, or co-workers with similar illness?** ☐ Yes ☐ No ☐ Unk
If yes, please specify:

Name	Age	Phone Number	Relationship to Patient	Symptoms	Onset Date	Occupation	Employer / Facility

20. **Were you exposed to adults or children using diapers?** ☐ Yes ☐ No ☐ Unk
If yes, did the person have diarrhea? ☐ Yes ☐ No ☐ Unk
Describe nature of the exposure (date, type of contact, etc.): _____

21. **Did you take any medication/supplements in the 30 days before you became sick?** (e.g., prescribed medication, over the counter medication, vitamins, antacids, probiotics, supplements): ☐ Yes ☐ No ☐ Unk
List medications/supplements: _____

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SECTION 2: Exposure Assessment

A. WATER

1. **What source do you typically drink water from?** (Bottled, tap, filter, etc.)
   Describe: _____
2. **What source do you typically use ice from?** (Bagged, tap, etc.)
   Describe: _____
3. **What type of water supply does your home have?**
   ☐ Public (e.g., city) ☐ Private (e.g., well) ☐ Unk
4. **What type of sewage system does your home have?**
   ☐ Public (e.g., city sewer) ☐ Private (e.g., septic) ☐ Unk
5. **In the 7 days before you became sick, did you had any problems with your water supply or sewage system at home or work?** (e.g., boil water advisories, water main break, septic system back-up, etc.,)
   ☐ Yes ☐ No ☐ Unknown
   If yes, please describe: _____
6. **In the 7 days before you became sick, did you participate in any activities in treated recreational water?** (swimming pool, hot tub, water park, splash pad, fountain, or a therapy pool)
   ☐ Yes ☐ No ☐ Unk
   If yes, What/Where (location): _____ When: _____
   Number of people in the water (estimated)? _____
   Any children/infants? ☐ Yes ☐ No ☐ Unk

   In the 7 days before you became sick, did you participate in any activities in untreated recreational water? (creek, pond, lake, ocean, etc.)
   ☐ Yes ☐ No ☐ Unk
   If yes, What/Where (location): _____ When: _____
   Number of people in the water (estimated)? _____
   Any children/infants? ☐ Yes ☐ No ☐ Unk

B. MANURE EXPOSURE

In the 7 days before you became sick, did you apply manure, compost or soil? ☐ Yes ☐ No ☐ Unk
If yes, type/brand: _____
Describe exposure: _____

C. ANIMAL CONTACT

In the 7 days before you became sick, did you have any contact with animals?
Contact would be defined as touching animals, anything the animal came in contact with, and being around animals and their environments (even if you did not touch them)

Indoor? ☐ Yes ☐ No ☐ Unk

Outdoor? ☐ Yes ☐ No ☐ Unk

If answered "No" to both questions, skip to section D. Travel

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If yes, which animals?

Type of Animal	Y/N/U?	*Please Select*	Specify Type (Circle One or Describe)	Where is animal kept?	Who feeds animal?	Who cleans up after animal?
Dog	☐ Yes ☐ No ☐ Unk	Adult ☐ Puppy ☐		Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Cat	☐ Yes ☐ No ☐ Unk	Adult ☐ Kitten ☐		Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Cattle	☐ Yes ☐ No ☐ Unk	Adult ☐ Calf ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Swine	☐ Yes ☐ No ☐ Unk	Adult ☐ Piglet ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Poultry (chicken, turkey, duck, etc.)	☐ Yes ☐ No ☐ Unk	Adult ☐ Chick ☐	Chicken ☐ Turkey ☐ Duck ☐	Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Bird	☐ Yes ☐ No ☐ Unk	Adult ☐ Chick ☐		Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Goat	☐ Yes ☐ No ☐ Unk	Adult ☐ Kid ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Sheep	☐ Yes ☐ No ☐ Unk	Adult ☐ Lamb ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Equine (donkey, mule, horse)	☐ Yes ☐ No ☐ Unk	Adult ☐ Colt ☐	Donkey ☐ Mule ☐ Horse ☐		Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Reptile (snake, lizard, turtle, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Amphibian (frog, salamander, newt, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Rodent (rat, gerbil, hamster, mouse, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Other animal(s) (hedgehog, rabbit, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐

Please list the foods and/or treats you give to your pets.

Type of Animal	Type of Food	Food Brand/Flavor	Give pet treats?	Type of Treats	Treat Brand/Flavor
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	

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1. **Do you purchase animals that you use to feed other animals?** (mice to feed snakes, crickets to feed lizards) ☐ Yes ☐ No ☐ Unk ☐ N/A

Type of Feeding Animal	Alive or Dead at Purchase	Purchase Location
	☐ Alive ☐ Dead	

2. **Were any of the animals you were exposed to sick?**
☐ Yes ☐ No ☐ Unk
If yes, description of sick animal (type of animal, illness symptoms):
_____

3. **Did you live on or visit a farm/fair/animal exhibit/petting zoo in the 7 days before you became sick?**
☐ Yes ☐ No ☐ Unknown
If yes, where: _____ When: _____
Type of animal(s): _____

D. TRAVEL

1. **Did you travel in the 7 days before you became sick?** (Visited friends/family, day trips to other counties, vacation): ☐ Yes ☐ No ☐ Unk
☐ Within KY ☐ Outside of KY Where: _____ When: _____
☐ Within KY ☐ Outside of KY Where: _____ When: _____
Mode of travel: ☐ Airplane ☐ Bus ☐ Car ☐ Cruise ☐ Train ☐ Other
Travel identifier (flight number, airline, cruise line): _____
Did you travel alone, with family, or with a tour group? ☐ Alone ☐ Family ☐ Group ☐ Other
If travelled with a group, what is the name of the organization/group you travelled with?
_____

2. **Did you travel internationally in the 30 days before you became sick?** ☐ Yes ☐ No ☐ Unk
If yes, Where: _____ When: _____
Mode of travel: ☐ Airplane ☐ Cruise ☐ Train ☐ Other
Travel identifier: _____
Did you travel alone, with family, or with a tour group? ☐ Alone ☐ Family ☐ Group ☐ Other
If travelled with a group, what is the name of the organization/group you travelled with?
_____

E. SOCIAL GATHERINGS

Did you attend any social events in the 7 days before you became sick? (Parades, festivals, church, work events):
☐ Yes ☐ No ☐ Unk

Event Description	Location and Date	Were Others Ill?	Food Prepared By? (catered, bought and brought, potluck)	Foods Pt Consumed
		☐ Yes ☐ No ☐ Unk		
		☐ Yes ☐ No ☐ Unk		

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F. SPECIALTY/RESTRICTIVE DIETS

Do you eat a specialty/restricted diet? (Food allergy, vegan, diabetic, gluten free, formula, breast-fed infant)

☐Yes ☐No ☐Unk

If yes, please specify: _____

G. FOOD SOURCE

1. **Which grocery store(s) would you have eaten food from in the 7 days before you became sick?**

Location (name, address/landmark)	Date Visited	Shoppers/Reward Card	Alternate ID/Card Number
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	

2. **Did you eat at any restaurants or take-out food in the 7 days before you became sick?** (Fast-food or sit-down restaurants, gas stations, food trucks, cafeterias, etc.) ☐Yes ☐No ☐Unk

***If yes*:**

Location (name, address/landmark)	Date	Time	Foods Eaten

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3. **Alternative Food Source Information**
Did you eat any food from any of the following sources in the 7 days before you became sick?

Source:	Confirmation:	Date Eaten:	Received Date:	Location Eaten:	Details: Meat type, fruit/veggie type, order date etc.
Hunting/Fishing/Trapping	☐Yes ☐No ☐Unk	_____	_____		
Private Garden (private, community, friend)	☐Yes ☐No ☐Unk	_____	_____		
Home Delivery Service or Meal Kit Delivery Service? (Meals on Wheels, Hello Fresh)	☐Yes ☐No ☐Unk	_____	_____		
Butcher Shop	☐Yes ☐No ☐Unk	_____	_____		
Farmer's Market/ Community-Supported Agriculture (CSA)	☐Yes ☐No ☐Unk	_____	_____		
Friend/Relative	☐Yes ☐No ☐Unk	_____	_____		

H. Meal History	Meal	Food/Beverage Consumed	Location
Day 1 _____ (Day patient started to feel ill)	Breakfast		
	Lunch		
	Dinner		
Day 2 _____ (Day before patient started to feel ill)	Breakfast		
	Lunch		
	Dinner		
Day 3 _____ (Two days before patient got sick)	Breakfast		
	Lunch		
	Dinner		
Day 4 _____ (Three days before patient got sick)	Breakfast		
	Lunch		
	Dinner		
Day 5 _____ (Four days before patient got sick)	Breakfast		
	Lunch		
	Dinner		

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I. ENTERIC - MEAT, POULTRY, FISH

Bacon	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Type/Brand:
Ham	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Type/Brand:
Pork (*Not ham or bacon*)	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Type/Brand:
Beef (*Steak, etc.*)	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Type/Brand:
Ground Beef	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Date and Location of Purchase: Type/Brand:
Chicken	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Date and Location of Purchase: Type/Brand:
Turkey	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Date and Location of Purchase: Type/Brand:
Deli Meats	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Type/Brand:
Seafood (*Not fish or oysters*)	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Date and Location of Purchase: Type/Brand:
Fish	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Date and Location of Purchase: Type/Brand:
Wild Game (*deer, pheasant, rabbit, fish*)	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Date and Location of Purchase: Type/Brand:
Did you eat any other meat products?	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Date and Location of Purchase: Type/Brand:
Raw/undercooked liver	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Type/Brand:
Hot Dogs	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	Type/Brand:
Do you or any family members handle raw poultry?		☐Yes ☐No ☐Unk	Who

J. CHEESE, DAIRY, MILK, EGGS

Block Cheese		☐Yes ☐No ☐Unk	Type/Brand:
Mexican Style Cheese (*Queso, Fresco, Queso Blanco*)		☐Yes ☐No ☐Unk	Type/Brand:
Pre Sliced Cheese		☐Yes ☐No ☐Unk	Type/Brand:
Ricotta		☐Yes ☐No ☐Unk	Type/Brand:
Cheese Made with Raw or Unpasteurized Milk Other unpasteurized or raw milk products		☐Yes ☐No ☐Unk	Type/Brand:
Other Cheeses		☐Yes ☐No ☐Unk	Type/Brand:
Eggs	☐Raw/undercooked	☐Yes ☐No ☐Unk	How were they prepared? ☐At Home ☐Away
Egg Whites	☐Raw/undercooked	☐Yes ☐No ☐Unk	How were they prepared? ☐At Home ☐Away
Cottage Cheese		☐Yes ☐No ☐Unk	Type/Brand:
Ice Cream		☐Yes ☐No ☐Unk	Type/Brand:
Milk		☐Yes ☐No ☐Unk	Date and Location of Purchase: Type/Brand:
Non-dairy Milk (*Soy, Almond, Coconut, Cashew*)		☐Yes ☐No ☐Unk	Type/Brand:
Raw or Unpasteurized milk		☐Yes ☐No ☐Unk	Date and Location of Purchase: Type/Brand:
Yogurt		☐Yes ☐No ☐Unk	Type/Brand:
Raw Foods From Animal Origin		☐Yes ☐No ☐Unk	Date and Location of Purchase: Type/Brand:

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Interview Comments / Additional Notes:

Counseling (initial once completed)

_____ Education 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 daily products, milk/juice
_____ Avoid preparation of food for others
_____ Disinfecting surfaces
_____ Unrecognized foods (raw eggs in homemade ice cream, homemade salad dressings, raw cookie dough)
_____ High risk circumstances for transmission identified.
_____ Counseled to avoid activities that put other at risk of contracting disease.

