

Gastroenteritis Case Report Form

Maryland Department of Health & Mental Hygiene

GENERAL INSTRUCTIONS: Complete Section I for all pathogens and also Section II for only *Campylobacter*, *Salmonella*, and STEC cases. Exposure questions should be asked for the 7 days prior to onset date, if known, or 7 days prior to collection date if asymptomatic or onset date is unknown. See **Interviewer Instructions** for more information. Submit completed forms to DHMH FoodNet at fax #410-225-7615 or DHMH.FoodNet@maryland.gov (*must be encrypted*).

Use this form for:	Complete Sections
<input type="checkbox"/> <i>Campylobacter</i>	I and II
<input type="checkbox"/> <i>Cryptosporidium</i>	I only
<input type="checkbox"/> <i>Salmonella</i> (non-Typhi)	I and II
<input type="checkbox"/> Shiga-toxin producing <i>E. coli</i>	I and II
<input type="checkbox"/> <i>Shigella</i>	I only
<input type="checkbox"/> <i>Yersinia</i>	I only
<input type="checkbox"/> Other:	I only

SECTION I (Complete for all pathogens)

Investigation Data			
INVESTIGATOR	INVESTIGATOR PHONE	NEDSS CASE ID#	INVESTIGATION ID# CAS
CASE REPORTED BY	LAB REPORT DATE	REPORT RECEIVED DATE	INTERVIEW DATE
CASE STATUS <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Unknown	CASE INVESTIGATED AS PART OF AN OUTBREAK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	OUTBREAK/CLUSTER ID	
WORK OR SCHOOL RESTRICTIONS? <input type="checkbox"/> Yes, <i>If yes, specify:</i> <input type="checkbox"/> No	ADVISED OF PRECAUTIONS <input type="checkbox"/> By phone <input type="checkbox"/> In person <input type="checkbox"/> Fact sheet <input type="checkbox"/> In writing		
Patient Data			
NAME	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
STREET ADDRESS			COUNTY
CITY	STATE	ZIP	TELEPHONE NUMBER(S)
ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown	RACE (<i>Check all that apply</i>) <input type="checkbox"/> Am. Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Unknown		
OCCUPATION, STUDENT, SITUATION	EMPLOYER, SCHOOL, DAYCARE	HIGH RISK <input type="checkbox"/> Healthcare <input type="checkbox"/> Food <input type="checkbox"/> Daycare	
Clinical Data			
SYMPTOMS <input type="checkbox"/> Diarrhea <input type="checkbox"/> Fever (°F) <input type="checkbox"/> Vomiting <input type="checkbox"/> Chills <input type="checkbox"/> Other: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Bloody diarrhea <input type="checkbox"/> Abdominal cramps <input type="checkbox"/> Nausea <input type="checkbox"/> Muscle aches <input type="checkbox"/> Other:			
ONSET: DATE	TIME	DURATION <input type="checkbox"/> still ill	OUTCOME <input type="checkbox"/> Died, date: <input type="checkbox"/> Survived <input type="checkbox"/> Unknown
PHYSICIAN VISIT <input type="checkbox"/> No <input type="checkbox"/> Yes →	PHYSICIAN NAME	PHYSICIAN PHONE #	STEC ONLY: HAVE HUS? <input type="checkbox"/> No <input type="checkbox"/> Yes
HOSPITALIZED <input type="checkbox"/> No <input type="checkbox"/> Yes →	ADMIT DATE	DISCHARGE DATE	HOSPITAL
TRANSFERRED <input type="checkbox"/> No <input type="checkbox"/> Yes →	TRANSFER DATE	DISCHARGE DATE	TRANSFER HOSPITAL
Laboratory Data <input type="checkbox"/> ELR <input type="checkbox"/> Epi-linked, no testing done			
COLLECTION DATE	STATUS AT COLLECTION <input type="checkbox"/> Hospitalized <input type="checkbox"/> Outpatient <input type="checkbox"/> Unknown	SPECIMEN TESTED <input type="checkbox"/> Stool <input type="checkbox"/> Blood <input type="checkbox"/> Other: <input type="checkbox"/> None	
Test Type <input type="checkbox"/> Culture <input type="checkbox"/> Non-culture, <i>specify:</i> <input type="checkbox"/> Unknown (<input type="checkbox"/> EIA <input type="checkbox"/> PCR <input type="checkbox"/> Other)	LABORATORY NAME	ACCESSION #	
AGENT IDENTIFIED	SEROTYPE	ISOLATE SENT TO STATE <input type="checkbox"/> No <input type="checkbox"/> Yes →	STATE ACCESSION #

