**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, tap water, animals and various foods you or the patient may have come into contact with.

### Lead-in Questions

- Did the patient attend any special events (e.g., concerts, festivals, sporting events, reunions, religious gatherings, etc.)?  
  - If yes, what? ..............................................  Where? ..............................................  When? ..............................................
- Are you a vegetarian or vegan?
- 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 ____________________________

### Live Animal Contact, Pets, Pet Food, Manure and Compost

- Visit a farm or ranch with animals?
- Live on a farm or ranch with animals?
- Visit a live animal exhibit (petting zoos, fairs, 4H, etc.)?
- Come into contact with any animals?  
  - Where? ..............................................  When? ..............................................

### Contact with Recreational Water

- Did the patient drink untreated water in the 7 days prior onset of illness?
- Was there any recreational water exposure in the 7 days prior to illness?  
  - Where? ..............................................  When? ..............................................

### 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.

<table>
<thead>
<tr>
<th>days from onset</th>
<th>-7</th>
<th>-6</th>
<th>-5</th>
<th>-4</th>
<th>-3</th>
<th>-2</th>
<th>-1</th>
<th>onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>calendar dates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Communications

- Did you work in a food service facility?
- Did you work with animals?
- Did you work in a farm荥 or ranch?
- Did you handle any animal products?
- Did you handle any animal excretions?

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**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.

**LEAD-IN QUESTIONS**

- Did the patient attend any special events (e.g., concerts, festivals, sporting events, reunions, religious gatherings, etc.)?  
  - If yes, what? ..............................................  Where? ..............................................  When? ..............................................
- Are you a vegetarian or vegan?
- 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?**

- Do not use tap water:  
  - E Other ____________________________
- Municipal, city or county:  
  - F Other ____________________________
- Private well:  
  - G Other ____________________________

**What is the source of tap water at school/work?**

- Do not use tap water:  
  - K Other ____________________________
- Municipal, city or county:  
  - J Other ____________________________
- Private well:  
  - I Other ____________________________

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

**Was there any recreational water exposure in the 7 days prior to illness?**  
  - Where? ..............................................  When? ..............................................

**If yes, what was the recreational water type?**

- hot spring:  
  - N Other ____________________________
- hot tub, whirlpool, jacuzzi, spa:  
  - O Other ____________________________
- interactive fountain:  
  - P Other ____________________________
- lake, pond, river, stream:  
  - R Other ____________________________
- ocean:  
  - S Other ____________________________
- swimming pool:  
  - T Other ____________________________
- other:  
  - U Other ____________________________
- unknown:  
  - V Other ____________________________

**LIVE ANIMAL CONTACT, PETS, PET FOOD, MANURE and COMPOST 2**

- Come into contact with any animal?  
  - Where? ..............................................  When? ..............................................

**If yes, type of animal**

- cat:  
  - E Other ____________________________
- cattle:  
  - F Other ____________________________
- chicken:  
  - G Other ____________________________
- dog:  
  - H Other ____________________________
- goats:  
  - I Other ____________________________
- lizard:  
  - J Other ____________________________
- other*:  
  - K Other ____________________________
- other amphibian*:  
  - L Other ____________________________
- other bird*:  
  - M Other ____________________________
- other mammal*:  
  - N Other ____________________________
- reptile*:  
  - O Other ____________________________
- pig:  
  - P Other ____________________________
- rodent:  
  - Q Other ____________________________
- sheep:  
  - R Other ____________________________
- turkey:  
  - S Other ____________________________
- turtle*:  
  - T Other ____________________________
- unknown:  
  - U Other ____________________________

*If other, other amphibian, other bird, other mammal, or other reptile, please specify: ____________________________

**LIVE ANIMAL CONTACT, PETS, PET FOOD, MANURE and COMPOST**

- Visit a farm or ranch with animals?
- Live on a farm or ranch with animals?
- Visit a live animal exhibit (petting zoos, fairs, 4H, etc.)?
- Come into contact with any animals?  
  - Where? ..............................................  When? ..............................................

