# Salmonellosis Case Report Form

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

**MEDSIS ID**

If this form is being completed by a non-MEDSIS user, please **attach a lab report** and complete the following information:

| | | |
|---|---|---|
| Person completing this form: | | Phone of person completing form: |
| Patient Name | | |
| Date of Birth | Gender | Race/Ethnicity |
| Address | Patient phone | Email |
| Mailing Address | | |
| City | County | Zip |

Died? ☐ Yes, date: ☐ No ☐ Unknown If died, was death due to salmonellosis? ☐ Yes ☐ No ☐ Unknown

## CLINICAL DATA

Date first felt sick ☐ Unknown

| | | | | |
|---|---|---|---|---|
| Diarrhea (3 loose stools in 24 hours) | ☐ Yes | If yes, onset date: | ☐ No | ☐ Unknown |
| Urinary tract infection symptoms (pain or burning during urination, blood in urine) | ☐ Yes | | ☐ No | ☐ Unknown |
| Abdominal pain | ☐ Yes | | ☐ No | ☐ Unknown |
| Admitted overnight to a hospital for this illness | ☐ Yes | | ☐ No | ☐ Unknown |

**Clinical Data Notes**

## PATIENT HISTORY: CONTACTS AND OCCUPATION

Know anyone else with similar symptoms/illness ☐ Yes ☐ No ☐ Unknown

**CONTACTS**

| First and Last Name | DOB (or Age) | Gender | Phone | Onset date | Symptoms |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

**OCCUPATION**

*In the 7 days before illness began, and while symptomatic, was the patient:*

| | | | |
|---|---|---|---|
| Employed as a food handler (work or volunteer) | ☐ Yes | ☐ No | ☐ Unknown |
| Employed in or attended child care or preschool | ☐ Yes | ☐ No | ☐ Unknown |
| Employed as a healthcare worker | ☐ Yes | ☐ No | ☐ Unknown |

Occupation: School:

**Contacts and Occupation Notes**

# PATIENT HISTORY: TRAVEL

| Spend all or some of the 7 days before onset outside of city of residence | ☐ Yes | ☐ No | ☐ Unknown |
|---|---|---|---|

| Destination (city, state country) | Date arrived | Date departed | Mode of transport | Lodging type, Address/Phone | Reason for travel* |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

*Reasons for travel: Adoption, business, new immigrant, tourism, visiting relative and/or friend, other (specify), unknown

**Travel History Notes**

# PATIENT HISTORY: FOOD

**FOOD ALLERGIES AND SPECIAL DIETS**

| | | | |
|---|---|---|---|
| Allergic to any food items | ☐ Yes | ☐ No | ☐ Unknown |
| Special or restricted diets (i.e. kosher, low carb, vegetarian, paleo, gluten free)? | ☐ Yes | ☐ No | ☐ Unknown |

**Food Allergies and Special Diet Notes.** Please fill in notes regarding food allergies and special diets.

**FOOD SOURCES AT HOME**

*In the 7 days before illness began, did the patient eat food from:*

| | | | | |
|---|---|---|---|---|
| Grocery stores or supermarkets | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Warehouse stores (Costco, Sam's Club, etc.) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Ethnic specialty markets (Mexican, Asian, Indian, etc.) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Home or meal delivery grocery services (Amazon Fresh, Schwann's, Hello Fresh, grocery delivery, etc.) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Gifted or donated food (food bank, church group, etc.) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Food from another country not purchased in a U.S. store (including Mexico) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Health food stores or co-ops | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Farmers' markets or roadside stands (incl. food purchased directly from a farm) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Fish or meat specialty shops (butcher shop, etc.) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Live animal market or custom slaughter facility | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Other sources of food at home | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| May we have permission to retrieve purchases based on your store loyalty or member card information? This information will be kept confidential. | ☐ Yes | ☐ No | | |

Please use this table to track food sources AT HOME in the 7 days before illness onset. This includes food that may have been obtained at grocery stores, warehouse stores, discount stores, ethnic food stores, farmers' markets, food delivered to home (e.g., Schwann's, Blue Apron), and donated food/food banks.

| Food source at home (name of grocery store, market, etc.) | Address or cross streets, City, State | Store Loyalty Card, if applicable | Summary of foods generally purchased at this location |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## FOOD SOURCES AWAY FROM HOME

