

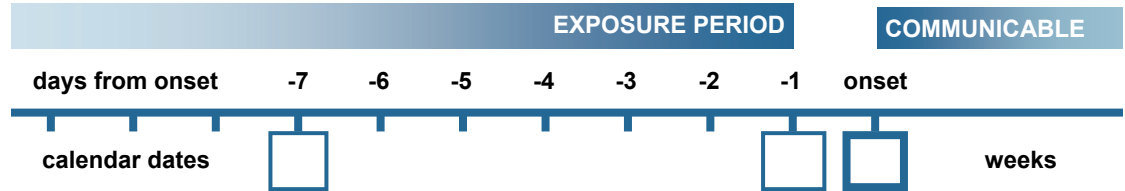
Tennessee Department of Health Campylobacteriosis

Please fill this form out as complete as possible. Anything that appears in **blue** is available for data entry into NEDSS. All other questions may be useful in your investigation. Do not forget to complete the generic FoodNet Case Report form.

Last Name: _____ First: _____ Middle: _____ DOB: ____/____/____
 PSN1 _____ TN01 CAS1 _____ TN01 State Lab Accession #: _____

INFECTION TIMELINE

Enter onset date in heavy box. Count back to calculate the probable exposure period. Ask about exposures between those dates. For *Salmonella*, the exposure period is 7 days before illness onset.



POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

First I'd like to ask a few questions about exposures you may have had in the 7 days before you or the patient got sick. I will need to ask you questions about various items, including special events, special diets, water, animals and various foods you or the patient may have come into contact with.

[1] Y ? N **LEAD-IN QUESTIONS**

A Did the patient attend any special events (e.g., concerts, festivals, sporting events, reunions, religious gatherings, etc.)?
If yes, what? _____ Where? _____ When? _____

B Are you a vegetarian or vegan?

C Before you got sick, were you on any kind of special or restricted diet for medical, weight loss, religious, allergies or any other reasons?
If yes, describe _____

What is the source of tap water at home?
 D Do not use tap water E Municipal, city or county F Other _____
 G Private well; *If yes, how was the well water treated? _____*

What is the source of tap water at school/work?:
 H Do not use tap water I Municipal, city or county J Other _____
 K Private well; *If yes, how was the well water treated? _____*

L Did the patient drink untreated water in the 7 days prior onset of illness?

M Was there any recreational water exposure in the 7 days prior to illness? Where? _____ When? _____
If yes, what was the recreational water type?
 N hot spring O hot tub, whirlpool, jacuzzi, spa P interactive fountain
 Q lake, pond, river, stream R ocean S recreational water park
 T swimming pool U other _____ V unknown

[2] Y ? N **LIVE ANIMAL CONTACT, PETS, PET FOOD, MANURE and COMPOST**

A Visit a farm or ranch with animals?

B Live on a farm or ranch with animals?

C Visit a live animal exhibit (petting zoos, fairs, 4H, etc.)?

D Come into contact with any animals? Where? _____ When? _____
If yes, type of animal?
 E cat F cattle G chicken H dog I goats
 J lizard K other* L other amphibian* M other bird* N other mammal*
 O other reptile* P pig Q rodent R sheep S turkey
 T turtle U unknown
 *If other, other amphibian, other bird, other mammal, or other reptile, please specify: _____

[3] Y ? N **LIVE ANIMAL CONTACT, PETS, PET FOOD, MANURE and COMPOST 2**

A Come into any contact with tropical fish or aquariums?

B Come into any contact with animal feces or manure?

C Come in contact with a pet that had diarrhea?

D Have any contact or household use of pet treats or chews (e.g., pig ears, pizzles, rawhide chews, package treats...)

E Have any contact with dry, canned or frozen animal feed? *If yes, please specify: _____*

F Done any hiking, camping, gardening or yard work?

Provide details (name or location of animal contact, whether or not pet was acquired before illness onset) for those items checked above. If contact was with an animal not listed above, please specify.

Please let us know if you ate at any restaurants in the 7 days before you became ill. If you did I will also run through a list of popular types of restaurants people eat out at.

