Case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered
### INFECTION TIMELINE

**Enter onset date/time**
(First sx in heavy box)

**Count backward to determine probable exposure period**

<table>
<thead>
<tr>
<th>Exposure period</th>
<th>Hours from onset:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- 168</td>
</tr>
<tr>
<td></td>
<td>-12</td>
</tr>
</tbody>
</table>

**Calendar date/time:**

<p>| | | | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

### EXPOSURE (Refer to dates above)

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Travel out of the state, out of the country, or outside of usual routine
- Out of: County [ ] State [ ] Country [ ]
- Dates/Locations: ______________________

#### Does the case know anyone else with similar symptoms or illness

#### Epidemiologic link (e.g. ingestion of same food eaten by person with lab-confirmed botulism)

#### Epidemiologic link (e.g. ingestion of a home-canned food within the previous 48 hours)

#### Dried, preserved, or traditionally prepared meat (e.g. sausage, salami, jerky)

#### Preserved, smoked, or traditionally prepared fish

#### Vacuum packed (modified atmosphere packaging) foods

#### Foods stored in oil (e.g. garlic, sun dried tomatoes)

#### Patient could not be interviewed

#### No risk factors or exposures could be identified

#### Most likely exposure/site:

**Where did exposure probably occur?**
- In WA [ ] (County: ___________________)
- US but not WA [ ] Not in US [ ]

### PATIENT PROPHYLAXIS AND TREATMENT

**Botulism antitoxin given**
- [ ] Date/time given: ___/___/___ ______ AM / PM

### PUBLIC HEALTH ISSUES

**Outbreak related**

### PUBLIC HEALTH ACTIONS

- [ ] Initiate trace-back investigation
- [ ] Referral to physician
- [ ] Follow-up of others who ate suspect food
- [ ] Referral of suspect food to regulatory agency
- [ ] Restaurant inspection
- [ ] Education on proper canning technique provided
- [ ] Other, specify: __________________________

### NOTES

**Investigator ________________________  Phone/email: _______________________  Investigation complete date ___/___/___

**Local health jurisdiction ________________________________________________________________

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Botulism, foodborne: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered.