Case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered
**Enterohemorrhagic E. coli: case defining variables are in bold. Answers are: Yes, No, Unknown to case, Not asked /Not answered**

### INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

<table>
<thead>
<tr>
<th>Days from onset:</th>
<th>Exposure period</th>
<th>Contagious period</th>
</tr>
</thead>
<tbody>
<tr>
<td>-8</td>
<td>-1</td>
<td>1 week to weeks</td>
</tr>
</tbody>
</table>

Calendar dates: [ ] [ ] [ ]

### EXPOSURE (Refer to dates above)

**Y** | **N** | **DK** | **NA**
---|---|---|---

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

- **Case knows anyone with similar symptoms**

- **Epidemiologic link to a confirmed human case**
  - Contact with lab confirmed case
    - Household [ ] Sexual [ ] Needle use [ ] Other: __________________
  - Contact with diapered or incontinent child or adult
  - Beef
    - Rare, undercooked, or raw: [ ] **Y** [ ] **N** [ ] **DK** [ ] **NA**
  - Ground beef
    - Rare, undercooked, or raw: [ ] **Y** [ ] **N** [ ] **DK** [ ] **NA**
  - Venison or other wild game meat
  - Other meat products: __________________
  - Raw fruits or vegetables
  - Sprouts (e.g. alfalfa, clover, bean)
  - Fresh herbs
    - Type: __________________

- **Patient could not be interviewed**

- **No risk factors or exposures could be identified**

Most likely exposure/site: __________________

Site name/address: __________________

Where did exposure probably occur? [ ] In WA (County: ____________) [ ] US but not WA [ ] Not in US [ ] Unk

### PATIENT PROPHYLAXIS / TREATMENT

**PUBLIC HEALTH ISSUES**

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

- **Employed as food worker**
- **Non-occupational food handling (e.g. potlucks, receptions) during contagious period**
- **Employed as health care worker**
- **Employed in child care or preschool**
- **Attends child care or preschool**
- **Household member or close contact in sensitive occupation or setting (HCW, child care, food)**
- **Outbreak related**

**PUBLIC HEALTH ACTIONS**

- Exclude from sensitive occupation (HCW, food, child care) or situations (child care) until 2 negative stools
- Hygiene education provided
- Restaurant inspection
- Child care inspection
- Testing of home/other water supply
- Initiate traceback investigation
- Other, specify: __________________

### NOTES

Investigator __________________________ Phone/email: __________________________ Investigation complete date ___/___/___

Local health jurisdiction __________________________

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