*In the 7 days before illness began, did the patient eat food from:*

| | | | | |
|---|---|---|---|---|
| Restaurant or fast food (Includes food delivered, such as Uber Eats and Postmates) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Cafeteria | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Sandwich shop or deli | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Food trucks or street vendor | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Concession stand at an event or snack bar | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Gas station/convenience store | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Other store/establishment (coffee house, bar, etc.) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Social gathering where food was served (wedding, potluck, party, barbeque, etc.) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |

Please use this table to enter information about food sources consumed AWAY FROM HOME in the 7 days before illness onset. This includes restaurants, fast food restaurants, events where food was served, potlucks, weddings, meetings, catered meals, street vendors, concessions, convenience store/gas stations, etc.

| Food source away from home (name of the restaurant, event, etc.) | Address or cross streets, City, State | Date ate at the restaurant/event/other | Foods eaten, including drinks, appetizers, and sides. Also include any notes about the food source. |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

### POULTRY PRODUCTS IN THE 7 DAYS BEFORE ILLNESS BEGAN

| | Yes | Maybe | No | Unknown | If yes or maybe… |
|---|---|---|---|---|---|
| Chicken at home | ☐ | ☐ | ☐ | ☐ | ☐ Whole chicken (rotisseries or roasted) |
| | | | | | ☐ Parts of chicken (breasts, drumsticks, wings) |
| | | | | | ☐ Ground chicken |
| | | | | | ☐ Other chicken at home |
| Chicken outside the home | ☐ | ☐ | ☐ | ☐ | ☐ Whole chicken (rotisseries or roasted) |
| | | | | | ☐ Parts of chicken (breasts, drumsticks, wings) |
| | | | | | ☐ Ground chicken |
| | | | | | ☐ Other chicken outside the home |
| Turkey at home | ☐ | ☐ | ☐ | ☐ | ☐ Whole turkey |
| | | | | | ☐ Parts of turkey (breasts, drumsticks, wings) |
| | | | | | ☐ Ground turkey |
| | | | | | ☐ Other turkey at home |
| Turkey outside the home | ☐ | ☐ | ☐ | ☐ | ☐ Whole turkey |
| | | | | | ☐ Parts of turkey (breasts, drumsticks, wings) |
| | | | | | ☐ Ground turkey |
| | | | | | ☐ Other turkey outside the home |
| Other poultry | ☐ | ☐ | ☐ | ☐ | |

**Notes.** Type, brand, and dates and locations of purchase and consumption.

**Poultry Notes.** Please add additional details including fresh or frozen, skinless/skin on, boneless/bone in, etc.

**BEEF PRODUCTS IN THE 7 DAYS BEFORE ILLNESS BEGAN**

| | Yes | Maybe | No | Unknown | If yes or maybe… | **Notes.** Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|
| Beef at home | ☐ | ☐ | ☐ | ☐ | ☐ Ground beef | **Beef Notes.** Please add additional details including cut of beef, percent lean, packaging information, how the beef was purchased (fresh or frozen), and how the beef was prepared |
| | | | | | ☐ Steaks, roasts, or other cuts | |
| Beef outside the home | ☐ | ☐ | ☐ | ☐ | ☐ Ground beef | |
| | | | | | ☐ Steaks, roasts, or other cuts | |

**PORK PRODUCTS IN THE 7 DAYS BEFORE ILLNESS BEGAN**

| | Yes | Maybe | No | Unknown | If yes or maybe… | **Notes.** Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|
| Pork at home | ☐ | ☐ | ☐ | ☐ | ☐ Whole pig | **Pork Notes.** Please add additional details including cut of pork, packaging information, how the pork was purchased (fresh or frozen), and how the pork was prepared. |
| | | | | | ☐ Parts (chops, roast, ribs, tenderloin etc.) | |
| | | | | | ☐ Ground pork | |
| | | | | | ☐ Processed meat (hot dogs, sausage, pepperoni, bacon) | |
| | | | | | ☐ Other pork (jerky, pate, etc,) | |
| Pork outside the home | ☐ | ☐ | ☐ | ☐ | ☐ Whole pig | |
| | | | | | ☐ Parts (chops, roast, ribs, tenderloin etc.) | |
| | | | | | ☐ Ground pork | |
| | | | | | ☐ Processed meat (hot dogs, sausage, pepperoni, bacon) | |
| | | | | | ☐ Other pork (jerky, pate, etc,) | |

