FoodNet Case Report Form

Department of Health

The FoodNet Case Report Form should be used for **Campylobacter, Cryptosporidium, Cyclospora, Listeria, Shigella, STEC, Vibrio and Yersinia**. Please fill this form out as complete as possible.
Do no forget to complete the appropriate disease-specific supplemental form.

Clear Print

Last Name: _____ **First:** _____ **Middle:** _____ **DOB:** _____

PSN1__ __ __ __ __ __ __**TN01** **CAS1**__ __ __ __ __ __ __**TN01** **State Lab Accession #:** _____

For Administrative Use

FoodNet Case? ☐ Yes ☐ No ☐ Unknown

Was the case found during an audit?* ☐ Yes ☐ No ☐ Unknown **FoodNet hospital visits constitutes an audit.**

Was the case interviewed by public health? ☐ Yes ☐ No ☐ Unknown **Date of first attempt:** _____

If no, was an attempt made? ☐ Yes ☐ No ☐ Unknown **Date of Interview:** _____

Interviewer's Name: _____

Was an exposure history obtained? ☐ Yes ☐ No ☐ Unknown

Demographics

Reported Age: _____ ☐ Days ☐ Months ☐ Years **Sex:** ☐ Male ☐ Female ☐ Unknown

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Did patient immigrate to the US within 7 days of specimen collection? ☐ Yes ☐ No ☐ Unknown

In the past 7 days, has the patient lived/stayed overnight in any of the following locations? *(check all that apply)*

☐ Dormitory ☐ Long-term Care Facility/Rehabilitation Center ☐ Homeless Shelter ☐ Outdoors/Other structure not intended for housing

☐ Correctional Facility ☐ Other Communal Living: _____ ☐ None of the above ☐ Unknown

Ethnicity: ☐ Hispanic ☐ Not Hispanic **Race:** ☐ American Indian / Alaskan ☐ Asian ☐ Black / African American ☐ White ☐ Hawaiian / Pacific Islander ☐ Refused ☐ Other: _____

Employer/School: _____ **Occupation:** _____

Is this patient associated with a daycare facility? ☐ Yes ☐ No ☐ Unknown

If yes, specify association: ☐ Attend daycare ☐ Work/volunteer at daycare ☐ Live with daycare attendee

If yes, name of daycare: _____

Is this patient a food handler? ☐ Yes ☐ No ☐ Unknown

If yes, name of restaurant/facility: _____

Lab Report

Reporting Facility: _____ **Ordering Facility:** _____

Ordering Provider: _____ **Phone Number:** _____

Jurisdiction: ☐ East Tennessee ☐ Mid-Cumberland ☐ Northeast ☐ South Central ☐ Southeast ☐ West Tennessee ☐ Upper Cumberland ☐ Nashville/Davidson ☐ Chattanooga/Hamilton ☐ Knox/Knoxville ☐ Jackson/Madison ☐ Memphis/Shelby ☐ Sullivan ☐ Out of Tennessee ☐ Unassigned

Specimen Source: ☐ Blood ☐ CSF ☐ Stool ☐ Urine ☐ Unknown ☐ Other _____

Lab Report Date: _____

Date Received by Public Health: _____

Date Specimen Collected: _____

Organism Identified

☐ Campylobacter ☐ Cryptosporidium ☐ Cyclospora ☐ Listeria ☐ Shigella ☐ STEC ☐ Vibrio ☐ Yersinia

Test Type(s)

☐ Culture ☐ PCR ☐ EIA ☐ Other:

Case Status

☐ Confirmed ☐ Probable ☐ Suspect

Outbreak/Cluster

Is this case part of an outbreak? ☐ Yes ☐ No ☐ Unknown **CDC Cluster Code:** _____

Type of Outbreak: **CDC EFORS/NORS Number:** _____

☐ Animal Contact ☐ Environmental Contamination Other than Food/Water ☐ Foodborne ☐ Indeterminate ☐ Person-to-Person ☐ Waterborne