[4] Y ? N	RESTAURANTS GENRES	Y ? N	RESTAURANT GENRES 2
A <input type="checkbox"/>	Did you eat out in the 7 days before illness?	H <input type="checkbox"/>	Steakhouse or Grill
B <input type="checkbox"/>	Asian (e.g., Chinese, Japanese, Indian, Thai, etc.)	I <input type="checkbox"/>	Other ethnic food (Greek/ Middle Eastern, etc.)
C <input type="checkbox"/>	Barbeque	J <input type="checkbox"/>	Seafood
D <input type="checkbox"/>	Italian or Pizzeria	K <input type="checkbox"/>	Sandwich shop or Delis
E <input type="checkbox"/>	Mexican/Tex-Mex	L <input type="checkbox"/>	School or other institutional setting
F <input type="checkbox"/>	All-you-can-eat buffet	M <input type="checkbox"/>	A catered event
G <input type="checkbox"/>	National fast food chain	N <input type="checkbox"/>	Any other restaurant (specify: _____)

Provide details (location, dates, times) for those restaurant genres checked above. If you can recall eating at any other restaurants (not listed above) that week, please list them by name; if possible, what was eaten.

Now I'd like to ask you about a long list of food items, and for each one my question will be "Did you eat it in that same 7- day period before you got sick?" The lists are organized into categories, like eggs and dairy foods, vegetables and fruits, and so on. For each item, give me a "yes" or "no" if you remember eating or even tasting it in those 7 days before you got sick. Some of the questions might seem a little repetitive, but we must ask them in the same manner. everyone. So please try and answer each question individually, even if you think it was already covered. Unless I say otherwise, I'm interested in whether you ate these items at home or away from home—either one, OK?

[5] Y ? N	EGGS AND DAIRY
A <input type="checkbox"/>	eggs (anything anywhere from whole shell eggs [i.e., not powdered or processed]) If yes, ...
B <input type="checkbox"/>	eggs at home (brand or type/ place purchased: _____)
C <input type="checkbox"/>	eggs made outside of your home or someone else's home (location: _____)
D <input type="checkbox"/>	eggs anywhere that were raw or runny
E <input type="checkbox"/>	anything uncooked made with raw eggs (e.g., cookie dough, sauces, mousse, homemade ice cream or mayo)
F <input type="checkbox"/>	any dairy products (e.g. milk, yogurt, cheese, ice cream, etc.) (brand or type/ place purchased: _____)
G <input type="checkbox"/>	unpasteurized (raw) milk (type/ place purchased: _____ date consumed: _____ date obtained: _____ <input type="checkbox"/> available for testing)
H <input type="checkbox"/>	other unpasteurized (raw) dairy products (e.g. yogurt, ice cream, etc.)
I <input type="checkbox"/>	pasteurized cow's or goat's milk

[6] Y ? N	CHEESE
A <input type="checkbox"/>	soft cheese (e.g., queso fresco, queso blanco, brie, etc.) (brand or type/ place purchased: _____)
B <input type="checkbox"/>	if yes, made from unpasteurized (raw) milk (homemade, from a farm, etc.) (type/ place purchased _____)
C <input type="checkbox"/>	other cheese (brand or type/ place purchased: _____)
D <input type="checkbox"/>	if yes, made from unpasteurized (raw) milk (homemade, from a farm, etc.) (type/ place purchased: _____)

[7] Y ? N	FRESH, FROZEN, COOKED, PROCESSED MEAT & POULTRY 1
A <input type="checkbox"/>	Would you/your child or anyone else in your household have handled raw chicken in the home?
B <input type="checkbox"/>	Did you/your child eat any chicken ? if yes, C <input type="checkbox"/> ground D <input type="checkbox"/> whole E <input type="checkbox"/> processed (e.g., deli slices, chicken nuggets) if yes, F <input type="checkbox"/> raw or undercooked
G <input type="checkbox"/>	Was the chicken prepared at home (brand / place purchased: _____) if yes, H <input type="checkbox"/> fresh I <input type="checkbox"/> frozen
J <input type="checkbox"/>	Was the chicken made outside of your home or someone else's home (including tenders, strips, nuggets, etc.) (location: _____)

K <input type="checkbox"/>	Would you/your child or anyone else in your household have handled raw turkey in the home?
L <input type="checkbox"/>	Did you/your child eat any turkey ? if yes, M <input type="checkbox"/> ground N <input type="checkbox"/> whole O <input type="checkbox"/> processed (e.g., deli slices, etc.) if yes, P <input type="checkbox"/> raw or undercooked
Q <input type="checkbox"/>	Was the turkey prepared at home (brand / place purchased: _____) if yes, R <input type="checkbox"/> fresh S <input type="checkbox"/> frozen
T <input type="checkbox"/>	Was the turkey made outside of your home or someone else's home (location: _____)

Provide details (brands, packaging, dates, times) for those items checked above.

