**INFECTION TIMELINE**

Enter onset date in heavy box. Count back to the figure probable exposure period. Ask about exposures between those dates.

<table>
<thead>
<tr>
<th>days from onset</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>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Group meal (e.g. potluck, reception)</td>
<td>Contact with any other persons having diarrhea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Consumed food from restaurants (e.g. dining in, take-out, drive-thru, leftovers)</td>
<td>Work exposure to human or animal excreta</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Contact with diapered children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provide details (places, dates) about possible sources and risk factors checked above:

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**DAYCARE**

- Attend a daycare center?: ☐ Yes ☐ No ☐ Unknown
- Work at a daycare center?: ☐ Yes ☐ No ☐ Unknown
- Live with a daycare center attendee?: ☐ Yes ☐ No ☐ Unknown
- What type of daycare facility?:
  - Adult day health care
  - Adult day social care
  - Alzheimer's specific day care
  - Child care center
  - Child care provided by relative, friend, or neighbor
  - In-home caregiver
- What is the name of the daycare facility?: ____________________________
- Is food prepared at this facility?: ☐ Yes ☐ No ☐ Unknown
- Does this facility care for diapered persons?: ☐ Yes ☐ No ☐ Unknown

**FOOD HANDLER**

- Did patient work as a food handler after onset of illness?: ☐ Yes ☐ No ☐ Unknown
- What was the last date worked as a food handler after onset of illness?: ____/____/_____
- Where was the patient a food handler?: ____________________________________________________________________

**DRINKING WATER EXPOSURE**

- What is the source of tap water at home?:
  - ☐ do not use tap water
  - ☐ municipal, city or county
  - ☐ private well
  - ☐ other ____________________________
  - ☐ unknown
- What is the source of tap water at school/work?:
  - ☐ do not use tap water
  - ☐ municipal, city or county
  - ☐ private well
  - ☐ other ____________________________
  - ☐ unknown
- If private well, how was the well water treated?: ____________________________
- If private well, how was the well water treated?: ____________________________

- Did the patient drink untreated water in the 7 days prior to onset of illness?: ☐ Yes ☐ No ☐ Unknown
RECREATIONAL WATER EXPOSURE

Was there recreational water exposure in the 7 days prior to illness?:

☐ Yes  ☐ No  ☐ Unknown

What was the recreational water type?:

☐ hot spring  ☐ hot tub—whirlpool—jacuzzi—spa  ☐ interactive fountain
☐ lake—pond—river—stream  ☐ ocean  ☐ recreational water park
☐ swimming pool (_________)  ☐ other (_________)  ☐ unknown

Name or location of water exposure:_______________________________________________________________________

SUMMARY OF FOLLOW-UP

☐ Exclude from sensitive occupations (HCW, food, daycare) or situations until 2 negative stools
☐ Hygiene education provided

☐ Culture close contacts in sensitive occupations (HCW, food, daycare) or situations (daycare) regardless of symptom
☐ Restaurant inspection

☐ Initiate traceback investigation
☐ Daycare inspection

☐ Investigate of raw milk/dairy
☐ Other _________________________________________

ALTERNATE CONTACT INFORMATION

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

Phone Number: __________________________

Other (_______________________)

COMMENTS

______________________________________________________________________________________________________

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DRAFT UPDATED 03/2006