**SUPPLEMENTAL MATERIAL**

Expanded standard Salmonella questionnaire

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|  | Send or Fax to:ADHS Infectious Disease Epidemiology 150 North 18th Ave, Suite 140Phoenix, Arizona 85007-3237(602) 364-3199 Fax | **Outbreak Name:****eFORS ID: Part of National Outbreak?** □Yes**Epi-linked to confirmed case**□ Yes MEDSISID  |
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| **SALMONELLOSIS** | **PATIENT INFORMATION** |
| *Or Attach CDR*Name (last, first) Street address City State Zip Mailing address Phone Alt. Phone Occupation/school grade:\_ Employer/school/other: Alt. contact Phone □ Parent/guardian □ Spouse □ Other Birthdate / / or age Sex: □ Male □ Female □ Unknown/OtherEthnicity: □ Hispanic □ Non-Hispanic □ UnknownRace: □ White □ African American □ Native Hawaiian/Pac Islander□ Asian □ Amer Indian / AK Native □ Other  |
| MEDSIS Case No: County: □ Confirmed □ Probable□ Ruled Out □ Lost to follow up |
| **REPORT SOURCE** |
| Initial report date: Reporter: Reporter org.: Reporter phone: Provider name Provider org.: Provider phone:  |
| **CLINICAL INFORMATION** |
| *The next section asks about specific symptoms that you may or may not have experienced during your illness* |
| **Onset date**: / / □ Unknown **Diagnosis date**: / / **Illness duration**: days □ Ongoing |
| ***Signs and Symptoms*****First Symptom:** □ Diarrhea □ Nausea/VomitingOnset: :\_ am/pm on / / **Y N DK NA**□ □ □ □ Diarrhea (>3 loose stools)Onset: :\_ am/pm on / /  Number of days with >3 loose stools Average number of episodes in 24 hours□ Bloody □ Watery □ Mucousy□ □ □ □ Fever (highest: ºF on / / )□ □ □ □ Nausea□ □ □ □ Vomiting□ □ □ □ Abdominal pain□ □ □ □ Headache□ □ □ □ Treated with antibiotics for this illness?Type: Other symptoms/chronic medical conditions:   | ***Hospitalization*****Y N DK NA**□ □ □ □ Hospitalized □ ED onlyHospital: Admit date / / Discharge date / /  |
| ***Laboratory—Clinical Specimen***Specimen Type: Collected / / *Attach lab results if reporting to ADHS***P N DK NT**Results: □ □ □ □ Serotype: State Lab ID: ***Laboratory-Environmental Specimen(s)***Sample Type: Collected / / **P N DK NT**Results: □ □ □ □ Serotype: Sample Type: Collected \_/ / **P N DK NT**Results: □ □ □ □ Serotype:  |
| **Y=Yes** | **N=No/Negative** | **DK=Don’t Know** | **NA=Not Asked/ Not Answered** | **P=Positive** | **UF/UE=Usually Frequent/Eat** | **O=Other/Unknown** | **NT=Not Tested** |



