# **Appendix I: Enteric Disease-Specific Illness Investigation Forms**

#### **ENTERIC DISEASE-SPECIFIC ILLNESS INVESTIGATION FORMS**

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Foodborne and Waterborne Illness Investigation Form

Campylobacteriosis FBWB Questionnaire

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**Updated August 2021** 

	Campylobacteriosis FBWB Questionnaire
Kentucky Public Health	NEDSS ID:
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533500	ackyPublic Health	NEDSS ID:					
	Name:						
	ials: Date of First Attempt to In			15-5			
fused: 🔲	Yes No Unk Partially Comple	ted:YesNoUnk	Letter Mailed	d? ∐Yes ∐No ∐Unk			
	w-up: ☐Yes ☐No ☐Unk Delaye	d report to LHD/KDPH causi	ng limited expo	sure recall: Yes No Ur			
rliest Dat	Reported to County:						
Per	son Being Interviewed:  Patient	Surrogate (name and descr	ibe):				
		Section 1: Patient Info					
1.	DOB: 2. Age (	years/months):	3. Sex:	□Male □ Female □ Unk			
4	Is the patient deceased? ☐Yes ☐No	o∏link 5 Marital S	tatus?   Marri	ed Osingle OWidowed			
(514)			Tividiti	Tourble Tataoned			
8-0-0	cupation Information	V	- Continue to the second	out the control			
6.	Are you: Employed Unemploye	d 🗆 Retired 🗆 Student	A Volunteer	Unk			
	If employed:						
	Occupation:						
	Employer (Name and Address):						
	Job Title and Description:						
	Please mark if the patient works in	one of the following high-ris	k transmission	occupations:			
	☐ Daycare/school ☐ Healthcare						
	Did you work or attend school whi						
	Dates worked:						
	Describe job duties while sick:						
	Describe hand hygiene practices w	nile sick:		<u>2</u>			
7.	Is there anyone in the home that lives	or works on a farm, works i	n a poultry fac	tory, or other high-risk			
	transmission setting? Yes No	Unk	151	150 To 170 To 17			
	If yes: Did they wear clothing into						
	the farm, shoes/clothes worn in a	chicken processing factory, e	tc.) Tes	□ No □ Unk			
D-		or and a short of					
	ycare/School Information (obtain is part Does the child attend: Daycare		No/Link				
o.	(describe):	Jacobar Dottler _	1140/ OTIK				
	Daycare/School Name and Address	s:					
	Grade or room:	No. of Market Sec. Market Sec. 1997	70. 0.2 80.01 07.15				
	Did your child attend daycare/scho	ool while sick? Yes No	D N/A D	☐ Unk			
	Dates Attended:	11 mg C C	□ N/1 = F	7000			
A -1	Have any others at the daycare/scl	nool been ill? \( \text{Yes} \( Ino	□ N/A [	Unk			
	dress County of Residence:						
	county of Residence.						
9.							

	Campylobacteriosis FBWB Questionnaire
Kentucky Public Health	NEDSS ID:
Ethnicity and Race	
10. Ethnicity: Hispanic or Latin	o 11. Race: White
☐ Not Hispanic or I	Latino Black or African American
Unk	Asian
<del></del>	☐ Native American/Pacific Islander/Alaskan Native ☐ Unk
Clinical Info	
12. Admitted to hospital for illness Name of Hospital:	s?  Yes  No Unk
Admission Date:	Discharge Date:
Did patient die? Yes	No ☐ Unk Was death a result of illness? ☐ Yes ☐ No ☐ Unk
13. Date and time of illness onset:	(Onset Time)
14. Still ill at time of interview?	Yes No Unk
If no, date illness ended:	
지어 어머니 뭐 하는 보았습니다. 하는 그는 이번 바람이 되었다고 있었다고 하다 이번 사이를 보다.	biotics to treat your illness? Yes No Unk
If yes, Name of Antibiotic	Date Initiated Duration of Prescription Complete Prescription
Name of Antablotte	Yes No Un
	Yes No Ur
	Yes No Ur
Highest Recorded Temp: Nausea: Yes	No Unk Diarrhea: Yes No Unk Days of Diarrhea: No Unk Bloody Stool: Yes No Unk No Unk Abdominal Cramping: Yes No Unk Headache: Yes No Unk
other symptoms.	<del></del>
17. Were you diagnosed with either	er of the following conditions?
Hemolytic Uremic Syndrom	ne (HUS)? Yes No Unk
Thrombocytopenic Purpura	
**Interviewer Note: HUS is a life-threatening	ng complication resulting in kidney failure. Breased platelet counts (thrombocytopenia) and hemolytic anemia.
	system? (Have you had cancer/currently under a doctor's care for cancer? Are
	any transplants? Are you pregnant?): Yes No Unk
	em:
	1965
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Kentucky Public Health			32 10	_		NEDSS ID: _	FBWB Questionna
19. Do you have <i>If yes</i>	any family , please sp		vorkers with simi	lar illness? Y	es N	o Unk	
Name	Age	Phone Number	Relationship to Patient	Symptoms	Onset Date	Occupation	Employer / Facilit
						,	
Describe natu 21. Did you take	person ha ire of the a	ave diarrhea? [ exposure (date, to cation/suppleme	Yes No ype of contact, et	Unk c.): s before you be	came sick		ed medication,
If yes, did the Describe natu 21. Did you take over the cour	person haure of the e any medicater medicater medicater	ave diarrhea? [ exposure (date, to cation/suppleme ation, vitamins, a	Yes No ype of contact, et	Unk c.): s before you be	came sick	? (e.g., prescrib	ed medication,
If yes, did the Describe natu 21. Did you take over the cour	person haure of the e any medicater medicater medicater	ave diarrhea? [ exposure (date, to cation/suppleme ation, vitamins, a	Yes No ype of contact, et ents in the 30 days antacids, probiotic	Unk c.): s before you be	came sick	? (e.g., prescrib	ed medication,
If yes, did the Describe natu 21. Did you take over the cour	person haure of the e any medicater medicater medicater	ave diarrhea? [ exposure (date, to cation/suppleme ation, vitamins, a	Yes No ype of contact, et ents in the 30 days antacids, probiotic	Unk c.): s before you be	came sick	? (e.g., prescrib	ed medication,
If yes, did the Describe natu 21. Did you take over the cour	person haure of the e any medicater medicater medicater	ave diarrhea? [ exposure (date, to cation/suppleme ation, vitamins, a	Yes No ype of contact, et ents in the 30 days antacids, probiotic	Unk c.): s before you be	came sick	? (e.g., prescrib	ed medication,
If yes, did the Describe natu 21. Did you take over the cour	person haure of the e any medicater medicater medicater	ave diarrhea? [ exposure (date, to cation/suppleme ation, vitamins, a	Yes No ype of contact, et ents in the 30 days antacids, probiotic	Unk c.): s before you be	came sick	? (e.g., prescrib	ed medication,
If yes, did the Describe natu 21. Did you take over the cour	person haure of the e any medicater medicater medicater	ave diarrhea? [ exposure (date, to cation/suppleme ation, vitamins, a	Yes No ype of contact, et ents in the 30 days antacids, probiotic	Unk c.): s before you be	came sick	? (e.g., prescrib	ed medication,

KentuckyPublicHealth	NEDSS ID:
SECTION 2: Exposui	re Assessment
WATER	
What source do you typically drink water from? (Be Describe:	50 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
What source do you typically use ice from? (Bagged Describe:	
3. What type of water supply does your home have?  Public (e.g., city) Private (e.g., well) Ur	nk
4. What type of sewage system does your home have Public (e.g., city sewer) Private (e.g., septic)	
5. In the <u>7 days</u> before you became sick, did you had system at home or work? (e.g., boil water advisorie Yes No Unknown  If yes, please describe:	
<ol> <li>In the <u>7 days</u> before you became sick, did you parti water? (swimming pool, hot tub, water park, splash Yes No Unk</li> </ol>	
If yes, What/Where (location): Number of people in the water (estimated)? Any children/infants?Yes NoUnk	
In the 7 days before you became sick, did you part water? (creek, pond, lake, ocean, etc.)	icipate in any activities in <u>untreated</u> recreational
Number of people in the water (estimated)?	When:
Any children/infants? Yes No Unk  MANURE EXPOSURE In the 7 days before you became sick, did you apply manur	e, compost or soil? Yes No Unk
If yes, type/brand:	
ANIMAL CONTACT In the 7 days before you became sick, did you have any contact would be defined as touching animals, anything the animals and their environments (even if you did not touch the Indoor?  Yes No Unk	animal came in contact with, and being around
nswered "No" to both questions, skip to section D. Travel	

Type of Anirnal	Y/N/U?		Please Selec	t	Specify Typ One or De		Where is animal ke	pt?	Who feeds an	imal?	Who cleans up after animal?
Dog	Yes	No Unk	Adult	Puppy			Indoor	Outdoor	Pt Famil	y Other	Pt Family Othe
Cat	Yes [	No Unk	Adult	Kitten			Indoor	Outdoor	Pt Family	Other	Pt Family Other
Cattle	Yes	No Unk	Adult	Calf					Pt Fami	y Other	Pt Family Othe
Swine	Yes	No Unk	Adult	Piglet					Pt Famile	Other	Pt Family Othe
Poultry (chicken, turkey, duck, etc.)	Yes [	No Unk	Adult	Chick	Chicken	Turkey Duck	Indoor	Outdoor	Pt Family	Other	Pt Family Other
Bird	Yes	No Unk	Adult	Chick			Indoor	Outdoor	Pt Famil	y Other	Pt Family Othe
Goat	Yes [	No Unk	Adult	Kid					Pt Family	Other	Pt Family Othe
Sheep	Yes	No Unk	Adult	Lamb					Pt Fami	y Other	Pt Family Othe
Equine (donkey, mule, horse)	Yes	No Unk	Adult	Colt	Donkey	Mule Horse			Pt Famil	y Other	Pt Family Othe
Reptile (snake, lizard, turtle, etc.)	Yes [	No Unk					Indoor	Outdoor	Pt Fami	y Other	Pt Family Othe
Amphibian (frog, salamander, newt, etc.)	Yes	No Unk					Indoor	Outdoor	Pt Fami	y Other	Pt Family Othe
Rodent (rat, gerbil, hamster, mouse, etc.)	Yes	Na Unk					Indoor	Outdoor	Pt Fami	y Other	Pt Family Othe
Other animal(s) hedgehog, rabbit, etc.,)	Yes	No Unk					Indoor	Outdoor	Pt Fami	ly Other	Pt Family Oth
Please list the foods and/or treats you give to your pets.											
Type of Animal		Type of Food	Food Bran			Give pet treat	s?	Type of T	reats	Treat Brand	i/Flavor
		Dry Wet Raw Unk	7			Yes No	Unk	Dry We	t Raw Unk		
		Dry Wet Raw Unk				Yes No	Unk	Dry We			
		Dry Wet Raw Unk				Yes No	Unk	Dry We	t Raw Unk		
		Dry Wet Raw Unk				Yes No	Unk	Dry We	t Raw Unk		

Kentucky Public Health			Cam	pylobacteriosis FBWB Questionnai NEDSS ID:
	And the second s		to feed other animals? (mice to fee	oran oran da <del>Si</del>
lizards) Yes			I/A ve or Dead at Purchase	Purchase Location
711			Alive Dead	
737 B E	Unk otion of sick ani	mal (type of	f animal, illness symptoms):	
Yes No [	Unknown :		nal exhibit/petting zoo in the <u>7 day</u> When:	<u>/s</u> before you became sick?
counties, vac		Yes No		ly, day trips to other
	Outside of		de sons	When:
-			Car Cruise Train	
ivioue of trav	CI All plane			Other
Travel identif Did you trave	ier (flight num I alone, with fa	ber, airline, mily, or wit		ily Group Other
Travel identif Did you trave If tra  2. Did you trave If yes, Where Mode of trav Travel identif Did you trave	ier (flight numidalone, with favelled with a grand internationalone)  el internationalone  el: Airplane ier:	ber, airline, on with roup, what is live in the 30 Cruise amily, or with	cruise line): h a tour group?  Alone  Fam s the name of the organization/grou  days before you became sick?   When: Train Other h a tour group?  Alone Fam	ily Group Other up you travelled with?  Yes No Unk
Travel identif Did you trave If tra  2. Did you trave If yes, Where Mode of trav Travel identif Did you trave	ier (flight numidalone, with favelled with a grand internationalone)  el internationalone  el: Airplane ier:	ber, airline, on with roup, what is live in the 30 Cruise amily, or with	cruise line):h a tour group?	ily Group Other up you travelled with?  Yes No Unk
Travel identif Did you trave If tra  2. Did you trave If yes, Where Mode of trav Travel identif Did you trave If tra  E. SOCIAL GATHERINGS	ier (flight numidal alone, with favelled with a grant plant	ber, airline, imily, or with roup, what is Cruise amily, or with roup, what is the 7 days l	cruise line):h a tour group? Alone Fams the name of the organization/groundarys before you became sick? When: Train Other  h a tour group? Alone Fams the name of the organization/groundary before you became sick? (Parades,	ily Group Other up you travelled with?  Yes No Unk  ily Group Other up you travelled with?  festivals, church, work events):
Travel identif Did you trave If tra  2. Did you trave If yes, Where Mode of trav Travel identif Did you trave If tra  E. SOCIAL GATHERINGS Did you attend any s	ier (flight numidalone, with favelled with a grand internationalone).  El internationalone ier:  El alone, with favelled with a grand ierenatione, with a grand ierenatione ie	ber, airline, amily, or with roup, what is coup, what is coup, what is coup, what is the 7 days I were others III?	cruise line):h a tour group?  Alone  Fam s the name of the organization/grounds before you became sick?  When: Train Other  h a tour group?  Alone Fam s the name of the organization/grounds became sick?	ily Group Other up you travelled with?  Yes No Unk  ily Group Other up you travelled with?  festivals, church, work events):
Travel identif Did you trave If tra  2. Did you trave If yes, Where Mode of trave Travel identif Did you trave If tra  E. SOCIAL GATHERINGS Did you attend any s  Yes \[ \sum \] No	ier (flight numical alone, with favelled with a grant of the control of the contr	ber, airline, on with roup, what is coup, what is coup, what is coup, what is coup, what is the 7 days leaves	cruise line):	ily Group Other up you travelled with?  Yes No Unk  Ily Group Other up you travelled with?  festivals, church, work events):
Travel identif Did you trave If tra  2. Did you trave If yes, Where Mode of trave Travel identif Did you trave If tra  E. SOCIAL GATHERINGS Did you attend any s  Yes \[ \sum \] No	ier (flight numical alone, with favelled with a grant of the control of the contr	ber, airline, amily, or with roup, what is coup, what is coup, what is coup, what is the 7 days I were others III?	cruise line):	ily Group Other up you travelled with?  Yes No Unk  Ily Group Other up you travelled with?  festivals, church, work events):
Travel identif Did you trave If tra  2. Did you trave If yes, Where Mode of trave Travel identif Did you trave If tra  E. SOCIAL GATHERINGS Did you attend any s  Yes \[ \sum \text{No}	ier (flight numical alone, with favelled with a grant of the control of the contr	ber, airline, amily, or with roup, what is mily, or with roup, what is the 7 days left were Others III?	cruise line):	ily Group Other up you travelled with?  Yes No Unk  Ily Group Other up you travelled with?  festivals, church, work events):
Travel identif Did you trave If tra  2. Did you trave If yes, Where Mode of trave Travel identif Did you trave If tra  E. SOCIAL GATHERINGS Did you attend any s  Yes \[ \sum \text{No}	ier (flight numical alone, with favelled with a grant of the control of the contr	ber, airline, omily, or with roup, what is comply and is comply and is comply. The roup, what is comply are comply and is comply	cruise line):	ily Group Other up you travelled with?  Yes No Unk  Ily Group Other up you travelled with?  festivals, church, work events):
Travel identif Did you trave If tra  2. Did you trave If yes, Where Mode of trave Travel identif Did you trave If tra  E. SOCIAL GATHERINGS Did you attend any s  Yes \[ \sum \text{No}	ier (flight numical alone, with favelled with a grant of the control of the contr	ber, airline, amily, or with roup, what is coup, what is coup, what is the 7 days leading of the 7 days leading of the 8 days leading of the 9 days leadin	cruise line):	ily Group Other up you travelled with?  Yes No Unk  Ily Group Other up you travelled with?  festivals, church, work events):
Travel identif Did you trave If tra  2. Did you trave If yes, Where Mode of trave Travel identif Did you trave If tra  E. SOCIAL GATHERINGS Did you attend any s  Yes \[ \sum \text{No}	ier (flight numical alone, with favelled with a grant of the control of the contr	ber, airline, comily, or with roup, what is mily, or with roup, what is the 7 days leading of the 7 days leading of the 8 leading of the 9 lea	cruise line):	ily Group Other up you travelled with?  Yes No Unk  Ily Group Other up you travelled with?  festivals, church, work events):

