

## SALMONELLOSIS CASE INVESTIGATION FORM

Use this form to interview confirmed and probable cases of salmonellosis. **DO NOT use this form for Typhoid Fever**  
Questions marked with \* are required in FoodNet counties (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson) and must be entered into CEDRS

Patient Name: \_\_\_\_\_ CEDRS # \_\_\_\_\_ Interview date: \_\_\_/\_\_\_/\_\_\_  
Agency Name: \_\_\_\_\_ Form Completed by: \_\_\_\_\_  
Person interviewed: Case Other (circle: Parent Spouse Household member Friend )

### Demographics and Contact Information

\*Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ (Circle: Yrs., Mos., Days) \*Sex: F M

\*Race (Circle all that apply):

American Indian/Alaska Native Asian Black Unknown  
Pacific Islander/Hawaiian Native White Other

\*Ethnicity (Circle one): Hispanic Non Hispanic Unknown

Language spoken: \_\_\_\_\_ Parent/legal guardian: \_\_\_\_\_

#### Residence:

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

#### Phone Numbers:

Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Pager: (\_\_\_\_) \_\_\_\_\_  
Mobile: (\_\_\_\_) \_\_\_\_\_

### Laboratory information \*\*\*\*\*please confirm lab information with patient, even if already in CEDRS

Culture confirmed: Yes No Serotype \_\_\_\_\_

Lab or hospital name: \_\_\_\_\_

\*Date specimen(s) collected: \_\_\_/\_\_\_/\_\_\_ \*Specimen source: Stool Urine  
Blood Other: \_\_\_\_\_

Physician Name: \_\_\_\_\_ MD Phone: (\_\_\_\_) \_\_\_\_\_

Clinic Name: \_\_\_\_\_ City/State: \_\_\_\_\_

### Clinical Description (Yes=Y; No=N; Unknown=U)

Did the patient have symptoms?: Y N U If yes, \*onset date \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ AM / PM

Did the patient have:

Diarrhea Y N U Fever (max temp\_\_\_\_\_) Y N U Headache Y N U  
Date diarrhea onset \_\_\_/\_\_\_/\_\_\_ Vomiting Y N U Body aches Y N U  
Bloody diarrhea Y N U Abd. cramps Y N U Other \_\_\_\_\_ Y N U

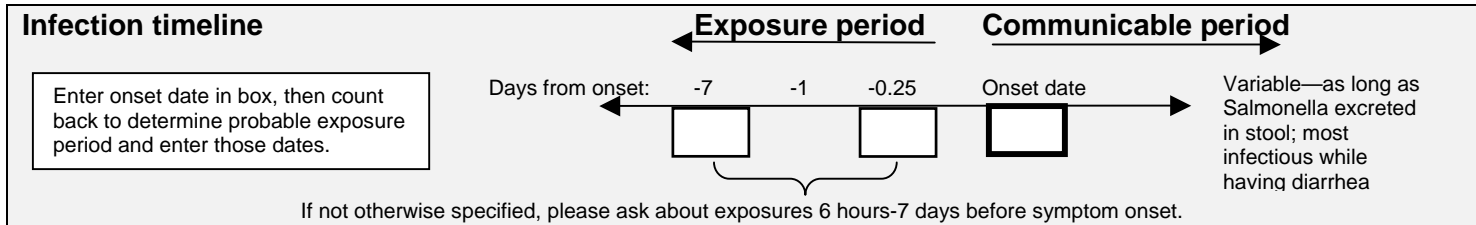
How many days did the illness last? \_\_\_\_\_ days

Did case receive antibiotics for this illness? Y N U Antibiotic name: \_\_\_\_\_

\*Outcome: Survived Died Unk (FoodNet counties: record pt outcome on 7th day after specimen collect date)  
If died, date of death: \_\_\_/\_\_\_/\_\_\_

\*Was patient hospitalized? Yes No Unk (ER visits only not considered "hospitalized")

If hospitalized: \*Hospital Name: \_\_\_\_\_  
\*Date of Admission: \_\_\_/\_\_\_/\_\_\_ \*Date of Discharge: \_\_\_/\_\_\_/\_\_\_  
\*Transferred to another hospital? Yes No Unk \*Transfer hosp name: \_\_\_\_\_



**Travel information**

\*Did patient travel outside the US in the 7 days prior to the onset of illness?      Yes      No      Unk

*If yes, Country      Date left US      Date returned to US*

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Check box if case was adopted or immigrated to US (no "date left US")

Did patient travel within the US in the 7 days prior to the onset of illness?      Yes      No      Unk

*If yes, where/when: \_\_\_\_\_*

**Water**

During the 7 days before illness, what was patient's primary source of drinking water?