Childcare Health Consultant Notified (if appropriate)

☐Yes ☐No ☐N/A
If yes, whom? Name: _____

Environmentalist Notified?

☐Yes ☐No ☐N/A
If yes, whom? Name: _____

Referred back to Local Health Department?

☐Yes ☐No ☐N/A
If yes, whom? Name: _____

Interviewer Name and Agency: _____

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Cryptosporidiosis and Giardiasis Questionnaire

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Cryptosporidiosis ☐
Giardiasis ☐

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Cryptosporidiosis ☐
Giardiasis ☐

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Interviewer Name: _____ **Interviewer Agency:** _____

Patient Initials: _____ **Date of First Attempt to Interview:** _____ **Date of Interview:** _____ **No. of Attempts:** _____
Refused: ☐Yes ☐No ☐Unk **Partially Completed:** ☐Yes ☐No ☐Unk **Letter Mailed?** ☐Yes ☐No ☐Unk

Lost to Follow-up: ☐Yes ☐No ☐Unk **Delayed report to LHD/KDPH causing limited exposure recall:** ☐Yes ☐No ☐Unk
Earliest Date Reported to County: _____

Person Being Interviewed: ☐ **Patient** ☐ **Surrogate (name and describe):**_____

Section 1: Patient Info

1. **DOB:** _____ 2. **Age (years/months):** _____ 3. **Sex:** ☐Male ☐Female ☐Unk

4. **Is the patient deceased?** ☐Yes ☐No ☐Unk 5. **Marital Status?** ☐Married ☐Single ☐Widowed

Occupation Information

6. **Are you:** ☐ Employed ☐ Unemployed ☐ Retired ☐ Student ☐ A Volunteer ☐Unk
   If employed:
   Occupation: _____
   Employer (Name and Address):_____
   Job Title and Description: _____

   Please mark if the patient works in one of the following high-risk transmission occupations:
   ☐ Daycare/school ☐ Healthcare ☐ Food service ☐ Other (describe):_____
   Did you work or attend school while sick? ☐Yes ☐ No ☐Unk
   Dates worked: _____
   Describe job duties while sick: _____
   Describe hand hygiene practices while sick: _____

7. **Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?** ☐ Yes ☐ No ☐Unk
   If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.) ☐ Yes ☐ No ☐Unk

Daycare/School Information (obtain is patient is a child)

8. **Does the child attend:** ☐ Daycare ☐ School ☐Other ☐No/Unk
   (describe):_____
   Daycare/School Name and Address: _____
   Grade or room: _____
   Did your child attend daycare/school while sick? ☐ Yes ☐ No ☐ N/A ☐ Unk
   Dates Attended: _____
   Have any others at the daycare/school been ill?☐ Yes ☐ No ☐ N/A ☐Unk

Address

9. **County of Residence:** _____

Cryptosporidiosis and Giardiasis Questionnaire

Cryptosporidiosis ☐
Giardiasis ☐

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Ethnicity and Race

10. **Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unk

11. **Race:** ☐ White ☐ Black or African American ☐ Asian ☐ Native American/Pacific Islander/Alaskan Native ☐ Unk

Clinical Info

12. **Admitted to hospital for illness?** ☐ Yes ☐ No ☐ Unk
Name of Hospital: _____
Admission Date: _____ Discharge Date: _____
Did patient die? ☐ Yes ☐ No ☐ Unk Was death a result of illness? ☐ Yes ☐ No ☐ Unk

13. **Date and time of illness onset:** _____ _____ (Onset Time)

14. **Still ill at time of interview?** ☐ Yes ☐ No ☐ Unk
If no, date illness ended: _____ _____ (Illness End Time)

15. **Did your doctor prescribe antibiotics to treat your illness?** ☐ Yes ☐ No ☐ Unk
If yes,

Name of Antibiotic	Date Initiated	Duration of Prescription	Complete Prescription
	_____		☐ Yes ☐ No ☐ Unk
	_____		☐ Yes ☐ No ☐ Unk
			☐ Yes ☐ No ☐ Unk

16. **Did you have any of the following symptoms?**

Fever:	☐ Yes	☐ No ☐ Unk	Diarrhea:	☐ Yes	☐ No ☐ Unk
Highest Recorded Temp:	_____		Days of Diarrhea:	_____	
Nausea:	☐ Yes	☐ No ☐ Unk	Bloody Stool:	☐ Yes	☐ No ☐ Unk
Vomiting:	☐ Yes	☐ No ☐ Unk	Abdominal Cramping:	☐ Yes	☐ No ☐ Unk
			Headache:	☐ Yes	☐ No ☐ Unk

Other Symptoms: _____

17. **Do you have a weakened immune system?** (Have you had cancer/currently under a doctor's care for cancer?Are you taking steroids? Have you had any transplants? Are you pregnant?): ☐ Yes ☐ No ☐ Unk
Reason for weakened immune system: _____

Cryptosporidiosis and Giardiasis Questionnaire

Cryptosporidiosis ☐
Giardiasis ☐

Kentucky Public Health

NEDSS ID: _____

18. **Do you have any family, friends, or co-workers with similar illness?** ☐ Yes ☐ No ☐ Unk
If yes, please specify:

Name	Age	Phone Number	Relationship to Patient	Symptoms	Onset Date	Occupation	Employer / Facility

19. **Were you exposed to adults or children using diapers?** ☐ Yes ☐ No ☐ Unk
If yes, did the person have diarrhea? ☐ Yes ☐ No ☐ Unk
Describe nature of the exposure (date, type of contact, etc.): _____

20. **Did you take any medication/supplements in the 30 days before you became sick?** (e.g., prescribed medication, over the counter medication, vitamins, antacids, probiotics, supplements): ☐ Yes ☐ No ☐ Unk
List medications/supplements: _____

Cryptosporidiosis and Giardiasis Questionnaire

Cryptosporidiosis ☐
Giardiasis ☐

Kentucky Public Health

NEDSS ID: _____

SECTION 2: Exposure Assessment

A. WATER

1. **What source do you typically drink water from?** (Bottled, tap, filter, etc.)
   Describe: _____

2. **What source do you typically use ice from?** (Bagged, tap, etc.)
   Describe: _____

3. **What type of water supply does your home have?**
   ☐ Public (e.g., city) ☐ Private (e.g., well) ☐ Unk

4. **What type of sewage system does your home have?**
   ☐ Public (e.g., city sewer) ☐ Private (e.g., septic) ☐ Unk

5. **In the 7 days before you became sick, did you had any problems with your water supply or sewage system at home or work?** (e.g., boil water advisories, water main break, septic system back-up, etc.)
   ☐ Yes ☐ No ☐ Unknown
   If yes, please describe: _____

6. **In the 7 days before you became sick, did you participate in any activities in treated recreational water?** (swimming pool, hot tub, water park, splash pad, fountain, or a therapy pool)
   ☐ Yes ☐ No ☐ Unk
   If yes, What/Where (location): _____ When: _____
   Number of people in the water (estimated)? _____
   Any children/infants? ☐ Yes ☐ No ☐ Unk

   In the 7 days before you became sick, did you participate in any activities in untreated recreational water? (creek, pond, lake, ocean, etc.)
   ☐ Yes ☐ No ☐ Unk
   If yes, What/Where (location): _____ When: _____
   Number of people in the water (estimated)? _____
   Any children/infants? ☐ Yes ☐ No ☐ Unk

B. MANURE EXPOSURE

In the 7 days before you became sick, did you apply manure, compost or soil? ☐ Yes ☐ No ☐ Unk

If yes, type/brand: _____
Describe exposure: _____

C. ANIMAL CONTACT

In the 7 days before you became sick, did you have any contact with animals?
Contact would be defined as touching animals, anything the animal came in contact with, and being around animals and their environments (even if you do not touch them).

Indoor?
☐ Yes ☐ No ☐ Unk

Outdoor?
☐ Yes ☐ No ☐ Unk

If answered "No" to both questions, skip to Section D. Travel

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Cryptosporidiosis and Giardiasis Questionnaire

Kentucky Public Health

Cryptosporidiosis ☐
Giardiasis ☐

NEDSS ID: ____________

If yes, which animals?

Type of Animal	Y/N/U?	*Please Select*	Specify Type (Circle One or Describe)	Where is animal kept?	Who feeds animal?	Who cleans up after animal?
Dog	☐ Yes ☐ No ☐ Unk	Adult ☐ Puppy ☐		Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Cat	☐ Yes ☐ No ☐ Unk	Adult ☐ Kitten ☐		Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Cattle	☐ Yes ☐ No ☐ Unk	Adult ☐ Calf ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Swine	☐ Yes ☐ No ☐ Unk	Adult ☐ Piglet ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Poultry (chicken, turkey, duck, etc.)	☐ Yes ☐ No ☐ Unk	Adult ☐ Chick ☐	Chicken ☐ Turkey ☐ Duck ☐	Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Bird	☐ Yes ☐ No ☐ Unk	Adult ☐ Chick ☐		Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Goat	☐ Yes ☐ No ☐ Unk	Adult ☐ Kid ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Sheep	☐ Yes ☐ No ☐ Unk	Adult ☐ Lamb ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Equine (donkey, mule, horse)	☐ Yes ☐ No ☐ Unk	Adult ☐ Colt ☐	Donkey ☐ Mule ☐ Horse ☐		Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Reptile (snake, lizard, turtle, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Amphibian (frog, salamander, newt, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Rodent (rat, gerbil, hamster, mouse, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Other animal(s) (hedgehog, rabbit, etc.,)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐

Please list the foods and/or treats you give to your pets.