Interview Information (Questions to be completed by interviewer prior to questionnaire administration)

1. State/Local/Other ID _____ 2. Date of Interview _____

3. Does the interviewee have a lab-confirmed case of cyclosporiasis?

Yes No Unknown Pending

<p>Interviewer Information:</p> <p>4. Name _____</p> <p>5. Agency or Organization _____</p> <p>6. Contact phone number _____</p>
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7. Before this interview how many times has the case-patient been interviewed about his/her illness?

None Once Twice Three Times Other Unknown

7a. If other, please specify: _____

8. Respondent of previous interview was

Self Parent Spouse Other

8a. If other, specify: _____

Begin Interview

Hello, my name is [state your name]. I am from [state your health department]. We are contacting you because of your recent infection with Cyclospora, which is a parasite that causes intestinal illness. We are trying to determine how people become infected with Cyclospora so we can prevent others from getting sick.

You may have already been contacted by someone at the health department, but I would like to ask you questions in a standard way about your illness, and about any travel you may have had or foods you may have eaten before becoming ill. The interview will take about 20 minutes. Your help in the investigation is very important. Your participation is voluntary, and you may refuse to answer any question at any time. All information you give will be kept confidential to the extent permitted by law. No individual names or other identifying information will be used in any official reports about the results of the investigation.

Are you willing to participate in this investigation?

If yes: Most of the questions relate to the 2-week period before you became ill. Therefore, it may help to have a calendar nearby. Do you need a few moments to get one? [Then proceed to start of interview]

If no: Thank you for your time.

Section 1: Demographic Data

I'd like to begin by asking a few questions about you (your child) and your household.

1. State _____ 2. County _____ 3. Zip Code _____

4. Date of birth (MM/YYYY) _____ 5. Age _____ 6. Sex Male Female

7. How would you describe your race? White Black/African American American Indian/Alaska Native
Asian Native Hawaiian/Other Pacific Islander Unknown Other

7a. If other, specify: _____

8. Hispanic or Latino origin? Yes No Unknown

Section 2: Clinical Information

Now I have a few questions about your (your child's) illness.

9. What date did you (your child) first feel sick? _____ Unknown

10. Did you (your child) have any diarrhea (defined as loose or watery stools that you do not normally have)?

Yes Maybe No Don't know

10a. What date did it start? _____ Unknown

11. Has your (your child's) diarrhea stopped? Yes Maybe No Don't know

11a. What date did it stop? _____ Unknown

12. Have your (your child's) other symptoms stopped? Yes Maybe No Don't know

12a. What date did they stop? _____ Unknown

13. Were you (your child) hospitalized overnight? Yes Maybe No Don't know

13a. How many nights were you (your child) hospitalized? _____

Hospital Name _____ Admission Date: _____ Discharge Date: _____

14. Have you (has your child) submitted a stool specimen for *Cyclospora* testing?

Yes Maybe No Don't know

14a. If yes, what was the date of stool collection? _____

14b. If known, what was the result of the test for *Cyclospora*?

Positive Negative Indeterminate Pending

14c. Additional information on stool specimen (e.g., patient has appointment to submit stool)

If multiple stools were submitted, include information on those specimens below. If multiple stools were submitted and only one was positive for Cyclospora, include the information on the positive result above in questions 14a-b.

Section 3: Travel and Events

Next I have a couple of questions about any travel you (your child) might have done or events you (your child) might have attended during the 14 days before onset of illness. The travel or events could have been part of your work or for pleasure.