**If yes, type of animal**

- cat:  
  - E Other ____________________________
- cattle:  
  - F Other ____________________________
- chicken:  
  - G Other ____________________________
- dog:  
  - H Other ____________________________
- goats:  
  - I Other ____________________________
- lizard:  
  - J Other ____________________________
- other*:  
  - K Other ____________________________
- other amphibian*:  
  - L Other ____________________________
- other bird*:  
  - M Other ____________________________
- other mammal*:  
  - N Other ____________________________
- other reptile*:  
  - O Other ____________________________
- pig:  
  - P Other ____________________________
- rodent:  
  - Q Other ____________________________
- sheep:  
  - R Other ____________________________
- turkey:  
  - S Other ____________________________
- turtle*:  
  - T Other ____________________________
- unknown:  
  - U Other ____________________________

*If other, other amphibian, other bird, other mammal, or other reptile, please specify: ____________________________

**POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD**

**POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD**

**COMMUNICABLE**

**LEAD-IN QUESTIONS**

- Did the patient attend any special events (e.g., concerts, festivals, sporting events, reunions, religious gatherings, etc.)?  
  - If yes, what? ..............................................  Where? ..............................................  When? ..............................................
- Are you a vegetarian or vegan?
- 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?**

- Do not use tap water:  
  - E Other ____________________________
- Municipal, city or county:  
  - F Other ____________________________
- Private well:  
  - G Other ____________________________

**What is the source of tap water at school/work?**

- Do not use tap water:  
  - H Other ____________________________
- Municipal, city or county:  
  - I Other ____________________________
- Private well:  
  - J Other ____________________________

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

**Was there any recreational water exposure in the 7 days prior to illness?**  
  - Where? ..............................................  When? ..............................................

**If yes, what was the recreational water type?**

- hot spring:  
  - K Other ____________________________
- hot tub, whirlpool, jacuzzi, spa:  
  - L Other ____________________________
- interactive fountain:  
  - M Other ____________________________
- lake, pond, river, stream:  
  - N Other ____________________________
- ocean:  
  - O Other ____________________________
- swimming pool:  
  - P Other ____________________________
- other:  
  - Q Other ____________________________
- unknown:  
  - R Other ____________________________

**LIVE ANIMAL CONTACT, PETS, PET FOOD, MANURE and COMPOST**

- Visit a farm or ranch with animals?
- Live on a farm or ranch with animals?
- Visit a live animal exhibit (petting zoos, fairs, 4H, etc.)?
- Come into contact with any animals?  
  - Where? ..............................................  When? ..............................................

**If yes, type of animal**

- cat:  
  - E Other ____________________________
- cattle:  
  - F Other ____________________________
- chicken:  
  - G Other ____________________________
- dog:  
  - H Other ____________________________
- goats:  
  - I Other ____________________________
- lizard:  
  - J Other ____________________________
- other*:  
  - K Other ____________________________
- other amphibian*:  
  - L Other ____________________________
- other bird*:  
  - M Other ____________________________
- other mammal*:  
  - N Other ____________________________
- other reptile*:  
  - O Other ____________________________
- pig:  
  - P Other ____________________________
- rodent:  
  - Q Other ____________________________
- sheep:  
  - R Other ____________________________
- turkey:  
  - S Other ____________________________
- turtle*:  
  - T Other ____________________________
- unknown:  
  - U Other ____________________________

*If other, other amphibian, other bird, other mammal, or other reptile, 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.