[7] Y ? N	FRESH, FROZEN, COOKED, PROCESSED MEAT & POULTRY 1 (continued)
V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Would you/your child or anyone else in your household have handled raw poultry other than chicken or turkey (e.g., duck, quail, etc.) in the home?
U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Would you/your child eaten any poultry other than chicken or turkey (e.g., duck, quail, etc.) ?
W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you/your child eat any liver pate ?
X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you/your child eat any raw or undercooked liver ?
[8] Y ? N	FRESH, FROZEN, COOKED, PROCESSED MEAT & POULTRY 2
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Would you/your child or anyone else in your household have handled raw beef in the home?
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you/your child eat any beef ?
	<i>if yes,</i> C <input type="checkbox"/> ground D <input type="checkbox"/> whole E <input type="checkbox"/> processed (e.g., deli slices, jerky, sausage, etc.)
	<i>if yes to C,</i> F <input type="checkbox"/> raw or undercooked
	<i>if yes to D or E,</i> G <input type="checkbox"/> raw or undercooked
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Was the beef prepared at home (brand / place purchased: _____)
	<i>if yes,</i> I <input type="checkbox"/> fresh J <input type="checkbox"/> frozen
K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Was the beef made outside of your home or someone else's home (location: _____)
L <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Would you/your child or anyone else in your household have handled raw pork in the home?
M <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you/your child eat any pork ?
	<i>if yes,</i> N <input type="checkbox"/> ground O <input type="checkbox"/> whole/pulled P <input type="checkbox"/> processed (e.g., deli slices, bacon, etc.) Q <input type="checkbox"/> Chitterlings
	<i>if yes,</i> R <input type="checkbox"/> raw or undercooked
S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Was the pork prepared at home (brand / place purchased: _____)
	<i>if yes,</i> T <input type="checkbox"/> fresh U <input type="checkbox"/> frozen
V <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Was the pork made outside of your home or someone else's home (location: _____)
W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Any other processed meats (e.g., hotdogs)
X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you/your child eat any lamb or mutton?
Y <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wild game (e.g., elk, deer, etc.)?
[9] Y ? N	FISH & SEAFOOD (<i>not canned</i>)
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Would you/your child or anyone else in your household have handled raw seafood in the home?
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	any type of fish or fish products (e.g. filets, fish sticks, etc) IF NO GO TO QUESTION D
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>if yes,</i> whole fish or fish filets (catfish, salmon, cod, etc.)
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>if yes,</i> raw or undercooked fish (eg., sushi)
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	shellfish (e.g., crab, oysters, clams, scallops, shrimp, lobster, crawfish, mussels, etc.) IF NO GO TO QUESTION F
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<i>if yes,</i> raw undercooked shellfish (eg., raw clams, oysters, etc)
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	seafood salad
[10] Y ? N	FRESH VEGETABLES
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	sprouts (alfalfa, bean, etc.) (brand/location: _____)
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	handle any sprouts, even if you didn't eat them
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	fresh spinach
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	any lettuce or other greens, including on a sandwich
	<i>if yes,</i> type: _____ brand: _____ where purchased: _____ restaurant: _____
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	anything from a salad bar
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	fresh herbs or spices such as basil, parsley, cilantro (type: _____ where purchased: _____ restaurant: _____)
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	any fresh vegetable juice
H <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	commercial fresh tomatoes eaten raw at home or away from home, including on sandwiches (brand/location: _____)
	<i>if yes,</i> specify: I <input type="checkbox"/> cherry J <input type="checkbox"/> grape K <input type="checkbox"/> Roma L <input type="checkbox"/> other (e.g., beefsteak) M <input type="checkbox"/> sold on vine
[11] Y ? N	FRESH FRUIT (<i>Eaten alone or in a fruit salad; Not canned, frozen, dried, or cooked</i>)
A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	any raw or unpasteurized fruit juice
B <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	strawberries
C <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	raspberries
D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	blueberries
E <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	blackberries
F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	cherries
G <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	other fresh berries (<i>specify</i>) _____

Provide details (brands, packaging, dates, times) for those items checked above.