15. Did you (your child) spend all, or some, of the 14 days before becoming ill outside your home state?

Yes Maybe No Don't know

15a. List all US states where you (your child) might have purchased or eaten foods. This includes airports, bus or train stations. _____

Unknown Did not travel to other US states

15b. List all countries outside the US where you (your child) might have purchased or eaten foods.

_____ Unknown Did not travel outside the US

15c. If you (your child) traveled with others, did any of the travel partners also become ill?

Yes Maybe No Don't know

15d. If yes, please provide information on other ill person(s), including number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.)*.

16. Did you (your child) attend any events where food was served (e.g., parties, fairs, concerts, tournaments, conventions)? Yes Maybe No Don't know

16a. Please list the name of the event(s), date(s), and locations (s). _____

16b. Do you know of any other ill person(s) who attended the event(s)?

Yes Maybe No Don't know

16c. If yes, please provide information on other ill person(s), including number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.)*.

Additional Comments

**Note: Please DO NOT enter names or other personally identifiable information in this form; State IDs to reference ill contacts are acceptable.*

Note to Interviewer: Does the interviewee meet the case definition for this outbreak? Consider whether the person has a laboratory-confirmed cyclosporiasis case, the date of onset of illness, and travel history during the 14 days before onset of illness.

If yes, continue with interview on next page.

If no, thank the interviewee for his/her time and end the interview

Section 4: Sources of food at home

Now I have a few questions about where the food came from that you ate at home during the 14 days before your illness began. This isn't necessarily where you shopped during that week, but where what you actually ate came from. I'm going to list several types of stores; for each type please tell me the names of each store from which you would have eaten food during the 14 days before you became sick.

17. Did you (your child) eat foods from: grocery stores or supermarkets, warehouse stores, small markets (such as gas stations), ethnic specialty markets, health food stores, co-ops, fish or meat specialty shops, farmer's markets or food directly from a farm, or any other sources?

Store Name	Address	City	State	Zip Code	Date shopped	Items purchased

17a. Do you have a shopper card or membership card for any of the grocery stores or wholesale clubs mentioned above?

Yes Maybe No Don't know

17b. If "Yes", may we have your shopper card number(s)? [Enter information below]

Section 5: Sources of food outside the home

Now I have a few questions about where the food came from that you ate outside your home, such as restaurants or fast food chains. I'm going to list several types of restaurants and commercial food establishments; for each type please tell me the names of each place from which you would have eaten food during the 14 days before you became sick.

18. Did you (your child) eat foods from: national fast food chains, Mexican-style, Italian, seafood, Jamaican/Cuban/Caribbean, Chinese/Indian/Japanese/Asian, vegetarian or vegan, barbeque or home-style, steakhouse or grill, diner, Middle Eastern/Arabic/Lebanese/African, all-you-can-eat buffet, sandwich shop or deli, salad bar, take-out, breakfast or brunch, school or institution, food truck, or other restaurants or commercial food establishments?

Restaurant Name	Address	City	State	Zip Code	Date patronized	Food eaten

Additional Comments: _____

Section 6: Fresh berries

Now I have some questions about fresh berries, not canned, cooked, or frozen, you (your child) might have eaten during the 14 days before your illness began. You could have eaten these either in your home or away from home. I am only interested in fresh berries that were not grown at home. As I mention each food item, please answer as yes, no, may have eaten, or can't remember eating the food during the 14 days before you got sick. Please remember that berries are often served as garnishes on top of or on the sides of salads and desserts.