F. SPECIALTY/RESTRICTIVE DIETS  Do you eat a specialty/restricted d  Yes No Unk	D 07550 1570	n, diabetic, gluten	ı free, fo	
If yes, please specify:  G. FOOD SOURCE  1. Which grocery store(s) would y				
Location (name, address/landmark	Date Visit	ed Shoppers/R	eward C	Alternate ID/Card Number
		□Yes □ N	No Un	k
		□Yes □ 1	No Un	k
		□Yes □ N	No Un	k
		□Yes □ 1	No Un	k
		☐Yes ☐ N	No Un	k
Did you eat at any restaurants down restaurants, gas stations, If yes:	food trucks, cafeterias	e 7 days before yo	ou becan	ne sick? (Fast-food or sit- Yes No Unk
down restaurants, gas stations, If yes:		e 7 days before yo	u becan	ne sick? (Fast-food or sit-
down restaurants, gas stations, If yes:	food trucks, cafeterias	e 7 days before yo	ou becan	ne sick? (Fast-food or sit- Yes No Unk
down restaurants, gas stations, If yes:	food trucks, cafeterias	e 7 days before yo	ou becan	ne sick? (Fast-food or sit- Yes No Unk
down restaurants, gas stations, <i>If yes</i> :	food trucks, cafeterias	e 7 days before yo	ou becan	ne sick? (Fast-food or sit- Yes No Unk
down restaurants, gas stations, If yes:	food trucks, cafeterias	e 7 days before yo	ou becan	ne sick? (Fast-food or sit- Yes No Unk
down restaurants, gas stations, If yes:	food trucks, cafeterias	e 7 days before yo	ou becan	ne sick? (Fast-food or sit- Yes No Unk
down restaurants, gas stations, If yes:	food trucks, cafeterias	e 7 days before yo	ou becan	ne sick? (Fast-food or sit- Yes No Unk
down restaurants, gas stations,	food trucks, cafeterias	e 7 days before yo	ou becan	ne sick? (Fast-food or sit- Yes No Unk
down restaurants, gas stations, <i>If yes</i> :	food trucks, cafeterias	e 7 days before yo	ou becan	ne sick? (Fast-food or sit- Yes No Unk
down restaurants, gas stations, If yes:	food trucks, cafeterias	e 7 days before yo	ou becan	ne sick? (Fast-food or sit- Yes No Unk
down restaurants, gas stations, If yes:	food trucks, cafeterias	e 7 days before yo	ou becan	ne sick? (Fast-food or sit- Yes No Unk

Kentucky Public Health						bacteriosis FBWB Questionnair NEDSS ID:
<ol> <li>Alternative Food Did you eat any</li> </ol>				ources in the 7 d	lave before you	hocama cick?
urce:	Confirmation:	OI L	Date Eaten:	Received Date:	Location Eaten:	Details: Meat type, fruit/veggie
inting/Fishing/Trapping	□Yes □No □	Unk		2		type, order date etc.
ivate Garden (private, mmunity, friend)	Yes No				2	
me Delivery Service or Meal Delivery Service? (Meals on heels, Hello Fresh)	Yes No	Unk			2	
tcher Shop	Yes No	Unk		<u></u>		
rmer's Market/ Community- pported Agriculture (CSA)	□Yes □No □	Unk	-	8 <del></del>		
end/Relative	Yes No	Unk	-	·		
I. Meal History	Meal	Foo	od/Beverage C	onsumed		Location
	Breakfast		a, savarage o			
Day 1						
Day patient started to feel	Lunch					
1)	Dinner					
Day 2	Breakfast					
Day before patient started	Lunch					
o feel ill)	Dinner					
Day 3	Breakfast	,				
Two days before patient got	Lunch					
ickj	Dinner					
Day 4	Breakfast					
Three days before patient	Lunch					
ot sick)	Dinner					
Day 5	Breakfast					
Four days before patient got	Lunch					
ick)	Dinner					

Kentucky Public Health							Campylobacteriosis FB		
Shereri estable Britari							NEDSS ID: _		
I. ENTERIC - MEAT, P	T_		Пос	12		По-1	Tuna /Prands		
acon	☐ Yes ☐ Yes	□ No	Un Un		At home A		Type/Brand: Type/Brand:		
ork (Not ham or bacon)	Yes	□ No	Uni		At home A	**************************************	Type/Brand:		
Beef (Steak, etc.)	Yes	□ No	Uni			way Both	Type/Brand:		
reer (orean, etc.)	Піс			K.	DACTIONIC DA	way 🔲 boui	Date and Location of Purchase:		
iround Beef	□Yes	No	Un	k	At home A	way Both	Type/Brand:		
Chicken	Yes	□No	Uni	k	At home	way Both	Date and Location of Purchase:		
		3-	5565			(A) (A)—(A)	Type/Brand: Date and Location of Purchase:		
Turkey	□Yes	No	Un	k	At home A	way Both	Type/Brand:		
Deli Meats	□Yes	No	Uni	k	At home	way Both	Type/Brand:		
							Date and Location of Purchase:		
Seafood (Not fish or oysters)	L Yes	☐ No	Uni	k	At home A	way L Both	Type/Brand:		
0.775	1						Date and Location of Purchase:		
ish	Yes	No	Un	k	At home	way Both	T (0		
1786 CO 05 CO				9			Type/Brand: Date and Location of Purchase:		
Nild Game (deer, pheasant, rabbit, ish)	Yes	☐ No	Un	k	At home	way Both	See any III.		
	3.7	***************************************		-		174 201 479	Type/Brand:  Date and Location of Purchase:		
Did you eat any other meat products?	□Yes	No	Uni	k	At home	way Both	Type/Brand:		
Raw/undercooked liver	□Yes	No	Uni	k	At home	way Both	Type/Brand:		
Hot Dogs	Yes	☐ No	Un	k	At home A	way Both	Type/Brand:		
o you or any family members hand		on store					Who		
J. CHEESE, DAIRY, MI Block Cheese	LK, EGG	<u>s</u>	15	Tvec	□ No □ Unk	Type/Brand			
Mexican Style Cheese (Queso, Fres	co Oueso E	Blanco)		_	□ No □Unk	Type/Brand			
Pre Sliced Cheese				-	□ No □ Unk	Type/Brand	~		
Ricotta				_	□ No □ Unk	Type/Brand			
Cheese Made with Raw or Unpast	eurized Mil	k		2	□ No □Unk	Type/Brand	8		
Other unpasteurized or raw milk p	roducts					AL DE U	V-		
Other Cheeses			_ L	Yes	□ No □ Unk	Type/Brand			77
Eggs	Raw/und	ercooked		Yes	□ No □ Unk	How were th	ney prepared?	At Home	☐ Aw
Egg Whites	Raw/und	ercooked		Yes	□ No □ Unk	How were th	ney prepared?	At Home	☐ Aw
Cottage Cheese				Yes	□ No □ Unk	Type/Brand			
Ice Cream				Yes	□ No □ Unk	Type/Brand			
Milk				Yes	□ No □Unk	Date and Lo	cation of Purchase:		
Non-dairy Milk (Soy, Almond, Coco	nut, Cashev	v)		Yes	□ No □ Unk	Type/Brand			
Raw or Unpasteurized milk				Yes	□ No □Unk	Date and Lo	cation of Purchase:		
Yogurt				7Yes	□ No □Unk	Type/Brand			
- <del> </del>					West of the second		cation of Purchase:		
Raw Foods From Animal Origin			L	_Yes	□ No □ Unk	Type/Brand	(		
								<u> </u>	11
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Kentucky Public Health	Campylobacteriosis FBWB Questionn NEDSS ID:
Interview Comments / Additional Notes:	
HERE I I I I I I I I I I I I I I I I I I	
Counseling (initial once completed)	.9.
Education on pathogen and source (e.g., anima	il, human)
Mode of transmission / prevention / control	
Proper hand washing and personal hygiene Avoid sharing personal hygiene products	
Washing all fruits and vegetables; proper food	storage and thorough cooking of meats
Avoiding cross-contamination (surfaces, cuttin	
Avoid direct contact with reptiles (lizards, snak	
Risks associated with unpasteurized daily prod	
Avoid preparation of food for others	
Disinfecting surfaces	
	e cream, homemade salad dressings, raw cookie dough)
High risk circumstances for transmission identi	
Counseled to avoid activities that put other at	risk of contracting disease.
Childcare Health Consultant Notified (if appropriate	ſ
□Yes □No □N/A	
If yes, whom? Name:	
F. Marie 13	
Environmentalist Notified?  ☐ Yes ☐ No ☐ N/A	
If yes, whom? Name:	
ii yes, wieiii. Name.	
Referred back to Local Health Department?	
☐Yes ☐No ☐N/A	
If yes, whom? Name:	<del></del>
Interviewer Name and Agency:	
	-
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Foodborne and Waterborne Illness Investigation Form

