OHIO ENTERIC CASE INVESTIGATION FORM

Please fill this form out either electronically or by hand. All fields are available in ODRS, so please enter the data there; the form does not need to be submitted if all the data is entered in ODRS. If requested to submit to the form to ODH, please fax it to (614) 564-2456.

Patient Name: _____ ODRS #: _____

Phone: _____

Local Health Department: _____

INTERVIEW INFORMATION:

Date of first attempt to contact patient: _____ Patient interviewed: ☐ Yes ☐ No

Reason not interviewed: ☐ Lost to follow up ☐ Refused ☐ Time lag too long

☐ Other: _____

Date of initial interview: _____ Interviewer Agency: _____

Name of interviewer: _____ Interviewer phone: _____

Other interviews conducted: ☐ Yes ☐ No

How many times: ☐ Once ☐ Twice ☐ Three times ☐ Four or more times ☐ Unknown

Respondent's relationship: ☐ Self ☐ Mother ☐ Father

☐ Foster parent ☐ Adoptive parent ☐ Guardian

☐ Emergency contact ☐ Grandparent ☐ Extended family

☐ Sibling ☐ Spouse

☐ Other: _____

Name of respondent (if not self): _____

Was a complete exposure history* obtained: ☐ Yes ☐ No ☐ Partial ☐ Unknown

* Complete exposure history: to include an interview (of any format) that assesses exposures prior to illness via an open-ended exposure history or via a list of potential exposures. The key factor to be considered a complete exposure history is an interview that goes beyond assessment of high-risk settings and prevention education to ascertain food consumption or preference and other exposure data.

DISEASE BEING INVESTIGATED (exposure period):

☐ Amebiasis (2-4 weeks)

☐ Campylobacteriosis (1-10 days)

☐ Cryptosporidiosis (1-12 days)

☐ Cyclosporiasis (2-14 days)

☐ *E. coli*, Shiga Toxin-Producing (0-8 days)

☐ Giardiasis (3-25 days)

☐ Salmonellosis (6-72 hours)

☐ Shigellosis (12-96 hours)

☐ Yersiniosis (3-10 days)

CASE INFORMATION:

Street address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____ Age: _____ Sex: ☐ Female ☐ Male

Race: ☐ White ☐ Black ☐ Asian ☐ American Indian/Alaskan Native
☐ Hawaiian Native/Pacific Islander ☐ Unknown ☐ Other: _____

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

Occupation: _____

Sensitive occupations	Yes	No	Unknown
Direct patient care provider	☐	☐	☐
Child care provider	☐	☐	☐
Food handler	☐	☐	☐
Works at a school, college, or university	☐	☐	☐

Sensitive person settings	Yes	No	Unknown
Attends day care or preschool	☐	☐	☐
Resides in a long term care facility	☐	☐	☐
Attends a school, college, or university	☐	☐	☐

If YES to sensitive occupations or person settings, please provide more detail:

1. Name of facility: _____ Date(s) of attendance: _____
   Address: _____ Phone: _____
   Duties/Activities: _____
2. Name of facility: _____ Date(s) of attendance: _____
   Address: _____ Phone: _____
   Duties/Activities: _____

CLINICAL INFORMATION:

Is patient symptomatic: ☐ No ☐ Unknown ☐ Yes → Onset Date: _____

Symptoms: ☐ Diarrhea → Date diarrhea started: _____
☐ Bloody stool ☐ Nausea ☐ Fatigue
☐ Fever ☐ Abdominal cramps ☐ Other: _____
☐ Chills ☐ Headache
☐ Vomiting ☐ Muscle aches

Length of symptoms: _____ Days Still ill? ☐ Yes ☐ No

Hospitalized: ☐ Yes ☐ No ☐ Unknown Admitted: _____ Discharged: _____

Close contact with symptomatic person: ☐ Yes ☐ Maybe ☐ No ☐ Don't know

If YES to close contact with symptomatic person:

When was close contact ill: ☐ < 24 hours before case ☐ ≥ 24 hours before case ☐ Unknown

Household and other contacts' information:

	Name	Age	Sex	Relationship	Occupation/ School	Ill?	Onset Date	Transmission Setting
1.								
2.								
3.								
4.								
5.								

FOOD HISTORY:

High risk food handling by anyone at home during exposure period:

Yes	Maybe	No	Don't know	High risk food handling by anyone at home
☐	☐	☐	☐	Ground beef
☐	☐	☐	☐	Raw poultry

High risk food consumption during exposure period:

Yes	Maybe	No	Don't know	High risk food consumption
☐	☐	☐	☐	Ground beef
☐	☐	☐	☐	Undercooked or raw ground beef
☐	☐	☐	☐	Poultry (e.g., chicken, turkey)
☐	☐	☐	☐	Undercooked or raw poultry
☐	☐	☐	☐	Undercooked or raw pork products
☐	☐	☐	☐	Other undercooked or raw meat
☐	☐	☐	☐	Venison or other game meat
☐	☐	☐	☐	Dried meat (e.g., salami, jerky, etc.)
☐	☐	☐	☐	Shellfish
☐	☐	☐	☐	Undercooked or raw eggs
☐	☐	☐	☐	Queso fresco or other raw milk cheese
☐	☐	☐	☐	Raw (unpasteurized) milk
☐	☐	☐	☐	Raw (unpasteurized) juice or cider
☐	☐	☐	☐	Sprouts (e.g., alfalfa, clover, bean, etc.)
☐	☐	☐	☐	Raspberries
☐	☐	☐	☐	Basil
☐	☐	☐	☐	Lettuce