Type of Animal	Type of Food	Food Brand/Flavor	Give pet treats?	Type of Treats	Treat Brand/Flavor
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	

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Cryptosporidiosis and Giardiasis Questionnaire

Cryptosporidiosis ☐
Giardiasis ☐

Kentucky Public Health

NEDSS ID: _____

1. **Do you purchase animals that you use to feed other animals?** (mice to feed snakes, crickets to feed lizards) ☐ Yes ☐ No ☐ Unk ☐ N/A

Type of Feeding Animal	Alive or Dead at Purchase	Purchase Location
	☐ Alive ☐ Dead	

2. **Were any of the animals you were exposed to sick?**
☐ Yes ☐ No ☐ Unk
If yes, description of sick animal (type of animal, illness symptoms):
_____

3. **Did you live on or visit a farm/fair/animal exhibit/petting zoo in the 7 days before you became sick?**
☐ Yes ☐ No ☐ Unknown
If yes, where: _____ When: _____
Type of animal(s): _____

D. TRAVEL

1. **Did you travel in the 7 days before you became sick?** (Visited friends/family, day trips to other counties, vacation): ☐ Yes ☐ No ☐ Unk
☐ Within KY ☐ Outside of KY Where: _____ When: _____
☐ Within KY ☐ Outside of KY Where: _____ When: _____
Mode of travel: ☐ Airplane ☐ Bus ☐ Car ☐ Cruise ☐ Train ☐ Other
Travel identifier (flight number, airline, cruise line): _____
Did you travel alone, with family, or with a tour group? ☐ Alone ☐ Family ☐ Group ☐ Other
If travelled with a group, what is the name of the organization/group you travelled with?
_____

2. **Did you travel internationally in the 30 days before you became sick?** ☐ Yes ☐ No ☐ Unk
If yes, Where: _____ When: _____
Mode of travel: ☐ Airplane ☐ Cruise ☐ Train ☐ Other
Travel identifier: _____
Did you travel alone, with family, or with a tour group? ☐ Alone ☐ Family ☐ Group ☐ Other
If travelled with a group, what is the name of the organization/group you travelled with?
_____

E. SOCIAL GATHERINGS

Did you attend any social events in the 7 days before you became sick? (Parades, festivals, church, work events):
☐ Yes ☐ No ☐ Unk

Event Description	Location and Date	Were Others Ill?	Food Prepared By? (catered, bought and brought, potluck)	Foods Pt Consumed
		☐ Yes ☐ No ☐ Unk		
		☐ Yes ☐ No ☐ Unk		

Cryptosporidiosis and Giardiasis Questionnaire

Cryptosporidiosis ☐
Giardiasis ☐

Kentucky Public Health

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F. SPECIALTY/RESTRICTIVE DIETS

Do you eat a specialty/restricted diet? (Food allergy, vegan, diabetic, gluten free, formula, breast-fed infant)
☐Yes ☐No ☐Unk
If yes, please specify: _____

G. FOOD SOURCE

1. **Which grocery store(s) would you have eaten food from in the 7 days before you became sick?**

Location (name, address/landmark)	Date Visited	Shoppers/Reward Card	Alternate ID/Card Number
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	

2. **Did you eat at any restaurants or take-out food in the 7 days before you became sick?** (Fast-food or sit-down restaurants, gas stations, food trucks, cafeterias, etc.) ☐Yes ☐No ☐Unk
***If yes*:**

Location (name, address/landmark)	Date	Time	Foods Eaten

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3. **Alternative Food Source Information**
   Did you eat any food from any of the following sources in the 7 days before you became sick?

Source:	Confirmation:	Date Eaten:	Received Date:	Location Eaten:	Details: Meat type, fruit/veggie type, order date etc.
Hunting/Fishing/Trapping	☐ Yes ☐ No ☐ Unk	_____	_____		
Private Garden (private, community, friend)	☐ Yes ☐ No ☐ Unk	_____	_____		
Home Delivery Service or Meal Kit Delivery Service? (Meals on Wheels, Hello Fresh)	☐ Yes ☐ No ☐ Unk	_____	_____		
Butcher Shop	☐ Yes ☐ No ☐ Unk	_____	_____		
Farmer's Market/ Community-Supported Agriculture (CSA)	☐ Yes ☐ No ☐ Unk	_____	_____		
Friend/Relative	☐ Yes ☐ No ☐ Unk	_____	_____		

Cryptosporidiosis and Giardiasis Questionnaire

Cryptosporidiosis ☐
Giardiasis ☐

Kentucky Public Health

NEDSS ID: _____

Interview Comments / Additional Notes:

Counseling (initial once completed)

_____ Education 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 daily products, milk/juice
_____ Avoid preparation of food for others
_____ Disinfecting surfaces
_____ Unrecognized foods (raw eggs in homemade ice cream, homemade salad dressings, raw cookie dough)
_____ High risk circumstances for transmission identified.
_____ Counseled to avoid activities that put other at risk of contracting disease.

Childcare Health Consultant Notified (if appropriate)

☐Yes ☐No ☐N/A
If yes, whom? Name: _____

Environmentalist Notified?

☐Yes ☐No ☐N/A
If yes, whom? Name: _____

Referred back to Local Health Department?

☐Yes ☐No ☐N/A
If yes, whom? Name: _____

Interviewer Name and Agency: _____

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Salmonellosis Questionnaire

Foodborne and Waterborne Illness Investigation Form

Salmonellosis FBWB Questionnaire

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Salmonellosis Questionnaire

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Salmonellosis Questionnaire

Salmonellosis FBWB Questionnaire
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Kentucky Public Health

Interviewer Name: _____ **Interviewer Agency:** _____

Patient Initials: _____ **Date of First Attempt to Interview:** _____ **Date of Interview:** _____ **No. of Attempts:** _____
Refused: ☐Yes ☐No ☐Unk **Partially Completed:** ☐Yes ☐No ☐Unk **Letter Mailed?** ☐Yes ☐No ☐Unk

Lost to Follow-up: ☐Yes ☐No ☐Unk **Delayed report to LHD/KDPH causing limited exposure recall:** ☐Yes ☐No ☐Unk
Earliest Date Reported to County: _____

Person Being Interviewed: ☐ **Patient** ☐ **Surrogate (name and describe):** _____

Section 1: Patient Info

1. **DOB:** _____ 2. **Age (years/months):** _____ 3. **Sex:** ☐ Male ☐ Female ☐ Unk

4. **Is the patient deceased?** ☐Yes ☐No ☐Unk 5. **Marital Status?** ☐Married ☐Single ☐Widowed

Occupation Information

6. **Are you:** ☐ Employed ☐ Unemployed ☐ Retired ☐ Student ☐ A Volunteer ☐ Unk
   If employed:
   Occupation: _____
   Employer (Name and Address): _____
   Job Title and Description: _____

   Please mark if the patient works in one of the following high-risk transmission occupations:
   ☐ Daycare/school ☐ Healthcare ☐ Food service ☐ Other (describe): _____
   Did you work or attend school while sick? ☐ Yes ☐ No ☐ Unk
   Dates worked: _____
   Describe job duties while sick: _____
   Describe hand hygiene practices while sick: _____

7. **Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?** ☐ Yes ☐ No ☐ Unk
   If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.) ☐ Yes ☐ No ☐ Unk

Daycare/School Information (obtain is patient is a child)

8. **Does the child attend:** ☐ Daycare ☐ School ☐ Other ☐ Unk
   (describe): _____
   Daycare/School Name and Address: _____
   Grade or room: _____
   Did your child attend daycare/school while sick? ☐ Yes ☐ No ☐ N/A ☐ Unk
   Dates Attended: _____
   Have any others at the daycare/school been ill? ☐ Yes ☐ No ☐ N/A ☐ Unk

Address

9. **County of Residence:** _____

Salmonellosis Questionnaire

Salmonellosis FBWB Questionnaire
NEDSS ID: _____

Kentucky Public Health

Ethnicity and Race

10. **Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unk

11. **Race:** ☐ White ☐ Black or African American ☐ Asian ☐ Native American/Pacific Islander/Alaskan Native ☐ Unk

Clinical Info

12. **Admitted to hospital for illness?** ☐ Yes ☐ No ☐ Unk
Name of Hospital: _____
Admission Date: _____ Discharge Date: _____
Did patient die? ☐ Yes ☐ No ☐ Unk Was death a result of illness? ☐ Yes ☐ No ☐ Unk

13. **Date and time of illness onset:** _____ _____ (Onset Time)

14. **Still ill at time of interview?** ☐ Yes ☐ No ☐ Unk
If no, date illness ended: _____ _____ (Illness End Time)

15. **Did your doctor prescribe antibiotics to treat your illness?** ☐ Yes ☐ No ☐ Unk
If yes,

Name of Antibiotic	Date Initiated	Duration of Prescription	Complete Prescription
	_____		☐ Yes ☐ No ☐ Unk
	_____		☐ Yes ☐ No ☐ Unk
	_____		☐ Yes ☐ No ☐ Unk

16. **Did you have any of the following symptoms?**

Fever:	☐ Yes ☐ No ☐ Unk	Diarrhea:	☐ Yes ☐ No ☐ Unk
Highest Recorded Temp:	_____	Days of Diarrhea:	_____
Nausea:	☐ Yes ☐ No ☐ Unk	Bloody Stool:	☐ Yes ☐ No ☐ Unk
Vomiting:	☐ Yes ☐ No ☐ Unk	Abdominal Cramping:	☐ Yes ☐ No ☐ Unk
		Headache:	☐ Yes ☐ No ☐ Unk

Other Symptoms: _____

17. **Were you diagnosed with either of the following conditions?**
Hemolytic Uremic Syndrome (HUS)? ☐ Yes ☐ No ☐ Unk
Thrombocytopenic Purpura (TTP)? ☐ Yes ☐ No ☐ Unk
***Interviewer Note: HUS is a life-threatening complication resulting in kidney failure.*
TTP is a blood disease characterized by decreased platelet counts (thrombocytopenia) and hemolytic anemia.