| A |  ❑ | ❑ | Did you eat out in the 7 days before illness? |
| B |  ❑ | ❑ | Asian (e.g., Chinese, Japanese, Indian, Thai, etc.) |
| C |  ❑ | ❑ | Barbeque |
| D |  ❑ | ❑ | Italian or Pizzeria |
| E |  ❑ | ❑ | Mexican/Tex-Mex |
| F |  ❑ | ❑ | All-you-can-eat buffet |
| G |  ❑ | ❑ | National fast food chain |
| H |  ❑ | ❑ | Steakhouse or Grill |
| I |  ❑ | ❑ | Other ethnic food (Greek/ Middle Eastern, etc.) |
| J |  ❑ | ❑ | Seafood |
| K |  ❑ | ❑ | Sandwich shop or Delis |
| L |  ❑ | ❑ | School or other institutional setting |
| M |  ❑ | ❑ | A catered event |
| N |  ❑ | ❑ | 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?

| A | ❑ | ❑ | eggs (anything anywhere from whole shell eggs [i.e., not powdered or processed]) If yes, ... |
| B | ❑ | ❑ | eggs made outside of your home or someone else’s home (location:____________________) |
| C | ❑ | ❑ | eggs anywhere that were raw or runny |
| D | ❑ | ❑ | eggs made outside of your home or someone else’s home (location:____________________) |
| E | ❑ | ❑ | any dairy products (e.g. milk, yogurt, cheese, ice cream, etc.) (brand or type/ place purchased:___________________________) |
| F | ❑ | ❑ | unpasteurized (raw) milk |
| G | ❑ | ❑ | other unpasteurized (raw) dairy products (e.g. yogurt, ice cream, etc.) |
| H | ❑ | ❑ | pasteurized cow’s or goat’s milk |

| A | ❑ | ❑ | soft cheese (e.g., queso fresco, queso blanco, brie, etc.) (brand or type/ place purchased:____________________) |
| B | ❑ | ❑ | if yes, made from unpasteurized (raw) milk (homemade, from a farm, etc.) (type/ place purchased:____________________) |
| C | ❑ | ❑ | other cheese (brand or type/ place purchased:____________________) |
| D | ❑ | ❑ | if yes, made from unpasteurized (raw) milk (homemade, from a farm, etc.) (type/ place purchased:____________________) |

| A | ❑ | ❑ | Would you/your child or anyone else in your household have handled raw chicken in the home? |
| B | ❑ | ❑ | Did you/your child eat any chicken? |
| C | ❑ | ❑ | ground |
| D | ❑ | ❑ | whole |
| E | ❑ | ❑ | processed (e.g., deli slices, chicken nuggets) |
| F | ❑ | ❑ | raw or undercooked |
| G | ❑ | ❑ | Was the chicken prepared at home (brand / place purchased:____________________) |
| H | ❑ | ❑ | fresh |
| I | ❑ | ❑ | frozen |
| J | ❑ | ❑ | Was the chicken made outside of your home or someone else’s home (including tenders, strips, nuggets, etc.) (location:____________________) |

| K | ❑ | ❑ | Would you/your child or anyone else in your household have handled raw turkey in the home? |
| L | ❑ | ❑ | Did you/your child eat any turkey? |
| M | ❑ | ❑ | ground |
| N | ❑ | ❑ | whole |
| O | ❑ | ❑ | processed (e.g., deli slices, etc.) |
| P | ❑ | ❑ | raw or undercooked |
| Q | ❑ | ❑ | Was the turkey prepared at home (brand / place purchased:____________________) |
| R | ❑ | ❑ | fresh |
| S | ❑ | ❑ | frozen |
| T | ❑ | ❑ | 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.
FRESH, FROZEN, COOKED, PROCESSED MEAT & POULTRY 1 (continued)

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?

Would you/your child eaten any poultry other than chicken or turkey (e.g., duck, quail, etc.)?

Did you/your child eat any liver pate?

Did you/your child eat any raw or undercooked liver?

FRESH, FROZEN, COOKED, PROCESSED MEAT & POULTRY 2

Would you/your child or anyone else in your household have handled raw beef in the home?

Did you/your child eat any beef?

Was the beef prepared at home (brand / place purchased:____________________)

Was the beef made outside of your home or someone else’s home (location:______________)

Would you/your child or anyone else in your household have handled raw pork in the home?