Cryptosporidiosis and Giardiasis FBWB Questionnaire

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Kentucky Public Health	Cryptosporidiosis  Giardiasis  NEDSS ID:
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Patient Initials: Date of First Attempt to Interview: Date of Interview: No. of Attempts: efused:YesNoUnk	terviewer Name:		Cryptosporidiosis Giardiasis	
Interviewer Name:	terviewer Name:	Kent	ucky Public Health NEDSS ID:	
Describe Follow-up:   Yes    No    Unk   Delayed report to LHD/KOPH causing limited exposure recall:   Yes    No    Unk   Person Being Interviewed:    Patient    Surrogate (name and describe):	stote   No   Unk   Partially Completed:   Yes   No   Unk   Letter Mailed?   Yes   No   Unk   Stote   No   Unk   Letter Mailed?   Yes   No   Unk   Stote   No   Unk   Letter Mailed?   Yes   No   Unk   Partial   Yes   Yes   No   Unk   Partial   Yes   Yes   No   Unk   Partial   Yes	terviewer	THE STATE OF THE S	
Section 1: Patient Info	Section 1: Patient Info	efused: 🗌 ost to Folio	Yes  □No  □Unk	
1. DOB:	1. DOB:	Pe	rson Being Interviewed:   Patient Surrogate (name and describe):	<u> </u>
4. Is the patient deceased?	4. Is the patient deceased?		Section 1: Patient Info	
Occupation Information  6. Are you:   Employed   Unemployed   Retired   Student   A Volunteer   Unk   If employed: Occupation:   Employer (Name and Address):   Job Title and Description:     Job Title and Description:     Please mark if the patient works in one of the following high-risk transmission occupations:   Daycare/school   Healthcare   Food service   Other (describe):   Did you work or attend school while sick?   Yes   No   Unk   Dates worked:   Describe job duties while sick:   Describe job duties while sick:   Describe hand hygiene practices while sick:     Describe hand hygiene practices while sick:     To the processing factory, or other high-risk transmission setting?   Yes   No   Unk   If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.)   Yes   No   Unk     Daycare/School Information (obtain is patient is a child)   S. Does the child attend:   Daycare   School   Other   No/Unk   (describe):     Daycare/School Name and Address:   Grade or room:     Did your child attend daycare/school while sick?   Yes   No   N/A   Unk   Dates Attended:     Have any others at the daycare/school been ill?   Yes   No   N/A   Unk   Address     Address     Occurry of Residence:	Occupation Information  6. Are you:   Employed   Unemployed   Retired   Student   A Volunteer   Unk   If employed: Occupation:   Employer (Name and Address):   Job Title and Description:     Job Title and Description:     Please mark if the patient works in one of the following high-risk transmission occupations:   Daycare/school   Healthcare   Food service   Other (describe):   Did you work or attend school while sick?   Yes   No   Unk   Dates worked:   Describe job duties while sick:   Describe hand hygiene practices while sick:   Describe hand hygiene practices while sick:     To the anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?   Yes   No   Unk   If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.)   Yes   No   Unk   Daycare/School Information (obtain is patient is a child)   S. Does the child attend:   Daycare   School   Other   No/Unk   (describe):     Daycare/School Name and Address:   Grade or room:     Did your child attend daycare/school while sick?   Yes   No   N/A   Unk   Dates Attended:     Have any others at the daycare/school been ill?   Yes   No   N/A   Unk   Address     Occurred the daycare/school been ill?   Yes   No   N/A   Unk   Address	1.	DOB: 2. Age (years/months): 3. Sex:MaleFemale [	□Unk
6. Are you:   Employed   Unemployed   Retired   Student   A Volunteer   Unk  If employed: Occupation: Employer (Name and Address): Job Title and Description:    Please mark if the patient works in one of the following high-risk transmission occupations:   Daycare/school   Healthcare   Food service   Other (describe):   Did you work or attend school while sick?   Yes   No   Unk Dates worked:   Describe job duties while sick:   Describe hand hygiene practices while sick:   Describe hand hygiene practices while sick:   Tis there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?   Yes   No   Unk   If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.)   Yes   No   Unk    Daycare/School Information (obtain is patient is a child)   Robes the child attend:   Daycare   School   Other   No/Unk   (describe):   Daycare/School Name and Address:   Grade or room:   Did your child attend daycare/school while sick?   Yes   No   N/A   Unk   Dates Attended:   Have any others at the daycare/school been ill?   Yes   No   N/A   Unk   Address   Ocunty of Residence:   No   Ounty of Residence:   No   N/A   Unk	6. Are you:   Employed   Unemployed   Retired   Student   A Volunteer   Unk   If employed:	4.	Is the patient deceased? ☐ Yes ☐ No ☐ Unk 5. Marital Status? ☐ Married ☐ Single ☐ Widowe	d
Second content of the patient works in one of the following high-risk transmission occupations:   Please mark if the patient works in one of the following high-risk transmission occupations:   Daycare/school   Healthcare   Food service   Other (describe):   Did you work or attend school while sick?   Yes   No   Unk     Dates worked:   Describe job duties while sick:   Describe hand hygiene practices while sick:     Describe hand hygiene practices while sick:   The proof of the pr	If employed: Occupation:   Employer (Name and Address):   Job Title and Description:     Please mark if the patient works in one of the following high-risk transmission occupations:   Daycare/school   Healthcare   Food service   Other (describe):   Did you work or attend school while sick?   Yes   No   Unk   Dates worked:   Describe job duties while sick:   Describe hand hygiene practices while sick:   Describe hand hygiene practices while sick:     The proof of the following high-risk transmission setting?   Yes   No   Unk   If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.)   Yes   No   Unk     Daycare/School Information (obtain is patient is a child)   Shoes the child attend:   Daycare   School   Other   No/Unk   (describe):   Daycare/School Name and Address:   Grade or room:   Did your child attend daycare/school while sick?   Yes   No   N/A   Unk   Dates Attended:   Have any others at the daycare/school been ill?   Yes   No   N/A   Unk   Address   Occuptive of Residence:       Occuptive of Residence:	Oc	cupation Information	
Occupation: Employer (Name and Address): Job Title and Description:    Please mark if the patient works in one of the following high-risk transmission occupations:   Daycare/school   Healthcare   Food service   Other (describe):   Did you work or attend school while sick?   Yes   No   Unk   Dates worked:   Describe job duties while sick:   Describe hand hygiene practices while sick:   Describe hand hygiene practices while sick:   T. Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?   Yes   No   Unk   If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.)   Yes   No   Unk   Daycare/School Information (obtain is patient is a child)   8. Does the child attend:   Daycare   School   Other   No/Unk (describe):   Daycare/School Name and Address:   Grade or room:   Did your child attend daycare/school while sick?   Yes   No   N/A   Unk Dates Attended:   Have any others at the daycare/school been ill?   Yes   No   N/A   Unk Address   9. County of Residence:   Daycare   School   Other   No/Unk   Other   No/Unk   Other   No/Unk   Other   No/Unk   Other   No/Unk   Other   Othe	Occupation: Employer (Name and Address): Job Title and Description:    Please mark if the patient works in one of the following high-risk transmission occupations:   Daycare/school   Healthcare   Food service   Other (describe):   Did you work or attend school while sick?   Yes   No   Unk   Dates worked:   Describe job duties while sick:   Describe hand hygiene practices while sick:   Describe hand hygiene practices while sick:   There anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?   Yes   No   Unk   If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.)   Yes   No   Unk   Daycare/School Information (obtain is patient is a child)   Daycare/School Information   Daycare   School   Other   No/Unk     (describe):   Daycare/School Name and Address:   Grade or room:   Did your child attend daycare/school while sick?   Yes   No   N/A   Unk     Dates Attended:   Have any others at the daycare/school been ill?   Yes   No   N/A   Unk     Address   Occupted   O	6.		
Employer (Name and Address):  Job Title and Description:  Please mark if the patient works in one of the following high-risk transmission occupations:  Daycare/school   Healthcare   Food service   Other (describe):  Did you work or attend school while sick?   Yes   No   Unk  Dates worked:  Describe job duties while sick:  Describe hand hygiene practices while sick:  7. Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?   Yes   No   Unk  If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.)   Yes   No   Unk  Daycare/School Information (obtain is patient is a child)  8. Does the child attend:   Daycare   School   Other   No/Unk (describe):  Daycare/School Name and Address:  Grade or room:  Did your child attend daycare/school while sick?   Yes   No   N/A   Unk Dates Attended:   Have any others at the daycare/school been ill?   Yes   No   N/A   Unk  Address  9. County of Residence:	Employer (Name and Address):  Job Title and Description:  Please mark if the patient works in one of the following high-risk transmission occupations:  Daycare/school   Healthcare   Food service   Other (describe):  Did you work or attend school while sick?   Yes   No   Unk  Dates worked:  Describe job duties while sick:  Describe hand hygiene practices while sick:  7. Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?   Yes   No   Unk  If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or on the farm, shoes/clothes worn in a chicken processing factory, etc.)   Yes   No   Unk  Daycare/School Information (obtain is patient is a child)  8. Does the child attend:   Daycare   School   Other   No/Unk (describe):  Daycare/School Name and Address:  Grade or room:  Did your child attend daycare/school while sick?   Yes   No   N/A   Unk Dates Attended:  Have any others at the daycare/school been ill?   Yes   No   N/A   Unk  Address  9. County of Residence:			<u></u>
Daycare/school   Healthcare   Food service   Other (describe):   Did you work or attend school while sick?   Yes   No   Unk   Dates worked:   Describe job duties while sick:   Describe hand hygiene practices while sick hand have an hand hand hand hand hand hand hand h	Daycare/school   Healthcare   Food service   Other (describe):		Employer (Name and Address):	
Describe job duties while sick:  Describe hand hygiene practices while sick:  7. Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?	Describe job duties while sick:  Describe hand hygiene practices while sick:  7. Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?		□ Daycare/school □ Healthcare □ Food service □ Other (describe):	_
7. Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?	7. Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?			
<ul> <li>7. Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?</li></ul>	<ul> <li>7. Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk transmission setting?</li></ul>			_#
transmission setting?	transmission setting?		Describe hand hygiene practices while sick:	=
transmission setting?	transmission setting?	7.	Is there anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk	
Daycare/School Information (obtain is patient is a child)  8. Does the child attend: Daycare School Other No/Unk (describe): Daycare/School Name and Address: Grade or room: Did your child attend daycare/school while sick? Yes No N/A Unk Dates Attended: Have any others at the daycare/school been ill? Yes No N/A Unk  Address  9. County of Residence:	Daycare/School Information (obtain is patient is a child)  8. Does the child attend: Daycare School Other No/Unk (describe): Daycare/School Name and Address: Grade or room: Did your child attend daycare/school while sick? Yes No N/A Unk Dates Attended: Have any others at the daycare/school been ill? Yes No N/A Unk  Address  9. County of Residence:			
Daycare/School Information (obtain is patient is a child)         8. Does the child attend: □ Daycare □ School □ Other □ No/Unk (describe): □ Daycare/School Name and Address: □ Daycare/School Name and Address: □ Did your child attend daycare/school while sick? □ Yes □ No □ N/A □ Unk Dates Attended: □ Have any others at the daycare/school been ill? □ Yes □ No □ N/A □ Unk         Address       9. County of Residence: □	Daycare/School Information (obtain is patient is a child)         8. Does the child attend: □ Daycare □ School □ Other □ No/Unk (describe): □ Daycare/School Name and Address: □ Daycare/School Name and Address: □ Did your child attend daycare/school while sick? □ Yes □ No □ N/A □ Unk Dates Attended: □ Have any others at the daycare/school been ill? □ Yes □ No □ N/A □ Unk         Address       9. County of Residence: □		If yes: Did they wear clothing into the house that they wore on the job? (Shoes worn in cattle lots or	
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8. Does the child attend: Daycare School Other No/Unk (describe):  Daycare/School Name and Address:  Grade or room:  Did your child attend daycare/school while sick? Yes No N/A Unk Dates Attended:  Have any others at the daycare/school been ill? Yes No N/A Unk  Address  9. County of Residence:	8. Does the child attend: Daycare School Other No/Unk (describe):  Daycare/School Name and Address:  Grade or room:  Did your child attend daycare/school while sick? Yes No N/A Unk Dates Attended:  Have any others at the daycare/school been ill? Yes No N/A Unk  Address  9. County of Residence:	D-	vanua (Calman) Information (Alberta to matter to a shild)	
(describe): Daycare/School Name and Address: Grade or room: Did your child attend daycare/school while sick?	(describe): Daycare/School Name and Address: Grade or room: Did your child attend daycare/school while sick? ☐ Yes ☐ No ☐ N/A ☐ Unk Dates Attended: Have any others at the daycare/school been ill? ☐ Yes ☐ No ☐ N/A ☐ Unk  Address  9. County of Residence:			
Grade or room:  Did your child attend daycare/school while sick?	Grade or room:  Did your child attend daycare/school while sick?	0.		
Did your child attend daycare/school while sick? ☐ Yes ☐ No ☐ N/A ☐ Unk  Dates Attended:  Have any others at the daycare/school been ill? ☐ Yes ☐ No ☐ N/A ☐ Unk  Address  9. County of Residence:	Did your child attend daycare/school while sick? ☐ Yes ☐ No ☐ N/A ☐ Unk  Dates Attended:  Have any others at the daycare/school been ill? ☐ Yes ☐ No ☐ N/A ☐ Unk  Address  9. County of Residence:		Daycare/School Name and Address:	
Dates Attended:	Dates Attended:			-0
Have any others at the daycare/school been ill? ☐ Yes ☐ No ☐ N/A ☐ Unk  Address  9. County of Residence:	Have any others at the daycare/school been ill? Yes No N/A Unk  Address  9. County of Residence:			
Address 9. County of Residence:	Address 9. County of Residence:			
9. County of Residence:	9. County of Residence:	Δd		
		1000000		
Updated August 2021 3	Updated August 2021 3			
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		U	odated August 2021	9

Did patient die? Yes No.  13. Date and time of illness onset:	Yes No Un  Discharge Date: Unk Was	NEDSS I White Black or African American Asian Native American/Pacific Islan Unk	es No Unk
<ul> <li>14. Still ill at time of interview? ☐ Yes If no, date illness ended:</li> <li>15. Did your doctor prescribe antibiot If yes,</li> </ul>	ics to treat your illness	? ☐ Yes ☐ No ☐ Unk	s End Time)
Name of Antibiotic	<u>Date Initiated</u>	<u>Duration of Prescription</u>	Complete Prescription  Yes No Unk
	S E		Yes No Unk
	N 20	164	Yes No Unk
Highest Recorded Temp: Nausea: Yes	No Unk Diarr Days No Unk Bloo No Unk Abdo Head rem? (Have you had car transplants? Are you	of Diarrhea:  dy Stool:  minal Cramping:  dache:  Yes  dache:  yes  dacer/currently under a doctor/oregnant?):  Yes  Noregnant?	No Unk No Unk
Updated August 2021			4

Name		Phone Number	Relationship to	Symptoms	Onset	Occupation	Employer / Facilit
Name	Age	Phone Number	Patient	зутрынз	Date	Occupation	Employer / Facino
						,	
	2						
Describe natu	person ha	exposure (date, t	Yes No ype of contact, et	Unk c.):			
If yes, did the Describe natu 20. Did you take over the cour	person had ne of the of any medic nter medic	ave diarrhea? [ exposure (date, to cation/suppleme	Yes No ype of contact, et ents in the 30 day antacids, probiotic	Unk c.): s before you be	came sick	? (e.g., prescrik	ed medication,
If yes, did the Describe natu 20. Did you take over the cour	person had ne of the of any medic nter medic	ave diarrhea? [ exposure (date, to cation/suppleme ation, vitamins, a	Yes No ype of contact, et ents in the 30 day antacids, probiotic	Unk c.): s before you be	came sick	? (e.g., prescrik	ed medication,
If yes, did the Describe natu 20. Did you take over the cour	person had ne of the of any medic nter medic	ave diarrhea? [ exposure (date, to cation/suppleme ation, vitamins, a	Yes No ype of contact, et ents in the 30 day antacids, probiotic	Unk c.): s before you be	came sick	? (e.g., prescrik	ed medication,
If yes, did the Describe natu 20. Did you take over the cour	person had ne of the of any medic nter medic	ave diarrhea? [ exposure (date, to cation/suppleme ation, vitamins, a	Yes No ype of contact, et ents in the 30 day antacids, probiotic	Unk c.): s before you be	came sick	? (e.g., prescrik	ed medication,
If yes, did the Describe natu 20. Did you take over the cour	person had ne of the of any medic nter medic	ave diarrhea? [ exposure (date, to cation/suppleme ation, vitamins, a	Yes No ype of contact, et ents in the 30 day antacids, probiotic	Unk c.): s before you be	came sick	? (e.g., prescrik	ed medication,

	Cryptosporidiosis Giardiasis	=
KentuckyPu	,	
Manal Access	SECTION 2: Exposure Assessment	-24
MATER		-
. WATER		
1,	What source do you typically drink water from? (Bottled, tap, filter, etc.)  Describe:	
2.	What source do you typically use ice from? (Bagged, tap, etc.)  Describe:	
3.	What type of water supply does your home have?  Public (e.g., city) Private (e.g., well) Unk	
4.	What type of sewage system does your home have?  Public (e.g., city sewer) Private (e.g., septic) Unk	
5.	In the 7 days before you became sick, did you had any problems with your water supply or sewage at home or work? (e.g., boil water advisories, water main break, septic system back-up, etc.)  Yes No Unknown  If yes, please describe:	syste
6.	In the <u>7 days</u> before you became sick, did you participate in any activities in <u>treated</u> recreational water? (swimming pool, hot tub, water park, splash pad, fountain, or a therapy pool)  Yes No Unk  If yes, What/Where (location): When:  Number of people in the water (estimated)?  Any children/infants? Yes No Unk	<del>-</del>
	In the 7 days before you became sick, did you participate in any activities in untreated recreational water? (creek, pond, lake, ocean, etc.)  Yes No Unk  If yes, What/Where (location): When:	=
D BAABII	Any children/infants? Yes No Unk	
	IRE EXPOSURE  7 days before you became sick, did you apply manure, compost or soil? Yes No Unk	
	If yes, type/brand:	-
c. ANIM	AL CONTACT	
Contac animal	7 days before you became sick, did you have any contact with animals?  It would be defined as touching animals, anything the animal came in contact with, and being around as and their environments (even if you do not touch them).  Indoor?  Yes No Unk  Who'' to both questions, skip to Section D. Travel	

