1. What date did you start to have symptoms of your illness? Onset Date: ____/____/_____ Onset Time: ____:____am/pm

The exposure period that should be assessed is the 14 days before onset of symptoms: Exposure Start Date: ____/____/_____

TRAVEL
2. Travel history should be assessed and recorded in the Travel section of Merlin

DRINKING WATER
3. During the 14 days before illness, what was the patient’s source of drinking water at home? (Circle all that apply)
   - Municipal
   - Well
   - Bottle
   - Commercial Delivery
   - Other (specify): ____________________

4. During the 14 days before illness, what was the patient’s source of drinking water at work/school? (Circle all that apply)
   - Municipal
   - Well
   - Bottle
   - Commercial Delivery
   - Other (specify): ____________________

5. During the 14 days before illness, did patient drink water from a source that experienced an interruption in service, change in color, taste, smell or was under a drinking water advisory? Yes  No  Unknown

RECREATIONAL WATER
6. During the 14 days before illness, did the patient swim or wade in any recreational water? (Circle all that apply)
   - Ocean
   - Any Natural Water (lake, river, pond, stream)
   - Hot Tub/Spa/Jacuzzi
   - Water park
   - Natural hot/Cold spring
   - Swimming pool
   - Splash pad/Park
   - Fountain/Interactive Water Feature
   - Fill-and-drain pool
   - Other Recreational Water (specify): ____________________

If yes to any of the above please indicate location of water source, date of exposure and type of exposure (swimming, drinking, boating, etc.)

<table>
<thead>
<tr>
<th>Location (Name and Address)</th>
<th>Exposure Date</th>
<th>Exposure Setting</th>
<th>Type of Activity</th>
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7. Did patient have exposure to recreational water while symptomatic? (Circle all that apply) Yes  No
   - Ocean
   - Any Natural Water (lake, river, pond, stream)
   - Hot Tub/Spa/Jacuzzi
   - Water park
   - Natural hot/Cold spring
   - Swimming pool
   - Splash pad/Park
   - Fountain/Interactive Water Feature
   - Fill-and-drain pool
   - Other Recreational Water (specify): ____________________

If yes, please complete location of water source, date of exposure and type of exposure (swimming, drinking, boating, etc.)

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ANIMAL EXPOSURE
8. During the 14 days before illness, did the patient visit or live on a farm?   Yes  No

9. During the 14 days before illness, did the patient visit any animal exhibits (petting zoo, county fair, etc.)?   Yes  No

10. During the 14 days before illness, did the patient have exposure to animal manure, pet feces, or compost?   Yes  No

11. During the 14 days before illness, did the patient have contact with livestock?   Yes  No

   If yes, indicate the animals the patient had contact with (circle all that apply):
   Cow  Calf  Sheep  Goat  Other (Specify): _____________________

PERSON-TO-PERSON
12. During the 14 days before illness, did the patient have contact with children in a childcare setting?   Yes  No

13. During the 14 days before illness, did the patient have contact with a diapered person (child or adult)?   Yes  No

ILL CONTACTS
14. Did the patient have contact with anyone who had similar symptoms or was diagnosed with giardiasis?   Yes  No

   If yes, please interview and enter into Merlin as an epi-linked case

ADDITIONAL INFORMATION
15. Are there any events, activities, or other sources where you think you may have contracted this disease that isn’t covered above?