**SEAFOOD AND SHELLFISH PRODUCTS IN THE 7 DAYS BEFORE ILLNESS BEGAN**

| | Yes | Maybe | No | Unknown | If yes or maybe… | **Notes.** Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|
| Seafood or shellfish at home | ☐ | ☐ | ☐ | ☐ | ☐ Fish, fresh or frozen (salmon, tilapia, etc.) | **Seafood and Shellfish Notes.** Please add additional details including how the seafood was purchased (fresh or frozen) and how the seafood was prepared. |
| | | | | | ☐ Raw fish or fish products (sushi, poke, ceviche, etc.) | |
| | | | | | ☐ Smoked or dried fish (smoked salmon, lox, etc.) | |
| | | | | | ☐ Shrimp or prawns | |
| | | | | | ☐ Crab, lobster, or crayfish | |
| | | | | | ☐ Oysters | |
| | | | | | ☐ Clams, mussels, scallops, or other shellfish | |
| | | | | | ☐ Other seafood or shellfish | |

| | Yes | Maybe | No | Unknown | If yes or maybe… | **Notes.** Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|
| Seafood or shellfish outside the home | ☐ | ☐ | ☐ | ☐ | ☐ Fish, fresh or frozen (salmon, tilapia, etc.) | **Seafood and Shellfish Notes, cont.** |
| | | | | | ☐ Raw fish or fish products (sushi, poke, ceviche, etc.) | |
| | | | | | ☐ Smoked or dried fish (smoked salmon, lox, etc.) | |
| | | | | | ☐ Shrimp or prawns | |
| | | | | | ☐ Crab, lobster, or crayfish | |
| | | | | | ☐ Oysters | |
| | | | | | ☐ Clams, mussels, scallops, or other shellfish | |
| | | | | | ☐ Other seafood or shellfish | |

**EGGS, DAIRY, AND CHEESE PRODUCTS IN THE 7 DAYS BEFORE ILLNESS BEGAN**

| | Yes | Maybe | No | Unknown | If yes or maybe… | **Notes.** Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|
| Eggs | ☐ | ☐ | ☐ | ☐ | ☐ At home | **Eggs Notes.** Please add additional details including brand of eggs and how the eggs were prepared. |
| | | | | | ☐ Outside the home | |
| Anything made with raw eggs (e.g. cookie dough, cake batter, sauces, mayo, etc.) | ☐ | ☐ | ☐ | ☐ | ☐ At home | |
| | | | | | ☐ Outside the home | |
| Unpasteurized milk | ☐ | ☐ | ☐ | ☐ | | **Unpasteurized milk Notes** |
| Mexican-style cheese (queso fresco, queso blanco, cotija, etc.) | ☐ | ☐ | ☐ | ☐ | | **Cheese Notes** |
| Other soft cheeses | ☐ | ☐ | ☐ | ☐ | ☐ Blue-veined (bleu or gorgonzola) | |
| | | | | | ☐ Feta | |
| | | | | | ☐ Brie or camembert | |
| | | | | | ☐ Goat cheese | |
| Other types of cheese | ☐ | ☐ | ☐ | ☐ | | |

**TOMATOES, AVOCADOS, AND LEAFY GREENS IN THE 7 DAYS BEFORE ILLNESS BEGAN**

| | Yes | Maybe | No | Unknown | If yes or maybe… | **Notes.** Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|
| Fresh tomatoes including on a sandwich, burger, salad, or in pasta (red round, roma, bite sized tomato like grape or cherry) | ☐ | ☐ | ☐ | ☐ | ☐ At home | **Tomato and Avocado Notes.** |
| | | | | | ☐ Outside the home | |
| Fresh salsa (not from a jar or can) | ☐ | ☐ | ☐ | ☐ | ☐ At home | |
| | | | | | ☐ Outside the home | |
| Avocado or guacamole | ☐ | ☐ | ☐ | ☐ | ☐ At home | |
| | | | | | ☐ Outside the home | |

| | Yes | Maybe | No | Unknown | If yes or maybe… | **Notes.** Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|
| Iceberg lettuce | ☐ | ☐ | ☐ | ☐ | ☐ Pre-packaged<br>☐ Whole head/loose<br>☐ Unknown | **Leafy Greens Notes** |
| Romaine lettuce | ☐ | ☐ | ☐ | ☐ | ☐ Pre-packaged<br>☐ Whole head/loose<br>☐ Unknown | |
| Fresh spinach | ☐ | ☐ | ☐ | ☐ | ☐ Pre-packaged<br>☐ Whole head/loose<br>☐ Unknown | |
| Other leafy greens | ☐ | ☐ | ☐ | ☐ | (e.g. cabbage, kale, arugula, etc.) | |