19. Did you (your child) eat any fresh red raspberries? Yes Maybe No Don't know

If eaten at home, what was the:

19a. Brand(s) _____ Unknown

19b. Place(s) and date(s) of purchase _____ Unknown

Not applicable (did not eat at home)

If eaten outside the home, what was the:

19c. List name(s) of establishment(s) _____ Unknown

19d. List location(s) and date(s) _____ Unknown

Not applicable (did not eat outside the home)

20. Did you (your child) eat any fresh blackberries? Yes Maybe No Don't know

If eaten at home, what was the:

20a. Brand(s) _____ Unknown

20b. Place(s) and date(s) of purchase _____ Unknown

Not applicable (did not eat at home)

If eaten outside the home, what was the:

20c. List name(s) of establishment(s) _____ Unknown

20d. List location(s) and date(s) _____ Unknown

Not applicable (did not eat outside the home)

Did you (your child) eat any:

21. Black raspberries? Yes Maybe No Don't know

22. Golden raspberries? Yes Maybe No Don't know

23. Strawberries? Yes Maybe No Don't know

24. Blueberries? Yes Maybe No Don't know

25. Boysenberries? Yes Maybe No Don't know

26. Other fresh berries? Yes Maybe No Don't know

26a. Type(s) _____ Unknown

Section 7: Fresh fruits

Now I have some questions about fresh fruits, not canned, cooked, or frozen, you (your child) might have eaten during the 14 days before your illness began. You could have eaten these either in your home or away from home. I am only interested in fresh fruits that were not grown at home. As I list each food item, please answer as yes, no, may have eaten, or can't remember eating the food during the 14 days before you got sick.

Did you (your child) eat any:

- | | | | | |
|--|-----|-------|----|------------|
| 27. Apples? | Yes | Maybe | No | Don't know |
| 28. Grapes? | Yes | Maybe | No | Don't know |
| 29. Pears? | Yes | Maybe | No | Don't know |
| 30. Peaches? | Yes | Maybe | No | Don't know |
| 31. Nectarines? | Yes | Maybe | No | Don't know |
| 32. Plums? | Yes | Maybe | No | Don't know |
| 33. Oranges? | Yes | Maybe | No | Don't know |
| 34. Grapefruit? | Yes | Maybe | No | Don't know |
| 35. Tangerines? | Yes | Maybe | No | Don't know |
| 36. Fresh lemon or lime? This could include a garnish on a drink. | Yes | Maybe | No | Don't know |
| 37. Cherries? | Yes | Maybe | No | Don't know |
| 38. Cantaloupe? | Yes | Maybe | No | Don't know |
| 39. Honeydew melon? | Yes | Maybe | No | Don't know |
| 40. Watermelon? | Yes | Maybe | No | Don't know |
| 41. Precut melon or melon salad? | Yes | Maybe | No | Don't know |
| 42. Other melon? | Yes | Maybe | No | Don't know |
| 43. Pineapple? | Yes | Maybe | No | Don't know |
| 44. Mango? | Yes | Maybe | No | Don't know |
| 45. Coconut (whole or shredded)? | Yes | Maybe | No | Don't know |
| 46. Other tropical fruit (kiwi, papaya, guava, pomegranate, etc.)? | Yes | Maybe | No | Don't know |

46a. Type(s) _____ Unknown

Additional Comments

Section 8: Iceberg Romaine

Now I have some questions about lettuce you (your child) might have eaten raw or uncooked during the 14 days before your illness began. You could have eaten this either in your home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am only interested in lettuce that was not grown at home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food during the 14 days before you got sick. Please include lettuce you may have eaten on sandwiches or burgers or as a garnish.

47. Did you (your child) eat any prepackaged salad mix? Yes Maybe No Don't know

If eaten at home, what was the:

47a. Brand(s), store(s), and date(s) purchased _____ Unknown

47b. What were the ingredients (lettuce, cabbage, carrots, etc)? _____ Unknown

48. Did you (your child) eat any iceberg lettuce? Yes Maybe No Don't know

If eaten at home, what was the type:

Prepackaged Head/Loose Topping/garnish Unknown

48a. Brand(s) _____ Unknown

48b. Place(s) and date(s) of purchase _____ Unknown

Not applicable (did not eat at home)

If eaten outside the home, where?