Kentucky Public	c Health				Cryptosporidio Giardia	sis 🗌
If yes, wh	hich animals?				NEDSS ID:	
Type of Animal	Y/N/U?	Please Select	Specify Type (Circle One or Describe)	Where is animal kept?	Who feeds animal?	Who cleans up after animal?
Dog	Yes No Unk	Adult Puppy		Indoor Outdoo	Pt Family Other	Pt Family Other
Cat	Yes No Unk	Adult Kitten		Indoor Outdo	Pt Family Other	Pt Family Other
Cattle	Yes No Unk	Adult Calf			Pt Family Other	Pt Family Other
Swine	Yes No Unk	Adult Piglet			Pt Family Other	Pt Family Other
Poultry (chicken, turkey, duck, etc.)	Yes No Unk	Adult Chick	Chicken Turkey Duck	Indoor Outdo	Pt Family Other	Pt Family Other
Bird	Yes No Unk	Adult Chick		Indoor Outdo	Pt Family Other	Pt Family Other
Goat	Yes No Unk	Adult Kid			Pt Family Other	Pt Family Other
Sheep	Yes No Unk	Adult Lamb			Pt Family Other	Pt Family Other
Equine (donkey, mule, horse)	Yes No Unk	Adult Colt	Donkey Mule Horse		Pt Family Other	Pt Family Other
Reptile (snake, lizard, turtie, etc.)	Yes No Unk			Indoor Outdo	Pt Family Other	Pt Family Other
Amphibian (frog, salamander, newt, etc.)	Yes No Unk			Indoor Outdoo	or Pt Family Other	Pt Family Other
Rodent (rat, gerbil, hamster, mouse, etc.)	Yes No Unk			Indoor Outdoo	Pt Family Other	Pt Family Other
Other animal(s) (hedgehog, rabbit, etc.,)	Yes No Unk			Indoor Outdo	Pt Family Other	Pt Family Other
Please li	st the foods and/or tre	ats you give to y	our pets.			
Type of Animal	Type of Food  Dry Wet Raw Uni	Food Brand/Flavor	Give pet treats	Unk Dry	of Treats Treat Bran	d/Flavor
	Dry Wet Raw Unk					
	Dry Wet Raw Unk		Yes No	Unk Dry	Wet Raw Unk	
	Dry Wet Raw Unk		Yes No	Unk Dry	Met Raw Unk	
Updated A	August 2021		40			7

					Cryptosporidiosis
					Giardiasis
Kentucky Public Health	18 2 2 2		20 N F		NEDSS ID:
	rchase animals th Yes \(\begin{align*}\text{No}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		<b>to feed other animals?</b> (mid I/A	e to feed	snakes, crickets to feed
Type of Feeding A	Animal	Aliv	ve or Dead at Purchase		Purchase Location
			Alive Dead		
Yes No		•	osed to sick? f animal, illness symptoms):		
Yes No	Unknown s, where:		mal exhibit/petting zoo in th		before you became sick?
D. TRAVEL	avel in the 7 days		became sick? (Visited frien	36	r, day trips to other
지는 그러워 한 물을 가게 되었다. 이 아프리아를 받는 것이 없는 것이다.	함께 가면 내려가 있는 어린 시간을 보는 것이 없다.		re:	V	Vhen:
☐Within K	Y Outside of	KY Whe	ere:	v	When:
			Car Cruise Tra	ain 🔲 C	Other
	ntifier (flight numl		cruise line): h a tour group?  Alone	П г	
8 <u></u>			With the second		<b>100</b>
<i>If yes,</i> Whe Mode of tr	ere: ravel:Airplane	Cruise	days before you became si When: TrainOther	ick? 🗌 Y	es 🗌 No 🔲 Unk
<i>If yes</i> , Whe Mode of tr Travel iden Did you tra	ere: ravel:Airplane ntifier: avel alone, with fa	Cruise	When:	☐ Family	/ Group Other
If yes, Whe Mode of tr Travel iden Did you tra If t	ere:Airplane ntifier: avel alone, with fa travelled with a gi GS y social events in	Cruise mily, or wit roup, what i	When:Other  ☐ Train ☐ Other  th a tour group? ☐ Alone s the name of the organizati  before you became sick? (P	Family Fa	/ Group Other
If yes, When Mode of tree Mode of tree Travel iden Did you transfer of the SOCIAL GATHERING Did you attend any Yes \( \bigcap \)	ere:Airplane ntifier: avel alone, with fa travelled with a gi GS y social events in	Cruise mily, or wit roup, what i the 7 days Were Others III?	When:Other  Train □ Other  h a tour group? □ Alone s the name of the organizati  before you became sick? (P	Family Fa	/ ☐ Group ☐ Other o you travelled with?
If yes, When Mode of travel iden Did you transfer of the SOCIAL GATHERING Did you attend any Yes \( \s \)	ere:Airplane ntifier: avel alone, with fa travelled with a gr  GS y social events in No  Unk Location and	Cruise mily, or wit roup, what i the 7 days Were Others III?	When:Other  Train ☐ Other  h a tour group? ☐ Alone s the name of the organizati  before you became sick? (P	Family Fa	/ Group Other D you travelled with?  estivals, church, work events):
If yes, When Mode of travel iden Did you transfer of the SOCIAL GATHERING Did you attend any Yes \( \s \)	ere:Airplane ntifier: avel alone, with fa travelled with a gr  GS y social events in No  Unk Location and	Cruise mily, or wit roup, what i the 7 days Were Others III?	When:Other  Train ☐ Other  h a tour group? ☐ Alone s the name of the organizati  before you became sick? (P	Family Fa	/ Group Other D you travelled with?  estivals, church, work events):
If yes, When Mode of travel iden Did you transfer of the SOCIAL GATHERING Did you attend any Yes \( \s \)	ere:Airplane ntifier: avel alone, with fa travelled with a gr  GS y social events in No  Unk Location and	Cruise mily, or wit roup, what i the 7 days Were Others III?	When:Other  Train ☐ Other  h a tour group? ☐ Alone s the name of the organizati  before you became sick? (P	Family Fa	/ Group Other D you travelled with?  estivals, church, work events):
If yes, When Mode of tree Mode of tree Travel iden Did you transfer of the SOCIAL GATHERING Did you attend any Yes \( \bigcap \)	ere:Airplane ntifier: avel alone, with fa travelled with a gr  GS y social events in No  Unk Location and	Cruise mily, or wit roup, what i  the 7 days  Were Others III?  Yes  No	When:Other  Train ☐ Other  h a tour group? ☐ Alone s the name of the organizati  before you became sick? (P	Family Fa	/ Group Other D you travelled with?  estivals, church, work events):
If yes, When Mode of tree Mode of tree Travel iden Did you transfer of the SOCIAL GATHERING Did you attend any Yes \( \bigcap \)	ere:Airplane ntifier: avel alone, with fa travelled with a gr  GS y social events in No  Unk Location and	Cruise  mily, or wit  roup, what i  the 7 days  Were Others III?  Yes  No  Unk	When:Other  Train ☐ Other  h a tour group? ☐ Alone s the name of the organizati  before you became sick? (P	Family Fa	/ Group Other D you travelled with?  estivals, church, work events):
If yes, Whe Mode of tr Travel iden Did you tra If t  E. SOCIAL GATHERIN Did you attend any	ere:Airplane ntifier: avel alone, with fa travelled with a gr  GS y social events in No  Unk Location and	Cruise mily, or wit roup, what i  the 7 days  Were Others III?  Yes  No Unk	When:Other  Train ☐ Other  h a tour group? ☐ Alone s the name of the organizati  before you became sick? (P	Family Fa	/ Group Other D you travelled with?  estivals, church, work events):

					Cryptosporidiosis Giardiasis
F. SPECIALTY/RESTRICTIVE DIETS Do you eat a specialty/restricted di  Yes No Unk  If yes, please specify:				free, fo	NEDSS ID:
G. <u>FOOD SOURCE</u> 1. Which grocery store(s) would y	ou have ea	ten food from	in the 7 days b	efore y	you became sick?
Location (name, address/landmark	<u>()</u>	Date Visited	Shoppers/R	eward (	Card   Alternate ID/Card Num
			Yes 1	lo 🔲 Ur	Unk
			Yes 1	lo 🛮 Ur	Unk
			Yes N	lo 🛮 Ur	Unk
			□Yes □ N	lo 🗌 Ur	⊔nk
		1	Yes 1	lo 🛮 Ur	Unk
Did you eat at any restaurants of down restaurants, gas stations,      If yes:					ame sick? (Fast-food or sit- Yes No Unk
ocation (name, address/landmark)	Date			Time	Foods Eaten
			-		
				Ę	
Updated August 2021					9

					Cryptosporidiosis Giardiasis
Kentucky Public Health					NEDSS ID:
	od Source Information of food from any of the		ources in the 7	days before yo	u became
Source:	Confirmation:	Date Eaten:	Received Date:	Location Eaten:	Details: Meat type, fruit/veggie type, order date etc.
Hunting/Fishing/Trapping	Yes No Unk	) 			
Private Garden (private, community, friend)	Yes No Unk	<u> </u>			
Home Delivery Service or Meal (it Delivery Service? (Meals on Wheels, Hello Fresh)	Yes No Unk				
Butcher Shop	Yes No Unk	-			
Farmer's Market/ Community- Supported Agriculture (CSA)	☐Yes ☐ No ☐ Unk	2 9	<u> </u>		
Friend/Relative	☐Yes ☐ No ☐ Unk		-		

	Cryptosporidiosis
	Giardiasis
Kentucky Public Health	NEDSS ID:
Interview Comments / Additional Notes:	
• • • • • • • • • • • • • • • • • • • •	
Counseling (initial once completed)	
Education on pathogen and source (e.g., animal, human	n)
Mode of transmission / prevention / control	
Proper hand washing and personal hygiene	
Avoid sharing personal hygiene products	
Washing all fruits and vegetables; proper food storage	and thorough cooking of meats
Avoiding cross-contamination (surfaces, cutting boards	
Avoid direct contact with reptiles (lizards, snakes, iguar	
Risks associated with unpasteurized daily products, mil	
	Vjuice
Avoid preparation of food for others	
Disinfecting surfaces	
	homemade salad dressings, raw cookie dough)
High risk circumstances for transmission identified.	
High risk circumstances for transmission identified. Counseled to avoid activities that put other at risk of co	
Counseled to avoid activities that put other at risk of co	
Counseled to avoid activities that put other at risk of co	
Counseled to avoid activities that put other at risk of conclude Childcare Health Consultant Notified (if appropriate)  Yes \[ \text{No} \[ \text{N} \text{N} \]	ntracting disease.
Counseled to avoid activities that put other at risk of co	ntracting disease.
Counseled to avoid activities that put other at risk of conclude the consultant Notified (if appropriate)  Yes No NA  If yes, whom? Name:  Environmentalist Notified?	ntracting disease.
Counseled to avoid activities that put other at risk of co  Childcare Health Consultant Notified (if appropriate)  Yes □No □N/A  If yes, whom? Name:  Environmentalist Notified?  Yes □No □N/A	ntracting disease.
Counseled to avoid activities that put other at risk of conclude the consultant Notified (if appropriate)  Yes No N/A  If yes, whom? Name:  Environmentalist Notified?	ntracting disease.
Counseled to avoid activities that put other at risk of co	ntracting disease.
Counseled to avoid activities that put other at risk of co	ntracting disease.
Counseled to avoid activities that put other at risk of co	ntracting disease.
Counseled to avoid activities that put other at risk of co	ntracting disease.
Counseled to avoid activities that put other at risk of co	ntracting disease.
Counseled to avoid activities that put other at risk of co	ntracting disease.
Counseled to avoid activities that put other at risk of co	ntracting disease.

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#### Foodborne and Waterborne Illness Investigation Form

Salmonellosis FBWB Questionnaire

Updated August 2021

# **Salmonellosis Questionnaire** Salmonellosis FBWB Questionnaire NEDSS ID: \_\_\_\_\_ This page intentionally left blank. 2 Updated August 2021

Kentucky Public	Realth
viewer Name	e: Interviewer Agency:
ed: 🗆 Yes 🗀 Follow-up:	Date of First Attempt to Interview:Date of Interview:No of Attempts: _ No □Unk Partially Completed: □Yes □No □Unk Letter Mailed? □Yes □No □Unk □Yes □No □Unk Delayed report to LHD/KDPH causing limited exposure recall: □Yes □No □ rted to County:
Person Be	ing Interviewed:   Patient Surrogate (name and describe):
	Section 1: Patient Info
1. DOB:	2. Age (years/months): 3. Sex: ☐ Male ☐ Female ☐ Unk
4. Is the	patient deceased?
Occupation	on Information
	ou: ☐ Employed ☐ Unemployed ☐ Retired ☐ Student ☐ A Volunteer ☐ Unk
	employed:
0	ccupation:
Er	nployer (Name and Address):
Jo	b Title and Description:
10	ease mark if the patient works in one of the following high-risk transmission occupations:
	Daycare/school  Healthcare  Food service Other (describe):
	d you work or attend school while sick? Yes No Unk
	escribe job duties while sick:
	escribe hand hygiene practices while sick:
transı <u>If</u> เก	re anyone in the home that lives or works on a farm, works in a poultry factory, or other high-risk mission setting?
	School Information (obtain is patient is a child)
8. Does (desci	the child attend:  Daycare School Other Unk
	aycare/School Name and Address:
	rade or room:
	d your child attend daycare/school while sick? 🗌 Yes 🔲 No 🔲 N/A 📋 Unk
	ates Attended:
	ave any others at the daycare/school been ill? Yes No No N/A Unk
Address	or of Parishana
9. Count	y of Residence:
	d August 2021 3

		9		osis FBWB Q		re
Kentucky Public Health			NEDSS	ID:		
Ethnicity and Race  10. Ethnicity: Hispanic or Latino  Not Hispanic or Latin  Unk	11. Race:   o	Black or African Ame Asian Native American/Pa		ler/Alaskan	Native	
Clinical Info		Unk				
12. Admitted to hospital for illness? Name of Hospital:						
Admission Date:  Did patient die? Yes No	Discharge Date: _ D Unk Was de	ath a result of illness	? Yes	□ No □	Unk	
13. Date and time of illness onset:		2.	(Onset <sup>-</sup>	Time)		
14. <b>Still ill at time of interview?</b> Yes <i>If no</i> , date illness ended:			_	End Time)		
<ol> <li>Did your doctor prescribe antibioting of yes,</li> </ol>	cs to treat your illness	?∐Yes ∐No [	Unk	50		
Name of Antibiotic	Date Initiated	Duration of Prescr	ription		te Prescripti	935
	S			Yes Yes	= =	Unk Unk
			-	Yes	= =	Unk
Highest Recorded Temp:  Nausea:  Vomiting:  Yes  Other Symptoms:	No Unk Bloo No Unk Abdo Head	of Diarrhea: dy Stool: ominal Cramping: lache:	Yes Yes Yes Yes	No C	] Unk ] Unk ] Unk ] Unk	
17. Were you diagnosed with either of						
Hemolytic Uremic Syndrome (H Thrombocytopenic Purpura (TTI						
Thrombocytopenic Purpura (TTI **Interviewer Note: HUS is a life-threatening con	P)? Yes No	O Unk <del>V failure.</del>	anemia.			
Thrombocytopenic Purpura (TTI	P)? Yes Non Inplication resulting in kidnes Inplication resulting in kidnes Inplication resulting in kidnes Inplication resulting in kidness Inplication resulting in kidne	D Unk <u>ofailure.</u> <u>ytopenia) and hemolytic o</u> icer/currently under ou pregnant?): ☐ Ye	a doctor's	_	icer?	
Thrombocytopenic Purpura (TTI  **Interviewer Note: HUS is a life-threatening con  TTP is a blood disease characterized by decrease  18. Do you have a weakened immune syste  Are you taking steroids? Have you had	P)? Yes Non Inplication resulting in kidnes Inplication resulting in kidnes Inplication resulting in kidnes Inplication resulting in kidness Inplication resulting in kidne	D Unk <u>ofailure.</u> <u>ytopenia) and hemolytic o</u> icer/currently under ou pregnant?): ☐ Ye	a doctor's	_	icer?	
Thrombocytopenic Purpura (TTI **Interviewer Note: HUS is a life-threatening con TTP is a blood disease characterized by decrease  18. Do you have a weakened immune syste Are you taking steroids? Have you had Reason for weakened immune system:	P)? Yes Non Inplication resulting in kidnes Inplication resulting in kidnes Inplication resulting in kidnes Inplication resulting in kidness Inplication resulting in kidne	D Unk <u>ofailure.</u> <u>ytopenia) and hemolytic o</u> icer/currently under ou pregnant?): ☐ Ye	a doctor's	_		
Thrombocytopenic Purpura (TTI  **Interviewer Note: HUS is a life-threatening con  TTP is a blood disease characterized by decrease  18. Do you have a weakened immune syste  Are you taking steroids? Have you had	P)? Yes Non Inplication resulting in kidnes Inplication resulting in kidnes Inplication resulting in kidnes Inplication resulting in kidness Inplication resulting in kidne	D Unk <u>ofailure.</u> <u>ytopenia) and hemolytic o</u> icer/currently under ou pregnant?): ☐ Ye	a doctor's	_	acer?	

