Date:___/___/___ Interviewed in: English Other: _____ Tennessen ☐

Interviewer:_____Species/serotype_____Subtype_____

ENTERIC DISEASE INTERVIEW FORM

Patient's Name (last, first):_____ DOB: ____/_____/____

Parent's Name (if child):_____

Symptom History

Vomiting	Y N	Chills	Y N	What was first symptom?_____
Diarrhea	Y N	Headache	Y N	Date of onset: (mm/dd/yy) ___/___/___
Stools/24 hr _____		Muscle Aches	Y N	Time of onset: (military) _____
Blood in stool	Y N	Joint Pain	Y N	Date of onset of diarrhea: ___/___/___
Cramps	Y N			Time of onset of diarrhea: _____
Fever	Y N	Temp _____		Duration of diarrhea (days) _____
Comments:		Other _____		Date of recovery: ___/___/___
				Time of recovery:

Did you visit an emergency room for this illness? Yes ☐ No ☐ If yes, how many times? _____

Did you visit an outpatient clinic for this illness? Yes ☐ No ☐ If yes, how many times? _____
(e.g., urgent care, primary care)

If hospitalized, did you stay in an Intensive Care Unit (ICU) or Critical Care Unit (CCU)? Yes ☐ No ☐

Were you treated with any antibiotics after the onset of this illness? Yes ☐ No ☐ If yes:

Antibiotic #1 _____	Antibiotic #2 _____	Antibiotic #3 _____
Date prescribed: ___/___/___	Date prescribed: ___/___/___	Date prescribed: ___/___/___
Start date ___/___/___	Start date ___/___/___	Start date ___/___/___
End date ___/___/___	End date ___/___/___	End date ___/___/___
Duration (days) _____	Duration (days) _____	Duration (days) _____
Did you take the antibiotic before you submitted your stool culture? Yes ☐ No ☐ If yes, how many days before culture?_____ or SAME DAY ☐	Did you take the antibiotic before you submitted your stool culture? Yes ☐ No ☐ If yes, how many days before culture?_____ or SAME DAY ☐	Did you take the antibiotic before you submitted your stool culture? Yes ☐ No ☐ If yes, how many days before culture?_____ or SAME DAY ☐

TRAVEL			
Did you travel internationally in the **6 months** prior to illness?	**Y**	**N**	**U**
Where: _____			
Departure: ___/___/_____ Return: ___/___/_____			
Did anyone in your household travel internationally in the **6 months** prior to illness?	**Y**	**N**	**U**
Where: _____			
Departure: ___/___/_____ Return: ___/___/_____			
Did you travel during the **week** prior to illness, including immigration/adoption?	**Y**	**N**	**U**
Where: _____			
Departure: ___/___/_____ Return: ___/___/_____			
If airline travel, what airline:			

WATER

	Y	N	U
Did you have any well water in the week before your illness?			
Location (home/cabin); address: _____			
Any bottled water?			
Brand:_____			
Any water directly from a spring, lake, pond, stream, river or other source?			
Where: _____ When:_____			
Did you swim in an ocean, lake, river, pool, splash pad, or other water venue?			
Where: _____ When:_____			

FOOD SOURCES

Where did you shop for groceries eaten during the week before your illness? (incl. grocery stores, warehouse stores, online retailers, gas stations, etc.) _____
_____

	Y	N	U
Any meat from any place other than a grocery store? (hunting, butcher shop, private kill, slaughterhouse, or place where you purchased a live animal for slaughter)			

Type of meat:_____ Source:_____

Where processed:_____

ANIMAL CONTACT

	Y	N	U
Did you have any contact with pets (e.g., dogs, cats, reptiles, hedgehogs, rodents, or pet livestock such as chickens, pigs, or horses) at home or elsewhere (incl. school or someone else's home)?			

Species	Describe contact	GI illness in animal
☐ Dog Puppy? ☐ Y ☐ N		☐ Y ☐ N ☐ U
☐ Cat Kitten? ☐ Y ☐ N		☐ Y ☐ N ☐ U
☐ Reptiles/amphibians		☐ Y ☐ N ☐ U
☐ Other:_____		☐ Y ☐ N ☐ U

If reptile exposure, complete reptile questionnaire. Questionnaire completed? ☐ Y ☐ N

	Y	N	U
Did you feed your pet a raw meat diet or give them animal-based treats like bones, rawhides, pig's ears, or cow hooves?			
Specify type:_____			
Did you have contact with any animal manure or composted animal manure?			
Describe contact (e.g., gardening):_____			

Did you live on a farm?	**Y**	**N**	**U**
Specify type:_____			
Did you work on a farm?	**Y**	**N**	**U**
Location:_____ when:_____			
Did you visit a farm?	**Y**	**N**	**U**
Location:_____ when:_____			
Did you visit a fair, petting zoo, or other venue with animals?	**Y**	**N**	**U**
Location:_____ when:_____			

If yes to live/work/visit a farm or animal venue, were any of the following animals present?
If yes, did you have contact with them?

