Foodborne and Waterborne Illness Investigation Form

Campylobacteriosis FBWB Questionnaire

Updated February 2025

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NEDSS ID: ____________

Interviewer Name: ______________________________ **Interviewer Agency:** ____

Patient Initials: ______ **Date of First Attempt to Interview:** __________ **Date of Interview**: _________ **No. of Attempts:** _____

Refused: ☐ Yes ☐ No ☐ Unk **Partially Completed:** ☐ Yes ☐ No ☐ Unk **Letter Mailed?** ☐ Yes ☐ No ☐ Unk

Lost to Follow-up: ☐ Yes ☐ No ☐ Unk **Delayed report to LHD/KDPH causing limited exposure recall:** ☐ Yes ☐ No ☐ Unk

Earliest Date Reported to County: __________

Person Being Interviewed: **Patient** **Surrogate (name and describe):** ______________________________________

Section 1: Patient Info

1. **DOB:** ________________ 2. **Age (years/months):** __________

3. **Is the patient deceased?** Yes No Unk 4. **Marital Status?** Married Single Widowed

Occupation Information

5. 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: ____

Does the patient attend/reside in a congregate living facility? ☐ Yes ☐ No Facility Name __________

If yes, please select the type of facility: ☐ Assisted Living/Long-Term Care/Nursing Home

☐ Correctional ☐ Shelter ☐ Other, Please specify: _________________

6. **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)

7. **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

8. **Address**

County of Residence: _______________

Clinical Info

9. Admitted to hospital for illness? ☐ Yes ☐ No ☐ Unk

Name of Hospital:____

Admission Date: _________________ Discharge Date: _________________

Did patient die? ☐ Yes ☐ No ☐ Unk Was death a result of illness? ☐ Yes ☐ No ☐ Unk

10. Date and time of illness onset: _________________ ___________(Onset Time)

11. Still ill at time of interview? ☐ Yes ☐ No ☐ Unk

If no, date illness ended: _________________ ___________ (Illness End Time)

12. Did your doctor prescribe antibiotics to treat your illness? ☐ Yes ☐ No ☐ Unk

If yes,

Name of Antibiotic	Date Initiated	Duration of Prescription	Complete Prescription
	__________		☐ Yes ☐ No ☐ Unk
	__________		☐ Yes ☐ No ☐ Unk
	__________		☐ Yes ☐ No ☐ Unk

13. Did you have any of the following symptoms?

Fever: ☐ Yes ☐ No ☐ Unk

Highest Recorded Temp: _______

Nausea: ☐ Yes ☐ No ☐ Unk

Vomiting: ☐ Yes ☐ No ☐ Unk

Diarrhea: ☐ Yes ☐ No ☐ Unk

Days of Diarrhea: _______

Bloody Stool: ☐ Yes ☐ No ☐ Unk

Abdominal Cramping: ☐ Yes ☐ No ☐ Unk

Headache: ☐ Yes ☐ No ☐ Unk

Other Symptoms: ____

14. Were you diagnosed with either of the following conditions?

Hemolytic Uremic Syndrome (HUS)? ☐ Yes ☐ No ☐ Unk

Thrombocytopenic Purpura (TTP)? ☐ Yes ☐ No ☐ Unk

***Interviewer Note: HUS is a life-threatening complication resulting in kidney failure.*
TTP is a blood disease characterized by decreased platelet counts (thrombocytopenia) and hemolytic anemia.

15. Do you have a weakened immune system? (Have you had cancer/currently under a doctor's care for cancer? Are you taking steroids? Have you had any transplants? Are you pregnant?): ☐ Yes ☐ No ☐ Unk

Reason for weakened immune system: ____

16. **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

17. Were you exposed to adults or children using diapers? Yes No Unk
If yes, did the person have diarrhea? Yes No Unk
Describe nature of the exposure (date, type of contact, etc.): _____________________________________

18. Did you take any new medication/supplements in the 30 days before you became sick? (e.g., prescribed medication, over the counter medication, vitamins, antacids, probiotics, supplements): Yes No Unk
List medications/supplements: ____

