**SUPPLEMENTAL MATERIAL**

Expanded standard Salmonella questionnaire

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|  | | Send or Fax to:  ADHS Infectious Disease Epidemiology 150 North 18th Ave, Suite 140  Phoenix, 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/Other  Ethnicity: □ Hispanic □ Non-Hispanic □ Unknown  Race: □ 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/Vomiting  Onset: :\_ 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 only  Hospital: 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 water  Home 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** |
| 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 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 investigation  Where 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 notified  Outbreak Name: □ Establishment/Childcare inspected (Date: / / ) eFORS/NORS ID:  □ Epi-linked to confirmed case? □ Other: MEDISIS ID of confirmed case: | | |
| **NOTES** | | |
|  | | |
| **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** | | |