	Home			**Work**			**Other Farm**			**Petting Zoo/Other Venues**		
	Present – No Contact	Contact	Describe Contact	Present – No Contact	Contact	Describe Contact	Present – No Contact	Contact	Describe Contact	Present – No Contact	Contact	Describe Contact
Cow	☐	☐		☐	☐		☐	☐		☐	☐	
Goat	☐	☐		☐	☐		☐	☐		☐	☐	
Sheep	☐	☐		☐	☐		☐	☐		☐	☐	
Pig	☐	☐		☐	☐		☐	☐		☐	☐	
Chicken	☐	☐		☐	☐		☐	☐		☐	☐	
Turkey	☐	☐		☐	☐		☐	☐		☐	☐	
Other:	☐ ☐ ☐	☐ ☐ ☐		☐ ☐ ☐	☐ ☐ ☐		☐ ☐ ☐	☐ ☐ ☐		☐ ☐ ☐	☐ ☐ ☐	

OTHERS ILL

Do you know of anyone else with a diarrheal illness prior to or following your illness? **Y N U**

Who:_____ When:_____

CHILDCARE/PRESCHOOL

Did you attend or work at a childcare/preschool facility prior to or following illness? **Y N U**

Dates attended:_____

Name of facility:_____

Name of director:_____ Phone number:_____

Address:_____

Did case attend while ill? ☐ Y ☐ N ☐ U

If yes, when:_____

Are you aware of other GI illness? ☐ Y ☐ N ☐ U

If yes, detail:_____

For children that attend daycare or daycare employees:

We will contact the daycare provider to determine if any other children have been ill and to provide information and recommendations to prevent the spread of illness. Do you have any concerns about disclosing your/your child's name to the daycare?

Tennessen read ☐

☐ Yes, I do have concerns ☐ No, I do not have concerns

If your child still has diarrhea, he/she may not attend daycare until fully recovered.

EVENTS

Did you attend any large gatherings (weddings, receptions, showers, parties, festivals, fairs, etc) **Y N U**

Date:_____ Time:_____ Location:_____

Type of event:_____

Foods served:_____

Anyone else ill? ☐ Y ☐ N ☐ U

Names/contact information of others ill:

RESTAURANTS

Did you eat any food/beverages from any:

- restaurants
- take out or delivery
- coffee shops
- cafeterias
- delis
- food trucks/stands
- meal delivery kits

Y N U

Name:_____ Date:_____ Time:_____

Address:_____

Food/drink detail:_____

Name:_____ Date:_____ Time:_____

Address:_____

Food/drink detail:_____

Name:_____ Date:_____ Time:_____

Address:_____

Food/drink detail:_____

Name:_____ Date:_____ Time:_____

Address:_____

Food/drink detail:_____

Name:_____ Date:_____ Time:_____

Address:_____

Food/drink detail:_____

Name:_____ Date:_____ Time:_____

Address:_____

Food/drink detail:_____

Please re-prompt for any non-restaurant exposures

5-DAY FOOD HISTORY					
Please prompt case with previously reported events and restaurants.					
Meal time	**Meal**	**Ate at home**	**Ate outside the home**	**Outside location**	**Foods eaten**
Date/day prior to onset:____________					
	Breakfast	☐	☐		
	Lunch	☐	☐		
	Dinner	☐	☐		
	Other	☐	☐		
Date:____________					
	Breakfast	☐	☐		
	Lunch	☐	☐		
	Dinner	☐	☐		
	Other	☐	☐		
Date:____________					
	Breakfast	☐	☐		
	Lunch	☐	☐		
	Dinner	☐	☐		
	Other	☐	☐		
Date:____________					
	Breakfast	☐	☐		
	Lunch	☐	☐		
	Dinner	☐	☐		
	Other	☐	☐		
Date:____________					
	Breakfast	☐	☐		
	Lunch	☐	☐		
	Dinner	☐	☐		
	Other	☐	☐		

FOOD CONSUMPTION HISTORY							
The following questions refer to the 7 days prior to illness onset							
Item	**Y**	**N**	**M**	**Brand/description**	**Preparation**	**Where purchased/ consumed**	**Date Consumed**
EGGS/DAIRY							
Eggs							
Prepared dish with eggs (e.g., egg bake, quiche, custard)							
Any batter with raw eggs (e.g., cookie dough)							
Did you or anyone in your household use flour in any baking or cooking?							
Pasteurized cow's or goat's milk							
Unpasteurized milk							
Shredded cheese							
Block cheese or cheese slices (specify)							
String cheese or cheese curds							
Queso fresco or Mexican-style cheese							
Other cheeses (e.g., Gouda, blue, feta, chevre, brie, goat)							
Ice cream							
Frozen dessert treats							
Yogurt							

