



**PUBLIC HEALTH ISSUES (mark all that apply)**

- Food employee:  
Job description: \_\_\_\_\_
- Health care worker
- Child care or preschool employee
- Aged care/assisted living employee
- Household/close contact with employee  
in sensitive setting (HCW, childcare, food)
- Contact with diapered / incontinent person
- Other:  
Description: \_\_\_\_\_

**Did the case work at, visit or attend a day care center, preschool, aged care, assisted living or residential facility?**  Yes  No If YES, provide details below:

- Name of center/facility: \_\_\_\_\_
- Were any other attendees or staff ill?  Yes  No
- Were they tested or investigated?  Yes  No
- Were they excluded from attendance?  Yes  No
- Details: \_\_\_\_\_
- Did the case attend any large gatherings (e.g. receptions, parties)?**  Yes  No
- Where, dates, foods: \_\_\_\_\_
- Were other attendees reported ill?  Yes  No  Unknown
- Details: \_\_\_\_\_

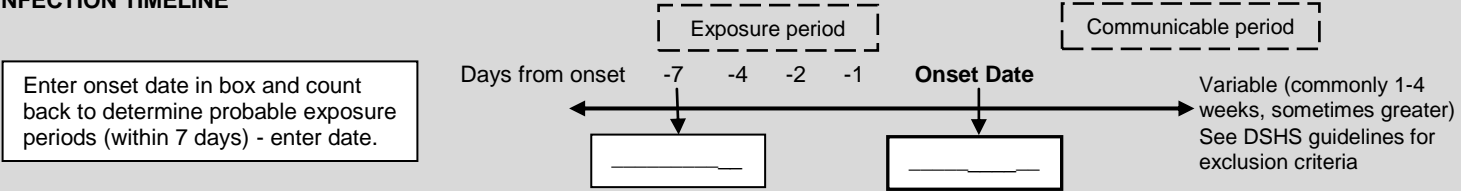
**PUBLIC HEALTH ACTIONS (mark all that apply)**

- Food employee exclusion - until 2 consecutive negative stool samples returned as required by TAC §229.163(d)
- Child care inspection
- Restaurant inspection
- Hygiene education provided: \_\_\_\_\_
- Trace-back investigation initiated
- Environmental / food / water supply testing: \_\_\_\_\_

**CONTACTS**

- Is this case associated / epi-linked to another case?  Yes  No Case information: \_\_\_\_\_
- How many household contacts does the patient have? \_\_\_\_\_ Have any of these had a diarrheal illness?  Yes  No
- If YES, complete the following:
- Last: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_ Onset date: \_\_\_\_\_ Culture positive?  Yes  No
- Last: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_ Onset date: \_\_\_\_\_ Culture positive?  Yes  No
- Last: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_ Onset date: \_\_\_\_\_ Culture positive?  Yes  No
- Last: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_ Onset date: \_\_\_\_\_ Culture positive?  Yes  No

**INFECTION TIMELINE**



**INVESTIGATION – EXPOSURE SOURCES**

- Case could not be interviewed (Three failed contact attempts made OR language barrier)
  - Part of outbreak (Outbreak questionnaire used)
- Interviewee:  Case  Surrogate  Physician  Other HCW  Other: \_\_\_\_\_ Interview date: \_\_\_\_\_

**TRAVEL**

- Did the case travel out of the county, out of the state, out of the country or outside of usual routine during the exposure period?  Yes  No
- No Out of:  County  State  Country  Routine
- Dates (start and end ) and Locations: \_\_\_\_\_

**WATER EXPOSURES**

- Main source of drinking water: \_\_\_\_\_
- Did the case have access to any recreational water sources?  Yes  No
- Were these water sources treated / chlorinated?  Yes  No
- Names, dates, locations: \_\_\_\_\_
- Water source exposure:
- Personal swimming pool
  - Public swimming pool
  - Pond
  - Water fountain
  - Ocean
  - Lake/river
  - Water park
  - Spa
  - Other: \_\_\_\_\_

