

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

Tennessee ☐

Interviewer: \_\_\_\_\_ Bacteria \_\_\_\_\_ Species/serotype \_\_\_\_\_ Subtype \_\_\_\_\_

**Enteric Disease Worksheet**  
(long form)

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

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

Symptom History

Nausea	Y N	Chills	Y N	What was first symptom? _____ Date of onset: (mm/dd/yy) ___/___/___ Time of onset: (military) _____ Date of onset diarrhea: ___/___/___ Time of onset of diarrhea: _____ Duration of diarrhea (days) _____ Date of recovery: ___/___/___ Time of recovery: _____
Vomiting	Y N	Headache	Y N	
Diarrhea	Y N	Backache	Y N	
Stools/24 hr	_____	Muscle Aches	Y N	
Blood in stool	Y N	Fatigue	Y N	
Cramps	Y N	Joint Pain	Y N	
Fever	Y N	Temp	_____	
Comments:		Other	_____	

Do you have any medical conditions that may suppress your immune system (e.g., cancer, diabetes, renal failure, Crohn's disease, HIV infection or lupus)? Yes ☐ No ☐ List: \_\_\_\_\_

Do you take any medication that may suppress your immune system (e.g., corticosteroids or cancer chemotherapy)?  
Yes ☐ No ☐ List: \_\_\_\_\_

Were you taking antacids in the month prior to your illness? Yes ☐ No ☐

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

Were you on any antibiotics in the month prior to your illness? Yes ☐ No ☐

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

Did you take any antidiarrheal medications after the onset of your illness? Yes ☐ No ☐

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

Were you treated with any antibiotics after the onset of this illness? Yes ☐ No ☐

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

What date did you start? \_\_\_/\_\_\_/\_\_\_ What date did you finish? \_\_\_/\_\_\_/\_\_\_ Duration (for how many days): \_\_\_\_

Did you take the antibiotics **before** you submitted the stool culture? Yes ☐ No ☐

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

1. Did you travel anywhere during the week prior to your illness? Yes ☐ No ☐

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

If airline travel, what airline? \_\_\_\_\_

Where did you stay (name of hotel/resort): \_\_\_\_\_

2. Did you drink water from any of the following sources during the week prior to your illness?

Municipal or city water (directly from tap) Yes ☐ No ☐

Well water Yes ☐ No ☐

• Where? (eg. home, cabin) \_\_\_\_\_

• Address of well \_\_\_\_\_

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

Bottled Water Brand: \_\_\_\_\_ Yes ☐ No ☐

Other (such as from a stream while camping) Yes ☐ No ☐

• Specify \_\_\_\_\_

3. Did you swim in the ocean, a lake, a river, or pool in the week before your illness? Yes ☐ No ☐  
**If yes, where?** \_\_\_\_\_ **when?** \_\_\_\_\_
4. Where did you shop for groceries eaten during the week before your illness? \_\_\_\_\_  
 \_\_\_\_\_
5. Where and when did you purchase any ground beef you ate the week before your illness?  
 \_\_\_\_\_  
 What type of ground beef was it? Tube ☐ Tray ☐ Pre-made Patties ☐  
 Brand: \_\_\_\_\_ Package Size: \_\_\_\_\_ Percent lean (e.g., 80/20): \_\_\_\_\_
6. In the week prior, did you consume meat from any place other than the grocery store? (hunting, butcher shop, private kill) Yes ☐ No ☐  
**If yes, source?** \_\_\_\_\_  
**Where processed?** \_\_\_\_\_
7. Where and when did you get any milk you drank the week before your illness?  
 \_\_\_\_\_  
 Brand and type (e.g., skim, 2%): \_\_\_\_\_  
 Was any of it unpasteurized? Yes ☐ No ☐
8. During the 7 days prior to your illness, did you live on, work on, or visit a farm? Yes ☐ No ☐  
**If yes, name, location, and dates at farm (other than home farm):**  
☐ Live on farm  
☐ Work on farm: \_\_\_\_\_ When? \_\_\_\_\_  
☐ Visit farm: \_\_\_\_\_ When? \_\_\_\_\_
9. Did you visit a petting zoo, educational exhibit, fair or other venue with animals in the week before your illness? Yes ☐ No ☐  
 Name and location of petting zoo/fair: \_\_\_\_\_ When? \_\_\_\_/\_\_\_\_/\_\_\_\_

**10. If yes to questions 8 or 9: Were any of the following animals present? If yes, did you have any contact with them?**

	Home			Work			Other Farm			Petting Zoo/Other Venues		
	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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

11. Did you have contact with any animal manure or compost derived from animal manure in the week prior to your illness? Yes ☐ No ☐