18. **Do you have a weakened immune system?** (Have you had cancer/currently under a doctor's care for cancer?
Are you taking steroids? Have you had any transplants? Are you pregnant?): ☐ Yes ☐ No ☐ Unk
Reason for weakened immune system: _____

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Salmonellosis Questionnaire

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19. **Do you have any family, friends, or co-workers with similar illness?** ☐ Yes ☐ No ☐ Unk
If yes, please specify:

Name	Age	Phone Number	Relationship to Patient	Symptoms	Onset Date	Occupation	Employer / Facility

20. **Were you exposed to adults or children using diapers?** ☐ Yes ☐ No ☐ Unk
If yes, did the person have diarrhea? ☐ Yes ☐ No ☐ Unk
Describe nature of the exposure (date, type of contact, etc.): _____

21. **Did you take any medication/supplements in the 30 days before you became sick?** (e.g., prescribed medication, over the counter medication, vitamins, antacids, probiotics, supplements): ☐ Yes ☐ No ☐ Unk
List medications/supplements: _____

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Kentucky Public Health

SECTION 2: Exposure Assessment

A. WATER

1. **What source do you typically drink water from?** (Bottled, tap, filter, etc.)
   Describe: _____
2. **What source do you typically use ice from?** (Bagged, tap, etc.)
   Describe: _____
3. **What type of water supply does your home have?**
   ☐ Public (e.g., city) ☐ Private (e.g., well) ☐ Unk
4. **What type of sewage system does your home have?**
   ☐ Public (e.g., city sewer) ☐ Private (e.g., septic) ☐ Unk
5. **In the 7 days before you became sick, did you had any problems with your water supply or sewage system at home or work?** (e.g., boil water advisories, water main break, septic system back-up, etc.,)
   ☐ Yes ☐ No ☐ Unknown
   If yes, please describe: _____
6. **In the 7 days before you became sick, did you participate in any activities in treated recreational water?** (swimming pool, hot tub, water park, splash pad, fountain, or a therapy pool)
   ☐ Yes ☐ No ☐ Unk
   If yes, What/Where (location): _____ When: _____
   Number of people in the water (estimated)? _____
   Any children/infants? ☐ Yes ☐ No ☐ Unk

   In the 7 days before you became sick, did you participate in any activities in untreated recreational water? (creek, pond, lake, ocean, etc.)
   ☐ Yes ☐ No ☐ Unk
   If yes, What/Where (location): _____ When: _____
   Number of people in the water (estimated)? _____
   Any children/infants? ☐ Yes ☐ No ☐ Unk

B. MANURE EXPOSURE

In the 7 days before you became sick, did you apply manure, compost or soil? ☐ Yes ☐ No ☐ Unk
If yes, type/brand: _____
Describe exposure: _____

C. ANIMAL CONTACT

In the 7 days before you became sick, did you have any contact with animals?
Contact would be defined as touching animals, anything the animal came in contact with, and being around animals and their environments (even if you did not touch them)

Indoor? ☐ Yes ☐ No ☐ Unk

Outdoor? ☐ Yes ☐ No ☐ Unk

If answered "No" to both questions, skip to Section D. Travel

Salmonellosis Questionnaire

Kentucky Public Health

Salmonellosis FBWB Questionnaire

NEDSS ID: ______________

If yes, which animals?

Type of Animal	Y/N/U?	*Please Select*	Specify Type (Circle One or Describe)	Where is animal kept?	Who feeds animal?	Who cleans up after animal?
Dog	☐ Yes ☐ No ☐ Unk	Adult ☐ Puppy ☐		Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Cat	☐ Yes ☐ No ☐ Unk	Adult ☐ Kitten ☐		Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Cattle	☐ Yes ☐ No ☐ Unk	Adult ☐ Calf ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Swine	☐ Yes ☐ No ☐ Unk	Adult ☐ Piglet ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Poultry (chicken, turkey, duck, etc.)	☐ Yes ☐ No ☐ Unk	Adult ☐ Chick ☐	Chicken ☐ Turkey ☐ Duck ☐	Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Bird	☐ Yes ☐ No ☐ Unk	Adult ☐ Chick ☐		Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Goat	☐ Yes ☐ No ☐ Unk	Adult ☐ Kid ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Sheep	☐ Yes ☐ No ☐ Unk	Adult ☐ Lamb ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Equine (donkey, mule, horse)	☐ Yes ☐ No ☐ Unk	Adult ☐ Colt ☐	Donkey ☐ Mule ☐ Horse ☐		Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Reptile (snake, lizard, turtle, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Amphibian (frog, salamander, newt, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Rodent (rat, gerbil, hamster, mouse, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Other animal(s) (hedgehog, rabbit, etc.,)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐

Please list the foods and/or treats you give to your pets.

Type of Animal	Type of Food	Food Brand/Flavor	Give pet treats?	Type of Treats	Treat Brand/Flavor
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	

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1. **Do you purchase animals that you use to feed other animals?** (mice to feed snakes, crickets to feed lizards) ☐ Yes ☐ No ☐ Unk ☐ N/A

Type of Feeding Animal	Alive or Dead at Purchase	Purchase Location
	☐ Alive ☐ Dead	

2. **Were any of the animals you were exposed to sick?**
☐ Yes ☐ No ☐ Unk
If yes, description of sick animal (type of animal, illness symptoms):
_____

3. **Did you live on or visit a farm/fair/animal exhibit/petting zoo in the 7 days before you became sick?**
☐ Yes ☐ No ☐ Unknown
If yes, where: _____ When: _____
Type of animal(s): _____

D. TRAVEL

1. **Did you travel in the 7 days before you became sick?** (Visited friends/family, day trips to other counties, vacation): ☐ Yes ☐ No ☐ Unk
☐ Within KY ☐ Outside of KY Where: _____ When: _____
☐ Within KY ☐ Outside of KY Where: _____ When: _____
Mode of travel: ☐ Airplane ☐ Bus ☐ Car ☐ Cruise ☐ Train ☐ Other
Travel identifier (flight number, airline, cruise line): _____
Did you travel alone, with family, or with a tour group? ☐ Alone ☐ Family ☐ Group ☐ Other
If travelled with a group, what is the name of the organization/group you travelled with?
_____

2. **Did you travel internationally in the 30 days before you became sick?** ☐ Yes ☐ No ☐ Unk
If *yes*, Where: _____ When: _____
Mode of travel: ☐ Airplane ☐ Cruise ☐ Train ☐ Other
Travel identifier: _____
Did you travel alone, with family, or with a tour group? ☐ Alone ☐ Family ☐ Group ☐ Other
If travelled with a group, what is the name of the organization/group you travelled with?
_____

E. SOCIAL GATHERINGS

Did you attend any social events in the 7 days before you became sick? (Parades, festivals, church, work events, etc.):
☐ Yes ☐ No ☐ Unk

Event Description	Location and Date	Were Others Ill?	Food Prepared By? (catered, bought and brought, potluck)	Foods Pt Consumed
		☐ Yes ☐ No ☐ Unk		
		☐ Yes ☐ No ☐ Unk		

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F. SPECIALTY/RESTRICTIVE DIETS

Do you eat a specialty/restricted diet? (Food allergy, vegan, diabetic, gluten free, formula, breast-fed infant)
☐Yes ☐No ☐Unk
If yes, please specify: _____

G. FOOD SOURCE

1. **Which grocery store(s) would you have eaten food from in the 7 days before you became sick?**

Location (name, address/landmark)	Date Visited	Shoppers/Reward Card	Alternate ID/Card Number
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	

2. **Did you eat at any restaurants or take-out food in the 7 days before you became sick?** (Fast-food or sit-down restaurants, gas stations, food trucks, cafeterias, etc.) ☐Yes ☐No ☐Unk
***If yes*:**

Location (name, address/landmark)	Date	Time	Foods Eaten

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3. **Alternative Food Source Information**
Did you eat any food from any of the following sources in the 7 days before you became sick?

Source:	Confirmation:	Date Eaten:	Received Date:	Location Eaten:	Details: Meat type, fruit/veggie type, order date etc.
Hunting/Fishing/Trapping	☐Yes ☐No ☐Unk	_____	_____		
Private Garden (private, community, friend)	☐Yes ☐No ☐Unk	_____	_____		
Home Delivery Service or Meal Kit Delivery Service? (Meals on Wheels, Hello Fresh)	☐Yes ☐No ☐Unk	_____	_____		
Butcher Shop	☐Yes ☐No ☐Unk	_____	_____		
Farmer's Market/ Community-Supported Agriculture (CSA)	☐Yes ☐No ☐Unk	_____	_____		
Friend/Relative	☐Yes ☐No ☐Unk	_____	_____		

H. Meal History	Meal	Food/Beverage Consumed	Location
Day 1 _____ (Day patient started to feel ill)	Breakfast		
	Lunch		
	Dinner		
Day 2 _____ (Day before patient started to feel ill)	Breakfast		
	Lunch		
	Dinner		
Day 3 _____ (Two days before patient got sick)	Breakfast		
	Lunch		
	Dinner		
Day 4 _____ (Three days before patient got sick)	Breakfast		
	Lunch		
	Dinner		
Day 5 _____ (Four days before patient got sick)	Breakfast		
	Lunch		
	Dinner		

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I. ENTERIC - MEAT, POULTRY, FISH

Bacon	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Ham	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Pork (*Not ham or bacon*)	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Beef (*Steak, etc.*)	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Ground Beef	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Chicken	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Turkey	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Deli Meats	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Seafood (*Not fish or oysters*)	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Fish	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Wild Game (*deer, pheasant, rabbit, fish*)	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Did you eat any other meat products?	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Raw/undercooked liver	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Hot Dogs	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Do you or any family members handle raw poultry?		☐Yes ☐No ☐Unk	**Who**

J. CHEESE, DAIRY, MILK, EGGS

Block Cheese		☐Yes ☐No ☐Unk	**Type/Brand:**
Mexican Style Cheese (*Queso, Fresco, Queso Blanco*)		☐Yes ☐No ☐Unk	**Type/Brand:**
Pre Sliced Cheese		☐Yes ☐No ☐Unk	**Type/Brand:**
Ricotta		☐Yes ☐No ☐Unk	**Type/Brand:**
Cheese Made with Raw or Unpasteurized Milk **Other unpasteurized or raw milk products**		☐Yes ☐No ☐Unk	**Type/Brand:**
Other Cheeses		☐Yes ☐No ☐Unk	**Type/Brand:**
Eggs	☐Raw/undercooked	☐Yes ☐No ☐Unk	**How were they prepared?** ☐At Home ☐Away
Egg Whites	☐Raw/undercooked	☐Yes ☐No ☐Unk	**How were they prepared?** ☐At Home ☐Away
Cottage Cheese		☐Yes ☐No ☐Unk	**Type/Brand:**
Ice Cream		☐Yes ☐No ☐Unk	**Type/Brand:**
Milk		☐Yes ☐No ☐Unk	**Date and Location of Purchase:** **Type/Brand:**
Non-dairy Milk (*Soy, Almond, Coconut, Cashew*)		☐Yes ☐No ☐Unk	**Type/Brand:**
Raw or Unpasteurized milk		☐Yes ☐No ☐Unk	**Date and Location of Purchase:** **Type/Brand:**
Yogurt		☐Yes ☐No ☐Unk	**Type/Brand:**
Raw Foods From Animal Origin		☐Yes ☐No ☐Unk	**Date and Location of Purchase:** **Type/Brand:**