Item	Y	N	M	Brand/description	Preparation	Where purchased/ consumed	Date Consumed
Milk alternatives (e.g., soy, almond, rice milk)							
Other dairy (e.g., cottage cheese, cream cheese, sour cream)							
MEAT/POULTRY/SEAFOOD							
Ground beef							
If ground beef was an ingredient, specify type of dish:_____ How was the ground beef cooked? ☐ Raw ☐ Rare (red in middle) ☐ Medium (pink in middle) ☐ Well (no pink) How was the ground beef packaged? ☐ Tube ☐ Tray ☐ Pre-made patties ☐ Other:_____ Package size:_____ Percent lean (e.g., 80/20):_____							
Veal							
Other beef (e.g., steak)							
Chicken (incl. ground)							
Stuffed chicken product (e.g., chicken Kiev)							
Turkey (incl. ground)							
Pork (e.g., ham, bacon)							
Lamb							
Sausage							
Venison or other meat/poultry							
Fish (incl. sushi, ceviche)							
Shrimp							
Other seafood							

Item	Y	N	M	Brand/description	Preparation	Where purchased/ consumed	Date Consumed
FROZEN PROCESSED FOODS							
Frozen dinners/ entrees (e.g., Lean Cuisine, pot pies)							
Frozen pizza							
Other frozen, microwavable foods							
FRUITS (FRESH, FROZEN, OR DRIED)							
Oranges							
Other citrus (e.g., grapefruit, lemon, lime, tangerine)							
Pears							
Apples							
Other tree fruit (e.g., apricot, plum, nectarine, peach)							
Strawberries							
Other berries (e.g., blue, black, or raspberries)							
Grapes (specify color)							
Bananas							
Watermelon (specify seeds or seedless)							
Cantaloupe							
Honeydew or other melon							

Item	Y	N	M	Brand/description	Preparation	Where purchased/ consumed	Date Consumed
Other fruit (e.g., mango, pomegranate, kiwi, pineapple)							
Unpasteurized apple cider							
Fresh-squeezed, raw/unpasteurized juice, or smoothies							
Other juice							
VEGETABLES (FRESH OR FROZEN)							
Prepackaged salad (specify bag or clamshell)							
Iceberg							
Romaine							
Spinach							
Cabbage							
Other lettuce/leafy greens (e.g., spring mix, kale, arugula, Swiss chard, endive)							
Tomatoes (e.g., vine-on, heirloom, roma, beefsteak, grape, incl. on sandwich or salad)							
Cucumbers (e.g., English, garden, mini, Persian)							
Bell/sweet peppers (specify color/size)							
Hot peppers/chilies (incl. salsa, and other dishes)							
Asparagus							

Item	Y	N	M	Brand/description	Preparation	Where purchased/ consumed	Date Consumed
Celery							
Carrots (specify baby or normal)							
Radishes							
Pea pods/snap peas							
Onions (red/white/yellow)							
Green onions/scallions							
Broccoli							
Cauliflower							
Sprouts (e.g., alfalfa, bean, radish, clover)							
Cilantro (incl. in fresh salsa and other dishes)							
Other fresh herbs (e.g., basil, parsley, thyme, mint, sage)							
Mushrooms (e.g., white, portabella, crimini)							
Tofu/tempeh/ seitan							
Zucchini/summer squash (including spiralized)							
Other vegetables							
Pasta salad (ingredients/brand)							

Item	Y	N	M	Brand/description	Preparation	Where purchased/ consumed	Date Consumed
Potato salad (ingredients/brand)							
OTHER							
Nuts (e.g., almonds, pecans, walnuts, peanuts, cashews) -specify roasted, raw, in the shell							
Hummus or tahini (specify)							
Sesame seeds							
Other seeds (e.g., flax, sunflower, chia, hemp)							
Snacks such as soy nuts, corn nuts, chickpeas, wasabi peas							
Salsa							
Avocado (incl. guacamole)							
Recently purchased spices (e.g., black pepper, white pepper, paprika, oregano, cumin)							
Spice rubs or blends							
Peanut butter							
Chocolate							
Trail mix or granola							
Chips, crackers, popcorn or other snack foods							

Item	Y	N	M	Brand/description	Preparation	Where purchased/ consumed	Date Consumed
Nutritional supplements, protein/whey powder, meal replacements							
Anything I didn't ask?							

ADULT CASES ONLY			
Did you have any sexual contact with a male?	**Y**	**N**	**U**
Did you have any sexual contact with a female?	**Y**	**N**	**U**

DEMOGRAPHICS

For adult cases:	**For child cases:**
Occupation:_____	School name/address:_____
Name of employer:_____	Parent 1 occupation:_____
Address/city of employer:_____	Parent 2 occupation:_____
Work phone:_____	

All cases

Languages spoken at home
- English
- Other(s):_____

Ethnicity:
Hispanic or Non-Hispanic
(please circle)

Race:_____
Specify:_____

SENSITIVE OCCUPATION STATEMENTS

Food workers:
People continue to have enteric disease organisms in their stools after they feel better. You can return to work once you no longer have symptoms but it is essential that you have excellent hand washing after going to the bathroom and before handling foods to prevent spreading enteric diseases to patrons. Statement read ☐

Healthcare workers:
People continue to have enteric disease organisms in their stools after they feel better and can still spread enteric diseases to others. High-risk work duties include handling objects that enter patients' mouths, such as food and medications. You can return to work once you no longer have symptoms but you must have excellent hand washing after going to the bathroom and before doing these work duties. Statement read ☐