☐ Other: _____

Clear Print

INVESTIGATION

Investigation Start Date: _____ **Investigator:** _____

Investigation Status: ☐ Open ☐ Closed **Date Assigned to Investigation:** _____

SYMPTOM HISTORY

Date of Illness Onset: _____ **First Symptom:** _____

Symptoms: ☐ Diarrhea ☐ Bloody Diarrhea ☐ Constipation

Check all that apply ☐ Vomiting ☐ Nausea ☐ Weight Loss

☐ Fatigue ☐ Chills ☐ Fever (Max Temp: _____°F)

☐ Headache ☐ Abdominal Cramps ☐ Muscle Aches

☐ Other: _____

If yes to diarrhea, date of diarrhea onset: _____

If yes to vomiting, date of vomiting onset: _____

As of today, are you still experiencing symptoms? ☐ Yes ☐ No ☐ Unknown

If recovered, date of recovery: _____

Duration of Illness: _____ ☐ Minutes ☐ Hours ☐ Days

CLINICAL INFORMATION/HOSPITALIZATION

Was the patient hospitalized for this illness?

☐ Yes ☐ No ☐ Unknown

If yes, Hospital Name: _____

Admission Date: _____

Discharge Date: _____

Was the patient transferred from one hospital to another?

☐ Yes ☐ No ☐ Unknown

If yes, specify the hospital to which the patient was transferred:

_____

Was there a second hospitalization?

☐ Yes ☐ No ☐ Unknown

If yes, Hospital Name: _____

Admission Date: _____

Discharge Date: _____

During any part of the hospitalization, did the patient stay in and Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?

☐ Yes ☐ No ☐ Unknown

Is the patient pregnant? ☐ Yes ☐ No ☐ Unknown

Did the patient die from this illness? ☐ Yes ☐ No ☐ Unknown

TRAVEL HISTORY

Did the patient travel prior to the onset of illness? ☐ Yes ☐ No ☐ Unknown

Type	Destination	Date of Arrival	Date of Departure
☐ Domestic ☐ International			
☐ Domestic ☐ International			
☐ Domestic ☐ International			

Notes:

RELATED CASES

Does the patient know of any similarly ill persons (with diarrhea)? ☐ Yes ☐ No ☐ Unknown

Are there any other cases related to this one? ☐ Yes, household ☐ Yes, outbreak ☐ No, sporadic ☐ Unknown

If yes, did the health department collect contact information about other similarly ill persons to investigate further?

☐ Yes ☐ No ☐ Unknown

Provide names, onset dates, contact information and any other details for similarly ill persons or related cases:

Yersiniosis Case Report Form

TN

Last Name: _____ **First:** _____ **DOB:** ____/____/_____

PSN1__ __ __ __ __ __ __**TN01** **CAS1**__ __ __ __ __ __ __**TN01** **State Lab Accession #:** _____

Possible Source(s) of Infection During Exposure Period

These questions are about exposures you may have had in the 14 days before you got sick. There are questions about various items, including animals, ill persons, water, special diets, special events, and various foods you may have come into contact with. For each of the questions, please answer yes, no, or may have.

ANIMAL CONTACT — *In the 14 days before illness...*	Yes	No	May Have	Did Not Ask/Answer
1. Did you **work** at, **live** on, or **visit** a farm, ranch, fair or petting zoo with animals? *(circle which setting)*	☐	☐	☐	☐
1A. Where?_____ When?_____				
2. Did you or one of your household members work with animals or animal products (research, farming, veterinary medicine, animal slaughter, etc.)?	☐	☐	☐	☐
2A. Where?_____ When?_____				

2. Did you come into contact with any...	Yes	No	May Have	Did Not Ask/Answer		Yes	No	May Have	Did Not Ask/Answer
Cats?	☐	☐	☐	☐	Rodents/small mammals?	☐	☐	☐	☐
Dogs?	☐	☐	☐	☐	Reptile/amphibian?	☐	☐	☐	☐
Chicken/turkey?	☐	☐	☐	☐	Cattle/goat/sheep?	☐	☐	☐	☐
Birds (non-poultry)?	☐	☐	☐	☐	Pig/swine?	☐	☐	☐	☐
Other: _____									