Kentucky Public Health  19. Do you have a		, friends. or co-w	vorkers with simil	lar illness? □ y	∕es □N		
	please sp						
Name	Age	Phone Number	Relationship to Patient	Symptoms	Onset Date	Occupation	Employer / Facility
						,	
		6				S	
Describe natu	person ha re of the e	exposure (date, ty	Yes No ype of contact, et	c.):			
If yes, did the Describe natu 21. Did you take over the coun	person had tre of the of any medic ater medic	ave diarrhea? [ exposure (date, ty cation/suppleme ation, vitamins, a	Yes No ype of contact, et	c.):s before you be	ecame sick	? (e.g., prescrib	oed medication,
If yes, did the Describe natu 21. Did you take over the coun	person had tre of the of any medic ater medic	ave diarrhea? [ exposure (date, ty cation/suppleme ation, vitamins, a	Yes No No ype of contact, etcents in the 30 days on tacids, probiotic	c.):s before you be	ecame sick	? (e.g., prescrib	oed medication,
If yes, did the Describe natu 21. Did you take over the coun	person had tre of the of any medic ater medic	ave diarrhea? [ exposure (date, ty cation/suppleme ation, vitamins, a	Yes No No ype of contact, etcents in the 30 days on tacids, probiotic	c.):s before you be	ecame sick	? (e.g., prescrib	oed medication,
If yes, did the Describe natu 21. Did you take over the coun	person had tre of the of any medic ater medic	ave diarrhea? [ exposure (date, ty cation/suppleme ation, vitamins, a	Yes No No ype of contact, etcents in the 30 days on tacids, probiotic	c.):s before you be	ecame sick	? (e.g., prescrib	oed medication,
If yes, did the Describe natu 21. Did you take over the coun	person had tre of the of any medic ater medic	ave diarrhea? [ exposure (date, ty cation/suppleme ation, vitamins, a	Yes No No ype of contact, etcents in the 30 days on tacids, probiotic	c.):s before you be	ecame sick	? (e.g., prescrib	oed medication,
If yes, did the Describe natu 21. Did you take over the coun	person had tre of the of any medic ater medic	ave diarrhea? [ exposure (date, ty cation/suppleme ation, vitamins, a	Yes No No ype of contact, etcents in the 30 days on tacids, probiotic	c.):s before you be	ecame sick	? (e.g., prescrib	oed medication,

KentuckyPu	Salmonellosis FBWB Questi NEDSS ID:
3440 000	SECTION 2: Exposure Assessment
WATER	
1.	What source do you typically drink water from? (Bottled, tap, filter, etc.)  Describe:
2.	What source do you typically use ice from? (Bagged, tap, etc.) Describe:
3.	What type of water supply does your home have?  Public (e.g., city) Private (e.g., well) Unk
4.	What type of sewage system does your home have?  Public (e.g., city sewer) Private (e.g., septic) Unk
5.	In the <u>7 days</u> before you became sick, did you had any problems with your water supply or sewage system at home or work? (e.g., boil water advisories, water main break, septic system back-up, etc.,)  Yes No Unknown  If yes, please describe:
6.	In the <u>7 days</u> before you became sick, did you participate in any activities in <u>treated</u> recreational water? (swimming pool, hot tub, water park, splash pad, fountain, or a therapy pool)  Yes \[ \] No \[ \] Unk  If yes, What/Where (location): \[ \] When: \[ \]  Number of people in the water (estimated)? \[ \]  Any children/infants? \[ \] Yes \[ \] No \[ \] Unk
	In the <u>7 days</u> before you became sick, did you participate in any activities in <u>untreated</u> recreational water? (creek, pond, lake, ocean, etc.)  Yes No Unk  If yes, What/Where (location):  Number of people in the water (estimated)?  Any children/infants? Yes No Unk
	RE EXPOSURE  days before you became sick, did you apply manure, compost or soil? Yes No Unk  If yes, type/brand:  Describe exposure:
In the Contact animal	AL CONTACT  7 days before you became sick, did you have any contact with animals?  It would be defined as touching animals, anything the animal came in contact with, and being around as and their environments (even if you did not touch them)  Outdoor?  Yes No Unk
nswered	"No" to both questions, <u>skip to Section D. Travel</u>
Undate	ed August 2021

Kentucky Public	Health					S		BWB Questionna	ire
If yes, wh	nich animals?	Please Select		pecify Type (Circle	Where is		Who feeds animal?	Who cleans up	
Type of Allimat	171701	Adult Pup	5.9	ne or Describe)	animal ker	ot? Outdoor	Pt Family Oth	after animal?	Other
Dog	Yes No Unk		<u>֚֚֚֚֚֚֚֚֚֚֚֚֓֞</u>						
Cat	Yes No Unk	Adult Kitt	en		Indoor	Outdoor	Pt Family Oth	Pt Family	Other
Cattle	Yes No Unk	Adult Ca	if				Pt Family Oth	per Pt Family	Other
Swine	Yes No Unk	Adult Pigl	et				Pt Family Oth	ner Pt Family	Other
Poultry (chicken, turkey, duck, etc.)	Yes No Unk	Adult Chic	ck (	Chicken Turkey Duck	Indoor	Outdoor	Pt Family Ot	ther Pt Family (	Other
Bird	Yes No Unk	Adult Chi	ick		Indoor	Outdoor	Pt Family Ot	her Pt Family	Other
Goat	Yes No Unk	Adult Ki	id				Pt Family Otl	her Pt Family (	Other
Sheep	Yes No Unk	Adult La	mb				Pt Family Oth	er Pt Family	Other
Equine (donkey, mule, horse)	Yes No Unk	Adult Co	olt D	Honkey Mule Horse			Pt Family Oth	her Pt Family (	Other
Reptile (snake, lizard, turtle, etc.)	Yes No Unk				Indoor	Outdoor	Pt Family Otl	her Pt Family	Other
Amphibian (frog, salamander, newt, etc.)	Yes No Unk				Indoor	Outdoor	Pt Family Otl	her Pt Family	Other
Rodent (rat, gerbil, hamster, mouse, etc.)	Yes No Unk			-	Indoor	Outdoor	Pt Family Ot	her Pt Family	Other
Other animal(s) (hedgehog, rabbit, etc.,)	Yes No Unk				Indoor	Outdoor	Pt Family Oth	er Pt Family (	Other
Please lis	st the foods and/or trea	ats you give	to vou	r pets.					
Type of Animal	Type of Food	Food Brand/Flav		Give pet treats		Type of T		Brand/Flavor	
	Dry Wet Raw Unk			Yes No	Unk	Dry We			
	Dry Wet Raw Unk			Yes No	Unk	Dry We	t Raw Unk		
	Dry Wet Raw Unk			Yes No	Unk	Dry We	t Raw Unk		
	Dry Wet Raw Unk			Yes No	Unk	Dry We	et Raw Unk		
Undated	August 2021			- 3n - 100 - 201		Str. July 1		7	_
opuated	August 2021							× <b>4</b> .5	

Kentucky Public Health					monellosis FBWB Questi NEDSS ID:	
1. Do you pure	chase animals that			(mice to feed	snakes, crickets to feed	
Type of Feeding Ar		radio di piggi	e or Dead at Purchase		Purchase Location	
			Alive Dead			
Yes No			osed to sick? f animal, illness sympton	ms):		
Yes No  If yes, when	Unknown		nal exhibit/petting zoo  When:		before you became sick	?
D. TRAVEL  1. Did you trave counties, va			became sick? (Visited f	riends/family	, day trips to other	
	Outside of K		re:		/hen:	
1	Outside of K				Vhen:	-
	ivel:		Car Cruise Cruise	∐rain ∐C	ther	
2. Did you trav If yes, Wher	vel internationally e:	in the <mark>30</mark>	days before you becan	ne sick?  \BY		
	ivel: Airplane	Cruise	Train Oth	er		
	vel alone, with fam		h a tour group? Alon s the name of the organ		Group Other you travelled with?	
E. SOCIAL GATHERING Did you attend any Yes \( \subseteq \text{No.} \)	social events in th	(C 90=900	(47)K	277 797	estivals, church, work eve	ents, etc.
vent Description		Vere Others III?	Food Prepared By? (catere brought, potluck)	d, bought and	Foods Pt Consumed	
		Yes				
		No				
		Unk				
		Yes		;	<u>.</u>	
		ΠNo				
		Unk				
		LIGHK				

F. SPECIALTY/RESTRICTIVE DIETS Do you eat a specialty/restricted di	iet? (Food	allergy, vegan, d	liabetic, gluter		Salmonellosis FBWB Questionnair NEDSS ID:  ormula, breast-fed infant)
☐ Yes ☐ No ☐ Unk  If yes, please specify:  G. FOOD SOURCE					
Which grocery store(s) would y     Location (name, address/landmark		aten food from	in the 7 days to Shoppers/R		
	<b>-1</b> :		Yes 1		
			□Yes □ t	No Ur	nk
			□Yes □ I	No Ur	nk
			Yes 1	No Ur	nk
			□Yes □ 1	No Ur	nk
2. Did you eat at any restaurants			lays before yo	u becar	
down restaurants, gas stations, <i>If yes</i> :	food truck	s, cafeterias, etc	:.)		Yes No Unk
	Date		:.)	Time	
If yes:	Face		:.)		
If yes:	Face		::)		
If yes:	Face		2.)		
If yes:	Face		2.)		
If yes:	Face		2.)		
If yes:	Face		2.)		
If yes:	Face		2:)		
If yes:	Face		2.)		

Kentucky Public Health					Sal	monellosis FBWB Questionnaire NEDSS ID:
<ol> <li>Alternative Food Did you eat any</li> </ol>				ources in the <u>7 d</u>	ays before you	became sick?
Source:	Confirmation:		Date Eaten:	Received Date:	Location Eaten:	Details: Meat type, fruit/veggie type, order date etc.
Hunting/Fishing/Trapping	□Yes □No □	Unk	8 <del> 8</del>	I		
Private Garden (private, community, friend)	□Yes □ No □	Unk	P <del></del>			
Home Delivery Service or Meal (it Delivery Service? (Meals on Wheels, Hello Fresh)	□Yes □No □	Unk	(2	<u> </u>		
Butcher Shop	□Yes □ No □	Unk	<u> </u>	ļ <u>-</u>		
Farmer's Market/ Community- Supported Agriculture (CSA)	□Yes □ No □	Unk	-			
riend/Relative	Yes No	Unk	2	<u> </u>		
9000				5x2		
H. Meal History	Meal	Food	d/Beverage C	onsumed		Location
Day 1	Breakfast					
(Day patient started to feel	Lunch					
ill)	Dinner					
Day 2	Breakfast					
(Day before patient started	Lunch					
to feel ill)	Dinner					
Day 3	Breakfast					
(Two days before patient got	Lunch					
sick)	Dinner					
Day 4	Breakfast					
(Three days before patient	Lunch					
got sick)	Dinner					
Day 5	Breakfast					
(Four days before patient got	Lunch					
sick)	Dinner					

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Kentucky Public Health						NEDSS ID: _		
Meser strate Bride's								
I. ENTERIC - MEAT, P	1_		Flores	Пп.,, п.		Toro (Durant)		
acon	☐ Yes	□ No	Unk	At home A		Type/Brand:		
ork (Not ham or bacon)	Yes	□ No	Unk	At home A		Type/Brand: Type/Brand:		
eef (Steak, etc.)	□Yes	□ No	Unk	At home	=	Type/Brand:		
					, 🔲	Date and Location of Purchase:		
Ground Beef	Yes	No	Unk	At home A	way Both	Type/Brand:		
hicken	□Yes	□No	Unk	At home A	way Both	Date and Location of Purchase:  Type/Brand:		
urkey	□Yes	□No	Unk	☐At home ☐A	way Both	Date and Location of Purchase:  Type/Brand:		
Deli Meats	□Yes	No	Unk	At home	way Both	Type/Brand:		
						Date and Location of Purchase:		
eafood (Not fish or oysters)	□Yes	No	Unk	At home	way Both	SEEN 8500 0 00		
	400-00000		We someone		CREATE TO 1000 ACCOUNT	Type/Brand:		
ish	□Yes	□No	Unk	□At home □A	way Roth	Date and Location of Purchase:		
1311				LACTIONIC. LA	way	Type/Brand:		
Vild Game (deer, pheasant, rabbit,			П		По-4	Date and Location of Purchase:		
ish)	Yes	☐ No	Unk	At home A	way 🔲 Both	Type/Brand:		
Did you eat any other meat	22-77	_	200		_	Date and Location of Purchase:		
roducts?	∐Yes	☐ No	Unk	At home A	way L Both	Type/Brand:		
law/undercooked liver	□Yes	No	Unk	At home	way Both	Type/Brand:		
lot Dogs	Yes	☐ No	Unk	At home	way Both	Type/Brand:		
J. CHEESE, DAIRY, M	LK, EGGS	<u>§</u>			Tell 10 3			
Block Cheese Mexican Style Cheese (Queso, Free	ron Ouara P	Manaal		s No Unk	Type/Brand:	: :		
Pre Sliced Cheese	co, queso b	iancoj		s No Unk	Type/Brand: Type/Brand:			
Ricotta				s No Unk	Type/Brand:			
Cheese Made with Raw or Unpast	eurized Mill	k			Type/Brand:			
Other unpasteurized or raw milk p	roducts			s No Unk	туре/ Бтапи.			
Other Cheeses				s No Unk	Type/Brand:			
	Raw/unde	ercooked	□Ye	s No Unk	How were th	ey prepared?	At Home	Away
Eggs [	- 4	ercooked		s No Unk	How were th	ey prepared?	At Home	Away
- 1/5.500 (A	Raw/und		Ve.	s No Unk				
	Raw/und			3 <b>—</b> 140 <b>—</b> 61110	Type/Brand:			
Egg Whites [	Raw/und			s No Unk	Type/Brand:	3		
Egg Whites [ Cottage Cheese	Raw/und		□Ye		Type/Brand:	ation of Purchase:		
Egg Whites [ Cottage Cheese Ice Cream		d	□ Ye	s No Unk	Type/Brand: Date and Loc	3		
Egg Whites [ Cottage Cheese Ice Cream Milk		1)	□Ye	s No Unk	Type/Brand: Date and Loc Type/Brand: Type/Brand: Date and Loc	ation of Purchase: ation of Purchase:		
Egg Whites [ Cottage Cheese Ice Cream Milk Non-dairy Milk (Soy, Almond, Cocc		v)	□Ye □Ye □Ye	s No Unk s No Unk s No Unk	Type/Brand: Date and Loc Type/Brand: Type/Brand:	ation of Purchase: ation of Purchase:		
Egg Whites  Cottage Cheese Ice Cream  Milk  Non-dairy Milk (Soy, Almond, Cocco Raw or Unpasteurized milk  Yogurt		νJ	Ye Ye	s	Type/Brand: Date and Loc Type/Brand: Type/Brand: Date and Loc Type/Brand: Type/Brand:	ation of Purchase: ation of Purchase:		
Egg Whites [ Cottage Cheese Ice Cream  Milk  Non-dairy Milk (Soy, Almond, Cocco Raw or Unpasteurized milk		v)	Ye Ye	s	Type/Brand: Date and Loc Type/Brand: Type/Brand: Date and Loc Type/Brand: Type/Brand:	ation of Purchase: ation of Purchase: ation of Purchase:		