Did you/your child eat any pork?

Was the pork prepared at home (brand / place purchased:____________________)

Was the pork made outside of your home or someone else’s home (location:______________)

Any other processed meats (e.g., hotdogs)

Did you/your child eat any lamb or mutton?

Wild game (e.g., elk, deer, etc.)?

FISH & SEAFOOD (not canned)

Would you/your child or anyone else in your household have handled raw seafood in the home?

Any type of fish or fish products (e.g., files, fish sticks, etc.) IF NO GO TO QUESTION D

if yes, whole fish or fish filets (catfish, salmon, cod, etc.) Q Chitterlings

if yes, raw or undercooked fish (eg., sushi)

Any other processed seafood (e.g., canned, frozen, dried, etc.) IF NO GO TO QUESTION E

FRESH VEGETABLES

Sprouts (alfalfa, bean, etc.) (brand/location:____________________)

handle any sprouts, even if you didn’t eat them

Fresh spinach

Any lettuce or other greens, including on a sandwich

If yes, type:_____________ brand:_____________ where purchased:_____________ restaurant:_____________

Anything from a salad bar

Fresh herbs or spices such as basil, parsley, cilantro (type:_____________ where purchased:_____________ restaurant:_____________)

Any fresh vegetable juice

Commercial fresh tomatoes eaten raw at home or away from home, including on sandwiches (brand/location:______________)

Commercial other fresh vegetables

FRESH FRUIT (Eaten alone or in a fruit salad; Not canned, frozen, dried, or cooked)

Any raw or unpasteurized fruit juice

Any type of raw fruit (specify)

Provide details (brands, packaging, dates, times) for those items checked above.
SUMMARY OF FOLLOW-UP

- Exclude from sensitive occupations (HCW, food, daycare) or situations until 2 negative stools
- Culture close contacts in sensitive occupations (HCW, food, daycare) or situations (daycare) regardless of symptom
- Initiate traceback investigation
- Hygiene education provided
- Restaurant inspection
- Daycare inspection
- Investigation of raw milk/dairy
- Other _______________________

ALTERNATE CONTACT INFORMATION

Last Name: _____________________ First: ____________________ Relationship: □ Parent □ Spouse □ Other (_______________________)
□ Household Member □ Friend

Phone Number: __________________________
□ Other (_______________________)

COMMENTS

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

FRESH FRUIT (Eaten alone or in a fruit salad; Not canned, frozen, dried, or cooked) (continued)

[ ] H □ □ cantaloupe
[ ] I □ □ honeydew
[ ] J □ □ watermelon
[ ] K □ □ any other kind of melon (specify) _______________________
[ ] L □ □ any pre-mixed cut melon or melon salad

PERSON TO PERSON EXPOSURES

□ A □ □ Lived, worked or volunteered in a shared living facility (e.g., nursing home, dorm, etc.) (name/phone # of facility: ______________________)
□ B □ □ You/your child or anyone in the household work, attend or volunteer at a daycare center (name/phone # of center: ______________________

[11] Y □ N FRESH FRUIT (Eaten alone or in a fruit salad; Not canned, frozen, dried, or cooked) (continued)

[12] Y □ N PERSON TO PERSON EXPOSURES

□ A □ □ Lived, worked or volunteered in a shared living facility (e.g., nursing home, dorm, etc.) (name/phone # of facility: ______________________)
□ B □ □ You/your child or anyone in the household work, attend or volunteer at a daycare center (name/phone # of center: ______________________

SYMBOLS


DAYCARE CENTER EXPOSURES

□ A □ □ You/your child or anyone in the household work, attend or volunteer at a daycare center (name/phone # of center: ______________________

FRESH FRUIT

[ ] Eaten alone or in a fruit salad; Not canned, frozen, dried, or cooked

□ cantaloupe
□ honeydew
□ watermelon
□ any other kind of melon (specify) _______________________
□ any pre-mixed cut melon or melon salad

DRAFT UPDATED 01/2015