48c. List name(s) of establishment(s) _____ Unknown

48d. List location(s) and date(s) _____ Unknown

Not applicable (did not eat outside the home)

49. Did you (your child) eat any romaine lettuce? Yes Maybe No Don't know

If eaten at home, what were the type:

Prepackaged Loose Topping/garnish Unknown

49a. Brand(s) _____ Unknown

49b. Place(s) and date(s) of purchase _____ Unknown

Not applicable (did not eat at home)

If eaten outside the home, where?

49c. List name(s) of establishment(s) _____ Unknown

49d. List location(s) and date(s) _____ Unknown

Not applicable (did not eat outside the home)

Section 9: Mesclun, Cabbage, Spinach and Other Leafy Greens

Now I have some questions about fresh mesclun, cabbage, spinach, and other lettuce or leafy greens you (your child) might have eaten raw or uncooked during the 14 days before your illness began. You could have eaten these either in your home or away from home. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am only interested in greens that were not grown at home. As I list each food item, please answer as yes, no, may have eaten, or can't remember eating the food during the 14 days before you got sick.

50. Did you (your child) eat any mesclun lettuce (aka, spring mix, field greens, baby greens, gourmet salad)?

Yes Maybe No Don't know

If eaten at home, what was the:

50a. Brand(s) _____ Unknown

50b. Place(s) and date(s) of purchase _____ Unknown

Not applicable (did not eat at home)

If eaten outside the home, what was the:

50c. List name(s) of establishment(s) _____ Unknown

50d. List location(s) and date(s) _____ Unknown

Not applicable (did not eat outside the home)

51. Did you (your child) eat any fresh cabbage? Yes Maybe No Don't know

If eaten at home what was the type?

Red Green Savoy (aka, curly) Napa Bok choy Brussels sprouts Other/Unknown

51a. Brand(s) _____ Unknown

51b. Place(s) and date(s) of purchase _____ Unknown

Not applicable (did not eat at home)

If eaten outside the home, where?

51c. List name(s) of establishment(s) _____ Unknown

51d. List location(s) and date(s) _____ Unknown

Not applicable (did not eat outside the home)

52. Did you (your child) eat any fresh spinach? Yes Maybe No Don't know

53. Did you (your child) eat any other lettuce or leafy greens (e.g., arugula, endive, mustard greens, radicchio)? Yes Maybe No Don't know

53a. Type(s), variety(-ies), brand(s)_____ Unknown

Additional Comments

Section 10: Fresh Herbs

Now I have questions about herbs that you (your child) may have eaten during the 14 days before illness began. Remember, these could have been part of a dish such as pesto, salsa, sauces, etc. I am interested in fresh herbs, not dried or bottled herbs. I am also only interested in fresh herbs that were not grown at home. Please remember that fresh herbs are often served as garnishes on top of or on the sides of entrees and desserts.

54. Did you (your child) eat any fresh basil? Yes Maybe No Don't know

If eaten at home what was the type: Sweet basil Purple basil (i.e., purple leaves and stems) Thai basil (i.e., green leaves and purple stems) Other/Unknown

54a. Brand(s)_____ Unknown

54b. Place(s) and date(s) of purchase_____ Unknown

Not applicable (did not eat at home)

If eaten outside the home, where?

54c. List name(s) of establishment(s)_____ Unknown

54d. List location(s) and date(s)_____ Unknown

Not applicable (did not eat outside the home)

55. Did you (your child) eat any fresh cilantro? Yes Maybe No Don't know

If eaten at home, what was the:

55a. Brand(s) _____ Unknown

55b. Place(s) and date(s) of purchase _____ Unknown

Not applicable (did not eat at home)

If eaten outside the home, what was the:

55c. List name(s) of establishment(s) _____ Unknown

55d. List location(s) and date(s)_____ Unknown

Not applicable (did not eat outside the home)

56. Did you (your child) eat any fresh parsley? Yes No Don't know

57. Did you (your child) eat any other fresh herbs (sage, thyme, dill, rosemary, etc.)?

Yes Maybe No Don't know

57a. Type(s), variety(-ies), brand(s)?_____ Unknown

Additional Comments

Section 11: Other Fresh Vegetables

Now I have some questions about other fresh vegetables, not grown at home, that you (your child) may have eaten in the 14 days before your illness began. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am only interested in vegetables that were not grown at home. As I read each food, please answer as yes, no, maybe eaten, or can't remember eating the food in the 14 days before you got sick.