Kentucky Public Health		N	IEDSS ID:
K. FRUITS AND VEGETABLES		2000-00-00	1
Fruits	The second of the second	Fresh Herbs	tables
Apples	Yes No	Unk Type of herb:	Yes No Unk
Apple Juice	Yes No	] Unk   Broccoli	Yes No Unk
Bananas	□Yes □ No □	] Unk Cabbage	☐Yes ☐ No ☐ Unk
Blackberries	Yes No	■ 1 (a) (b)	Yes No Unk
Blueberries	Yes No	Unk Zucchini or Other Squash	Yes No Unk
Cantaloupe	□Yes □ No □	Type of Squash:	Yes No Unk
Frozen Fruit	Yes No C	Frozen Vegetables	Yes No Unk
		Lettuce on Sandwich	Yes No Unk
Grapes	Yes No	ACCOUNT TO THE PARTY OF T	Yes No Unk
Honeydew	Yes No	Unk	Yes No Unk
Orange Juice	Yes No	Garlic   Unk	Yes No Unk
		Potatoes	Yes No Unk
Pomegranate Seeds	Yes No	Unk Pepper (sweet, green, hot) Type of Pepper:	☐Yes ☐ No ☐ Unk
Pomegranate Juice	Yes No	Unk Tomatoes	Yes No Unk
Frozen Berries	Yes No	Unk Salad (iceberg, romaine, spinach, kale.) Type of Salad:	Yes No Unk
Frozen Berry Blends/Mixtures	Yes No	Unk Bagged/Pre-Packaged Salad	20 Sept. 10
Papaya	Yes No	Unk Brand(s):	
Pineapple	Yes No	Type(s):	Yes No Unk
Raspberries	Yes No	Location of Purchase:	
Strawberries	Yes No	Unk Sprouts	Yes No Unk
Unpasteurized Juice/Cider	Yes No		Yes No Unk
Watermelon	☐Yes ☐ No ☐	Other Leafy Greens	Yes No Unk
Other Fresh Fruit (peaches, oranges, etc.):		Prepackaged Fresh Foods	Yes No Unk
Other Juices:			
Smoothies/Blended Drinks Type/Brand:	Yes No	]Unk	
Location of purchase:	Date of Purchase:		
Tea Type/Brand:	Yes No	]Unk	
Location of purchase:	Date of Purchase:		

		NE	DSS ID:		- 50
Kentucky Public Health					
EMADE / PROCESSED FOODS					
Baby Food (including taste testing for child)		☐ Yes	□No	Unk	
Beans Cereal (hot/cold)		☐ Yes	□No	□ Unk □ Unk	
Lentils		☐ Yes	□No	Unk	
Peanut Butter		☐ Yes	□No	Unk	
Tofu		☐ Yes	□No	Unk	
Potato Salad	Date/Time of Consumption:				
Where was it eaten?	Was it catered/by whom?	☐ Yes	□No	□ Unk	
Type/Brand:					
Pre-made dinner requiring reheat (frozen dinners)		☐ Yes	□No	Unk	
Fresh Salsa or Pico de Gallo	Data Transaction	☐ Yes	□No	Unk	
Store bought egg salad	Date/Time of Consumption:				
Where was it eaten?  Type/Brand:	Was it catered/by whom?	☐ Yes	□No	Unk	
Pasta Salad	Date/Time of Consumption:				
rasta Jalau	bate/ fille of consumption.				
Where was it eaten?	Was it catered/by whom?	☐ Yes	□No	Unk	
Type/Brand:					
Other Deli Salads (e.g., seafood salad, chicken salad)	Date/Time of Consumption:				
Where was it eaten?	Was it catered/by whom?	Yes	□No	□ Unk	
Type/Brand:					
Spices purchased at an ethnic food store or importe	d spices (Chinese spices, Indian spices, Mexican spices)	☐ Yes	□No	□ Unk	
Home-canned foods	Date/Time of Consumption:	0.000			
Where was it eaten?	Unused canned food available for testing?	☐ Yes	□No	□ Unk	
Uncooked Dough/Batter	Yes No Unk	☐ Yes	□No	Unk	
Dried Fruit		☐ Yes	□No	Unk	
Nuts (e.g., walnuts, almonds, peanuts, etc.)		☐ Yes	□No	Unk	
Nut Spread (excluding peanut)	Type of Nut Spread:	☐ Yes	□No	Unk	
Hummus or Other Prepared Dip	Date/Time of Consumption:	35		55	
Where was it eaten?	Was it catered/by whom?	□ Yes	□No	□ Unk	
Type/Brand:					
	ith a male during the week prior to your illr		□ Yes	□ No	
Jpdated August 2021	ith a female during the week prior to your i	1116331	⊔ res	□ No	13
puateu August 2021					13

Kentucky Public Health	NEDSS ID:
Interview Comments / Additional Notes:	
•	
Counseling (initial once completed)	
Education on pathogen and source (e.g., animal, hum-	an)
Mode of transmission / prevention / control	
Proper hand washing and personal hygiene	
Avoid sharing personal hygiene products	Control Dal Principal Control Designer Control Control
Washing all fruits and vegetables; proper food storage	
Avoiding cross-contamination (surfaces, cutting board Avoid direct contact with reptiles (lizards, snakes, igua	
Risks associated with unpasteurized daily products, m	
Avoid preparation of food for others	my juice
Disinfecting surfaces	
Unrecognized foods (raw eggs in homemade ice crear	m, homemade salad dressings, raw cookie dough)
High risk circumstances for transmission identified.	
Counseled to avoid activities that put other at risk of o	contracting disease.
Childcare Health Consultant Notified (if appropriate)	
□Yes □No □N/A	
If yes, whom? Name:	
Environmentalist Notified?	
□Yes □No □N/A	
If yes, whom? Name:	
CONTROL OF THE CONTROL OF THE	
Referred back to Local Health Department?	
Yes □No □N/A  If yes, whom? Name:	
ii yes, wildin: Name.	76
And the state of t	
Interviewer Name and Agency:	T)
ated August 2021	14

#### **ENTERIC DISEASE-SPECIFIC ILLNESS INVESTIGATION FORMS**

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Foodborne and Waterborne Illness Investigation Form

Shigellosis FBWB Questionnaire

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Updated August 2021

	Shigellosis FBWB Questionnaire
Kentucky Public Health	NEDSS ID:
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Sharred Labor Tops	_

Kentucky Public Health	NEDSS ID:
viewer Name:	Interviewer Agency:
sed: Yes No Unk Partial	empt to Interview: Date of Interview: No. of Attempts:  Illy Completed:YesNoUnk
est Date Reported to County:	Delayed report to LHD/KDPH causing limited exposure recall: ☐Yes ☐No ☐U
Person Being Interviewed: ☐ Pa	atient   Surrogate (name and describe):
	Section 1: Patient Info
1. DOB:	2. Age (years/months): 3. Sex: ☐ Male ☐ Female ☐ Unk
4. Is the patient deceased?	Yes ☐No ☐Unk 5. Marital Status? ☐ Married ☐Single ☐Widowed
Occupation Information	
	Inemployed ☐ Retired ☐ Student ☐ A Volunteer ☐ Unk
If employed:	
Employer (Name and Ad	dress):
	i
	nt works in one of the following high-risk transmission occupations:  ealthcare
	school while sick?  Yes  No  Unk
Dates worked:	
	e sick:
	ractices while sick:
transmission setting?	e that lives or works on a farm, works in a poultry factory, or other high-risk es
Daycare/School Information (ob	otain is patient is a child)
(describe):	aycare School Other No/Unk
Grade or room:	nd Address:
Did your child attend day	ycare/school while sick?  Yes  No  N/A Unk
Dates Attended:	
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	aycare/school been ill? Yes No No Unk
Address	
9. County of Residence:	

	Chigallagis FDWP Quartiannaira
Kentucky Public Health	Shigellosis FBWB Questionnaire NEDSS ID:
Ethnicity and Race	NED33 IU.
The state of the s	ce: White
Not Hispanic or Latino	☐ Black or African American
Unk	Asian
<u></u>	Native American/Pacific Islander/Alaskan Native
	Unk
Clinical Info	
12. Admitted to hospital for illness? Yes No Name of Hospital:	Unk
	Date:
Did patient die? Yes No Unk	*** 경영 경우
13. Date and time of illness onset:	(Onset Time)
14. Still ill at time of interview? Yes No	Ink
If no, date illness ended:	(Illness End Time)
V • (1990) -	- Company to the control of the cont
15. Did your doctor prescribe antibiotics to treat your	illness? Yes No Unk
If yes,  Name of Antibiotic Date Initiate	ed Duration of Prescription Complete Prescription
Name of Antibiotic Date initiati	<u>Duration of Prescription</u> <u>Complete Prescription</u> Yes No Unk
100 - 000 - 00	Yes No Unk
	_ Yes No Unk
16. Did you have any of the following symptoms?  Fever: Yes No Unk  Highest Recorded Temp:  Nausea: Yes No Unk  Vomiting: Yes No Unk  Other Symptoms:	Diarrhea: Yes No Unk Days of Diarrhea: Yes No Unk Bloody Stool: Yes No Unk Abdominal Cramping: Yes No Unk Headache: Yes No Unk
17. Were you diagnosed with either of the following c	onditions?
Hemolytic Uremic Syndrome (HUS)? Yes	
Thrombocytopenic Purpura (TTP)?	
**Interviewer Note: HUS is a life-threatening complication resulting	
TTP is a blood disease characterized by decreased platelet counts (t 18. Do you have a weakened immune system? (Have you l	
Are you taking steroids? Have you had any transplants	
Reason for weakened immune system:	
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Kentucky Public Health  19. Do you have		, friends, or co-w	orkers with simi	lar illness? Y	es N	NEDSS ID: _	BWB Questionnai
\$20.5 u k	, please sp	i ai	Relationship to		Onset		F
Name	Age	Phone Number	Patient	Symptoms	Date	Occupation	Employer / Facilit
Describe natu 21. Did you take	person ha ire of the e any medic	exposure (date, ty cation/supplement	Yes No	s before you bed	came sick?		
Describe natu 21. Did you take medication, o	person ha ire of the e any medic over the co	exposure (date, ty cation/supplement cunter medication	Yes No pe of contact, et	Unk c.): s before you bedids, probiotics, s	came sick?		ed No Unk
Describe natu 21. Did you take medication, o	person ha ire of the e any medic over the co	exposure (date, ty cation/supplement cunter medication	Yes No	Unk c.): s before you bedids, probiotics, s	came sick?		
Describe natu 21. Did you take medication, o	person ha ire of the e any medic over the co	exposure (date, ty cation/supplement cunter medication	Yes No	Unk c.): s before you bedids, probiotics, s	came sick?		

Kentucky Public Health	Shigellosis FBWB Questic NEDSS ID:
SECTION 2: Expo	The state of the s
WATER	
What source do you typically drink water from?  Describe:	
What source do you typically use ice from? (Bag Describe:	
3. What type of water supply does your home hav Public (e.g., city) Private (e.g., well)	
4. What type of sewage system does your home have public (e.g., city sewer) Private (e.g., sep	
5. In the <u>4 days</u> before you became sick, did you h system at home or work? (e.g., boil water adviso Yes No Unknown	ad any problems with your water supply or sewage ories, water main break, septic system back-up, etc.,)
If yes, please describe:	
6. In the 4 days before you became sick, did you powater? (swimming pool, hot tub, water park, splater of the second of the seco	sh pad, fountain, or a therapy pool)
If yes, What/Where (location):	When:
Any children/infants? Yes No Unk	
Any children/infants? Yes No Unk  In the 4 days before you became sick, did you pawater? (creek, pond, lake, ocean, etc.)	articipate in any activities in <u>untreated</u> recreational
Any children/infants? Yes No Unk  In the 4 days before you became sick, did you powater? (creek, pond, lake, ocean, etc.)  Yes No Unk  If yes, What/Where (location):  Number of people in the water (estimated)?	When:
Any children/infants? Yes No Unk  In the 4 days before you became sick, did you pawater? (creek, pond, lake, ocean, etc.)  Yes No Unk  If yes, What/Where (location):	When:
Any children/infants? Yes No Unk  In the 4 days before you became sick, did you powater? (creek, pond, lake, ocean, etc.)  Yes No Unk  If yes, What/Where (location):  Number of people in the water (estimated)?  Any children/infants? Yes No Unk  MANURE EXPOSURE  In the 4 days before you became sick, did you apply man	When:ure, compost or soil? Yes No Unk
Any children/infants? Yes No Unk  In the 4 days before you became sick, did you powater? (creek, pond, lake, ocean, etc.)  Yes No Unk  If yes, What/Where (location):  Number of people in the water (estimated)?	When:ure, compost or soil? Yes No Unk