	Yes	No	May Have	Did Not Ask/Answer
2A. Where did you come into contact with the animal(s)? _____When?_____				
3. Did you come into any contact with animal feces or manure?	☐	☐	☐	☐
4. Did you come into contact with a pet that had diarrhea?	☐	☐	☐	☐
5. Did you have any contact with dry, canned, or frozen animal feed?	☐	☐	☐	☐
5A. Please describe:				
PERSON-TO-PERSON				
1. Did one of your household members or another person you spend a lot of time with have diarrhea in the 14 days before you became ill?	☐	☐	☐	☐
1A. Who? _____Where?_____				
2. Did you **work** at, **live** in, or **visit** a residential facility or institution? (jail, nursing home, daycare, etc.)	☐	☐	☐	☐
2A. Where?_____ When?_____				
WATER				
1. Do you use water from a private well as your primary source of drinking water?	☐	☐	☐	☐
2. Did you drink any water directly from a natural spring, lake, pond, stream, or river in the 14 days before illness?	☐	☐	☐	☐
3. Did you swim or wade in water from a natural setting (lake, river, pond, ocean, etc.) in the 14 days before illness?	☐	☐	☐	☐
3A. Where?_____ When?_____				
4. Did you swim or wade in treated/chlorinated water (pool, hot tub, waterpark, etc.) 14 days before illness?	☐	☐	☐	☐
4A. Where?_____ When?_____				
FOOD PREFERENCES				
1. Are you a vegetarian or vegan?	☐	☐	☐	☐
2. Before you became ill, were you on a special diet for medical, weight loss, religious, allergies or any other reason?	☐	☐	☐	☐
2A. Please describe:				
EVENTS/ RESTAURANTS — *In the 14 days before illness...*				
1. Did you attend any special events/group meals? (concerts, festivals, sporting events, religious gatherings, etc.)	☐	☐	☐	☐
1A. What event(s)? _____ Where?_____ When?_____				
2. Did you eat food prepared **outside the home** (restaurants, catered events, etc.)?	☐	☐	☐	☐

2A. If **yes** or **maybe** ate out, which setting? *(check all that apply)*

☐ Fast-food (order at counter) ☐ Take-out or delivery food ☐ Bakery ☐ Other: _____

☐ Sit-down restaurant (order taken at table) ☐ Catered event ☐ Ice cream or dessert shop

☐ Self-serve buffet ☐ School or other institutional setting ☐ Coffee or tea shop

2B. Name(s) and Address(es):	**Foods eaten:**	**When?**

Revised 3/2020

These next questions are about where your food at home came from in the 14 days before you became ill.

SOURCES OF FOOD AT HOME

Did your food come from...	Yes	No	May Have	Did Not Ask/Answer	Name(s) and Location(s)
1. Grocery stores/supermarkets?	☐	☐	☐	☐	
2. Warehouse stores?	☐	☐	☐	☐	
3. Small markets/mini-marts?	☐	☐	☐	☐	
4. Health food, "whole food" stores, co-ops?	☐	☐	☐	☐	
5. Farmer's markets, roadside stands, farm? (including farm shares, etc.)	☐	☐	☐	☐	
6. Other?	☐	☐	☐	☐	

The next section is about specific foods you may have eaten, grouped by category. For each food item, please answer yes, no, or may have eaten. The first category is meats, which includes whole meats or meats on a salad, sandwich, or in a prepared dish, etc.

In the 14 days before illness did you eat ...	Yes	No	May Have	Did Not Ask/Answer	Variety, Type, or Brand	Location Purchased or Restaurant
MEAT						
1. Any **beef** or foods containing beef? (including ground beef, steak, beef roast, etc.)	☐	☐	☐	☐		
2. Any **pork** or foods containing pork? (including deli meat, sausage, bacon, etc.)	☐	☐	☐	☐		
2A. Chitlins / chitterlings (pork intestines)	☐	☐	☐	☐		
2B. Undercooked or raw pork **at home** or **outside the home**	☐	☐	☐	☐		
2C. Whole roasted pig	☐	☐	☐	☐		
3. Did you or anyone in your household handle **raw pork**? (including chitlins)	☐	☐	☐	☐		
4. Any l**amb** or **mutton**?	☐	☐	☐	☐		
5. Any **liver paté**?	☐	☐	☐	☐		
6. Any **wild game**? (venison, elk, boar, etc.)	☐	☐	☐	☐		
7. Any **dried meats**? (jerky, pepperoni, salami, etc.)	☐	☐	☐	☐		
8. Any other meats? (processed meats, hotdogs, etc.)	☐	☐	☐	☐		

These next questions are about dairy products.