**FRESH VEGETABLES IN THE 7 DAYS BEFORE ILLNESS BEGAN**

| | Yes | Maybe | No | Unknown | If yes or maybe… | **Notes.** Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|
| Cucumbers | ☐ | ☐ | ☐ | ☐ | ☐ Mini (such as Persian)<br>☐ Large, wrapped in plastic (like English or European)<br>☐ "Regular" sold loose (like garden)<br>☐ Other | **Cucumber Notes.** |

| | | | | |
|---|---|---|---|---|
| Zucchini or other "soft" or summer squash | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Sweet or bell peppers (green, red, orange, or yellow) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Fresh hot, spicy peppers (jalapeno or serrano) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Celery | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Carrots | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Broccoli or cauliflower | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Raw onions (white, yellow, or red/purple) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Raw green onions/scallion | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Fresh mushrooms | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |

**Fresh Vegetable Notes.** Type, brand, and dates and locations of purchase and consumption.

**FRESH FRUIT IN THE 7 DAYS BEFORE ILLNESS BEGAN**

| | Yes | Maybe | No | Unknown | If yes or maybe… | **Notes.** Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|
| Fruit that was already cut when purchased | ☐ | ☐ | ☐ | ☐ | ☐ Pre-cut melon<br>☐ Pre-cut fresh fruit salad<br>☐ Pre-cut apples<br>☐ Other | **Pre-Cut Fruit Notes** |
| Fresh berries | ☐ | ☐ | ☐ | ☐ | ☐ Strawberries<br>☐ Raspberries<br>☐ Blueberries<br>☐ Blackberries<br>☐ Other | **Fresh Berries Notes** |

| | Yes | Maybe | No | Unknown | If yes or maybe… | Notes. Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|
| Citrus fruit | ☐ | ☐ | ☐ | ☐ | ☐ Oranges<br>☐ Tangerines<br>☐ Grapefruit<br>☐ Mandarins<br>☐ Clementines<br>☐ Other | **Citrus Fruit Notes** |
| Melon | ☐ | ☐ | ☐ | ☐ | ☐ Cantaloupe<br>☐ Honeydew<br>☐ Watermelon<br>☐ Other | **Melon Notes** |
| Tropical fruit | ☐ | ☐ | ☐ | ☐ | ☐ Pineapple<br>☐ Mango<br>☐ Papaya<br>☐ Kiwi<br>☐ Other | **Tropical Fruit Notes** |

| | | | | |
|---|---|---|---|---|
| Unpasteurized or raw juice or cider | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Smoothies made with fresh or frozen fruit or vegetables | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Bottled, pre-made smoothie | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Other fresh fruit | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |

**Fresh Fruit Notes.** Type, brand, and dates and locations of purchase and consumption.

## FRESH HERBS AND SPROUTS IN THE 7 DAYS BEFORE ILLNESS BEGAN

| | Yes | Maybe | No | Unknown | If yes or maybe… | Notes. Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|
| Fresh cilantro | ☐ | ☐ | ☐ | ☐ | | **Fresh Herb Notes** |
| Other fresh herbs | ☐ | ☐ | ☐ | ☐ | ☐ Basil<br>☐ Parsley<br>☐ Chives<br>☐ Dill<br>☐ Sage<br>☐ Thyme | |
| Sprouts | ☐ | ☐ | ☐ | ☐ | ☐ Bean ☐ Daikon radish<br>☐ Alfalfa ☐ Microgreens<br>☐ Clover ☐ Other | **Sprouts Notes** |