SECTION 2: Exposure Assessment

A. 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): ______________________________ When: _____________
   Number of people in the water (estimated)? _________
   Any children/infants? Yes No Unk

B. MANURE EXPOSURE

In the <u>7 days</u> before you became sick, did you apply manure, compost or soil? Yes No Unk
If yes, type/brand: ____
Describe exposure: ____

C. ANIMAL CONTACT

In the <u>7 days</u> before you became sick, did you have any contact with animals?
Contact would be defined as touching animals, anything the animal came in contact with, and being around animals and their environments (even if you did not touch them)

Indoor?
☐ Yes ☐ No ☐ Unk

Outdoor?
☐ Yes ☐ No ☐ Unk

If answered "No" to both questions, <u>skip to section D.</u>

If yes, which animals?

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 Outdoor	Pt Family Other	Pt Family Other
Cat	Yes No Unk	Adult Kitten		Indoor Outdoor	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 Outdoor	Pt Family Other	Pt Family Other
Bird	Yes No Unk	Adult Chick		Indoor Outdoor	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, turtle, etc.)	Yes No Unk			Indoor Outdoor	Pt Family Other	Pt Family Other
Amphibian (frog, salamander, newt, etc.)	Yes No Unk			Indoor Outdoor	Pt Family Other	Pt Family Other
Rodent (rat, gerbil, hamster, mouse, etc.)	Yes No Unk			Indoor Outdoor	Pt Family Other	Pt Family Other
Other animal(s) (hedgehog, rabbit, etc.,)	Yes No Unk			Indoor Outdoor	Pt Family Other	Pt Family Other

Please list the foods and/or treats you give to your pets.

Type of Animal	Type of Food	Food Brand/Flavor	Give pet treats?	Type of Treats	Treat Brand/Flavor
	Dry Wet Raw Unk		Yes No Unk	Dry Wet Raw Unk	
	Dry Wet Raw Unk		Yes No Unk	Dry Wet Raw Unk	
	Dry Wet Raw Unk		Yes No Unk	Dry Wet Raw Unk	
	Dry Wet Raw Unk		Yes No Unk	Dry Wet Raw Unk	

1. **Do you purchase animals that you use to feed other animals?** (mice to feed snakes, crickets to feed lizards) ☐ Yes ☐ No ☐ Unk ☐ N/A

Type of Feeding Animal	Alive or Dead at Purchase	Purchase Location
	☐ Alive ☐ Dead	

2. **Were any of the animals you were exposed to sick?**
☐ Yes ☐ No ☐ Unk
If yes, description of sick animal (type of animal, illness symptoms):
____

3. **Did you live on or visit a farm/fair/animal exhibit/petting zoo in the <u>7 days</u> before you became sick?**
☐ Yes ☐ No ☐ Unknown
If yes, where: __________________________ When: _______________
Type of animal(s): ____

D. <u>TRAVEL</u>

1. **Did you travel in the <u>7 days</u> before you became sick?** (Visited friends/family, day trips to other counties, vacation)**:** ☐ Yes ☐ No ☐ Unk
☐ Within KY ☐ Outside of KY Where: __________________________ When: ________________
☐ Within KY ☐ Outside of KY Where: __________________________ When: ________________
Mode of travel: ☐ Airplane Bus Car Cruise Train Other
Travel identifier (flight number, airline, cruise line): ___________________________________
Did you travel alone, with family, or with a tour group? ☐ Alone ☐ Family ☐ Group ☐ Other
If travelled with a group, what is the name of the organization/group you travelled with?
____

2. **Did you travel internationally in the 30 days before you became sick?** Yes No Unk
If yes, Where: _______________________ When: ___________
Mode of travel: Airplane Cruise Train Other
Travel identifier: __________________________________
Did you travel alone, with family, or with a tour group? Alone Family Group Other
If travelled with a group, what is the name of the organization/group you travelled with?
____

E. <u>SOCIAL GATHERINGS</u>
Did you attend any social events in the <u>7 days</u> before you became sick? (Parades, festivals, church, work events):
☐ Yes ☐ No ☐ Unk

Event Description	Location and Date	Were Others Ill?	Food Prepared By? (catered, bought and brought, potluck)	Foods Pt Consumed
		☐ Yes ☐ No ☐ Unk		
		☐ Yes ☐ No ☐ Unk		

F. SPECIALTY/RESTRICTIVE DIETS

Do you eat a specialty/restricted diet? (Food allergy, vegan, diabetic, gluten free, formula, breast-fed infant)

Ye Yes No Unk

If yes, please specify: ____

Note: If patient answers "yes" to formula consumption, complete section K.

