SUPPLEMENTAL QUESTIONS FOR SHIGELLA PATIENTS IN FOODNET SURVEILLANCE- This form replaces the section entitled “Other Exposures” on the GE Case Report Form for all non-outbreak related laboratory confirmed Shigella cases in Maryland residents from Jan. 1, 2005 thru Dec. 31, 2005.

TRAVEL
1. In the 7 days before (your/your child’s) diarrheal illness began, did (you/s/he) travel outside of the United States?
   - Yes
   - No
   - Don’t know
   (If yes) Please list the locations and dates:
     a. Country_________________ from ___/___/___ to ___/___/___
     b. Country_________________ from ___/___/___ to ___/___/___
     c. Country_________________ from ___/___/___ to ___/___/___
     d. Country_________________ from ___/___/___ to ___/___/___
     e. Country_________________ from ___/___/___ to ___/___/___

WATER
2. In the 7 days before (your/your child’s) diarrheal illness began, what was (your/your child’s) primary source of drinking water?
   - Municipal
   - Well water
   - Bottled water
   - Other (specify:___________________________________________)

3. In those 7 days, did (you/s/he) drink any untreated water from a pond, stream, spring, or lake?
   - Yes
   - No
   - Don’t know

4. In the 7 days before (your/your child’s) diarrheal illness began, did (you/s/he) swim or wade in any of the following types of recreational water? (Check all that apply)
   - Lake, pond, river, or stream
   - Recreational water park or public fountain
   - Hot tub/spa, whirlpool, Jacuzzi
   - Swimming or wading pool
   - No recreational water exposure

CHILD CARE
5. In the 7 days before (your/your child’s) diarrheal illness began, did (you work or volunteer in/he or she attend) a childcare setting?*
   - Yes
   - No
   - Don’t know
CONTACT

6. In the 7 days before (your/your child’s) diarrheal illness began, did (you/s/he) have contact with any of the following individual(s) who had a diarrheal illness? (Check all that apply)

☐ Child attending a childcare setting*
☐ Child attending school
☐ Child, other setting (specify: __________________________)
☐ Household member, not sexual partner
☐ Household member and sexual partner
☐ Male sexual partner
☐ Female sexual partner
☐ Other (specify: __________________________)
☐ No contact with individuals who had a diarrheal illness

* We define a childcare setting as any place in which at least 2 unrelated children, pre-school age or younger and not living in the same household, are being cared for.

Additional Exposures

7. In the 7 days before (your/your child’s) illness began, did (you/s/he) handle raw meat?
☐ Yes
☐ No
☐ Unknown

8. In the 7 days before (your/your child’s) illness began, did (you/s/he) handle raw poultry?
☐ Yes
☐ No
☐ Unknown

9. Did (you/your child) take antibiotics in the month prior to the onset of illness?
☐ Yes
☐ No
☐ Unknown

Once the interview is completed, please return by fax (410-669-4215) or mail the GE Case Report Form and its corresponding Shigella supplemental form to the Division of Communicable Disease Surveillance at the Maryland Department of Health and Mental Hygiene. Thank You.

Questions? Call 410-767-6261