If yes, describe type contact (e.g., gardening): \_\_\_\_\_

12. During the week prior to your illness, did you have any pets at home, have contact with household pets elsewhere (including school), or visit a household with pets (including reptiles, fish, and rodents)? Yes ☐ No ☐

If yes, what kind of animal(s)? \_\_\_\_\_

*If reptile exposure, complete reptile questionnaire.* Questionnaire completed? Yes ☐ No ☐

If yes, Did you feed animal-based products such as rawhides, pig's ears or cow hooves, or any dog treats to your pet during the week prior to your illness? Yes ☐ No ☐

Type: \_\_\_\_\_

13. Do you know of anyone else with a diarrheal illness prior to or following your illness? Yes ☐ No ☐

If yes, who? \_\_\_\_\_ when? \_\_\_\_\_

*If children are ill, ask about daycare.*

14. Did you attend or work at a daycare prior to or following your illness? Yes ☐ No ☐

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

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

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

City: \_\_\_\_\_

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

Are you aware of any other illness in daycare? Yes ☐ No ☐

Did you attend or work at a daycare with a diarrheal illness? Yes ☐ No ☐ Dates: \_\_\_\_\_

**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/the 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**

15. Did you attend any large gatherings the week before your illness (wedding, receptions, showers, parties, festivals, fairs, etc.)? Yes ☐ No ☐

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

What type of event? \_\_\_\_\_

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

Foods served? \_\_\_\_\_

Others ill? Yes ☐ No ☐

If yes, describe: \_\_\_\_\_

Did you eat any food or beverages from any restaurants, coffee shops, cafeterias, delis, or food stands/street vendors during the seven days before your illness? Yes ☐ No ☐

1. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

foods eaten: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

foods eaten: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

foods eaten: \_\_\_\_\_

4. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

foods eaten: \_\_\_\_\_

5. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

foods eaten: \_\_\_\_\_

6. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

foods eaten: \_\_\_\_\_

Date/day prior to onset

\_\_\_/\_\_\_/\_\_\_

<u>Time of Meal</u>	<u>Meal</u>	<u>Ate at home</u>	<u>Ate outside of home</u>	<u>Outside location</u>	<u>Foods eaten</u>
_____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

\_\_\_/\_\_\_/\_\_\_

_____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

\_\_\_/\_\_\_/\_\_\_

_____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

\_\_\_/\_\_\_/\_\_\_

_____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

\_\_\_/\_\_\_/\_\_\_

_____	Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Lunch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Dinner	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## FOOD CONSUMPTION HISTORY

Please indicate for each of the food items listed below whether you definitely ate it, maybe ate it, or definitely did not eat it during the week before illness onset.

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased	Grocery store where purchased	Date eaten	Restaurant where eaten (include address)
<b>DAIRY</b>									
Eggs						/ /		/ /	
a. Did you eat a prepared dish (e.g., egg bake, quiche, custard) that contained egg? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of dish: _____ b. Did you sample any batter that used raw egg in the preparation? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Shredded cheese						/ /		/ /	
Processed cheese slices						/ /		/ /	
Block cheese						/ /		/ /	
String cheese						/ /		/ /	
Cheese curds						/ /		/ /	
Queso fresco or other Mexican style cheese						/ /		/ /	
Gourmet cheese (e.g., Gouda, blue, or other cow, goat, or sheep cheeses)						/ /		/ /	
Ice cream						/ /		/ /	
Frozen dessert treats						/ /		/ /	
Yogurt						/ /		/ /	

Item (Dairy cont.)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased	Grocery store where purchased	Date eaten	Restaurant where eaten (include address)
Milk alternatives (e.g., soy, almond, or rice milk)						/ /		/ /	
Other dairy (e.g., cottage cheese, cream cheese, sour cream)						/ /		/ /	
<b>MEAT/ POULTRY</b>									
Ground beef						/ /		/ /	
a. Ground beef as an ingredient: type of dish _____ b. Ground beef: <b>raw</b> Y   N   U <b>rare (red in middle)</b> Y   N   U <b>medium (pink in middle)</b> Y   N   U <b>well done (no pink)</b> Y   N   U									
Other beef (e.g., steak)						/ /		/ /	
Chicken (including ground)						/ /		/ /	
Stuffed chicken product (e.g., chicken Kiev)						/ /		/ /	
Turkey (including ground)						/ /		/ /	
Pork (e.g., ham, bacon)						/ /		/ /	
Lamb						/ /		/ /	
Sausage						/ /		/ /	
Other meat/poultry						/ /		/ /	
Fish						/ /		/ /	
Shrimp						/ /		/ /	