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| **SALMONELLOSIS** | Name (Last, First) 2 |
| **EPIDEMIOLOGICAL INFORMTION** |
| **TRAVEL** | *I am now going to ask you some questions about your travel history that may be important during the* ***seven*** *days prior to your illness* |
| **Y N DK NA In the week prior to your illness onset, did you travel outside the county?**□ □ □ □ If **Yes:** |
| **From Where To Where Dates of Travel Hotel/Resort/Other**1. \_/\_ /\_ to / / Airline: Flight#: Foods Eaten: 2. \_/\_ /\_ to / / Airline: Flight#: Foods Eaten:  |
| **FOOD HISTORY** | *I am now going to ask you some questions about your food history that may be important during the* ***seven*** *days prior to your illness. (If they can not recall where they ate/shopped then ask what establishments they usually frequent or what they usually eat)* |
| **Y N DK UF In the week prior, did you eat food from a: Name, location, date & foods eaten:**□ □ □ □ Restaurant □ □ □ □ Fast food establishment□ □ □ □ Cafeteria□ □ □ □ Deli□ □ □ □ Street vendor□ □ □ □ Concession stand at an event□ □ □ □ Snack bar□ □ □ □ Gas station/convenience store□ □ □ □ Grocery store□ □ □ □ Ready-to-eat food served in a grocery store □ □ □ □ Other store/establishment *(coffee house, bar, etc)* □ □ □ □ Social gathering where food was served  |
| **Y N DK UE Did you consume any of the following: Brand, purchase location, & date:**□ □ □ □ Ground beef □ Undercooked/Raw □ □ □ □ Handled raw Ground Beef?□ □ □ □ Poultry □ Undercooked/Raw □ □ □ □ Handled raw Poultry?□ □ □ □ Other meats □ Undercooked/Raw □ □ □ □ Seafood (includes fish and shellfish)? If yes, what type? □ □ □ □ Fish? What type, raw or cooked, how prepared:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ □ □ □ Shrimp? What type, raw or cooked, how prepared:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ □ □ □ Crab? What type, raw or cooked, how prepared:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ □ □ □ Crawfish? What type, raw or cooked, how prepared:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ □ □ □ Other shellfish? What type, raw or cooked, how prepared:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ □ □ □ Frog legs? What type, raw or cooked, how prepared:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ □ □ □ Alligator? What type, raw or cooked, how prepared:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ □ □ □ Eggs □ Undercooked/Raw □ □ □ □ Unpasteurized milk/dairy products□ □ □ □ Queso fresco □ □ □ □ Tomatoes □ □ □ □ Fresh salsa □ □ □ □ Cilantro□ □ □ □ Sprouts (alfalfa, mung bean, etc.)□ □ □ □ Lettuce, spinach or other leafy green □ □ □ □ Other raw vegetables□ □ □ □ Cantaloupe□ □ □ □ Watermelon□ □ □ □ Other raw fruit (includes fruit garnishes in drinks or on a plate):□ □ □ □ Unpasteurized juice/cider□ □ □ □ Peanut butter□ □ □ □ Raw nuts□ □ □ □ Raw or untreated waterHome water source: □ Municipal □ Well |
| **Y=Yes N=No/Negative DK=Don’t Know NA=Not Asked/ P=Positive UF/UE=Usually O=Other/Unknown NT=Not Tested****Not Answered Frequent/Eat** |

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| **SALMONELLOSIS** | Name (Last, First)  |
| *List location of each meal and foods eaten within* ***FIVE*** *days before onset of symptoms. For the food history, please try to answer based upon what you remem- ber eating the 5 days prior to becoming ill, and if you cannot remember, answer based upon what foods you typically would have eaten during that time period.* (Interviewer: please remember to also ask about additional food items such as toppings, condiments, sides, beverages and snacks) |
| **FIVE-DAY FOOD HISTORY, DAY OF ILLNESS ONSET\*** | DATE: / / DAY:  |
| **Meal/Time** | **Foods/Beverages Consumed** | **Location** | **Meal Companions** |
| **Breakfast**Time: : □ AM □ PM |  | □ Home□ Outside *(specify: i.e. friends, restaurant, etc)* |  |
| **Lunch**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Dinner**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Other/Snacks**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **DAY ONE PRIOR TO ILLNESS ONSET** | DATE: / / DAY:  |
| **Meal/Time** | **Foods/Beverages Consumed** | **Location** | **Meal Companions** |
| **Breakfast**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Lunch**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Dinner**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Other/Snacks**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **DAY TWO PRIOR TO ILLNESS ONSET** | DATE: / / DAY:  |
| **Meal/Time** | **Foods/Beverages Consumed** | **Location** | **Meal Companions** |
| **Breakfast**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Lunch**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Dinner**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Other/Snacks**Time: : □ AM □ PM |  | □ Home□ Outside  |  |