Kentucky Public NeaRh			Shigellosis FBWB Questionnaire NEDSS ID:
counties, vaca Within KY Within KY Mode of trave Travel identifi Did you travel	ation): Yes No Outside of KY Where: Outside of KY Where: El: Airplane Bus ier (flight number, airline,	When Car Cruise Train	n: n: Other y
If yes, Where: Mode of trave Travel identifi Did you travel If trav	el: Airplane Cr der: lalone, with family, or with velled with a group, what is	days before you became sick? You when:  uise Train Other  h a tour group? Alone Famins the name of the organization/group  pefore you became sick? (Parades, fe	ly Group Other you travelled with?
Yes No Event Description	Unk   Location and   Were     Date   Others III?	Food Prepared By? (catered, bought and brought, potluck)	Foods Pt Consumed
	Yes No Unk		
	Yes No		
		1	
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E.	KentuckyPublic Health SPECIALTY/RESTRICTIVE DIETS					Shigellosis FBWB Questionnaire NEDSS ID:
	Do you eat a specialty/restricted di  Yes No Unk  If yes, please specify:					
F.	FOOD SOURCE  1. Which grocery store(s) would y	ou have e	aten food from	in the <u>4 days</u> b	efore y	ou became sick?
	Location (name, address/landmark	3)	Date Visited	Shoppers/R	eward (	Card Alternate ID/Card Numbe
				Yes 1	No 🔲 Ur	nk
				Yes 1	No Ur	ık
				Yes 1	No 🔲 Ur	nk
				□Yes □ N	No 🔲 Ur	ık
				Yes 1	No 🔲 Ur	ık
	<ol> <li>Did you eat at any restaurants down restaurants, gas stations, If yes:</li> </ol>					<b>ne sick?</b> (Fast-food or sit- Yes □ No □ Unk
					100000000000000000000000000000000000000	THE REPORT OF THE PROPERTY OF
cati	on (name, address/landmark)	Date	<u> </u>		Time	Foods Eaten
cati	on (name, address/landmark)	Date	<u> </u>		Time	Foods Eaten
cati	on (name, address/landmark)	Date	<u> </u>		Time	Foods Eaten
cati	on (name, address/landmark)	Date	<u> </u>		Time	Foods Eaten
ocati	on (name, address/landmark)	Date	<u> </u>		Time	<u>Foods Eaten</u>
ocati	on (name, address/landmark)	Date			Time	<u>Foods Eaten</u>

Kentucky Public Health	Shigellosis FBWB Questionnaire NEDSS ID:
G. SEXUAL HISTORY	
1. Are you currently sexually active? (if no, skip to end of questionnaire)  Yes No Unk/Refused  2. In the 4 days before your illness started, did you have sexual contact contact would include genital sex, anal sex, or any other sexual contact would include genital sex, anal sex, or any other sexual contact would include genital sex, anal sex, or any other sexual contact would include genital sex, anal sex, or any other sexual contact would include genital sex, anal sex, or any other sexual contact would include genital sex, anal sex, or any other sexual contact would include genital sex, anal sex, or any other sexual contact would include genital sex.  If yes, were your sex partners? (check all that apply)	with another person? Sexual contact.  Significant Segment Male  partners have diarrhea  person? Sexual contact
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Kentucky Public Health	Shigellosis FBWB Questionna
Interview Comments / Additional Notes:	NEDSS ID:
interview comments / Additional Notes.	
Counseling (initial once completed)	
Education on pathogen and source (e.g., animal, human)	
Mode of transmission / prevention / control	
Proper hand washing and personal hygiene Avoid sharing personal hygiene products	
Washing all fruits and vegetables; proper food storage and t	horough cooking of meats
Avoiding cross-contamination (surfaces, cutting boards, uter	
Avoid direct contact with reptiles (lizards, snakes, iguanas, to	
Risks associated with unpasteurized daily products, milk/juic	
Avoid preparation of food for others	
Disinfecting surfaces	F F F F F F F F F F F F F F F F F F F
Unrecognized foods (raw eggs in homemade ice cream, hom High risk circumstances for transmission identified.	lemade salad dressings, raw cookie dough)
Counseled to avoid activities that put other at risk of contract	ting disease.
	and another
Childcare Health Consultant Notified (if appropriate)	
Yes No N/A	
If yes, whom? Name:	
Environmentalist Notified?	
Yes No N/A	
If yes, whom? Name:	
1.00 A 00 COMPANIE	
Referred back to Local Health Department?	
Yes No N/A	
If yes, whom? Name:	
Interviewer Name and Agency	
Interviewer Name and Agency:	- B
Jpdated August 2021	10

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#### Foodborne and Waterborne Illness Investigation Form

Shiga-Toxin Producing E. Coli (STEC) / Hemolytic Uremic Syndrome (HUS) FBWB Questionnaire

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**Updated August 2021** 

# **STEC/HUS Questionnaire** STEC/HUS FBWB Questionnaire NEDSS ID: \_\_\_\_\_ This page intentionally left blank.

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Kentucky Public Health	STEC/HUS FBWB Questionnaire NEDSS ID:
terviewer Name:	Interviewer Agency:
	irst Attempt to Interview: Date of Interview: No. of Attempts: Partially Completed:YesNoUnk Letter Mailed?YesNoUnk Unk Delayed report to LHD/KDPH causing limited exposure recall:YesNoUnk
Person Being Interviewe	d:   Patient   Surrogate (name and describe):
	Section 1: Patient Info
1. DOB:	2. Age (years/months): 3. Sex: ☐ Male ☐ Female ☐ Unk
4. Is the patient decease	ed? Yes No Unk 5. Marital Status? Married Single Widowed
If employed: Occupation:	d □ Unemployed □ Retired □ Student □ A Volunteer □ Unk  and Address):
Job Title and Des  Please mark if the  □ Daycare/school	e patient works in one of the following high-risk transmission occupations:    Description:
Dates worked:	
	giene practices while sick:
transmission setting  If yes: Did they we the farm, shoes/	e home that lives or works on a farm, works in a poultry factory, or other high-risk?   Yes
8. Does the child attended (describe):	tion (obtain is patient is a child) d: Daycare School Other Unk Name and Address:
Dates Attended:	rend daycare/school while sick? ☐ Yes ☐ No ☐ N/A ☐ Unk
Address	AND THE PROPERTY OF THE PROPER
9. County of Residence	:
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Kentucky Public Health		STEC/HUS FBWB Questionnaire NEDSS ID:
Ethnicity and Race  10. Ethnicity: Hispanic or Latino Not Hispanic or Latin Unk	Asian	an : Islander/Alaskan Native
		res □ No □Unk
13. Date and time of illness onset:		Onset Time)
14. <b>Still ill at time of interview?</b> Ye	s	Illness End Time)
If yes,	ics to treat your illness? Yes No L	
Name of Antibiotic	Date Initiated Duration of Prescription	Complete Prescription
Highest Recorded Temp:  Nausea: Yes Vomiting: Yes	No Unk Diarrhea: Days of Diarrhea:	Yes No Unk
17. Were you diagnosed with either o  Hemolytic Uremic Syndrome (Hemolytic Uremic Purpura (Tilenton)  **Interviewer Note: HUS is a life-threatening co	f the following conditions? HUS)? Yes No Unk IP)? Yes No Unk mplication resulting in kidney failure.	
18. Do you have a weakened immune syst	ed platelet counts (thrombocytopenia) and hemolytic anen tem? (Have you had cancer/currently under a do l any transplants? Are you pregnant?): Yes	octor's care for cancer?
Updated August 2021		4

Kentucky Public Health	i						BWB Questionnair		
19. Do you have any family, friends, or co-workers with similar illness? Yes No Unk  If yes, please specify:									
Name	Age	Phone Number	Relationship to Patient	Symptoms	Onset Date	Occupation	Employer / Facility		
	~								
21. Did you take medication, o	any medio		n, vitamins, antac	s before you be	came sick	? (e.g., prescrib	ed		
21. Did you take medication, o	any medio	cation/suppleme	nts in the 30 day	s before you be	came sick	? (e.g., prescrib	ed		
21. Did you take medication, o	any medio	cation/suppleme	nts in the 30 day	s before you be	came sick	? (e.g., prescrib	ed		
21. Did you take medication, o	any medio	cation/suppleme	nts in the 30 day	s before you be	came sick	? (e.g., prescrib	ed		
21. Did you take medication, o	any medio	cation/suppleme	nts in the 30 day	s before you be	came sick	? (e.g., prescrib	ed		

Kent	STEC/HUS FBWB Questic NEDSS ID:	
	SECTION 2: Exposure Assessment	
W	<u>ATER</u>	
	What source do you typically drink water from? (Bottled, tap, filter, etc.)  Describe:	_
	What source do you typically use ice from? (Bagged, tap, etc.)     Describe:	
	3. What type of water supply does your home have?  Public (e.g., city) Private (e.g., well) Unk	
	4. What type of sewage system does your home have?  Public (e.g., city sewer) Private (e.g., septic) Unk	
	5. In the <u>7 days</u> before you became sick, did you had any problems with your water supply or sewage system at home or work? (e.g., boil water advisories, water main break, septic system back-up, etc.,)  Yes No Unknown  If yes, please describe:	
	6. In the 7 days before you became sick, did you participate in any activities in treated recreational water? (swimming pool, hot tub, water park, splash pad, fountain, or a therapy pool)  Yes No Unk  If yes, What/Where (location):  Number of people in the water (estimated)?  Any children/infants?  Yes No Unk	
	In the <u>7 days</u> before you became sick, did you participate in any activities in <u>untreated</u> recreational water? (creek, pond, lake, ocean, etc.)  Yes No Unk  If yes, What/Where (location):  Number of people in the water (estimated)?  Any children/infants?  Yes No Unk	
V-	ANURE EXPOSURE  the 7 days before you became sick, did you apply manure, compost or soil? Yes No Unk  If yes, type/brand:  Describe exposure:	_
In Co	the <u>7 days</u> before you became sick, did you have any contact with animals?  Intact would be defined as touching animals, anything the animal came in contact with, and being around imals and their environments (even if you did not touch them)  Indoor?  Yes No Unk  Ves No Unk	
insw	ered "No" to both questions, <u>skip to Section D. Travel</u>	
U	odated August 2021	6

Kentuc ky Publis	r c Health						STEC/HUS FI	BWB Questionnaire
time! Street to	hich animals?							
Type of Animal	Y/N/U?	Please Select		Specify Type (Circle One or Describe)	Where is animal k		Who feeds animal?	Who cleans up after animal?
Dog	Yes No Unk	Adult	Puppy		Indoor	Outdoor	Pt Family Oth	Pt Family Other
Cat	Yes No Unk	Adult	Kitten		Indoor	Outdoor	Pt Family Oth	Pt Family Other
Cattle	Yes No Unk	Adult	Calf				Pt Family Oth	Pt Family Other
Swine	Yes No Unk	Adult	Piglet				Pt Family Oth	Pt Family Other
Poultry (chicken, turkey, duck, etc.)	Yes No Unk	Adult	Chick	Chicken Turkey Duck	Indoor	Outdoor	Pt Family Ot	Pt Family Other
Bird	Yes No Unk	Adult	Chick		Indoor	Outdoor	Pt Family Otl	her Pt Family Other
Goat	Yes No Unk	Adult	Kid				Pt Family Oth	Pt Family Other
Sheep	Yes No Unk	Adult	Lamb				Pt Family Oth	Pt Family Other
Equine (donkey, mule, horse)	Yes No Unk	Adult	Colt	Donkey Mule Horse			Pt Family Oth	Pt Family Other
Reptile (snake, lizard, turtle, etc.)	Yes No Unk				Indoor	Outdoor	Pt Family Oth	Pt Family Other
Amphibian (frog, salamander, newt, etc.)	Yes No Unk				Indoor	Outdoor	Pt Family Oth	her Pt Family Other
Rodent (rat, gerbil, hamster, mouse, etc.)	Yes No Unk				Indoor	Outdoor	Pt Family Oth	her Pt Family Other
Other animal(s) (hedgehog, rabbit, etc.,)	Yes No Unk				Indoor	Outdoor	Pt Family Oth	Pt Family Other
Please lis	st the foods and/or tre	ats vou giv	ve to v	our pets.				
Type of Animal	Type of Food  Dry Wet Raw Unit	Food Brand,		Give pet treat		Type of T	reats Treat	Brand/Flavor
	Dry Wet Raw Unk			Yes No		Dry We		
	Dry Wet Raw Unk			Yes No	Unk	Dry We		
	Dry Wet Raw Unk			Yes No		Dry W	et Raw Unk	
Updated	August 2021							7

1. Do you purcha					STEC/HUS FBWB Que	
1. Do you purcha						
lizards) ☐ Yes			to feed other animals? (r /A	mice to feed	snakes, crickets to fee	d
Type of Feeding Anim	nal	Aliv	e or Dead at Purchase		Purchase Location	
			Alive Dead			
2. <b>Were any of th</b> ☐ Yes ☐ No ☐  If yes, descript	Unk	41101 GC1-767-11 NG196*18	osed to sick? fanimal, illness symptom	ns):		
Yes No	Unknown		nal exhibit/petting zoo in When:	8007 (800)	before you became si	ck?
Type of animal	l(s):		when:			
D. TRAVEL  1. Did you travel counties, vacai	Oliver and the state of the sta	A STATE OF THE PARTY OF THE PAR	became sick? (Visited fr	iends/family	, day trips to other	
			re:	V	Vhen:	
Within KY					When:	
			Car Cruise		Other	729
			cruise line):			
Did you travel	alone, with fa	mily, or wit	h a tour group? Alone	Family	Group Oth	er
If trave	elled with a g	roup, what is	s the name of the organiz	zation/group	you travelled with?	
			days before you became	e sick? 🔲 Y	es No Unk	
			When:			
Mode of trave						
Travel identifie			h a tour group? Alone	П г:!	. По Пон	
			n a tour group? $\square$ Alone is the name of the organiz			er
ıj truve	eneu with a gi	oup, what is	s the name of the organiz	zationygroup	you travelled with:	
E. SOCIAL GATHERINGS						
Did you attend any so	cial events in	the 7 days	pefore you became sick?	(Parades, fo	estivals, church, work e	vents, etc.
Yes No	Unk	N: V.T.016	V2277	05 92	502 GS	36 0.0
vent Description	Location and	Were	Food Prepared By? (catered	, bought and	Foods Pt Consumed	
	Date	Others III?	brought, potluck)			
		_				
		□No				
		Unk				
		□Yes				
		☐				
		No				
		Шмо				
		Unk				
Updated August 2021					22	8

Kentucky Public Health						C/HUS FBWI	3 Questionnaire
F. SPECIALTY/RESTRICTIVE DIETS  Do you eat a specialty/restricted di  ☐ Yes ☐ No ☐ Unk  If yes, please specify:						, breast-fed	infant)
G. FOOD SOURCE  1. Which grocery store(s) would y	ou have eaten fo	od from	in the <u>7 days</u> l	before y	ou bed	came sick?	
Location (name, address/landmark	Date	Visited	Shoppers/R	eward (	Card	Alternate	ID/Card Number
			Yes 1	No U	nk		
			Yes 1	No U	nk		
			Yes 1	No U	nk		
			Yes 1	No U	nk		
	11 54		k				
			Yes I	No U	nk		
Did you eat at any restaurants down restaurants, gas stations, If yes:			lays before yo	ou becar	ne sick	c? (Fast-food	
down restaurants, gas stations,			lays before yo	ou becar	ne sick Yes		
down restaurants, gas stations, If yes:	food trucks, cafet		lays before yo	ou becar	ne sick Yes	□ No □	
down restaurants, gas stations, If yes:	food trucks, cafet		lays before yo	ou becar	ne sick Yes	□ No □	
down restaurants, gas stations, If yes:	food trucks, cafet		lays before yo	ou becar	ne sick Yes	□ No □	
down restaurants, gas stations, If yes:	food trucks, cafet		lays before yo	ou becar	ne sick Yes	□ No □	
down restaurants, gas stations, If yes:	food trucks, cafet		lays before yo	ou becar	ne sick Yes	□ No □	
down restaurants, gas stations, If yes:	food trucks, cafet		lays before yo	ou becar	ne sick Yes	□ No □	
down restaurants, gas stations, If yes:	food trucks, cafet		lays before yo	ou becar	ne sick Yes	□ No □	
down restaurants, gas stations, If yes:	food trucks, cafet		lays before yo	ou becar	ne sick Yes	□ No □	
down restaurants, gas stations, If yes:	food trucks, cafet		lays before yo	ou becar	ne sick Yes	□ No □	
down restaurants, gas stations,  If yes:  ocation (name, address/landmark)	food trucks, cafet		lays before yo	ou becar	ne sick Yes	□ No □	Unk
down restaurants, gas stations, If yes:	food trucks, cafet		lays before yo	ou becar	ne sick Yes	□ No □	