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K. FRUITS AND VEGETABLES

Fruits	
Apples	☐Yes ☐No ☐Unk
Apple Juice	☐Yes ☐No ☐Unk
Bananas	☐Yes ☐No ☐Unk
Blackberries	☐Yes ☐No ☐Unk
Blueberries	☐Yes ☐No ☐Unk
Cantaloupe	☐Yes ☐No ☐Unk
Frozen Fruit	☐Yes ☐No ☐Unk
Grapes	☐Yes ☐No ☐Unk
Honeydew	☐Yes ☐No ☐Unk
Orange Juice	☐Yes ☐No ☐Unk
Pomegranate Seeds	☐Yes ☐No ☐Unk
Pomegranate Juice	☐Yes ☐No ☐Unk
Frozen Berries	☐Yes ☐No ☐Unk
Frozen Berry Blends/Mixtures	☐Yes ☐No ☐Unk
Papaya	☐Yes ☐No ☐Unk
Pineapple	☐Yes ☐No ☐Unk
Raspberries	☐Yes ☐No ☐Unk
Strawberries	☐Yes ☐No ☐Unk
Unpasteurized Juice/Cider	☐Yes ☐No ☐Unk
Watermelon	☐Yes ☐No ☐Unk
Other Fresh Fruit (*peaches, oranges, etc.*):	
Other Juices:	
Smoothies/Blended Drinks Type/Brand: Location of purchase:	☐Yes ☐No ☐Unk Date of Purchase: _____
Tea Type/Brand: Location of purchase:	☐Yes ☐No ☐Unk Date of Purchase: _____

Fresh Vegetables	
Fresh Herbs Type of herb:	☐Yes ☐No ☐Unk
Broccoli	☐Yes ☐No ☐Unk
Cabbage	☐Yes ☐No ☐Unk
Carrots	☐Yes ☐No ☐Unk
Cucumber	☐Yes ☐No ☐Unk
Zucchini or Other Squash Type of Squash:	☐Yes ☐No ☐Unk
Frozen Vegetables	☐Yes ☐No ☐Unk
Lettuce on Sandwich	☐Yes ☐No ☐Unk
Mushrooms	☐Yes ☐No ☐Unk
Onion	☐Yes ☐No ☐Unk
Garlic	☐Yes ☐No ☐Unk
Potatoes	☐Yes ☐No ☐Unk
Pepper *(sweet, green, hot)* Type of Pepper:	☐Yes ☐No ☐Unk
Tomatoes	☐Yes ☐No ☐Unk
Salad *(iceberg, romaine, spinach, kale.)* Type of Salad:	☐Yes ☐No ☐Unk
Bagged/Pre-Packaged Salad Brand(s): Type(s): Location of Purchase:	☐Yes ☐No ☐Unk
Spinach	☐Yes ☐No ☐Unk
Sprouts	☐Yes ☐No ☐Unk
Other Fresh Vegetables	☐Yes ☐No ☐Unk
Other Leafy Greens	☐Yes ☐No ☐Unk
Prepackaged Fresh Foods	☐Yes ☐No ☐Unk

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L. PREMADE / PROCESSED FOODS

Baby Food *(including taste testing for child)*		☐ Yes ☐ No ☐ Unk
Beans		☐ Yes ☐ No ☐ Unk
Cereal *(hot/cold)*		☐ Yes ☐ No ☐ Unk
Lentils		☐ Yes ☐ No ☐ Unk
Peanut Butter		☐ Yes ☐ No ☐ Unk
Tofu		☐ Yes ☐ No ☐ Unk
Potato Salad Where was it eaten? Type/Brand:	Date/Time of Consumption: _____ Was it catered/by whom?	☐ Yes ☐ No ☐ Unk
Pre-made dinner requiring reheat *(frozen dinners)*		☐ Yes ☐ No ☐ Unk
Fresh Salsa or Pico de Gallo		☐ Yes ☐ No ☐ Unk
Store bought egg salad Where was it eaten? Type/Brand:	Date/Time of Consumption: _____ Was it catered/by whom?	☐ Yes ☐ No ☐ Unk
Pasta Salad Where was it eaten? Type/Brand:	Date/Time of Consumption: _____ Was it catered/by whom?	☐ Yes ☐ No ☐ Unk
Other Deli Salads *(e.g., seafood salad, chicken salad)* Where was it eaten? Type/Brand:	Date/Time of Consumption: _____ Was it catered/by whom?	☐ Yes ☐ No ☐ Unk
Spices purchased at an ethnic food store or imported spices *(Chinese spices, Indian spices, Mexican spices)*		☐ Yes ☐ No ☐ Unk
Home-canned foods Where was it eaten?	Date/Time of Consumption: _____ Unused canned food available for testing? ☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unk
Uncooked Dough/Batter		☐ Yes ☐ No ☐ Unk
Dried Fruit		☐ Yes ☐ No ☐ Unk
Nuts *(e.g., walnuts, almonds, peanuts, etc.)*		☐ Yes ☐ No ☐ Unk
Nut Spread (excluding peanut)	Type of Nut Spread:	☐ Yes ☐ No ☐ Unk
Hummus or Other Prepared Dip Where was it eaten? Type/Brand:	Date/Time of Consumption: _____ Was it catered/by whom?	☐ Yes ☐ No ☐ Unk

M. SEXUAL HISTORY

1. **Did you have sexual contact with a male during the week prior to your illness?** ☐ Yes ☐ No
2. **Did you have sexual contact with a female during the week prior to your illness?** ☐ Yes ☐ No

Salmonellosis Questionnaire

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NEDSS ID: _____

Interview Comments / Additional Notes:

Counseling (initial once completed)

_____ Education 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 daily products, milk/juice
_____ Avoid preparation of food for others
_____ Disinfecting surfaces
_____ Unrecognized foods (raw eggs in homemade ice cream, homemade salad dressings, raw cookie dough)
_____ High risk circumstances for transmission identified.
_____ Counseled to avoid activities that put other at risk of contracting disease.

Childcare Health Consultant Notified (if appropriate)

☐Yes ☐No ☐N/A
If yes, whom? Name: _____

Environmentalist Notified?

☐Yes ☐No ☐N/A
If yes, whom? Name: _____

Referred back to Local Health Department?

☐Yes ☐No ☐N/A
If yes, whom? Name: _____

Interviewer Name and Agency: _____

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Shigellosis Questionnaire

Foodborne and Waterborne Illness Investigation Form

Shigellosis FBWB Questionnaire

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Shigellosis Questionnaire

Kentucky Public Health

Shigellosis FBWB Questionnaire
NEDSS ID: _____

Interviewer Name: _____ **Interviewer Agency:** _____

Patient Initials: _____ **Date of First Attempt to Interview:** _____ **Date of Interview:** _____ **No. of Attempts:** _____
Refused: ☐Yes ☐No ☐Unk **Partially Completed:** ☐Yes ☐No ☐Unk **Letter Mailed?** ☐Yes ☐No ☐Unk

Lost to Follow-up: ☐Yes ☐No ☐Unk **Delayed report to LHD/KDPH causing limited exposure recall:** ☐Yes ☐No ☐Unk
Earliest Date Reported to County: _____

Person Being Interviewed: ☐ **Patient** ☐ **Surrogate (name and describe):**_____

Section 1: Patient Info

1. **DOB:** _____ 2. **Age (years/months):** _____ 3. **Sex:** ☐Male ☐Female ☐Unk

4. **Is the patient deceased?** ☐Yes ☐No ☐Unk 5. **Marital Status?** ☐Married ☐Single ☐Widowed

Occupation Information

6. **Are you:** ☐ Employed ☐ Unemployed ☐ Retired ☐ Student ☐ A Volunteer ☐ Unk
   If employed:
   Occupation: _____
   Employer (Name and Address):_____
   Job Title and Description: _____

   Please mark if the patient works in one of the following high-risk transmission occupations:
   ☐ Daycare/school ☐ Healthcare ☐ Food service ☐ Other (describe):_____
   Did you work or attend school while sick? ☐Yes ☐ No ☐ Unk
   Dates worked: _____
   Describe job duties while sick: _____
   Describe hand hygiene practices while sick: _____

7. **Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?** ☐ Yes ☐ No ☐ Unk
   If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.) ☐ Yes ☐ No ☐Unk

Daycare/School Information (obtain is patient is a child)

8. **Does the child attend:** ☐ Daycare ☐ School ☐ Other ☐ No/Unk
   (describe):_____
   Daycare/School Name and Address: _____
   Grade or room: _____
   Did your child attend daycare/school while sick? ☐ Yes ☐ No ☐ N/A ☐ Unk
   Dates Attended: _____
   Have any others at the daycare/school been ill? ☐ Yes ☐ No ☐ N/A ☐Unk

Address

9. **County of Residence**: _____

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Ethnicity and Race

10. **Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unk

11. **Race:** ☐ White ☐ Black or African American ☐ Asian ☐ Native American/Pacific Islander/Alaskan Native ☐ Unk

Clinical Info

12. **Admitted to hospital for illness?** ☐ Yes ☐ No ☐ Unk
Name of Hospital: _____
Admission Date: _____ Discharge Date: _____
Did patient die? ☐ Yes ☐ No ☐ Unk Was death a result of illness? ☐ Yes ☐ No ☐ Unk

13. **Date and time of illness onset:** _____ _____ (Onset Time)

14. **Still ill at time of interview?** ☐ Yes ☐ No ☐ Unk
If no, date illness ended: _____ _____ (Illness End Time)

15. **Did your doctor prescribe antibiotics to treat your illness?** ☐ Yes ☐ No ☐ Unk
If yes,

Name of Antibiotic	Date Initiated	Duration of Prescription	Complete Prescription
	_____		☐ Yes ☐ No ☐ Unk
	_____		☐ Yes ☐ No ☐ Unk
	_____		☐ Yes ☐ No ☐ Unk

16. **Did you have any of the following symptoms?**

Fever:	☐ Yes ☐ No ☐ Unk	Diarrhea:	☐ Yes ☐ No ☐ Unk
Highest Recorded Temp:		Days of Diarrhea:	_____
Nausea:	☐ Yes ☐ No ☐ Unk	Bloody Stool:	☐ Yes ☐ No ☐ Unk
Vomiting:	☐ Yes ☐ No ☐ Unk	Abdominal Cramping:	☐ Yes ☐ No ☐ Unk
		Headache:	☐ Yes ☐ No ☐ Unk

Other Symptoms: _____

17. **Were you diagnosed with either of the following conditions?**
Hemolytic Uremic Syndrome (HUS)? ☐ Yes ☐ No ☐ Unk
Thrombocytopenic Purpura (TTP)? ☐ Yes ☐ No ☐ Unk
***Interviewer Note: HUS is a life-threatening complication resulting in kidney failure.*
TTP is a blood disease characterized by decreased platelet counts (thrombocytopenia) and hemolytic anemia.