G. FOOD SOURCE

1. **Which grocery store(s) would you have eaten food from in the 7 days before you became sick?**

Location (name, address/landmark)	Date Visited	Shoppers/Reward Card	Alternate ID/Card Number
		☐ Yes ☐ No ☐ Unk	
		☐ Yes ☐ No ☐ Unk	
		☐ Yes ☐ No ☐ Unk	
		☐ Yes ☐ No ☐ Unk	
		☐ Yes ☐ No ☐ Unk	

2. Do we have consent to utilize shopper card information (including sharing with federal partners) for possible outbreak investigation, if necessary? Yes No Unk

3. **Did you eat at any restaurants or take-out food in the 7 days before you became sick?** (Fast-food or sit-down restaurants, gas stations, food trucks, cafeterias, etc.) Yes No Unk

Location (name, address/landmark)	Date	Time	Foods Eaten

4. **Alternative Food Source Information**
Did you eat any food from any of the following sources in the 7 days 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	_________	_________		
Private Garden (private, community, friend)	☐ Yes ☐ No ☐ Unk	_________	_________		
Food Delivery Service or Meal Kit Delivery Service? (Meals on Wheels, Hello Fresh, DoorDash, Uber Eats)	☐ Yes ☐ No ☐ Unk	_________	_________		
Butcher Shop	☐ Yes ☐ No ☐ Unk	_________	_________		
Farmer's Market/ Community-Supported Agriculture (CSA)	☐ Yes ☐ No ☐ Unk	_________	_________		
Friend/Relative	☐ Yes ☐ No ☐ Unk	__________	__________		

H. Meal History	Meal	Food/Beverage Consumed	Location
Day 1 ________________ (Day patient started to feel ill)	**Breakfast**		
	Lunch		
	Dinner		
Day 2 ________________ (Day before patient started to feel ill)	**Breakfast**		
	Lunch		
	Dinner		
Day 3 ________________ (Two days before patient got sick)	**Breakfast**		
	Lunch		
	Dinner		
Day 4 ________________ (Three days before patient got sick)	**Breakfast**		
	Lunch		
	Dinner		
Day 5 ________________ (Four days before patient got sick)	**Breakfast**		
	Lunch		
	Dinner		

I. ENTERIC - MEAT, POULTRY, FISH

Bacon	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Type/Brand:**
Ham	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Type/Brand:**
Pork (*Not ham or bacon*)	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Type/Brand:**
Beef (*Steak, etc.*)	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Type/Brand:**
Ground Beef	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Date and Location of Purchase:** **Type/Brand:**
Chicken	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Date and Location of Purchase:** **Type/Brand:**
Turkey	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Date and Location of Purchase:** **Type/Brand:**
Deli Meats	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Type/Brand:**
Seafood (*Not fish or oysters*)	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Date and Location of Purchase:** **Type/Brand:**
Fish	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Date and Location of Purchase:** **Type/Brand:**
Wild Game (*deer, pheasant, rabbit, fish*)	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Date and Location of Purchase:** **Type/Brand:**
Did you eat any other meat products?	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Date and Location of Purchase:** **Type/Brand:**
Raw/undercooked liver	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Type/Brand:**
Hot Dogs	☐ Yes ☐ No ☐ Unk	☐ At home ☐ Away ☐ Both	**Type/Brand:**
Do you or any family members handle raw poultry?		☐ Yes ☐ No ☐ Unk	**Who**