**FOOD EXPOSURES – in the 7 days prior to illness** (provide as much detail as possible and include locations/address of exposure or purchase)

**Ground beef exposure:**

Did the case **handle or prepare ground beef at home**?  Yes  No  Unsure

Brand, when, how prepared (tacos, casserole, hamburger, rare): \_\_\_\_\_

Did the case **eat ground beef at home**?  Yes  No  Unsure

Brand, when, what (tacos), how prepared (rare): \_\_\_\_\_

Did the case **handle, prepare or eat pre-formed raw, pre-cooked or frozen ground beef patties**?  Yes  No  Unsure

Brand, when, where, how prepared (rare): \_\_\_\_\_

Did the case **eat ground beef outside of home** (at another's house, restaurant, food truck, fast food chain, social event or gathering)?

Yes  No  Unsure

Where, what (tacos, burger), when, brand, how prepared (rare) : \_\_\_\_\_

**Other beef exposure:**

Did the case **handle or prepare any other beef products at home** (steak, sirloin, tri-tip)?  Yes  No  Unsure

What (steak), when, brand, how prepared (rare): \_\_\_\_\_

Did the case **eat any other beef products at home** (steak, sirloin, deli meat, jerky, frozen meals)?  Yes  No  Unsure

What (steak, carne asada), where, when, brand, how prepared (rare): \_\_\_\_\_

Did the case **eat any other beef products outside of home** (at another's house, restaurants, food truck, fast food outlet, social event)?

Yes  No  Unsure

What (steak), where, when, brand, how prepared (BBQ, rare): \_\_\_\_\_

**Other meat exposure:**

Did the case **handle, prepare or eat bison**?  Yes  No  Unsure

Where, what (steak, BBQ, sandwich), when, brand, how prepared (rare): \_\_\_\_\_

Did the case **handle, prepare or eat venison, elk, boar or any other game meat**?

Yes  No  Unsure

What, where, when, brand, how prepared (steak, taco, rare): \_\_\_\_\_

Did the case **eat dried or fermented meat** (jerky, pepperoni, salami, lunch meat, summer sausage)?

Yes  No  Unsure

What, where, when, brand, how prepared (on pizza, in sandwich): \_\_\_\_\_

Did the case **handle, prepare or eat any other meat products** (such as poultry, pork, lamb, goat)?

Yes  No  Unsure

What (chicken, turkey, lamb), where, when, brand, how prepared (roast, in sandwich): \_\_\_\_\_

**Dairy or juice exposure:**

Did the case **drink any raw or unpasteurized milk**?  Yes  No  Unsure

Where, when, brand: \_\_\_\_\_  
\_\_\_\_\_

Did the case **eat any cheese or dairy products made from raw milk**?  Yes  No  Unsure

What (queso fresco, queso blanco), where, when, brand: \_\_\_\_\_  
\_\_\_\_\_

Did the case **eat any artisanal or gourmet cheese** (feta, brie, camembert)?  Yes  No  Unsure

What, where, when, brand: \_\_\_\_\_  
\_\_\_\_\_

Did the case **drink any raw, freshly squeezed or unpasteurized juice or cider**?  Yes  No  Unsure

What, where, when, brand: \_\_\_\_\_  
\_\_\_\_\_

**Lettuce and greens exposure:**

Did the case **eat iceberg lettuce** (prepackaged, whole, shredded, in a salad, burger, sandwich)?

Yes  No  Unsure

Where, when, brand, how prepared, how packaged: \_\_\_\_\_  
\_\_\_\_\_

Did the case **eat romaine lettuce** (prepackaged, whole, shredded, in a salad, burger, sandwich)?

Yes  No  Unsure

Where, when, brand, how prepared, how packaged: \_\_\_\_\_  
\_\_\_\_\_

Did the case **eat spinach** (prepackaged, whole, shredded, in a salad, burger, sandwich)?