In the 14 days before illness did you eat ...	Yes	No	May Have	Did Not Ask/Answer	Variety, Type, or Brand	Location Purchased or Restaurant
DAIRY						
1. Pasteurized ("regular") milk? (including goat)	☐	☐	☐	☐		
2. Raw or unpasteurized milk? (including goat)	☐	☐	☐	☐		
3. Yogurt?	☐	☐	☐	☐		
4. Ice cream?	☐	☐	☐	☐		
5. Cheese? (block, shredded, sliced, string cheese, cottage cheese, feta, parmesan, etc)	☐	☐	☐	☐		
5A. Artisanal or gourmet cheeses?	☐	☐	☐	☐		
5B. Soft cheese? (queso fresco, brie, etc.)	☐	☐	☐	☐		
5C. Soft cheese made from raw milk?	☐	☐	☐	☐		
5D. Other raw milk cheeses?	☐	☐	☐	☐		
6. Other unpasteurized dairy products? (yogurt, ice cream, etc. made from raw milk)	☐	☐	☐	☐		
7. Other dairy products?	☐	☐	☐	☐		

These next questions are about fresh, raw vegetables unless otherwise specified. This includes vegetables that are whole, cut/chopped, or a component of another food item.						
In the 14 days before illness did you eat ...	**Yes**	**No**	**May Have**	**Did Not Ask/Answer**	**Variety, Type, or Brand**	**Location Purchased or Restaurant**
VEGETABLES						
1. Lettuce? (in a salad, on a sandwich, etc.)	☐	☐	☐	☐		
1A. Iceberg lettuce **at home**?	☐	☐	☐	☐		
1B. Bagged or prepackaged?	☐	☐	☐	☐		
1C. Iceberg lettuce **outside the home**?	☐	☐	☐	☐		
1D. Romaine lettuce **at home**?	☐	☐	☐	☐		
1E. Bagged or prepackaged?	☐	☐	☐	☐		
1F. Romaine lettuce **outside the home**?	☐	☐	☐	☐		
2. Spinach? (in a salad, on a sandwich, etc.)	☐	☐	☐	☐		
2A. Spinach **at home**?	☐	☐	☐	☐		
2B. Bagged or prepackaged?	☐	☐	☐	☐		
2C. Spinach **outside the home**?	☐	☐	☐	☐		
3. Other greens? (arugula, kale, mesclun, etc.)	☐	☐	☐	☐		
4. Sprouts?	☐	☐	☐	☐		
4A. Did you handle any sprouts, even if you didn't eat them?	☐	☐	☐	☐		
5. Green onion / Scallions?	☐	☐	☐	☐		
6. Fresh (not dried) herbs? (basil, cilantro, parsley, etc.)	☐	☐	☐	☐		
7. Mushrooms?	☐	☐	☐	☐		
8. Cabbage?	☐	☐	☐	☐		
9. Celery?	☐	☐	☐	☐		
10. Carrots?	☐	☐	☐	☐		

These next questions are about additional food exposures.						
In the 7 days before illness did you eat ...	**Yes**	**No**	**May Have**	**Did Not Ask/Answer**	**Variety, Type, or Brand**	**Location Purchased or Restaurant**
OTHER FOODS						
1. Any t**ofu** or other vegetable proteins?	☐	☐	☐	☐		
2. Other foods that feel relevant that have not already been covered?	☐	☐	☐	☐		

This is the end of the food and exposure specific questions.					
	Yes	**No**	**May Have**	**Did Not Ask/Answer**	**Comments/Notes**
OTHER COMMENTS					
1. Is there anything else you feel may be relevant that has not already been asked?	☐	☐	☐	☐	

For Interviewer Use

At the conclusion of the interview please...

- Answer any questions
- Thank the patient for their time
- Provide hygiene and prevention education
- Notify the appropriate staff of potential outbreaks, events, or unusual information
- Exclude persons from sensitive populations until 48 hours symptom free (health/day care, food handler)
- **FoodCORE staff**: contact regional/ local health department for exclusions

Interviewer Comments