

Date:\_\_\_/\_\_\_/\_\_\_

Tennessee ☐

Interviewer:\_\_\_\_\_

Campylobacter species: \_\_\_\_\_

NAR: ☐ Y ☐ N

## CAMPYLOBACTER INTERVIEW FORM

Patient's Name (last, first):\_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Parent's Name (if child):\_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

### Symptom History

Nausea	Y	N	Chills	Y	N	What was first symptom?_____
Vomiting	Y	N	Headache	Y	N	Date of onset: (mo/da/yr) ___/___/___
Diarrhea	Y	N	Backache	Y	N	Time of onset: (military) _____
stools/24 hrs _____			Muscle aches	Y	N	Date of onset of diarrhea: ___/___/___
Blood in stool	Y	N	Fatigue	Y	N	Time of onset of diarrhea (military): _____
Cramps	Y	N	Joint Pain	Y	N	Duration of diarrhea: _____
Fever	Y	N	Other _____			Date of recovery: ___/___/___
Temp:_____						Time of recovery (military): _____

Were you on any medication in the month prior to your illness? ☐ Y ☐ N

If yes, what medication(s)?\_\_\_\_\_

Were you treated with antibiotics after the onset of this illness? ☐ Y ☐ N

If yes, what antibiotic(s)? \_\_\_\_\_ What date did you start: \_\_\_/\_\_\_/\_\_\_

(INCLUDE DOSE AND DURATION IF KNOWN)

What date did you finish: \_\_\_/\_\_\_/\_\_\_

(If unknown start date)→ Did you take the antibiotics before you submitted your stool specimen? ☐ Y ☐ N

If yes, how many days before culture? \_\_\_\_\_ **SAME DAY**

1. Did you drink any well water in the week prior to your illness?

☐ Y ☐ N

Where? (eg. home, cabin, farm) \_\_\_\_\_

Address of well \_\_\_\_\_

Describe well (eg. single home, multiple home) \_\_\_\_\_

2. Did you drink any unpasteurized milk in the week prior to your illness?

☐ Y ☐ N

If yes, where consumed? \_\_\_\_\_ when? \_\_\_\_\_

Where purchased?\_\_\_\_\_

3. Did you swim in the ocean, a lake, a river, or pool in the week before your illness?

☐ Y ☐ N

If yes, where? \_\_\_\_\_ when? \_\_\_\_\_

4. Did you have contact with household pets, either in the home or elsewhere in the week prior to your illness?

☐ Y ☐ N

Pets and description of contact (including if the pets had been sick with diarrhea): \_\_\_\_\_

\_\_\_\_\_

5. During the week prior to your illness, did you live on, work on, or visit a farm? ☐ Y ☐ N

**If yes, name, location, and dates at farm (other than home farm):**

☐ Live on farm

☐ Work on farm: \_\_\_\_\_ When? \_\_\_\_\_

☐ Visit farm: \_\_\_\_\_ When? \_\_\_\_\_

6. Did you visit a petting zoo, educational exhibit, fair, or other venue with animals? ☐ Y ☐ N

**If yes, name/location:** \_\_\_\_\_ **When?** \_\_\_\_\_

7. **If yes to questions 5 or 6**, were any of the following animals present? **If yes**, did you have any contact with them?

	Home			Work			Other Farm			Petting Zoo/Exhibit		
	Present – No Contact	Contact	Describe Contact	Present – No Contact	Contact	Describe Contact	Present – No Contact	Contact	Describe Contact	Present – No Contact	Contact	Describe Contact
<b>Cow</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Goat</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sheep</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pig</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Chicken</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Turkey</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

8. Did you travel anywhere during the week prior to your illness? ☐ Y ☐ N

**If yes, where?** \_\_\_\_\_ **When?** \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Do you know of anyone else with a diarrheal illness prior to or following your illness? ☐ Y ☐ N  
If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ Who? \_\_\_\_\_

10. Did you eat in any restaurants during the seven days before your illness? ☐ Y ☐ N
1. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
Address: \_\_\_\_\_  
Foods eaten: \_\_\_\_\_
2. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
Address: \_\_\_\_\_  
Foods eaten: \_\_\_\_\_
3. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
Address: \_\_\_\_\_  
Foods eaten: \_\_\_\_\_

11. Did you eat any chicken in the week prior to your illness? ☐ Y ☐ N

12. Apart from any chicken you may have eaten in restaurants in the week prior to your illness, did you *prepare* or *consume* any chicken at a private home? ☐ Y ☐ N  
If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Brand/description of chicken: \_\_\_\_\_  
Where was it purchased (store name/location): \_\_\_\_\_  
Date of purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_

13. Did you *prepare* or *consume* any turkey in the week prior to your illness? ☐ Y ☐ N  
If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Where: \_\_\_\_\_  
Brand/description of turkey: \_\_\_\_\_  
Where was it purchased (store name/location): \_\_\_\_\_  
Date of purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_

14. Did you *prepare* or *consume* any pork in the week prior to your illness? ☐ Y ☐ N  
If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_  
Where: \_\_\_\_\_  
Brand/description of pork: \_\_\_\_\_  
Where was it purchased (store name/location): \_\_\_\_\_  
Date of purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_

15. Did you attend or work at a daycare prior to or following your illness? ☐ Y ☐ N

If yes, when: \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Daycare: \_\_\_\_\_

Name of Daycare Director: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Did your child attend daycare (or did you work at a daycare) with a diarrheal illness? ☐ Y ☐ N ☐ Unk

If yes, what dates? \_\_\_\_\_

Are you aware of any other illness in the daycare? ☐ Y ☐ N ☐ Unk

**For children that attend daycare or daycare employees:**

Daycare providers are contacted to determine if any other children may be ill and to provide information and recommendations to prevent further spread of this illness. Our use of the data from this interview may include disclosing your/your child's name to the extent necessary to do our investigation and control the spread of disease. For example, it may be necessary to disclose the name to the daycare center. Do you have any concerns about disclosing your/your child's name to the daycare, if it is necessary?

☐ Yes, I do have concerns ☐ No, I do not have concerns

**Tennessee read** ☐ Y ☐ N

**If Adult Case:**

What is your occupation? \_\_\_\_\_

Name of employer? \_\_\_\_\_

Address/city of employer? \_\_\_\_\_

Work phone: \_\_\_\_\_

**If Child Case:**

Child's school name/address: \_\_\_\_\_

Parent 1 occupation: \_\_\_\_\_

Parent 2 occupation: \_\_\_\_\_

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