18. **Do you have a weakened immune system?** (Have you had cancer/currently under a doctor's care for cancer?
Are you taking steroids? Have you had any transplants? Are you pregnant?): ☐ Yes ☐ No ☐ Unk
Reason for weakened immune system: _____

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19. **Do you have any family, friends, or co-workers with similar illness?** ☐ Yes ☐ No ☐ Unk
If yes, please specify:

Name	Age	Phone Number	Relationship to Patient	Symptoms	Onset Date	Occupation	Employer / Facility

20. **Were you exposed to adults or children using diapers?** ☐ Yes ☐ No ☐ Unk
If yes, did the person have diarrhea? ☐ Yes ☐ No ☐ Unk
Describe nature of the exposure (date, type of contact, etc.): _____

21. **Did you take any medication/supplements in the 30 days before you became sick?** (e.g., prescribed medication, over the counter medication, vitamins, antacids, probiotics, supplements): ☐ Yes ☐ No ☐ Unk
List medications/supplements: _____

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SECTION 2: Exposure Assessment

A. WATER

1. **What source do you typically drink water from?** (Bottled, tap, filter, etc.)
   Describe: _____

2. **What source do you typically use ice from?** (Bagged, tap, etc.)
   Describe: _____

3. **What type of water supply does your home have?**
   ☐ Public (e.g., city) ☐ Private (e.g., well) ☐ Unk

4. **What type of sewage system does your home have?**
   ☐ Public (e.g., city sewer) ☐ Private (e.g., septic) ☐ Unk

5. **In the 4 days before you became sick, did you had any problems with your water supply or sewage system at home or work?** (e.g., boil water advisories, water main break, septic system back-up, etc.,)
   ☐ Yes ☐ No ☐ Unknown

   If yes, please describe: _____

6. **In the 4 days before you became sick, did you participate in any activities in treated recreational water?** (swimming pool, hot tub, water park, splash pad, fountain, or a therapy pool)
   ☐ Yes ☐ No ☐ Unk
   If yes, What/Where (location): _____ *When:* _____
   Number of people in the water (estimated)? _____
   Any children/infants? ☐ Yes ☐ No ☐ Unk

   In the 4 days before you became sick, did you participate in any activities in untreated recreational water? (creek, pond, lake, ocean, etc.)
   ☐ Yes ☐ No ☐ Unk
   If yes, What/Where (location): _____ *When:* _____
   Number of people in the water (estimated)? _____
   Any children/infants? ☐ Yes ☐ No ☐ Unk

B. MANURE EXPOSURE

In the 4 days before you became sick, did you apply manure, compost or soil? ☐ Yes ☐ No ☐ Unk
If yes, type/brand: _____
Describe exposure: _____

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C. TRAVEL

1. **Did you travel in the 4 days before you became sick?** (Visited friends/family, day trips to other counties, vacation): ☐ Yes ☐ No ☐ Unk

   ☐ Within KY ☐ Outside of KY Where: _____ When: _____

   ☐ Within KY ☐ Outside of KY Where: When:

   Mode of travel: ☐ Airplane ☐ Bus ☐ Car ☐ Cruise ☐ Train ☐ Other

   Travel identifier (flight number, airline, cruise line): _____

   Did you travel alone, with family, or with a tour group? ☐ Alone ☐ Family ☐ Group ☐ Other

   If travelled with a group, what is the name of the organization/group you travelled with?

   _____

2. **Did you travel internationally in the 30 days before you became sick?** ☐ Yes ☐ No ☐ Unk

   If yes, Where: _____ When: _____

   Mode of travel: ☐ Airplane ☐ Cruise ☐ Train ☐ Other

   Travel identifier: _____

   Did you travel alone, with family, or with a tour group? ☐ Alone ☐ Family ☐ Group ☐ Other

   If travelled with a group, what is the name of the organization/group you travelled with?

   _____

D. SOCIAL GATHERINGS

Did you attend any social events in the 4 days before you became sick? (Parades, festivals, church, work events):

☐ Yes ☐ No ☐ Unk

Event Description	Location and Date	Were Others Ill?	Food Prepared By? (catered, bought and brought, potluck)	Foods Pt Consumed
		☐ Yes ☐ No ☐ Unk		
		☐ Yes ☐ No ☐ Unk		

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E. SPECIALTY/RESTRICTIVE DIETS

Do you eat a specialty/restricted diet? (Food allergy, vegan, diabetic, gluten free, formula, breast-fed infant)
☐Yes ☐No ☐Unk
If yes, please specify: _____

F. FOOD SOURCE

1. **Which grocery store(s) would you have eaten food from in the 4 days before you became sick?**

Location (name, address/landmark)	Date Visited	Shoppers/Reward Card	Alternate ID/Card Number
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	

2. **Did you eat at any restaurants or take-out food in the 4 days before you became sick?** (Fast-food or sit-down restaurants, gas stations, food trucks, cafeterias, etc.) ☐Yes ☐No ☐Unk
***If yes*:**

Location (name, address/landmark)	Date	Time	Foods Eaten

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G. SEXUAL HISTORY

1. Are you currently sexually active? (if no, skip to end of questionnaire)

☐ Yes ☐ No ☐ Unk/Refused

2. In the 4 days before your illness started, did you have sexual contact with another person? Sexual contact would include genital sex, anal sex, oral sex, or any other sexual contact.

(if no, skip to end of questionnaire)

☐ Yes ☐ No ☐ Unk/Refused

***If yes*, were your sex partners?** (check all that apply)

☐ Female ☐ Male ☐ Transgender Female ☐ Transgender Male

☐ Unknown ☐ Prefer Not to Answer ☐ Another (specify): _____

***If yes*, in the 4 days before your illness started, did any of your sexual partners have diarrhea or symptoms similar to your own?**

☐ Yes ☐ No ☐ Unk/Refused

3. Since your illness started, have you had sexual contact with another person? Sexual contact would include genital sex, anal sex, oral sex, or any other sexual contact.

☐ Yes ☐ No ☐ Unk/Refused

***If yes*, would you be willing to share name(s) of sexual partners?** _____

Shigellosis Questionnaire

Kentucky Public Health

Shigellosis FBWB Questionnaire

NEDSS ID: _____

Interview Comments / Additional Notes:

Counseling (initial once completed)

____ Education 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 daily products, milk/juice
____ Avoid preparation of food for others
____ Disinfecting surfaces
____ Unrecognized foods (raw eggs in homemade ice cream, homemade salad dressings, raw cookie dough)
____ High risk circumstances for transmission identified.
____ Counseled to avoid activities that put other at risk of contracting disease.

Childcare Health Consultant Notified (if appropriate)

☐ Yes ☐ No ☐ N/A

If yes, whom? Name: _____

Environmentalist Notified?

☐ Yes ☐ No ☐ N/A

If yes, whom? Name: _____

Referred back to Local Health Department?

☐ Yes ☐ No ☐ N/A

If yes, whom? Name: _____

Interviewer Name and Agency: _____

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STEC/HUS Questionnaire

Foodborne and Waterborne Illness Investigation Form

Shiga-Toxin Producing E. Coli (STEC) /
Hemolytic Uremic Syndrome (HUS) FBWB Questionnaire

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STEC/HUS Questionnaire

NEDSS ID: _____

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Interviewer Name: _____ **Interviewer Agency:** _____

Patient Initials: _____ **Date of First Attempt to Interview:** _____ **Date of Interview:** _____ **No. of Attempts:** _____
Refused: ☐Yes ☐No ☐Unk **Partially Completed:** ☐Yes ☐No ☐Unk **Letter Mailed?** ☐Yes ☐No ☐Unk

Lost to Follow-up: ☐Yes ☐No ☐Unk **Delayed report to LHD/KDPH causing limited exposure recall:** ☐Yes ☐No ☐Unk
Earliest Date Reported to County: _____

Person Being Interviewed: ☐ **Patient** ☐ **Surrogate (name and describe):** _____

Section 1: Patient Info

1. **DOB:** _____ 2. **Age (years/months):** _____ 3. **Sex:** ☐Male ☐Female ☐Unk

4. **Is the patient deceased?** ☐Yes ☐No ☐Unk 5. **Marital Status?** ☐Married ☐Single ☐Widowed

Occupation Information

6. **Are you:** ☐ Employed ☐ Unemployed ☐ Retired ☐ Student ☐ A Volunteer ☐ Unk
   If employed:
   Occupation: _____
   Employer (Name and Address): _____
   Job Title and Description: _____

   Please mark if the patient works in one of the following high-risk transmission occupations:
   ☐ Daycare/school ☐ Healthcare ☐ Food service ☐ Other (describe): _____
   Did you work or attend school while sick? ☐ Yes ☐ No ☐ Unk
   Dates worked: _____
   Describe job duties while sick: _____
   Describe hand hygiene practices while sick: _____

7. **Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?** ☐ Yes ☐ No ☐ Unk
   If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.) ☐ Yes ☐ No ☐ Unk

Daycare/School Information (obtain is patient is a child)

8. **Does the child attend:** ☐ Daycare ☐ School ☐ Other ☐ Unk
   (describe): _____
   Daycare/School Name and Address: _____
   Grade or room: _____
   Did your child attend daycare/school while sick? ☐ Yes ☐ No ☐ N/A ☐ Unk
   Dates Attended: _____
   Have any others at the daycare/school been ill? ☐ Yes ☐ No ☐ N/A ☐ Unk

Address

9. **County of Residence:** _____

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Ethnicity and Race

10. **Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unk

11. **Race:** ☐ White ☐ Black or African American ☐ Asian ☐ Native American/Pacific Islander/Alaskan Native ☐ Unk

Clinical Info

12. **Admitted to hospital for illness?** ☐ Yes ☐ No ☐ Unk
Name of Hospital: _____
Admission Date: _____ Discharge Date: _____
Did patient die? ☐ Yes ☐ No ☐ Unk Was death a result of illness? ☐ Yes ☐ No ☐ Unk

13. **Date and time of illness onset:** _____ _____ (Onset Time)

14. **Still ill at time of interview?** ☐ Yes ☐ No ☐ Unk
If no, date illness ended: _____ _____ (Illness End Time)

15. **Did your doctor prescribe antibiotics to treat your illness?** ☐ Yes ☐ No ☐ Unk
If yes,

Name of Antibiotic	Date Initiated	Duration of Prescription	Complete Prescription
			☐ Yes ☐ No ☐ Unk
			☐ Yes ☐ No ☐ Unk
			☐ Yes ☐ No ☐ Unk

16. **Did you have any of the following symptoms?**

Fever:	☐ Yes	☐ No ☐ Unk	Diarrhea:	☐ Yes	☐ No ☐ Unk
Highest Recorded Temp:	_____		Days of Diarrhea:	_____	
Nausea:	☐ Yes	☐ No ☐ Unk	Bloody Stool:	☐ Yes	☐ No ☐ Unk
Vomiting:	☐ Yes	☐ No ☐ Unk	Abdominal Cramping:	☐ Yes	☐ No ☐ Unk
			Headache:	☐ Yes	☐ No ☐ Unk

Other Symptoms: _____

17. **Were you diagnosed with either of the following conditions?**
Hemolytic Uremic Syndrome (HUS)? ☐ Yes ☐ No ☐ Unk
Thrombocytopenic Purpura (TTP)? ☐ Yes ☐ No ☐ Unk
***Interviewer Note: HUS is a life-threatening complication resulting in kidney failure.*
TTP is a blood disease characterized by decreased platelet counts (thrombocytopenia) and hemolytic anemia.