J. CHEESE, DAIRY, MILK, EGGS

Block Cheese		☐ Yes ☐ No ☐ Unk	**Type/Brand:**
Mexican Style Cheese *(Queso, Fresco, Queso Blanco)*		☐ Yes ☐ No ☐ Unk	**Type/Brand:**
Pre Sliced Cheese		☐ Yes ☐ No ☐ Unk	**Type/Brand:**
Ricotta		☐ Yes ☐ No ☐ Unk	**Type/Brand:**
Cheese Made with Raw or Unpasteurized Milk **Other unpasteurized or raw milk products**		☐ Yes ☐ No ☐ Unk	**Type/Brand:**
Other Cheeses		☐ Yes ☐ No ☐ Unk	**Type/Brand:**
Eggs	☐ Raw/undercooked	☐ Yes ☐ No ☐ Unk	**How were they prepared?** ☐ At Home ☐ Away
Egg Whites	☐ Raw/undercooked	☐ Yes ☐ No ☐ Unk	**How were they prepared?** ☐ At Home ☐ Away
Cottage Cheese		☐ Yes ☐ No ☐ Unk	**Type/Brand:**
Ice Cream		☐ Yes ☐ No ☐ Unk	**Type/Brand:**
Milk		☐ Yes ☐ No ☐ Unk	**Date and Location of Purchase:** **Type/Brand:**
Non-dairy Milk *(Soy, Almond, Coconut, Cashew)*		☐ Yes ☐ No ☐ Unk	**Type/Brand:**
Raw or Unpasteurized milk		☐ Yes ☐ No ☐ Unk	**Date and Location of Purchase:** **Type/Brand:**
Yogurt		☐ Yes ☐ No ☐ Unk	**Type/Brand:**
Raw Foods From Animal Origin		☐ Yes ☐ No ☐ Unk	**Date and Location of Purchase:** **Type/Brand:**

K. FORMULA HISTORY

1. Was infant formula used during the week prior to illness?

Yes No Unknown

2. What formula brand (eg Similac, Gerber) was used during the week prior to illness?

3. What formula name (eg GoodStart, Soothe, EleCare) was used during the week prior to illness?

4. Was the formula used in the week prior to illness powder or ready to feed/liquid (check all that apply)?

Powder Ready to feed/liquid

5. Were any additives (cereal, breast milk, MCT oil, etc.) added to the formula used in the week prior to illness?

Yes No Unknown

a. If an additive was used, can you provide the brand(s), expiration date(s), and lot numbers?

6. What water source (tap, well, bottled, boiled/cooled) was used with the formula in the week prior to illness?

7. Where was the formula obtained (store, WIC, doctor's office, hospital, etc.) that was used in the week prior to illness? Please provide very specific information about stores, etc.

8. If available, can you provide the lot numbers and and expiration date(s) of the formula used in the week prior to illness?

9. Do you have any unopened formula from the same lot that was used in the week prior to illness that could be used for testing?

Yes No Unknown

a. If yes, would you be willing to have the local health department contact you in the future regarding testing the formula?

Yes No Unknown

L. Race, Ethnicity, and Sex: This section asks about race, ethnicity, and sex. This information is collected from all sick people. By knowing more about your race, ethnicity, and sex, we can get a better understanding of specific health risks that can help us identify what caused you to become ill. These questions are completely optional, and you may choose to not answer any and/or all of them. **All of this information will remain confidential.**

1. **Ethnicity:**
   Hispanic or Latino Not
   Hispanic or Latino
   Unk

2. **Race:**
   American Indian or Alaska Native Asian
   Black or African American
   Native Hawaiian or Other Pacific Islander
   White
   Unk
   Other ____________________

3. **Sex:**
   Male
   Female
   Unk

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 thorough cooking of meats
_____ Avoiding cross-contamination (surfaces, cutting boards, utensils, stored food in refrigerator)
_____ 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, homemade salad dressings, raw cookie dough)
_____ High risk circumstances for transmission identified.
_____ 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: ______________________________________

Referred back to Local Health Department?

☐ Yes ☐ No ☐ N/A

If yes, whom? Name: ______________________________________

Interviewer Name and Agency: ____