Yes  No  Unsure

Where, when, brand, how prepared, how packaged: \_\_\_\_\_  
\_\_\_\_\_

Did the case **eat other leafy greens** such as **mesclun or red leaf lettuce** (prepackaged, whole, shredded, in a salad, burger, sandwich)?

Yes  No  Unsure

Where, when, brand, how prepared, how packaged: \_\_\_\_\_  
\_\_\_\_\_

**Sprouts exposure:**

Did the case **eat sprouts** (in a salad, sandwich)?  Yes  No  Unsure

Where, when, what type, how prepared, how packaged: \_\_\_\_\_  
\_\_\_\_\_

**Animal contact:**

Did the case **visit a petting zoo**?  Yes  No  Unsure

What animals, where, when: \_\_\_\_\_  
\_\_\_\_\_

Did the case **visit, work or live on a farm with animals**?  Yes  No  Unsure

What animals, where, when: \_\_\_\_\_  
\_\_\_\_\_

**Animal contact continued:**

Did the case visit a county/state fair, 4-H, livestock show or other events where animals were present or involved?

Yes  No  Unsure

What animals, where, when: \_\_\_\_\_

Did the case have contact with any animals of any kind or visit a location where animals were present?

Yes  No  Unsure

What animals, where, when: \_\_\_\_\_

Did the case have contact with animal feces (dried/pellets, manure, pet droppings, owl pellets for science projects)?

Yes  No  Unsure

What, where, when, brand: \_\_\_\_\_

Did the case have contact with animal food products (pet chews, pet or livestock food or feed, wet and dry foods)?

Yes  No  Unsure

What, when, where, brands, packaging: \_\_\_\_\_

**Shopping locations where food was purchased or eaten at:**

Grocery store, supermarket  Warehouse store  Small/mini market  Ethnic market  Health food store, co-op  Fish market  
 Butcher  Farmers market, roadside stand  Other: \_\_\_\_\_

Please list the grocery stores, markets, warehouse clubs where food is commonly purchased (or during exposure period) for food consumption:

Name, Address, Ph., Dates, Shopper card #: \_\_\_\_\_

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Name, Address, Ph., Dates, Shopper card #: \_\_\_\_\_

Name, Address, Ph., Dates, Shopper card #: \_\_\_\_\_

**Sources of food prepared outside of home during exposure period:**

National fast food chain  Mexican  Italian  Seafood  Jamaican, Cuban, Caribbean  
 Steakhouse, grill  BBQ  Buffet  Vegetarian, vegan  Middle Eastern, Arabic, African  
 Deli, sandwich shop  Diner, café  Catered event  Take-out  Asian (Chinese, Japanese, Indian)  
 Breakfast, brunch  School, institution  Cafeteria (work, school)

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

List the names, food consumed, addresses, dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPEN ENDED FOOD HISTORY**

Recollection of the foods commonly eaten daily in the 7-day period prior to onset: \_\_\_\_\_ TO \_\_\_\_\_

Start with the day of illness onset and work backwards.

**Day 1 – Date of illness onset** ( \_\_\_\_\_, \_\_\_\_\_ )

**Time of illness onset:** \_\_\_\_\_ am / pm

**Breakfast**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lunch**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dinner**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other/Snacks**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Day 2 – Day prior to onset** ( \_\_\_\_\_, \_\_\_\_\_ )

**Breakfast**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lunch**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dinner**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other/Snacks**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Day 3 – Second day prior to onset** ( \_\_\_\_\_, \_\_\_\_\_ )

**Breakfast**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lunch**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dinner**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other/Snacks**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Day 4 – Third day prior to onset** ( \_\_\_\_\_, \_\_\_\_\_ )

**Breakfast**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lunch**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dinner**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other/Snacks**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Day 5 – Fourth day prior to onset** ( \_\_\_\_\_, \_\_\_\_\_ )

**Breakfast**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lunch**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dinner**

Home or

Out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other/Snacks**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