18. **Do you have a weakened immune system?** (Have you had cancer/currently under a doctor's care for cancer?
Are you taking steroids? Have you had any transplants? Are you pregnant?): ☐ Yes ☐ No ☐ Unk
Reason for weakened immune system: _____

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19. **Do you have any family, friends, or co-workers with similar illness?** ☐ Yes ☐ No ☐ Unk
If yes, please specify:

Name	Age	Phone Number	Relationship to Patient	Symptoms	Onset Date	Occupation	Employer / Facility

20. **Were you exposed to adults or children using diapers?** ☐ Yes ☐ No ☐ Unk
If yes, did the person have diarrhea? ☐ Yes ☐ No ☐ Unk
Describe nature of the exposure (date, type of contact, etc.): _____

21. **Did you take any medication/supplements in the 30 days before you became sick?** (e.g., prescribed medication, over the counter medication, vitamins, antacids, probiotics, supplements): ☐ Yes ☐ No ☐ Unk
List medications/supplements: _____

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SECTION 2: Exposure Assessment

A. WATER

1. **What source do you typically drink water from?** (Bottled, tap, filter, etc.)
   Describe: _____
2. **What source do you typically use ice from?** (Bagged, tap, etc.)
   Describe: _____
3. **What type of water supply does your home have?**
   ☐ Public (e.g., city) ☐ Private (e.g., well) ☐ Unk
4. **What type of sewage system does your home have?**
   ☐ Public (e.g., city sewer) ☐ Private (e.g., septic) ☐ Unk
5. **In the 7 days before you became sick, did you had any problems with your water supply or sewage system at home or work?** (e.g., boil water advisories, water main break, septic system back-up, etc.,)
   ☐ Yes ☐ No ☐ Unknown
   If yes, please describe: _____
6. **In the 7 days before you became sick, did you participate in any activities in treated recreational water?** (swimming pool, hot tub, water park, splash pad, fountain, or a therapy pool)
   ☐ Yes ☐ No ☐ Unk
   If yes, What/Where (location): _____ When: _____
   Number of people in the water (estimated)? _____
   Any children/infants? ☐ Yes ☐ No ☐ Unk

   In the 7 days before you became sick, did you participate in any activities in untreated recreational water? (creek, pond, lake, ocean, etc.)
   ☐ Yes ☐ No ☐ Unk
   If yes, What/Where (location): _____ When: _____
   Number of people in the water (estimated)? _____
   Any children/infants? ☐ Yes ☐ No ☐ Unk

B. MANURE EXPOSURE

In the 7 days before you became sick, did you apply manure, compost or soil? ☐ Yes ☐ No ☐ Unk
If yes, type/brand: _____
Describe exposure: _____

C. ANIMAL CONTACT

In the 7 days before you became sick, did you have any contact with animals?
Contact would be defined as touching animals, anything the animal came in contact with, and being around animals and their environments (even if you did not touch them)

Indoor? ☐ Yes ☐ No ☐ Unk

Outdoor? ☐ Yes ☐ No ☐ Unk

If answered "No" to both questions, skip to Section D. Travel

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If yes, which animals?

Type of Animal	Y/N/U?	*Please Select*	Specify Type (Circle One or Describe)	Where is animal kept?	Who feeds animal?	Who cleans up after animal?
Dog	☐ Yes ☐ No ☐ Unk	Adult ☐ Puppy ☐		Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Cat	☐ Yes ☐ No ☐ Unk	Adult ☐ Kitten ☐		Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Cattle	☐ Yes ☐ No ☐ Unk	Adult ☐ Calf ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Swine	☐ Yes ☐ No ☐ Unk	Adult ☐ Piglet ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Poultry (chicken, turkey, duck, etc.)	☐ Yes ☐ No ☐ Unk	Adult ☐ Chick ☐	Chicken ☐ Turkey ☐ Duck ☐	Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Bird	☐ Yes ☐ No ☐ Unk	Adult ☐ Chick ☐		Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Goat	☐ Yes ☐ No ☐ Unk	Adult ☐ Kid ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Sheep	☐ Yes ☐ No ☐ Unk	Adult ☐ Lamb ☐			Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Equine (donkey, mule, horse)	☐ Yes ☐ No ☐ Unk	Adult ☐ Colt ☐	Donkey ☐ Mule ☐ Horse ☐		Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Reptile (snake, lizard, turtle, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Amphibian (frog, salamander, newt, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Rodent (rat, gerbil, hamster, mouse, etc.)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐
Other animal(s) (hedgehog, rabbit, etc.,)	☐ Yes ☐ No ☐ Unk			Indoor ☐ Outdoor ☐	Pt ☐ Family ☐ Other ☐	Pt ☐ Family ☐ Other ☐

Please list the foods and/or treats you give to your pets.

Type of Animal	Type of Food	Food Brand/Flavor	Give pet treats?	Type of Treats	Treat Brand/Flavor
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	
	Dry ☐ Wet ☐ Raw ☐ Unk ☐		Yes ☐ No ☐ Unk ☐	Dry ☐ Wet ☐ Raw ☐ Unk ☐	

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1. **Do you purchase animals that you use to feed other animals?** (mice to feed snakes, crickets to feed lizards) ☐ Yes ☐ No ☐ Unk ☐ N/A

Type of Feeding Animal	Alive or Dead at Purchase	Purchase Location
	☐ Alive ☐ Dead	

2. **Were any of the animals you were exposed to sick?**
☐ Yes ☐ No ☐ Unk
If yes, description of sick animal (type of animal, illness symptoms):
_____

3. **Did you live on or visit a farm/fair/animal exhibit/petting zoo in the 7 days before you became sick?**
☐ Yes ☐ No ☐ Unknown
If yes, where: _____ When: _____
Type of animal(s): _____

D. TRAVEL

1. **Did you travel in the 7 days before you became sick?** (Visited friends/family, day trips to other counties, vacation): ☐ Yes ☐ No ☐ Unk
☐ Within KY ☐ Outside of KY Where: _____ When: _____
☐ Within KY ☐ Outside of KY Where: _____ When: _____
Mode of travel: ☐ Airplane ☐ Bus ☐ Car ☐ Cruise ☐ Train ☐ Other
Travel identifier (flight number, airline, cruise line): _____
Did you travel alone, with family, or with a tour group? ☐ Alone ☐ Family ☐ Group ☐ Other
If travelled with a group, what is the name of the organization/group you travelled with?
_____

2. **Did you travel internationally in the 30 days before you became sick?** ☐ Yes ☐ No ☐ Unk
If *yes*, Where: _____ When: _____
Mode of travel: ☐ Airplane ☐ Cruise ☐ Train ☐ Other
Travel identifier: _____
Did you travel alone, with family, or with a tour group? ☐ Alone ☐ Family ☐ Group ☐ Other
If travelled with a group, what is the name of the organization/group you travelled with?
_____

E. SOCIAL GATHERINGS

Did you attend any social events in the 7 days before you became sick? (Parades, festivals, church, work events, etc.):
☐ Yes ☐ No ☐ Unk

Event Description	Location and Date	Were Others Ill?	Food Prepared By? (catered, bought and brought, potluck)	Foods Pt Consumed
		☐ Yes ☐ No ☐ Unk		
		☐ Yes ☐ No ☐ Unk		

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F. SPECIALTY/RESTRICTIVE DIETS

Do you eat a specialty/restricted diet? (Food allergy, vegan, diabetic, gluten free, formula, breast-fed infant)
☐Yes ☐No ☐Unk
If yes, please specify: _____

G. FOOD SOURCE

1. **Which grocery store(s) would you have eaten food from in the 7 days before you became sick?**

Location (name, address/landmark)	Date Visited	Shoppers/Reward Card	Alternate ID/Card Number
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	
		☐Yes ☐No ☐Unk	

2. **Did you eat at any restaurants or take-out food in the 7 days before you became sick?** (Fast-food or sit-down restaurants, gas stations, food trucks, cafeterias, etc.) ☐Yes ☐No ☐Unk
***If yes*:**

Location (name, address/landmark)	Date	Time	Foods Eaten

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3. **Alternative Food Source Information**
Did you eat any food from any of the following sources in the 7 days before you became sick?

Source:	Confirmation:	Date Eaten:	Received Date:	Location Eaten:	Details: Meat type, fruit/veggie type, order date etc.
Hunting/Fishing/Trapping	☐Yes ☐No ☐Unk	_____	_____		
Private Garden (private, community, friend)	☐Yes ☐No ☐Unk	_____	_____		
Home Delivery Service or Meal Kit Delivery Service? (Meals on Wheels, Hello Fresh)	☐Yes ☐No ☐Unk	_____	_____		
Butcher Shop	☐Yes ☐No ☐Unk	_____	_____		
Farmer's Market/ Community-Supported Agriculture (CSA)	☐Yes ☐No ☐Unk	_____	_____		
Friend/Relative	☐Yes ☐No ☐Unk	_____	_____		

H. Meal History	Meal	Food/Beverage Consumed	Location
Day 1 _____ (Day patient started to feel ill)	Breakfast		
	Lunch		
	Dinner		
Day 2 _____ (Day before patient started to feel ill)	Breakfast		
	Lunch		
	Dinner		
Day 3 _____ (Two days before patient got sick)	Breakfast		
	Lunch		
	Dinner		
Day 4 _____ (Three days before patient got sick)	Breakfast		
	Lunch		
	Dinner		
Day 5 _____ (Four days before patient got sick)	Breakfast		
	Lunch		
	Dinner		

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I. ENTERIC - MEAT, POULTRY, FISH

