

# Campylobacteriosis EpiTrax Investigation Form



## INTERVIEW

EpiTrax # \_\_\_\_\_

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

Number of Call Attempts: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

- Follow-up Status:
- Interviewed
  - Refused interview
  - Lost to follow-up\*

- Respondent was:
- Self
  - Parent
  - Spouse
  - Other: \_\_\_\_\_

\*At least 3 telephone attempts at different times of the day should be made before a case can be considered lost to follow-up.

## DEMOGRAPHICS

Date of Birth: \_\_\_\_\_

- Race:
- White
  - Black/African-American
  - American Indian/Alaska Native
  - Asian
  - Native Hawaiian/Pacific Islander
  - Other: \_\_\_\_\_
  - Unknown

Age: \_\_\_\_\_

- Birth Gender:
- Male
  - Female

- Ethnicity:
- Hispanic or Latino
  - Not Hispanic or Latino

## EPIDEMIOLOGICAL INFORMATION

***Check all that apply and enter facility details below. Patient is a:***

- Food handler
- Healthcare worker
- Group living resident

**Occupation:** \_\_\_\_\_

***Check all that apply:***

- Child
- Student
- Volunteer
- Retired
- Unemployed

Facility Name: \_\_\_\_\_

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

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

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

## CLINICAL INFORMATION

**What date did symptoms of illness begin?**

Patient was asymptomatic

Onset Date: \_\_\_\_\_ Onset Time: \_\_\_\_\_ AM/PM

Diagnosis Date: \_\_\_\_\_ Exposure Date: \_\_\_\_\_  
*Calculate exposure period 10 days before onset of symptoms*

**Have symptoms of illness completely stopped?**

Yes  No  Unknown

Recovery Date: \_\_\_\_\_

Recovery Time: \_\_\_\_\_ AM/PM

**Were you hospitalized?**  Yes  No

Hospital Name(s): \_\_\_\_\_

Clinician Name: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

**Are you pregnant?**  Yes  No *If yes, expected due date:* \_\_\_\_\_

**Mortality event?**  Yes  No *If yes, date of death:* \_\_\_\_\_

**Did you take any antibiotics for this illness?**  Yes (enter below)  No  Unknown

Antibiotic name: \_\_\_\_\_

For how many days will you take them? \_\_\_\_\_

**Which of the following symptoms did you experience (select all that apply):**

Diarrhea, maximum number of stools in 24 hours: \_\_\_\_\_

Bloody diarrhea

Abdominal pain/cramps

Vomiting

Diarrhea

Fever, highest measured temperature: \_\_\_\_\_ °F/°C

Any other symptoms: \_\_\_\_\_

**Were you diagnosed with Guillain-Barré Syndrome (GBS) or any other complications from campylobacter?**

Diagnosed with Guillain-Barré Syndrome (GBS)

Diagnosed with another complication: \_\_\_\_\_

Did not develop any complications

**Do you have an underlying immunodeficiency?**  Yes  No  Unknown

*If yes, specify:* \_\_\_\_\_

## INVESTIGATION: WATER EXPOSURE

**In the 10 days before illness, did you drink any untreated (non-chlorinated) well water, either at home, work, or elsewhere?**       Yes       No       Unknown

*If yes, specify source:* \_\_\_\_\_

specify address: \_\_\_\_\_

**In the 10 days before illness, did you ingest any untreated surface water such as from a pond, river, or lake?**       Yes (enter below)       No       Unknown

Source/location: \_\_\_\_\_

Location address: \_\_\_\_\_

Date of exposure: \_\_\_\_\_

## INVESTIGATION: ANIMAL EXPOSURE

**Do you live on a farm or ranch, or work on a farm or ranch?**

Yes (live)       Yes (work)       No

**In the 10 days prior to illness onset, did you have any contact with farm animals, including poultry, cows, or other livestock?**

Yes (select all that apply)       No       Unknown

Chickens, chicks       Turkeys       Cows, cattle, calves       Goats

Horses       Pigs       Llamas, alpacas       Sheep

Other: \_\_\_\_\_

**In the 10 days prior to onset of illness, did you have any contact with any pets, including dogs, cats, reptiles, ferrets, or exotic birds?**

Yes (select all that apply)       No       Unknown

Dog/puppy       Rodent (mouse, hamster, guinea pig, etc.)

Cat/kitten       Exotic bird (parakeet, parrot, etc.)