Drinking water source(s) consumed during exposure period:

☐ Municipal ☐ Bottled (personal-sized container) ☐ Spring

☐ Well ☐ Bottled (multi-user tank) ☐ Unknown

☐ Other: _____

Where did you purchase food prepared at home during the exposure period:

- ☐ Grocery store, supermarket
- ☐ Warehouse store
- ☐ Small market or mini market
- ☐ Ethnic specialty market
- ☐ Health food store, co-op
- ☐ Fish, meat specialty shop
- ☐ Farmer's market, roadside stand
- ☐ Other: _____

Please list grocery stores, markets, warehouse clubs where food was purchased for home consumption:

1. Name: _____
   Address: _____
   Phone: _____ Date(s) purchased: _____
   Shopper card number: _____
2. Name: _____
   Address: _____
   Phone _____ Date(s) purchased: _____
   Shopper card number: _____
3. Name: _____
   Address: _____
   Phone: _____ Date(s) purchased: _____
   Shopper card number: _____
4. Name: _____
   Address: _____
   Phone: _____ Date(s) purchased: _____
   Shopper card number: _____
5. Name: _____
   Address: _____
   Phone: _____ Date(s) purchased: _____
   Shopper card number: _____

Sources of food prepared outside the home during exposure period:

- ☐ National fast food chain
- ☐ Mexican-style
- ☐ Italian
- ☐ Seafood
- ☐ Jamaican, Cuban, Caribbean
- ☐ Asian - Chinese, Indian, Japanese
- ☐ Middle Eastern, Arabic, African
- ☐ Vegetarian, Vegan
- ☐ Barbecue, home-style
- ☐ Steakhouse, grill
- ☐ Diner, neighborhood cafe
- ☐ Catered event
- ☐ Buffet
- ☐ Sandwich shop, deli
- ☐ Take-out
- ☐ Breakfast, brunch
- ☐ School, institution
- ☐ Other: _____

Please list restaurants, delis, etc. where food was purchased for consumption outside the home:

1. Name: _____
   Address: _____
   Phone: _____ Date(s) purchased: _____
2. Name: _____
   Address: _____
   Phone: _____ Date(s) purchased: _____
3. Name: _____
   Address: _____
   Phone: _____ Date(s) purchased: _____
4. Name: _____
   Address: _____
   Phone: _____ Date(s) purchased: _____
5. Name: _____
   Address: _____
   Phone: _____ Date(s) purchased: _____

List all foods consumed during exposure period: _____

ANIMAL EXPOSURES:

Animals include pets (e.g., mammals, reptiles, amphibians, aquarium pets), livestock, and wild animals

Yes	Maybe	No	Don't know	Animal contact settings during exposure period
☐	☐	☐	☐	Contact with animals on your property
☐	☐	☐	☐	Contact with animals at another household or location (e.g., homes of family members, friends, etc.)
☐	☐	☐	☐	Handle pet food → Type/Brand: _____
☐	☐	☐	☐	Handle pet treats or chews
☐	☐	☐	☐	Contact with animal droppings or feces
☐	☐	☐	☐	Visit a business or place where animals/birds or animal food were present
☐	☐	☐	☐	Visit a petting zoo or farm with livestock
☐	☐	☐	☐	Visit an agricultural farm or feed store
☐	☐	☐	☐	Visit a pet store or place where animals or birds were shown
☐	☐	☐	☐	Visit a fair, 4-H event, or similar event where animals present
☐	☐	☐	☐	Attend a school event, birthday party, or other event with animals or pets

If YES to animal exposures, indicate which animals were encountered during exposure period:

- ☐ Dog, puppy
- ☐ Cat, kitten
- ☐ Baby chick, duckling, other baby poultry
- ☐ Live chicken, turkey, other adult poultry
- ☐ Turtle, tortoise
- ☐ Snake
- ☐ Frozen mouse, rat, other pet food for snakes
- ☐ Other: _____
- ☐ Other reptile (e.g., lizard, gecko)
- ☐ Amphibian (e.g., frog, toad, salamander)
- ☐ Water pet in aquarium (e.g., fish, aquatic frog, snail)
- ☐ Rat, mouse, gerbil, hamster
- ☐ Pocket or exotic pet (e.g., ferret, pygmy hedgehog, rabbit, guinea pig)

Notes on animal exposures: _____

TRAVEL AND ACTIVITIES:

Yes	Maybe	No	Don't know	Activities during exposure period
☐	☐	☐	☐	Attended a wedding, religious event, sporting event, picnic, school event, party, fair, festival, or other group event
☐	☐	☐	☐	Went camping, hiking, hunting, or fishing
☐	☐	☐	☐	Exposed to recreational water (e.g., pool, lake, ocean, river, hot tub, spa, water park)
☐	☐	☐	☐	Traveled within Ohio
☐	☐	☐	☐	Traveled outside of Ohio

If YES to any travel or activity questions, please fill in the details below:

1. Place: _____ Date from: _____ Date to: _____
   Purpose: _____
   Country: _____ State: _____
   City: _____ County: _____
2. Place: _____ Date from: _____ Date to: _____
   Purpose: _____
   Country: _____ State: _____
   City: _____ County: _____
3. Place: _____ Date from: _____ Date to: _____
   Purpose: _____
   Country: _____ State: _____
   City: _____ County: _____
4. Place: _____ Date from: _____ Date to: _____
   Purpose: _____
   Country: _____ State: _____
   City: _____ County: _____

Notes on travel and activities: _____

Anything else I have not asked you that you think may have caused your illness? _____