Bacon	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Ham	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Pork (*Not ham or bacon*)	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Beef (*Steak, etc.*)	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Ground Beef	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Chicken	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Turkey	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Deli Meats	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Seafood (*Not fish or oysters*)	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Fish	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Wild Game (*deer, pheasant, rabbit, fish*)	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Did you eat any other meat products?	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Date and Location of Purchase:** **Type/Brand:**
Raw/undercooked liver	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Hot Dogs	☐Yes ☐No ☐Unk	☐At home ☐Away ☐Both	**Type/Brand:**
Do you or any family members handle raw poultry?		☐Yes ☐No ☐Unk	**Who**

J. CHEESE, DAIRY, MILK, EGGS

Block Cheese		☐Yes ☐No ☐Unk	**Type/Brand:**
Mexican Style Cheese (*Queso, Fresco, Queso Blanco*)		☐Yes ☐No ☐Unk	**Type/Brand:**
Pre Sliced Cheese		☐Yes ☐No ☐Unk	**Type/Brand:**
Ricotta		☐Yes ☐No ☐Unk	**Type/Brand:**
Cheese Made with Raw or Unpasteurized Milk **Other unpasteurized or raw milk products**		☐Yes ☐No ☐Unk	**Type/Brand:**
Other Cheeses		☐Yes ☐No ☐Unk	**Type/Brand:**
Eggs	☐Raw/undercooked	☐Yes ☐No ☐Unk	**How were they prepared?** ☐At Home ☐Away
Egg Whites	☐Raw/undercooked	☐Yes ☐No ☐Unk	**How were they prepared?** ☐At Home ☐Away
Cottage Cheese		☐Yes ☐No ☐Unk	**Type/Brand:**
Ice Cream		☐Yes ☐No ☐Unk	**Type/Brand:**
Milk		☐Yes ☐No ☐Unk	**Date and Location of Purchase:** **Type/Brand:**
Non-dairy Milk (*Soy, Almond, Coconut, Cashew*)		☐Yes ☐No ☐Unk	**Type/Brand:**
Raw or Unpasteurized milk		☐Yes ☐No ☐Unk	**Date and Location of Purchase:** _____ **Type/Brand:** _____
Yogurt		☐Yes ☐No ☐Unk	**Type/Brand:**
Raw Foods From Animal Origin		☐Yes ☐No ☐Unk	**Date and Location of Purchase:** _____ **Type/Brand:** _____

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K. FRUITS AND VEGETABLES

Fruits	
Apples	☐Yes ☐No ☐Unk
Apple Juice	☐Yes ☐No ☐Unk
Bananas	☐Yes ☐No ☐Unk
Blackberries	☐Yes ☐No ☐Unk
Blueberries	☐Yes ☐No ☐Unk
Cantaloupe	☐Yes ☐No ☐Unk
Frozen Fruit	☐Yes ☐No ☐Unk
Grapes	☐Yes ☐No ☐Unk
Honeydew	☐Yes ☐No ☐Unk
Orange Juice	☐Yes ☐No ☐Unk
Pomegranate Seeds	☐Yes ☐No ☐Unk
Pomegranate Juice	☐Yes ☐No ☐Unk
Frozen Berries	☐Yes ☐No ☐Unk
Frozen Berry Blends/Mixtures	☐Yes ☐No ☐Unk
Papaya	☐Yes ☐No ☐Unk
Pineapple	☐Yes ☐No ☐Unk
Raspberries	☐Yes ☐No ☐Unk
Strawberries	☐Yes ☐No ☐Unk
Unpasteurized Juice/Cider	☐Yes ☐No ☐Unk
Watermelon	☐Yes ☐No ☐Unk
Other Fresh Fruit (*peaches, oranges, etc.*):	_____
Other Juices:	_____
Smoothies/Blended Drinks Type/Brand: Location of purchase:	☐Yes ☐No ☐Unk Date of Purchase: _____
Tea Type/Brand: Location of purchase:	☐Yes ☐No ☐Unk Date of Purchase: _____

Fresh Vegetables	
Fresh Herbs Type of herb:	☐Yes ☐No ☐Unk
Broccoli	☐Yes ☐No ☐Unk
Cabbage	☐Yes ☐No ☐Unk
Carrots	☐Yes ☐No ☐Unk
Cucumber	☐Yes ☐No ☐Unk
Zucchini or Other Squash Type of Squash:	☐Yes ☐No ☐Unk
Frozen Vegetables	☐Yes ☐No ☐Unk
Lettuce on Sandwich	☐Yes ☐No ☐Unk
Mushrooms	☐Yes ☐No ☐Unk
Onion	☐Yes ☐No ☐Unk
Garlic	☐Yes ☐No ☐Unk
Potatoes	☐Yes ☐No ☐Unk
Pepper *(sweet, green, hot)* Type of Pepper:	☐Yes ☐No ☐Unk
Tomatoes	☐Yes ☐No ☐Unk
Salad *(iceberg, romaine, spinach, kale.)* Type of Salad:	☐Yes ☐No ☐Unk
Bagged/Pre-Packaged Salad Brand(s): Type(s): Location of Purchase:	☐Yes ☐No ☐Unk
Spinach	☐Yes ☐No ☐Unk
Sprouts	☐Yes ☐No ☐Unk
Other Fresh Vegetables	☐Yes ☐No ☐Unk
Other Leafy Greens	☐Yes ☐No ☐Unk
Prepackaged Fresh Foods	☐Yes ☐No ☐Unk

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L. PREMADE / PROCESSED FOODS

Baby Food *(including taste testing for child)*		☐ Yes ☐ No ☐ Unk
Beans		☐ Yes ☐ No ☐ Unk
Cereal *(hot/cold)*		☐ Yes ☐ No ☐ Unk
Lentils		☐ Yes ☐ No ☐ Unk
Peanut Butter		☐ Yes ☐ No ☐ Unk
Tofu		☐ Yes ☐ No ☐ Unk
Potato Salad Where was it eaten? Type/Brand:	Date/Time of Consumption: _____ Was it catered/by whom?	☐ Yes ☐ No ☐ Unk
Pre-made dinner requiring reheat *(frozen dinners)*		☐ Yes ☐ No ☐ Unk
Fresh Salsa or Pico de Gallo		☐ Yes ☐ No ☐ Unk
Store bought egg salad Where was it eaten? Type/Brand:	Date/Time of Consumption: _____ Was it catered/by whom?	☐ Yes ☐ No ☐ Unk
Pasta Salad Where was it eaten? Type/Brand:	Date/Time of Consumption: _____ Was it catered/by whom?	☐ Yes ☐ No ☐ Unk
Other Deli Salads *(e.g., seafood salad, chicken salad)* Where was it eaten? Type/Brand:	Date/Time of Consumption: _____ Was it catered/by whom?	☐ Yes ☐ No ☐ Unk
Spices purchased at an ethnic food store or imported spices *(Chinese spices, Indian spices, Mexican spices)*		☐ Yes ☐ No ☐ Unk
Home-canned foods Where was it eaten?	Date/Time of Consumption: _____ Unused canned food available for testing? ☐ Yes ☐ No ☐ Unk	☐ Yes ☐ No ☐ Unk
Uncooked Dough/Batter		☐ Yes ☐ No ☐ Unk
Dried Fruit		☐ Yes ☐ No ☐ Unk
Nuts *(e.g., walnuts, almonds, peanuts, etc.)*		☐ Yes ☐ No ☐ Unk
Nut Spread (excluding peanut)	Type of Nut Spread:	☐ Yes ☐ No ☐ Unk
Hummus or Other Prepared Dip Where was it eaten? Type/Brand:	Date/Time of Consumption: _____ Was it catered/by whom?	☐ Yes ☐ No ☐ Unk

M. SEXUAL HISTORY

1. **Did you have sexual contact with a male during the week prior to your illness?** ☐ Yes ☐ No
2. **Did you have sexual contact with a female during the week prior to your illness?** ☐ Yes ☐ No

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SKIP THIS PAGE IF THE PATIENT WAS NOT DIAGNOSED WITH HUS

ANSWER ALL QUESTIONS ON THIS PAGE IF THE PATIENT WAS DIAGNOSED WITH HUS

N. HUS INFORMATION

1. Name of Physician: _____
2. Diagnosis Date: _____
3. Is the Patient Pregnant? ☐ Yes ☐ No ☐ Unk
4. Does the Patient have pelvic inflammatory disease? ☐ Yes ☐ No ☐ Unk
5. Is the case part of an outbreak? ☐ Yes ☐ No ☐ Unk
   a. Describe outbreak (source, location, cases, etc...):
6. Has the case been in close contact with someone who has been diagnosed with STEC or has had a recent diarrheal illness? ☐ Yes ☐ No ☐ Unk
   a. Name of contact: _____
   b. Nature of contact: _____

Clinical Information

1. Did the patient experience any of the following:

Hematuria:	☐ Yes	☐ No	☐ Unk
Proteinuria:	☐ Yes	☐ No	☐ Unk
Hemodialysis:	☐ Yes	☐ No	☐ Unk
Blood Transfusion:	☐ Yes	☐ No	☐ Unk

2. In the absence of diarrheal illness, did the patient have:

History of any other infection such as HIV, flu, or other pneumococcal bacteria?	☐ Yes	☐ No	☐ Unk
History of use of immunosuppressant medication or medication to treat cancer?	☐ Yes	☐ No	☐ Unk
Diagnosis of autoimmune disease or cancer?	☐ Yes	☐ No	☐ Unk

Lab Information

1. Did the patient have:

Positive STEC Result:	☐ Yes	☐ No	☐ Unk	Schistocytes:	☐ Yes	☐ No	☐ Unk
Positive Salmonella Result:	☐ Yes	☐ No	☐ Unk	Burr Cells:	☐ Yes	☐ No	☐ Unk
Positive Shigella Result:	☐ Yes	☐ No	☐ Unk	Helmet Cells:	☐ Yes	☐ No	☐ Unk

Red Blood Cell Count: _____
Hemoglobin: _____
Hematocrit: _____
Platelet Count: _____
Creatinine: _____

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STEC/HUS Questionnaire

Kentucky Public Health

STEC/HUS FBWB Questionnaire
NEDSS ID: _____

Interview Comments / Additional Notes:

Counseling (initial once completed)

_____ Education 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 daily products, milk/juice
_____ Avoid preparation of food for others
_____ Disinfecting surfaces
_____ Unrecognized foods (raw eggs in homemade ice cream, homemade salad dressings, raw cookie dough)
_____ High risk circumstances for transmission identified.
_____ Counseled to avoid activities that put other at risk of contracting disease.

Childcare Health Consultant Notified (if appropriate)

☐Yes ☐No ☐N/A
If yes, whom? Name: _____

Environmentalist Notified?

☐Yes ☐No ☐N/A
If yes, whom? Name: _____

Referred back to Local Health Department?

☐Yes ☐No ☐N/A
If yes, whom? Name: _____

Interviewer Name and Agency: _____

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