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Arizona Department of Health Services

Send or Fax to:
ADHS Infectious Disease Epidemiology
150 North 18th Ave, Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3199 Fax

Outbreak Name: _____

eFORS ID: _____

Epi-linked to confirmed case? ☐ Yes **MEDSIS#**_____

SALMONELLOSIS

MEDSIS Case No: _____

County: _____

☐ Confirmed ☐ Probable
☐ Ruled Out ☐ Lost to follow up

REPORT SOURCE

Initial report date: _____

Reporter: _____

Reporter org.: _____

Reporter phone: _____

Provider name _____

Provider org.: _____

Provider phone: _____

PATIENT INFORMATION

Or Attach CDR

Name (last, first) _____

Street address _____

City _____ State _____ Zip _____

Mailing address _____

Phone _____ Alt. Phone _____

Occupation/school grade:_____

Employer/school/other: _____

Alt. contact _____ Phone _____

☐ Parent/guardian ☐ Spouse ☐ Other _____

Birthdate ____ / ____ / ____ or age _____ Sex: ☐ Male ☐ Female ☐ Unknown/Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown
Race: ☐ White ☐ African American ☐ Native Hawaiian/Pac Islander
☐ Asian ☐ Amer Indian / AK Native ☐ Other _____

CLINICAL INFORMATION

The next section asks about specific symptoms that you may or may not have experienced during your illness

Onset date: ___ / ___ / ____ ☐ Unknown **Diagnosis date**: ___ / ___ / ____ **Illness duration**: _____ days ☐ Ongoing

Signs and Symptoms

First Symptom: ☐ Diarrhea ☐ Nausea/Vomiting
Onset: ___:___ am/pm on ___ / ___ / _____

Y	N	DK	NA	
☐	☐	☐	☐	Diarrhea (>3 loose stools)
				Onset: ___:___ am/pm on ___ / ___ / _____
				_____ Number of days with >3 loose stools
				_____ Average number of episodes in 24 hours
				☐ Bloody ☐ Watery ☐ Mucousy
☐	☐	☐	☐	Fever (highest: _____ºF on ___ / ___ / _____)
☐	☐	☐	☐	Nausea
☐	☐	☐	☐	Vomiting
☐	☐	☐	☐	Abdominal pain
☐	☐	☐	☐	Headache
☐	☐	☐	☐	Treated with antibiotics for this illness?
				Type: _____

Other symptoms/chronic medical conditions: _____

_____

_____

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	Hospitalized ☐ ED only

Hospital: _____

Admit date ___ / ___ / ____ Discharge date___ / ___ / ____

Laboratory—Clinical Specimen

Specimen Type:_____ Collected ___ / ___ / ____
Attach lab results if reporting to ADHS

	P	N	DK	NT	
Results:	☐	☐	☐	☐	Serotype: _____

State Lab ID: _____

Laboratory-Environmental Specimen(s)

Sample Type: _____ Collected ___ / ___ / ____

	P	N	DK	NT	
Results:	☐	☐	☐	☐	Serotype: _____

Sample Type: _____ Collected ___/ ___/ _____

	P	N	DK	NT	
Results:	☐	☐	☐	☐	Serotype: _____

Y=Yes N=No/Negative DK=Don't Know NA=Not Asked/ Not Answered P=Positive UF/UE=Usually Frequent/Eat O=Other/Unknown NT=Not Tested

SALMONELLOSIS Name (Last, First) _____

EPIDEMIOLOGICAL INFORMATION

TRAVEL

*I am now going to ask you some questions about your travel history that may be important during the **seven** days prior to your illness*

Y	N	DK	NA	In the week prior to your illness onset, did you travel outside the country?
☐	☐	☐	☐	**If Yes, when:** _____

From Where	To Where	Dates of Travel	Hotel/Resort/Other
1. _____	_____	___/___/___ to ___/___/___	_____
Airline: _____	Flight#: _____	Foods Eaten: _____	
2. _____	_____	___/___/___ to ___/___/___	_____
Airline: _____	Flight#: _____	Foods Eaten: _____	