Municipal       Well water       Bottled water       Other \_\_\_\_\_

Did patient drink any untreated water from a pond, stream, spring, or lake?      Yes      No      Unk

**Pet or animal exposure**

Did the patient visit or live on a farm within 7 days prior to illness?      Yes      No      Unk

Visit any animal exhibits (petting zoo, county fair, etc)      Yes      No      Unk

*If yes to either, did the case have exposure to manure?*      Yes      No      Unk

Have a pet or contact with other people's pets?      Yes      No      Unk

*If yes to any of these, indicate the animals with which patient had contact:*

Dog/puppy	Y	N	Sheep	Y	N	Reptile (e.g. snake, iguana, turtle)	Y	N
Cat/kitten	Y	N	Pig	Y	N	Rodent (e.g. mouse, hamster, guinea pig)	Y	N
Cow/calf	Y	N	Horse	Y	N	Exotic bird (e.g. parakeet, parrot)	Y	N
Chicken	Y	N	Frog	Y	N	Other? specify: _____	Y	N
Chick/duckling	Y	N						

Were any of these animals recently acquired or recently ill?      Y      N

*If Yes, provide details: \_\_\_\_\_*

Did case handle any pet food or pet treats?      Y      N      U

*If yes, provide details: \_\_\_\_\_*

**Restaurant history/Group activities**

Any restaurants, group gatherings, picnics, or sporting events during the 7 days before illness?      Yes      No      Unk

<i>If yes, Name</i>	<i>Address</i>	<i>Date of Exposure</i>	<i>Foods Eaten</i>

Did others accompanying the case become ill with diarrhea, fever, or abdominal pain?      Yes      No      Unk

*(If others became ill after a common exposure, this may be an outbreak. Call regional epidemiologist or CDPHE for assistance)*

**Grocery / food store history:** List food store(s) or grocery store(s) for foods consumed during 7 days prior to illness:

Name/location: \_\_\_\_\_

Name/location: \_\_\_\_\_

Did patient purchase/consume any food from a farmer's market? Yes No Unk *If yes, what/where?* \_\_\_\_\_

Did patient purchase/consume any food from a specialty stores? Yes No Unk *If yes, what/where?* \_\_\_\_\_  
(such as a carniceria, or ethnic market)

**Food history** *Interviewer: if patient is unsure, ask patient if it is likely if s/he ate a particular food item*

**During 7 days prior to onset of illness:**

**Provide details including where food obtained, when consumed, etc, below:**

Dairy

- Nonpasteurized (raw) milk Y N U
- Other nonpasteurized milk products (Queso fresco, ice cream, etc) Y N U
- Eggs Y N U
- Egg-containing dishes (lasagna, potato salad) Y N U
- Raw or lightly cooked eggs (runny yolks) or foods made with raw eggs (sauces, cookie dough, etc) Y N U

Meats

- Poultry Y N U
- Rare or undercooked poultry Y N U
- Handled raw poultry Y N U
- Any ground beef Y N U
- Prepared and cooked at home Y N U

Ground beef details:

Purchased in:  Bulk  Patties Package size \_\_\_\_\_ lbs  
 Meat was:  Fresh  Frozen Type: \_\_\_\_\_ % lean  
 Where purchased? \_\_\_\_\_  
 What brand? \_\_\_\_\_ Purchase date \_\_\_\_\_  
 Lot/Est #: \_\_\_\_\_ Use/sell by date: \_\_\_\_\_