Item (Meat/poultry cont.)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased	Grocery store where purchased	Date eaten	Restaurant where eaten (include address)
Other seafood						/ /		/ /	
<b>FROZEN FOODS</b>									
Frozen dinners/entrees (e.g., Lean Cuisine, pot pies)						/ /		/ /	
Frozen pizza						/ /		/ /	
Other frozen microwaveable foods						/ /		/ /	
<b>FRUITS</b>									
Oranges						/ /		/ /	
Other citrus (e.g., grapefruit, lemon, lime, tangerine)						/ /		/ /	
Pears						/ /		/ /	
Apples						/ /		/ /	
Other tree fruit (e.g., apricot, plum, nectarine, peach)						/ /		/ /	
Strawberries						/ /		/ /	
Other berries (e.g., blue, black, or raspberries)						/ /		/ /	
Grapes (specify color)						/ /		/ /	
Bananas						/ /		/ /	



Item (Fruits cont.)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased	Grocery store where purchased	Date eaten	Restaurant where eaten (include address)
Watermelon						/ /		/ /	
Cantaloupe						/ /		/ /	
Honeydew or other melon						/ /		/ /	
Other fruit (e.g., pomegranate, kiwi, mango, pineapple)						/ /		/ /	
Unpasteurized apple cider						/ /		/ /	
Other unpasteurized juice						/ /		/ /	
Other juice						/ /		/ /	
<b>VEGETABLES</b>									
Prepackaged salad						/ /		/ /	
Iceberg						/ /		/ /	
Romaine						/ /		/ /	
Spinach						/ /		/ /	
Cabbage						/ /		/ /	
Other lettuce/leafy greens (e.g., red leaf, radicchio, mesclun, endive)						/ /		/ /	
Tomatoes (e.g., vine-on, heirloom, roma, beefsteak, grape – including on a sandwich or salad)						/ /		/ /	

Item (Vegetables cont.)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased	Grocery store where purchased	Date eaten	Restaurant where eaten (include address)
Cucumbers						/ /		/ /	
Peppers (e.g., green, yellow, red, jalapeno, serrano)						/ /		/ /	
Asparagus						/ /		/ /	
Celery						/ /		/ /	
Carrots (specify baby or normal)						/ /		/ /	
Radishes						/ /		/ /	
Pea pods/snap peas						/ /		/ /	
Onions (red/white/yellow)						/ /		/ /	
Green onions/scallions						/ /		/ /	
Broccoli						/ /		/ /	
Cauliflower						/ /		/ /	
Sprouts (e.g., alfalfa, bean, radish, clover)						/ /		/ /	
Cilantro/parsley (specify which)						/ /		/ /	
Other fresh herbs (e.g., basil, thyme, mint, sage)						/ /		/ /	
Mushrooms (portabella, white, crimini)						/ /		/ /	
Tofu						/ /		/ /	
Other vegetables						/ /		/ /	

Item	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased	Grocery store where purchased	Date eaten	Restaurant where eaten (include address)
<b>OTHER</b>									
Nuts (e.g., almonds, pecans, walnuts, peanuts, cashews, other type) -specify roasted, raw, in the shell						/ /		/ /	
Hummus or tahini (specify)						/ /		/ /	
Sesame seeds						/ /		/ /	
Other seeds (e.g., flax, sunflower, alfalfa)						/ /		/ /	
Bean-type snacks (e.g., soybeans, garbanzo beans, corn nuts, chickpeas, fava beans, wasabi peas)						/ /		/ /	
Salsa						/ /		/ /	
Avocado (including guacamole)						/ /		/ /	
Spices: - Black pepper						/ /		/ /	
- White pepper						/ /		/ /	
- Paprika						/ /		/ /	
- Other spices (e.g., oregano, cumin)						/ /		/ /	
Spice rubs or blends						/ /		/ /	
Peanut butter						/ /		/ /	
Chocolate						/ /		/ /	

Item (Other cont.)	Ate	Did not eat	May have eaten	How prepared	Variety or brand	Date purchased	Grocery store where purchased	Date eaten	Restaurant where eaten (include address)
Trail mix						/ /		/ /	
Chips, crackers, snack foods						/ /		/ /	
Nutritional supplements						/ /		/ /	
Anything I didn't ask?						/ /		/ /	

**If Adult Case:**

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

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

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

Work phone number \_\_\_\_\_

**If Child Case:**

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

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

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

**For Food Workers only:**

Work restrictions may apply to  
people with \_\_\_\_\_  
infections who work in food service.  
You will be contacted by an  
epidemiologist if restrictions apply  
to you.

Statement read ☐

**At the end of interview:**

Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_