FOOD HISTORY

*I am now going to ask you some questions about your food history that may be important during the **seven** days prior to your illness. (If they can not recall where they ate/shopped then ask what establishments they usually frequent or what they usually eat)*

Y	N	DK	UF	In the week prior, did you eat food from a:	Name, location, date & foods eaten:
☐	☐	☐	☐	Restaurant (sit down)	_____
☐	☐	☐	☐	Fast food establishment	_____
☐	☐	☐	☐	Cafeteria	_____
☐	☐	☐	☐	Deli	_____
☐	☐	☐	☐	Street vendor	_____
☐	☐	☐	☐	Concession stand at an event	_____
☐	☐	☐	☐	Snack bar	_____
☐	☐	☐	☐	Gas station/convenience store	_____
☐	☐	☐	☐	Grocery store	_____
☐	☐	☐	☐	Ready-to-eat food served in a grocery store	_____
☐	☐	☐	☐	Other store/establishment *(coffee house, bar, etc)*	_____
☐	☐	☐	☐	Social gathering where food was served	_____

Y	N	DK	UE	Did you consume any of the following:	Brand, purchase location, & date:
☐	☐	☐	☐	Ground beef ☐ Undercooked/Raw	_____
☐	☐	☐	☐	Handled raw Ground Beef?	
☐	☐	☐	☐	Poultry ☐ Undercooked/Raw	_____
☐	☐	☐	☐	Handled raw Poultry?	
☐	☐	☐	☐	Other meats ☐ Undercooked/Raw	_____
☐	☐	☐	☐	Eggs ☐ Undercooked/Raw	_____
☐	☐	☐	☐	Unpasteurized milk/dairy products	_____
☐	☐	☐	☐	Queso fresco	_____
☐	☐	☐	☐	Tomatoes	_____
☐	☐	☐	☐	Fresh salsa	_____
☐	☐	☐	☐	Cilantro	_____
☐	☐	☐	☐	Sprouts (alfalfa, mung bean, etc.)	_____
☐	☐	☐	☐	Lettuce, spinach or other leafy green	_____
☐	☐	☐	☐	Other raw vegetables	_____
☐	☐	☐	☐	Cantaloupe	_____
☐	☐	☐	☐	Other raw fruit	_____
☐	☐	☐	☐	Unpasteurized juice/cider	_____
☐	☐	☐	☐	Peanut butter	_____
☐	☐	☐	☐	Raw nuts	_____
☐	☐	☐	☐	Raw or untreated water	
				Home water source: ☐ Municipal ☐ Well	

Y=Yes | N=No/Negative | DK=Don't Know | NA=Not Asked/ Not Answered | P=Positive | UF/UE=Usually Frequent/Eat | O=Other/Unknown | NT=Not Tested

SALMONELLOSIS Name (Last, First) _____

*List location of each meal and foods eaten within **FIVE** days before onset of symptoms. For the food history, please try to answer based upon what you remember eating the 5 days prior to becoming ill, and if you cannot remember, answer based upon what foods you typically would have eaten during that time period.*
(Interviewer: please remember to also ask about additional food items such as toppings, condiments, sides, beverages and snacks)

FIVE-DAY FOOD HISTORY, DAY OF ILLNESS ONSET* DATE*: ___ / ___ / ____ DAY: _____

Meal/Time	Foods/Beverages Consumed	Location	Meal Companions
Breakfast Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Lunch Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Dinner Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Other/Snacks Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	

DAY ONE PRIOR TO ILLNESS ONSET DATE: ___ / ___ / ____ DAY: _____

Meal/Time	Foods/Beverages Consumed	Location	Meal Companions
Breakfast Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Lunch Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Dinner Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Other/Snacks Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	

DAY TWO PRIOR TO ILLNESS ONSET DATE: ___ / ___ / ____ DAY: _____

Meal/Time	Foods/Beverages Consumed	Location	Meal Companions
Breakfast Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Lunch Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Dinner Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Other/Snacks Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	

** If symptom onset is earlier than 12:00 noon, start the food history on the day prior*

SALMONELLOSIS Name (Last, First) _____

DAY THREE PRIOR TO ILLNESS ONSET DATE: ___ / ___ / ____ DAY: _____

Meal/Time	Foods/Beverages Consumed	Location	Meal Companions
Breakfast Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Lunch Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Dinner Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Other/Snacks Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	