Kentucky Public Health						STEC/HUS FBWB Questionnaire NEDSS ID:
3. Alternative Food Did you eat any			ollowing so	ources in the <u>7 d</u>	lays before you	became sick?
Source:	Confirmation:	T	ate Eaten:	Received Date:	Location Eaten:	Details: Meat type, fruit/veggie type, order date etc.
Hunting/Fishing/Trapping	□Yes □No □	Unk _				
Private Garden (private, community, friend)	Yes No	Unk _				
Home Delivery Service or Meal Kit Delivery Service? (Meals on Wheels, Hello Fresh)	□Yes □No □	Unk _	9	2		
Butcher Shop	□Yes □No □	Unk _	25			
Farmer's Market/ Community- Supported Agriculture (CSA)	□Yes □No □	Unk _				
Friend/Relative	Yes No	Unk _	3	5		
H. Meal History	Meal	Ecod/E	Beverage C	onsumed	2)	Location
n. Wear history	Breakfast	roou/i	beverage C	onsumeu		Location
Day 1	breakiast					
(Day patient started to feel	Lunch					
ill)	Dinner					
Day 2	Breakfast					
(Day before patient started	Lunch					
to feel ill)	Dinner					
Day 3	Breakfast					
(Two days before patient got	Lunch					
sick)	Dinner					
Day 4	Breakfast	4. 8				2
(Three days before patient	Lunch					
got sick)	Dinner					
Day 5	Breakfast					
(Four days before patient got	Lunch					
sick)	Dinner					

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Kentucky Public Health						STEC/HUS FE NEDSS ID:		
Maries distant biological								
I. ENTERIC - MEAT, P			- Dust	Пина	🗆 n - 41	Tuno / Drands		
lacon	☐ Yes	□ No	Unk	At home Av		Type/Brand: Type/Brand:		
ork (Not ham or bacon)	□Yes	□ No	Unk	At home Av		Type/Brand:		
eef (Steak, etc.)	Yes	□ No	Unk	At home Av	52.90 Un 30.000.00	Type/Brand:		
0.00 (1000) 0.00 (1000) 0.00 (1000)		e===0;11	125	A 100 A		Date and Location of Purchase:		
iround Beef	Yes	☐ No	Unk	At home Av	ay Both	Type/Brand:		
	+			1		Date and Location of Purchase:		
hicken	□Yes	☐ No	Unk	☐ At home ☐ Av	ay Both	-2-10-02-22-20-20-20-2		
					300 05 50	Type/Brand: Date and Location of Purchase:		
urkey	□Yes	☐ No	Unk	☐At home ☐Av	ay Both	1999) GRee 184		
SCE2010 100						Type/Brand:		
Deli Meats	Yes	☐ No	Unk	At home Av	/ay ∐ Both	Type/Brand:		
eafood (Not fish or oysters)	□ves	□No	Unk	☐At home ☐Av	av Both	Date and Location of Purchase:		
37133353 14 SEV 15			Section 1			Type/Brand:		
	□Yes	П.	Unk	П. П.		Date and Location of Purchase:		
ish	LIYes	No	Unk	At home Av	ay L Both	Type/Brand:		
Vild Game (deer, pheasant, rabbit,			m. i	п. п.		Date and Location of Purchase:		
ish)	Yes	☐ No	Unk	At home Av	ay Both	Type/Brand:		
old you eat any other meat	1_	40			_	Date and Location of Purchase:		
roducts?	Yes	☐ No	Unk	At home Av	ray ∐ Both	Type/Brand:		
aw/undercooked liver	Yes	No	Unk	☐At home ☐Av	vay Both	Type/Brand:		
lot Dogs	Yes	□ No	Unk	At home Av	ay Both	Type/Brand:		
o you or any family members hand	lle raw pou	ltry?		Yes No	Unk	Who		
J. CHEESE, DAIRY, MI	IIK EGG	s						
Block Cheese	LK, LGG		Пуе	s No Unk	Type/Brand:			
Mexican Style Cheese (Queso, Fres	ico, Queso E	Blanco)	_	s No Unk	Type/Brand:			
Pre Sliced Cheese			☐ Ye	s No Unk	Type/Brand:			
Ricotta			Ye	s No Unk	Type/Brand:			
Cheese Made with Raw or Unpast Other unpasteurized or raw milk p		k	□Ye	s No Unk	Type/Brand:			
Other Cheeses	nouucis		Пүе	s No Unk	Type/Brand:			
Eggs	Raw/und	lercooked	10000	s □ No □ Unk	100.00	ney prepared?	At Home	Away
1551	Raw/und			s □ No □Unk	0.0000000000000000000000000000000000000	ey prepared?	At Home	☐ Away
Cottage Cheese			+=	s No Dunk	Type/Brand:		-	
Ice Cream			□Ye	s No Unk	Type/Brand:			
N. Charles			3862			ation of Purchase:		
Milk			□Ye	s No Unk	Type/Brand:			
Non-dairy Milk (Soy, Almond, Coco	nut, Cashev	w)	□Ye	s No Unk	Type/Brand:			
02			1		Date and Loc	ation of Purchase:	<u>3</u>	
Raw or Unpasteurized milk			Ye	s No Unk	Type/Brand:			
Yogurt			Пүе	s No Unk	Type/Brand:			
						ation of Purchase:		
			Ye	s No Unk	a			
Raw Foods From Animal Origin					Type/Brand	) <u> </u>		
Raw Foods From Animal Origin					Type/Brand:	le <del>r</del>		

			TEC/HUS FBWB Questionn EDSS ID:
Kentucky Public Health		3141	
K. FRUITS AND VEGETABLES			
Fruits	Tanan wasaa soona	Fresh Vegeto	ables
Apples	Yes No Unk	Type of herb:	☐Yes ☐ No ☐ Unk
Apple Juice	Yes No Unk	Broccoli	Yes No Unk
Bananas	Yes No Unk	Cabbage	☐Yes ☐ No ☐ Unk
Blackberries	Yes No Unk	Carrots	Yes No Unk
Blueberries	Yes No Unk	Zucchini or Other Squash	Yes No Unk
Cantaloupe	Yes No Unk	Type of Squash:	☐Yes ☐ No ☐ Unk
Frozen Fruit	Yes No Unk	Frozen Vegetables	Yes No Unk
rrozen Fruit	Lifes Lino Liunk	Lettuce on Sandwich	Yes No Unk
Grapes	Yes No Unk	Mushrooms	Yes No Unk
Honeydew	Yes No Unk	Onion	Yes No Unk
Orange Juice	☐Yes ☐ No ☐ Unk	Garlic	Yes No Unk
Orange zaice		Potatoes	Yes No Unk
Pomegranate Seeds	Yes No Unk	Pepper (sweet, green, hot) Type of Pepper:	☐Yes ☐ No ☐ Unk
Pomegranate Juice	Yes No Unk	Tomatoes	☐Yes ☐ No ☐ Unk
Frozen Berries	Yes No Unk	Salad (iceberg, romaine, spinach, kale.)  Type of Salad:	☐Yes ☐ No ☐ Unk
Frozen Berry Blends/Mixtures	Yes No Unk	Bagged/Pre-Packaged Salad	
Papaya	Yes No Unk	Brand(s):	
Pineapple	Yes No Unk	Type(s):	☐Yes ☐ No ☐ Unk
Raspberries	Yes No Unk	Location of Purchase:	
		Spinach	Yes No Unk
Strawberries	Yes No Unk	Sprouts	☐Yes ☐ No ☐ Unk
Unpasteurized Juice/Cider	Yes No Unk	Other Fresh Vegetables	☐Yes ☐ No ☐ Unk
Watermelon	Yes No Unk	Other Leafy Greens	Yes No Unk
Other Fresh Fruit (peaches, oranges, etc.):		Prepackaged Fresh Foods	Yes No Unk
Other Juices:	<u> </u>		
Smoothies/Blended Drinks Type/Brand:	Yes No Unk		
Location of purchase:	Date of Purchase:		
Tea Type/Brand:	Yes No Unk	1	
Location of purchase:	Date of Purchase:		

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				FBWB Questi	
Kentucky Public Health			NEDSS ID:		
EMADE / PROCESSED FOODS					
Baby Food (including taste testing for child)		☐ Yes	□No	Unk	
Beans		☐ Yes	□No	Unk	
Cereal (hot/cold)		☐ Yes	□No	□ Unk	
Lentils		☐ Yes	□No	Unk	
Peanut Butter Tofu		☐ Yes	□No	□ Unk	
Potato Salad	Date/Time of Consumption:	L Tes	LINO	□ Onk	
	such as to whome services on a constraint a box service on				
Where was it eaten?	Was it catered/by whom?	☐ Yes	□No	Unk	
Type/Brand:					
Pre-made dinner requiring reheat ( frozen dinners	1	☐ Yes	□No	Unk	
Fresh Salsa or Pico de Gallo		☐ Yes	□No	Unk	
Store bought egg salad	Date/Time of Consumption:			21	
Where was it eaten?	Was it catered/by whom?	200	<u></u>	<u></u>	
	esignessorversades sees son CENTE Entropieto se di	☐ Yes	□No	Unk	
Type/Brand:					
Pasta Salad	Date/Time of Consumption:				
Where was it eaten?	Was it catered/by whom?				
AANGIE May II Eafell:	was it catered/by whom:	☐ Yes	□No	Unk	
Type/Brand:					
Other Deli Salads (e.g., seafood salad, chicken sala	nd) Date/Time of Consumption:			-	
Where was it eaten?	Was it catered/by whom?				
where was it eaten:	was it cateled/by wildin:	☐ Yes	□No	Unk	
Type/Brand:					
Spices purchased at an ethnic food store or impor	ted spices (Chinese spices, Indian spices, Mexican spices)	☐ Yes	□No	□ Unk	
Home-canned foods	Date/Time of Consumption:				
Where was it eaten?	Unused canned food available for testing?	☐ Yes	□No	□ Unk	
Where was recutern:	Yes No Unk			23	
Uncooked Dough/Batter	and the second s	☐ Yes	□No	Unk	
Dried Fruit		☐ Yes	□No	Unk	
Nuts (e.g., walnuts, almonds, peanuts, etc.) Nut Spread (excluding peanut)	Type of Nut Spread:	☐ Yes	□No □No	Unk Unk	
Hummus or Other Prepared Dip	Date/Time of Consumption:	163	□140	□ Olik	
15 10 10 10 10 10 10 10 10 10 10 10 10 10					
Where was it eaten?	Was it catered/by whom?	☐ Yes	□No	□ Unk	
Type/Brand:					
		Į.			
SEXUAL HISTORY					
	with a male during the week prior to your illr	ness?	☐ Yes	□ No	
	with a female during the week prior to your in			□ No	
. Did you have sexual contact	Jemaie damig die week prior to your i		_ res		
Jpdated August 2021					
· Survey comment					



STEC/HUS FBWB Que	estionnaire
NEDSS ID:	

ANSWER ALL QUESTIONS ON THIS PAGE IF THE PATIENT WAS DIAG	NOSED WITH HUS
HUS INFORMATION	
HUS INFORMATION	
. Name of Physician:	
. Diagnosis Date:	
B. Is the Patient Pregnant? ☐ Yes ☐ No ☐ Unk	
Does the Patient have pelvic inflammatory disease?  ☐ Yes ☐ No ☐	Unk
i. Is the case part of an outbreak? Yes No Unk	
a. Describe outbreak (source, location, cases, etc):	
<ul> <li>Has the case been in close contact with someone who has been diagnosed with STEC</li> </ul>	or has had a recent
diarrheal illness?	or mas mad a recent
a. Name of contact:	
b. Nature of contact:	
Clinical Information	
1. Did the patient experience any of the following:	
Hematuria: □Yes □ No □Unk	
Proteinuria:	
Hemodialysis: ☐Yes ☐ No ☐ Unk	
Blood Transfusion: Yes No Unk	
2. In the absence of diarrheal illness, did the patient have:	
History of any other infection such as HIV, flu, or other pneumococcal bacteria?	□Yes □ No □Unk
History of use of immunosuppressant medication or medication to treat cancer?	☐Yes ☐ No ☐ Unk
Diagnosis of autoimmune disease or cancer?	Yes No Unk
Lab Information	
1. Did the patient have:	
	]Yes □No □Unk
라고 있어 있었다면 하다 없어 있어 있어 있어 있어요. 이 1000에 가장하는 사람들이 보고 있어요. 그렇게 되었어요	]Yes □No □Unk
Positive Shigella Result: Yes No Unk Helmet Cells:	Yes No Unk
Red Blood Cell Count:	
Hemoglobin:	
Hematocrit:	
Platelet Count:	
Creatinine:	
Creatinine:	

Kentucky Public Health	STEC/HUS FBWB Questionna NEDSS ID:
Interview Comments / Additional Notes:	
***************************************	1
	1
Counseling (initial once completed)	
Education on pathogen and source (e.g., animal, human)	
Mode of transmission / prevention / control	
Proper hand washing and personal hygiene	
Avoid sharing personal hygiene products Washing all fruits and vegetables; proper food storage and thoro	ough cooking of meats
Avoiding cross-contamination (surfaces, cutting boards, utensils,	
Avoid direct contact with reptiles (lizards, snakes, iguanas, turtles	
Risks associated with unpasteurized daily products, milk/juice	
Avoid preparation of food for others	
Disinfecting surfaces	
Unrecognized foods (raw eggs in homemade ice cream, homema High risk circumstances for transmission identified.	ade salad dressings, raw cookie dough)
Counseled to avoid activities that put other at risk of contracting	disease.
Childcare Health Consultant Notified (if appropriate)	
Yes □No □N/A	
If yes, whom? Name:	
Environmentalist Notified?	
□Yes □No □N/A	
If yes, whom? Name:	<del></del>
P. ( 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Referred back to Local Health Department?  Yes No N/A	
If yes, whom? Name:	
n yes, whom: Nume.	<del></del>
Interviewer Name and Agency	<del></del>
Interviewer Name and Agency:	
Interviewer Name and Agency:dated August 2021	15