- Prepared elsewhere Y N U →
- Any pink or raw ground meat Y N U
- Any ground beef in home, even if did not eat it? Y N U
- How often does case usually eat ground beef?  ≥ 1/week  ~1/month  <1/month  Never

Details: \_\_\_\_\_

- Raw or partially cooked seafood / fish? Y N U
- Dried meats (salami, jerky, etc) Y N U
- Wild game (venison, other game) Y N U

Produce

- Any food from a salad bar Y N U Where: \_\_\_\_\_
- Sprouts (bean, alfalfa, clover...) Y N U
- Uncooked tomatoes Y N U Type(s): \_\_\_\_\_
- Lettuce Y N U
- Uncooked green onions (scallions) Y N U
- Uncooked cilantro Y N U
- Other raw vegetables: \_\_\_\_\_ Y N U

- Cantaloupe Y N U
- Honeydew Y N U
- Strawberries Y N U
- Mangoes Y N U
- Grapes Y N U
- Any juice or cider that was NOT pasteurized Y N U
- Other fruits : \_\_\_\_\_ Y N U

Other Food Items.

- Foods brought from other countries Y N U
- Fresh salsa / pico de gallo Y N U
- Health food products or supplements Y N U
- Infant food or formula Y N U
- Raw nuts (almonds, walnuts, etc) Y N U

Does case use the same cutting board to cut meat and vegetables, fruit, etc.? Yes No Unk  
 If yes, does case wash the cutting board after cutting meat, or before cutting fruits, vegetables, etc.? Yes No Unk

Does case use the same knife to cut meat and vegetables, fruit, etc.? Yes No Unk  
 If yes, does case wash the knife after cutting meat, or before cutting fruits, vegetables, etc.? Yes No Unk

How often does case wash hands after handling raw meat/poultry? Always Most times Sometimes Never NA

**School/Work**

Occupation: \_\_\_\_\_ Student? Yes No  
 Place of Employment: \_\_\_\_\_ If yes, Name of School: \_\_\_\_\_

Does the case...

Attend, work or volunteer at a child care center / preschool? Yes No Unk  
 Have a child(ren) in a child care center? Yes No Unk  
 Attend, work or volunteer at a residential facility? (e.g. nsg home) Yes No Unk

If yes to any of the above,

Name and location of facility \_\_\_\_\_

Are other children/staff ill? Yes No Unk  
 Provide direct patient care as a health care worker? Yes No Unk

If yes, name and location of facility \_\_\_\_\_

Work as a food handler? Yes No Unk

If yes, name and location of facility \_\_\_\_\_

Since the case became ill, did case prepare food for any public or private gatherings? Yes No Unk

If yes, provide details: \_\_\_\_\_

**Contact management**

Complete the table below for **all** household members and other close contacts. If any of these persons has been ill with similar symptoms, please indicate the date of onset and symptoms.

Name	Age	Occupation/ Child Care	Similar illness	Onset m d y	Comments
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____

**Epi-links**

Is any person listed above already a confirmed or suspected case in CEDRS? Yes No Unk If yes, CEDRS# \_\_\_\_\_  
 Is this patient associated with a known outbreak? Yes No Unk If yes, specify: \_\_\_\_\_

If case or household contact or case is high risk (food handler, health care worker, child care) refer to CD manual for restrictions/follow up. Obtain details of site, job description, dates worked/attended during communicable period, supervisor name, etc.

Notes:

Patient Name: \_\_\_\_\_ CEDRS # \_\_\_\_\_

**Summary of follow up**

- |   |  |
|---|--|
| <input type="checkbox"/> Hygiene education provided             | <input type="checkbox"/> Child care center inspected |
| <input type="checkbox"/> Work or childcare restriction for case | <input type="checkbox"/> Restaurant inspected        |
| <input type="checkbox"/> Follow up of other household members   | <input type="checkbox"/> _____                       |

Questions about filling out this form?

Contact the Communicable Disease Epidemiology Program at 303-692-2700, 800-866-2759

**After finishing case interview, update the CEDRS record. Do NOT send this form to CDPHE unless it is requested (e.g. as part of a suspected outbreak).**