Date:____/____/____ Interviewer:_____ **Tennessen** ☐

SHIGELLA DISEASE WORKSHEET

Patient's Name (last, first):_____ DOB:____/____/____

Parent's Name (if child):_____

Race:_____ Ethnicity:_____

Symptom History - skip for controls

Nausea	Y	N	Chills	Y	N
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	Other:_____		
Fever	Y	N	Temp:_____		

Comments:_____

What was first symptom?_____
- Date of onset (mm/dd/yy):____/____/____
- Time of onset (military):____/____/____
- Date of onset of diarrhea:____/____/____
- Time of onset of diarrhea:____/____/____
- Duration of diarrhea (days) :____/____/____

Date of recovery:____/____/____
Time of recovery:____/____/____

Were you on any medication in the month prior to your illness? Y N
If yes, what brand? _____
Were you treated with antibiotics after the onset of this illness? Y N
If yes, what antibiotic?_____
What date did you start taking your antibiotics?____/____/____
(IF UNKNOWN) → Did you take the antibiotics before you submitted the stool culture?
Y N SAME DAY
If yes, how many days before culture?_____
What date did you finish taking your antibiotics?____/____/____

For PEDIATRIC Cases:

1. Has _____ had contact with young children in a daycare or school setting prior to or following his/her illness? ☐ Y ☐ N
   If yes, when: ___/___/___ thru ___/___/___
   Name of Daycare: _____
   Name of Daycare Director: _____
   City: _____
   Phone Number: _____
   Are you aware of any other illness in daycare? ☐ Y ☐ N
   Did your child attend daycare with a diarrheal illness? ☐ Y ☐ N Date(s):_____

For children that attend daycare: **Tennessen read** ☐ Y ☐ N

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 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 child's name to the daycare, if it is necessary? ☐ Yes, I do have concerns ☐ No, I do not have concerns

2. Do you have any other children in your household? ☐ Y ☐ N

Do they attend daycare and/or school? ☐ Y ☐ N
If yes, where? (list all school, preschool, and/or daycare for each child)_____
_____

Did any of your other children have diarrhea the week before or after _____'s illness?
☐ Y ☐ N If yes, when? ____/____/____ Who?_____

3. Do you know of anyone else who had a diarrheal illness before or after _____'s illness?
☐ Y ☐ N If yes, when? ____/____/____

For ADULT Cases:

4. Do you have any children in your household? ☐ Y ☐ N

Do they attend daycare and/or school? ☐ Y ☐ N
If yes, where (list all school, preschool, and/or daycare)? _____
_____

Did any of your children have diarrhea the week before or after your illness? ☐ Y ☐ N
If yes, when? ____/____/____ Who?_____

5. Do you know of anyone else who had a diarrheal illness before or after your illness? ☐ Y ☐ N
If yes, when? ____/____/____ Who? _____

For ALL Cases:

6. Did you drink untreated/raw water during the seven days before you illness? ☐ Y ☐ N

If yes, where? _____

7. Did you swim in the ocean, a lake, a river, or pool in the week before your illness? ☐ Y ☐ N

If yes, where? _____

8. Where did you shop for groceries eaten during the week before your illness? _____

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

If yes, where? _____When? ____/____/____ thru ____/____/____

If airline travel, what airline?_____ flight no. _____

Foods eaten there?_____Back?_____

If you stayed at a resort, please provide resort name:_____

10. 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? _____

Date/day prior to onset

___/___/___

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
________	Breakfast	☐	☐	____________	______________
________	Lunch	☐	☐	____________	______________
________	Dinner	☐	☐	____________	______________
________	Other	☐	☐	____________	______________

___/___/___

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
________	Breakfast	☐	☐	____________	______________
________	Lunch	☐	☐	____________	______________
________	Dinner	☐	☐	____________	______________
________	Other	☐	☐	____________	______________

___/___/___

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
________	Breakfast	☐	☐	____________	______________
________	Lunch	☐	☐	____________	______________
________	Dinner	☐	☐	____________	______________
________	Other	☐	☐	____________	______________

___/___/___

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
________	Breakfast	☐	☐	____________	______________
________	Lunch	☐	☐	____________	______________
________	Dinner	☐	☐	____________	______________
________	Other	☐	☐	____________	______________

___/___/___

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
________	Breakfast	☐	☐	____________	______________
________	Lunch	☐	☐	____________	______________
________	Dinner	☐	☐	____________	______________
________	Other	☐	☐	____________	______________

Did you eat in any restaurants during the seven days prior to 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:_____

4. Name:_____Date: ____/____/____Time:_____

   Address:_____

   Foods eaten:_____

5. Name:_____Date: ____/____/____Time:_____

   Address:_____

   Foods eaten:_____

If Adult Case:	**Foodworkers only:**
What is your occupation?_____ Name of employer?_____ Address/city of employer?_____ _____ Work phone: _(____)_____ **If child case** Parent's occupation: _____ Child's school name and address:_____	Work restrictions may apply to people with *Shigella* infections who work in food service. You will be contacted by an epidemiologist if restrictions apply to you. **Statement read** ☐ Y ☐ N

Last updated 3/8/06