DAY FOUR PRIOR TO ILLNESS ONSET DATE: ___ / ___ / ____ DAY: _____

Meal/Time	Foods/Beverages Consumed	Location	Meal Companions
Breakfast Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Lunch Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Dinner Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Other/Snacks Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	

DAY FIVE PRIOR TO ILLNESS ONSET DATE: ___ / ___ / ____ DAY: _____

Meal/Time	Foods/Beverages Consumed	Location	Meal Companions
Breakfast Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Lunch Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Dinner Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	
Other/Snacks Time: ____:____ ☐ AM ☐ PM		☐ Home ☐ Outside _____ *(specify: i.e. friends, restaurant, etc)*	

SALMONELLOSIS Name (Last, First) _____

*I am now going to ask you some questions about animal exposures as well as some miscellaneous questions about additional exposures that may be important during the **seven** days prior to your illness onset.*

ANIMAL EXPOSURE INFORMATION

Y	N	DK	NA		Specify:
☐	☐	☐	☐	Work/Live on Farm/Dairy/Ranch?	
☐	☐	☐	☐	Any contact w/animals or animal products?	
☐	☐	☐	☐	Do you own a pet?	
☐	☐	☐	☐	Was your pet sick?	
☐	☐	☐	☐	Visit a Zoo/Farm/Fair/Pet shop?	
☐	☐	☐	☐	Bird/Duck/Baby Chick exposure?	
☐	☐	☐	☐	Reptile/Amphibian exposure? (i.e. turtles, iguanas, snakes, frogs, etc)	
☐	☐	☐	☐	Exotic Animals?	
☐	☐	☐	☐	Other animal exposure?	

ADDITIONAL EXPOSURE INFORMATION

Sensitive Occupations:

Y	N	DK	NA	
☐	☐	☐	☐	Employed as food handler (work or volunteer)
☐	☐	☐	☐	Did you prepare food for others? (i.e. friends, family, etc)
☐	☐	☐	☐	Employed in or attends child care or preschool
☐	☐	☐	☐	Employed as a healthcare worker
☐	☐	☐	☐	Do any household contacts work in above occupations?
☐	☐	☐	☐	Contact with diapered/incontinent child/adult
☐	☐	☐	☐	Do you know anyone else with similar symptoms/illness?

Miscellaneous:

Did you visit, swim or have contact with water at….
☐ River ☐ Lake ☐ Pond ☐ Community Pool

Y	N	DK	NA	
☐	☐	☐	☐	On antibiotics at any time in the month prior to illness?
				Date and Type: _____
☐	☐	☐	☐	Take any antacids in month prior to illness?

Any Other Exposures of Interest? _____

_____

FOR PUBLIC HEALTH DEPARTMENT USE ONLY

How was person likely exposed? ☐Food ☐Water ☐Person ☐Animal ☐Environmental ☐Unknown

Case is part of ☐International outbreak ☐National outbreak ☐Local outbreak

Where did the exposure likely occur? _____

☐ No risk factors/exposures could be identified
☐ Patient could not be interviewed/LTF
☐ Case is part of known outbreak
Outbreak Name: _____
eFORS/NORS ID: _____
☐ Epi-linked to confirmed case?

ACTIONS TAKEN:

MEDISIS ID of confirmed case: _____

☐ Education provided to case/contacts/facilities
☐ Initiate trace-back investigation
☐ Case excluded from sensitive occupation/establishment
☐ Follow-up on contacts who may have been exposed
☐ Symptomatic contacts excluded from sensitive occupation/establishment
☐ Environmental health notified
☐ Establishment/Childcare inspected (Date: ____/____/_____)
☐ Other: _____

NOTES

INVESTIGATOR(S): _____ **DATE:** ___/___/___ **DATE CLOSED:** ___/___/___

Y=Yes	N=No/Negative	DK=Don't Know	NA=Not Asked/ Not Answered	P=Positive	UF/UE=Usually Frequent/Eat	O=Other/Unknown	NT=Not Tested