

Patient could not be interviewed



COUNTY HEALTH DEPARTMENT EPIDEMIOLOGY PROGRAM

General Enteric Investigation Worksheet

Sensitive  
 Outbreak Associated

Report Source

Date Reported to CHD: \_\_\_\_\_ Disease: \_\_\_\_\_ Disease Code: \_\_\_\_\_  
Reporting Source (Check all that apply): \_\_\_\_\_ Reporter name: \_\_\_\_\_ Reporter phone: \_\_\_\_\_  
 Lab  Hospital  Physician  Public Health Agency  Other \_\_\_\_\_

Demographic Information

Form with fields for Patient's Last Name, First, M.I., Date of Birth, Age, Gender, Address, City, State, Zip, Phone Number, Occupation/Grade Level, Place of Employment/School/Daycare, Ethnicity, Race, Marital Status.

Clinical Information

Form with fields for Date Diagnosed, Date/Time of Onset, Date/Time of Recovery, Treatment, M.R. #, Hospitalized?, Admission Date, Discharge Date, Hospital Info, Outcome, Physician Info, Symptoms, Type of Illness, Predisposing Conditions, Laboratory Information, Specimen Type, Results, Confirmed by State Lab.

Notes

Large empty box for handwritten notes.

**Risk Factor Questions** (Questions should be based on the incubation period of the pathogen. If pathogen is unknown ask about the last 2 weeks)

Y N DK NA

Travel out of the state, out of the country, or outside of usual routine  
 Out of:  County  State  Country  
 Dates/Locations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Case knows anyone with similar symptoms

Contact with lab confirmed case  
 Household  Casual  Sexual  
 Needle use  Other: \_\_\_\_\_

Epidemiologic link to a confirmed human case

Contact with diapered or incontinent child or adult

Employed as health care worker  
 If yes, where? \_\_\_\_\_

Employed as food worker  
 If yes, where? \_\_\_\_\_

Employed in child care or preschool  
 If yes, where? \_\_\_\_\_

Attends child care or preschool  
 If yes, where? \_\_\_\_\_

Household member or close contact in sensitive occupation or setting (HCW, child care, food)

Large gatherings or events (e.g. parties, concerts, etc.)  
 If yes, explain? \_\_\_\_\_

Any contact with animal or pets at home or elsewhere  
 Dog  Cat  Reptile  Bird  Pet shop  
 Farm  Zoo  Fair  Other: \_\_\_\_\_

Outdoor or recreational activities  
 Hiking  Camping  Hunting  Sports  
 Sports  Yard work  Other: \_\_\_\_\_

Any type of sexual contact with others during exposure period  
 # female sexual partners: \_\_\_\_\_  
 # male sexual partners: \_\_\_\_\_

Y N DK NA

Source(s) of drinking water known  
 Individual well  Shared well  Other: \_\_\_\_\_  
 Public water system, Name(s): \_\_\_\_\_  
 Bottled water; Brand(s): \_\_\_\_\_

Recreational water exposure  
 pool  spa  wading pool  water park  
 ocean  lake  river  canal  
 fountain  other: \_\_\_\_\_  
 Source: \_\_\_\_\_

Non-occupational food handling (e.g. potlucks, receptions) during contagious period

Group meal (e.g. potluck, reception)

Undercooked foods

Unpasteurized foods (e.g. milk, juice, dairy products)

Meals outside home (e.g. restaurant/grocery)  
 Food establishment name/Location: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

72 hour Food History

Date: \_\_\_\_\_  
 B \_\_\_\_\_  
 L \_\_\_\_\_  
 D \_\_\_\_\_

Date: \_\_\_\_\_  
 B \_\_\_\_\_  
 L \_\_\_\_\_  
 D \_\_\_\_\_

Date: \_\_\_\_\_  
 B \_\_\_\_\_  
 L \_\_\_\_\_  
 D \_\_\_\_\_

Most likely exposure/site: \_\_\_\_\_ Site Name/address: \_\_\_\_\_

Where did exposure probably occur?  FL (County: \_\_\_\_\_)  US but not FL  Outside US  Unk.

**Public Health Actions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Investigator's Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Investigator:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_