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| **SALMONELLOSIS** | Name (Last, First)  |
| **DAY THREE PRIOR TO ILLNESS ONSET** | DATE: / / DAY:  |
| **Meal/Time** | **Foods/Beverages Consumed** | **Location** | **Meal Companions** |
| BreakfastTime: : □ AM □ PM |  | □ Home□ Outside  |  |
| LunchTime: : □ AM □ PM |  | □ Home□ Outside  |  |
| DinnerTime: : □ AM □ PM |  | □ Home□ Outside  |  |
| Other/Snacks Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **DAY FOUR PRIOR TO ILLNESS ONSET** | DATE: / / DAY:  |
| **Meal/Time** | **Foods/Beverages Consumed** | **Location** | **Meal Companions** |
| **Breakfast**Time: : □ AM □ PM |  | □ Home□ Outside *)* |  |
| **Lunch**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Dinner**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Other/Snacks**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **DAY FIVE PRIOR TO ILLNESS ONSET** | DATE: / / DAY:  |
| **Meal/Time** | **Foods/Beverages Consumed** | **Location** | **Meal Companions** |
| **Breakfast**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Lunch**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Dinner**Time: : □ AM □ PM |  | □ Home□ Outside  |  |
| **Other/Snacks**Time: : □ AM □ PM |  | □ Home□ Outside  |  |

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| **SALMONELLOSIS** | Name (Last, First)  |
| *I am now going to ask you some questions about animal exposures as well as some miscellaneous questions about additional exposures that may be**important during the* ***seven*** *days prior to your illness onset.* |
| **ANIMAL EXPOSURE INFORMATION** |
| **Y N DK NA**􀂅 􀂅 􀂅 􀂅 Work/Live on Farm/Dairy/Ranch?􀂅 􀂅 􀂅 􀂅 Any contact w/animals or animal products?􀂅 􀂅 􀂅 􀂅 Do you own a pet?􀂅 􀂅 􀂅 􀂅 Was your pet sick?􀂅 􀂅 􀂅 􀂅 Visit a Zoo/Farm/Fair/Pet shop?􀂅 􀂅 􀂅 􀂅 Bird/Duck/Baby Chick exposure?􀂅 􀂅 􀂅 􀂅 Reptile/Amphibian exposure? (i.e. turtles, iguanas,snakes, frogs, etc)􀂅 􀂅 􀂅 􀂅 Exotic Animals?􀂅 􀂅 􀂅 􀂅 Other animal exposure? | **Specify:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ADDITIONAL EXPOSURE INFORMATION** |
| **Sensitive Occupations:** | **Miscellaneous:** |
| **Y N DK NA**□ □ □ □ Employed as food handler (work or volunteer)□ □ □ □ Did you prepare food for others? (i.e. friends,family, etc)□ □ □ □ Employed in or attends child care or preschool□ □ □ □ Employed as a healthcare worker□ □ □ □ Do any household contacts work in above oc- cupations?□ □ □ □ Contact with diapered/incontinent child/adult□ □ □ □ Do you know anyone else with similar  symptoms/illness? | Did you visit, swim or have contact with water at….□ River □ Lake □ Pond □ Community Pool**Y N DK NA**□ □ □ □ On antibiotics at any time in the month prior to illness?Date and Type: □ □ □ □ Take any antacids in month prior to illness? Any Other Exposures of Interest? |
| **FOR PUBLIC HEALTH DEPRTMENT USE ONLY** |
| How was the person likely exposed? | **ACTIONS TAKEN:** |
| □ Food □ Water □ Person □ Animal□ Environmental □ Unknown □ Education provided to case/contacts/facilities□ Initiate trace-back investigationWhere did the exposure likely occur? □ Case excluded from sensitive occupation/establishment□ Follow-up on contacts who may have been exposed□ No risk factors/exposures could be identified □ Symptomatic contacts excluded from sensitive occupation/□ Patient could not be interviewed/LTF establishment□ Case is part of known outbreak □ Environmental health notifiedOutbreak Name: □ Establishment/Childcare inspected (Date: / / ) eFORS/NORS ID: □ Epi-linked to confirmed case? □ Other: MEDISIS ID of confirmed case:  |
| **NOTES** |
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| **INVESTIGATOR(S): DATE: / / DATE CLOSED: / /**  |
| **Y=Yes N=No/Negative DK=Don’t Know NA=Not Asked/ P=Positive UF/UE=Usually O=Other/Unknown NT=Not Tested****Not Answered Frequent/Eat** |