Did you (your child) eat any:

58. Cucumbers, zucchini, squash?	Yes	Maybe	No	Don't know
59. Bell peppers (green, red, orange, or yellow)?	Yes	Maybe	No	Don't know
60. Hot chili/chile peppers (e.g., jalapenos or serranos)?	Yes	Maybe	No	Don't know
61. Celery?	Yes	Maybe	No	Don't know
62. "Mini" carrots?	Yes	Maybe	No	Don't know
63. Other fresh carrots?	Yes	Maybe	No	Don't know
64. Other raw root vegetables (radishes, beets, turnips, etc)?	Yes	Maybe	No	Don't know

64a. Type(s), variety(-ies)? _____ Unknown

65. Did you (your child) eat any fresh, raw peas? May be shelled or in the pod.

Yes Maybe No Don't know

If eaten at home what type? Garden peas Snow peas (i.e., flat, shiny pods containing tiny peas)

Sugar snap peas (i.e, plump, crisp, edible pods) Other/Unknown

65a. Brand(s) _____ Unknown

65b. Place(s) and date(s) of purchase _____ Unknown

Not applicable (did not eat at home)

If eaten away from home, where?

65c. List name(s) of establishments _____ Unknown

65d. List location(s) and date(s) _____ Unknown

Not applicable (did not eat outside of home)

Did you (your child) eat any:

66. Broccoli?	Yes	Maybe	No	Don't know
67. Cauliflower?	Yes	Maybe	No	Don't know
68. Sprouts (alfalfa, bean, clover, broccoli, daikon radish, etc.)?				
	Yes	Maybe	No	Don't know
69. Raw onions (white, yellow, or red/purple)?	Yes	Maybe	No	Don't know
70. Raw green onions/scallions?	Yes	Maybe	No	Don't know
71. Fresh tomatoes?	Yes	Maybe	No	Don't know
72. Fresh salsa or pico de gallo (not from a jar)?	Yes	Maybe	No	Don't know

If eaten at home, what was the:

- 72a. Brand(s) _____ Unknown
- 72b. Place(s) and date(s) of purchase _____ Unknown

Not applicable (did not eat at home)

If eaten outside the home, what was the:

- 72c. List name(s) of establishment(s) _____ Unknown
- 72d. List location(s) and date(s) _____ Unknown

Not applicable (did not eat outside the home)

73. Did you (your child) eat any fresh guacamole (not from a jar)?

Yes	Maybe	No	Don't know
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If eaten at home, what was the:

- 73a. Brand(s) _____ Unknown
- 73b. Place(s) and date(s) of purchase _____ Unknown

Not applicable (did not eat at home)

If eaten outside the home, what was the:

- 73c. List name(s) of establishment(s) _____ Unknown
- 73d. List location(s) and date(s) _____ Unknown

Not applicable (did not eat outside the home)

Additional Comments

Section 12: Other Ill Persons

74. We are trying to identify other cases of illness similar to yours. Do you know anyone else (for example, a family member, friend, co-worker, neighbor, church/temple/mosque member, health club or other club member) whom you have NOT already told me about who has been ill recently with a similar illness?

Yes Maybe No Don't know

74a. If yes, please provide information on other ill person(s), including number of ill persons and relationship to you (e.g. son, mother, neighbor, friend, etc.)*.

**Note: Please DO NOT enter names or other personally identifiable information in this form; State IDs to reference ill contacts are acceptable.*

This is the end of the questionnaire. Thank you very much for your time. These interviews are extremely valuable in helping us understand how and why people are getting sick. Depending on what we find out when we put these interviews together, we may need to talk to you again about a few details.

Would you like to provide any additional thoughts or perspective about anything we've discussed or about this outbreak investigation?