## NUTS AND SEEDS THE 7 DAYS BEFORE ILLNESS BEGAN

| | Yes | Maybe | No | Unknown | If yes or maybe… | Notes. Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|
| Peanut butter or other nut or seed butters | ☐ | ☐ | ☐ | ☐ | ☐ Peanut<br>☐ Almond<br>☐ Hazelnut (including Nutella)<br>☐ Sunflower<br>☐ Cashew<br>☐ Other | **Nut Butter Notes** |

| | Yes | Maybe | No | Unknown | If yes or maybe... | | Notes. Type, brand, and dates and locations of purchase and consumption. |
|---|---|---|---|---|---|---|---|
| Nuts or seeds | ☐ | ☐ | ☐ | ☐ | ☐ Peanuts | ☐ Sunflower seeds | **Nuts or Seeds Notes** |
| | | | | | ☐ Almonds | ☐ Sesame seeds | |
| | | | | | ☐ Walnuts | ☐ Chia | |
| | | | | | ☐ Cashews | ☐ Hemp | |
| | | | | | ☐ Hazelnuts | ☐ Mixed nuts | |
| | | | | | ☐ Pecans | ☐ Other | |
| | | | | | ☐ Pine nuts | | |
| Sauces or dips that could contain nuts or seeds (pesto, hummus, tahini, etc.) | ☐ | ☐ | ☐ | ☐ | | | |

**FROZEN FOODS IN THE 7 DAYS BEFORE ILLNESS BEGAN**

| | | | | |
|---|---|---|---|---|
| Frozen pot pies | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Frozen breaded chicken products (chicken tenders or nuggets) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Frozen stuffed chicken products (Chicken Kiev or Chicken Cordon Bleu) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Frozen fish sticks or fillets | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Frozen vegetables | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Frozen Mexican-style food (burritos, taquitos, etc.) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Frozen berries or other fruit (including those used in smoothies) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Frozen snacks or entrees (hot pockets, bagel bites, pizza rolls, appetizers, etc.) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Frozen dessert (ice cream, popsicle, cream puffs, pies, etc.) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |

**Frozen Foods Notes.** Type, brand, and dates and locations of purchase and consumption.

**OTHER FOODS IN THE 7 DAYS BEFORE ILLNESS BEGAN**

| | | | | |
|---|---|---|---|---|
| Hot or cold breakfast cereals | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Granola bars, breakfast bars, power bars, or protein bars | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Chips, pretzels, or crackers | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Cookies or snack cakes | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Chocolate or chocolate-containing candy | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |
| Powdered drink mixes (including protein, meal replacement, green, chocolate, etc.) | ☐ Yes | ☐ Maybe | ☐ No | ☐ Unknown |

**Other Foods Notes.** Type, brand, and dates and locations of purchase and consumption.

## PATIENT HISTORY: ANIMAL EXPOSURE

| | Yes | Maybe | No | Unknown | If yes or maybe, please provide specific details: |
|---|---|---|---|---|---|
| Own a pet | ☐ | ☐ | ☐ | ☐ | |
| *In the 7 days before illness began, did the patient have contact with:* | | | | | |
| Animal products (food, treats, etc.) | ☐ | ☐ | ☐ | ☐ | |
| Small pets (hamster, rat, mouse, hedgehog, etc.) | ☐ | ☐ | ☐ | ☐ | |
| Live poultry, including chickens, turkeys, ducks, geese, and baby poultry (ducklings, chicks, etc.) | ☐ | ☐ | ☐ | ☐ | |
| Other birds | ☐ | ☐ | ☐ | ☐ | |
| Reptiles/amphibians (turtles, iguanas, snakes, frogs, etc.) | ☐ | ☐ | ☐ | ☐ | |
| Animals at an event (petting zoo, carnival, visit the zoo, etc.) | ☐ | ☐ | ☐ | ☐ | |
| Other animal contact | ☐ | ☐ | ☐ | ☐ | |

## PATIENT HISTORY: RECREATIONAL WATER EXPOSURE

*In the 7 days before illness began, did the patient visit:*

| | Yes | Maybe | No | Unknown | Location | Date |
|---|---|---|---|---|---|---|
| Pool, hot tub, or splash pad (private, public, inflatable, etc.) | ☐ | ☐ | ☐ | ☐ | | |
| | | | | | | |
| Natural water (lake, river, stream, pond, hot springs, ocean, etc.) | ☐ | ☐ | ☐ | ☐ | | |
| | | | | | | |
| Irrigation/secondary water source (canal, drainage ditch, etc.) | ☐ | ☐ | ☐ | ☐ | | |
| | | | | | | |

## PATIENT HISTORY: OTHER EXPOSURES OF INTEREST