Reptiles (snake, lizard, etc.)       Ferret or mink

Other: \_\_\_\_\_

## INVESTIGATION: ANIMAL EXPOSURE (CONTINUED)

**In the 10 days prior to onset of illness, did you visit any place where animals were present, such as a farm, county fair, pet store, farm and feed store, or a private home?**

- Yes (select all that apply)       No       Unknown
- Farm       County or state fair, 4-H events, livestock show       Petting zoo
- Pet store       Agricultural "farm and feed" store       School
- Party       Private home

**Did any of the animals you had contact with have diarrhea in the 30 days before you became ill?**

- Yes       No       Unknown

If yes, specify details: \_\_\_\_\_

**Were any of the animals you had contact with acquired within the 30 days before you became ill?**

- Yes       No       Unknown

Animal(s) acquired from: \_\_\_\_\_

Address where animal acquired: \_\_\_\_\_

Date animal acquired: \_\_\_\_\_

## INVESTIGATION: FOOD EXPOSURE

**In the 10 days before you became ill, did you drink unpasteurized (raw) milk?**

- Yes       No       Unknown

Purchased/acquired from (name): \_\_\_\_\_

Where purchased (address): \_\_\_\_\_

Date of purchase: \_\_\_\_\_ Date of consumption: \_\_\_\_\_

**In the 10 days before illness, did you consume other unpasteurized milk products, such as ice cream?**

- Yes       No       Unknown

Purchased/acquired from (name): \_\_\_\_\_

Where purchased (address): \_\_\_\_\_

Date of purchase: \_\_\_\_\_ Date of consumption: \_\_\_\_\_

## INVESTIGATION: FOOD EXPOSURE CONTINUED

In the 10 days before illness, did you eat any soft, imported, or unpasteurized cheese?

Yes       No       Unknown

Purchased/acquired from (name): \_\_\_\_\_

Where purchased (address): \_\_\_\_\_

Date of purchase: \_\_\_\_\_ Date of consumption: \_\_\_\_\_

## INVESTIGATION: CONTACTS

Did you have contact with anyone who had similar symptoms or was diagnosed with campylobacteriosis?

Yes       No       Unknown

*This information will need to be reported under "Contacts" in EpiTrax.*

<i>Contact 1 Name:</i> _____	<i>Contact Type:</i> <input type="checkbox"/> Household Contact
<i>Age:</i> _____	<input type="checkbox"/> Non-household family <input type="checkbox"/> School
<i>Onset Date:</i> _____	<input type="checkbox"/> Child cared for by patient <input type="checkbox"/> Daycare
<i>EpiTrax Case Number:</i> _____	<input type="checkbox"/> Caretaker of patient <input type="checkbox"/> Other

<i>Contact 2 Name:</i> _____	<i>Contact Type:</i> <input type="checkbox"/> Household Contact
<i>Age:</i> _____	<input type="checkbox"/> Non-household family <input type="checkbox"/> School
<i>Onset Date:</i> _____	<input type="checkbox"/> Child cared for by patient <input type="checkbox"/> Daycare
<i>EpiTrax Case Number:</i> _____	<input type="checkbox"/> Caretaker of patient <input type="checkbox"/> Other

<i>Contact 3 Name:</i> _____	<i>Contact Type:</i> <input type="checkbox"/> Household Contact
<i>Age:</i> _____	<input type="checkbox"/> Non-household family <input type="checkbox"/> School
<i>Onset Date:</i> _____	<input type="checkbox"/> Child cared for by patient <input type="checkbox"/> Daycare
<i>EpiTrax Case Number:</i> _____	<input type="checkbox"/> Caretaker of patient <input type="checkbox"/> Other

# INVESTIGATION: RISK FACTORS/TRAVEL

**In the 10 days before illness onset, did you attend any large gatherings, such as a sporting event, festival, or church function?**

Yes (complete below)       No       Unknown

Event Name	City, State	Date of Event	Additional Information/Notes

**In the 10 days before illness onset, did you travel outside of the United States?**

Yes (complete below)       No       Unknown

Country	City	Travel Dates	Additional Information/Notes

**In the 10 days before illness onset, did you travel outside of Kansas, but remain in the United States?**

Yes (complete below)       No       Unknown

State	City	Travel Dates	Additional Information/Notes

**In the 10 days before illness onset, did you travel outside of the county you reside in, but remain in Kansas?**

Yes (complete below)       No       Unknown

City	Travel Dates	Additional Information/Notes

