Salmonella
(non-typhi/paratyphi serotypes)

Agency: ______

Investigator: ______ Phone number: ______

CASE

Last name: ______

First and middle name: ______

Maiden name: ______ Suffix: ______

Alias: ______

Address line: ______

Zip: ______ City: ______

State: ______ County: ______

Phone: ( )- - Type: ______

Date of Birth: / / Estimated? ☐ Age: ______

Gender: ☐ Female ☐ Male ☐ Other _____

Does patient speak English: ☐ Yes ☐ No If no, what language? ______

Race: ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Hawaiian or Pacific Islander ☐ Unknown ☐ White ☐ Asian

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Long-term care resident: ☐ Yes ☐ No ☐ Unknown

Corrections facility ☐ Yes ☐ No ☐ Unknown

Homeless ☐ Yes ☐ No ☐ Unknown

Facility name: ______

Parent/Guardian name: ______

Parent/Guardian Phone: ( )- - Type: ______

Is patient aware of diagnosis: ☐ Yes ☐ No ☐ Unknown

EVENT

Diagnosis date: / / Onset date: / /

Event outcome: ☐ Survived this illness ☐ Died from this illness ☐ Died unrelated to this illness ☐ Unknown

Outbreak related: ☐ Yes ☐ No ☐ Unknown

Outbreak name: ______

Exposure setting: ______

Epi-linked: ☐ Yes ☐ No ☐ Unk To whom:______

Location acquired: ☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA ☐ Unknown

State: ______ Country: ______

Healthcare provider information

Last name: ______

First name: ______

Provider title: ☐ ARNP ☐ MD ☐ DO ☐ NP ☐ PA

Facility name: ______

Address line 1: ______

Address line 2: ______

Zip code: ______ City: ______

State: ______ County: ______

Phone : ( )- - Type: ______

LABORATORY FINDINGS

Laboratory: ______ Accession #: ______ Collection date: / /

Date received: / / Specimen source: ______ Test type: ______

Result type: ☐ Preliminary ☐ Final Result date: / / Result: ☐ Positive ☐ Negative

Organism: ***Salmonella*** Serotype:

Laboratory: ______ Accession #: ______ Collection date: / /

Date received: / / Specimen source: ______ Test type: ______

Result type: ☐ Preliminary ☐ Final Result date: / / Result: ☐ Positive ☐ Negative

Laboratory: ______ Accession #: ______ Collection date: / /

Date received: ___/___/___ Specimen source: ______ Test type: ______

Result type: ☐ Preliminary ☐ Final Result date: ___/___/___ Result: ☐ Positive ☐ Negative

Organism: ***Salmonella*** Serotype:

OCCUPATIONS

Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'.

Occupation type: ______ Job title: ______

Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: ______

Date worked from: ___/___/___ Address: ______

Date worked to: ___/___/___ Zip code: ______

Removed from duties: ☐ Yes ☐ No ☐ Unknown City: ______ State: ______ County: ______

Date removed: ___/___/___ Phone: (   )-   - Type:

Handle food: ☐ Yes ☐ No ☐ Unknown

Attend or provide child care: ☐ Yes ☐ No ☐ Unknown

Attend or teach school: ☐ Yes ☐ No ☐ Unknown

Work in a lab setting: ☐ Yes ☐ No ☐ Unknown

Work in a health care setting: ☐ Yes ☐ No ☐ Unknown

Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown

Health care worker type:

Occupation type: ______ Job title: ______

Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: ______

Date worked from: ___/___/___ Address: ______

Date worked to: ___/___/___ Zip code: ______

Removed from duties: ☐ Yes ☐ No ☐ Unknown City: ______ State: ______ County: ______

Date removed: ___/___/___ Phone: (   )-   - Type:

Handle food: ☐ Yes ☐ No ☐ Unknown

Attend or provide child care: ☐ Yes ☐ No ☐ Unknown

Attend or teach school: ☐ Yes ☐ No ☐ Unknown

Work in a lab setting: ☐ Yes ☐ No ☐ Unknown

Work in a health care setting: ☐ Yes ☐ No ☐ Unknown

Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown

Duties performed in health care setting:

HOSPITALIZATIONS

Was the case hospitalized at least overnight for this illness? ☐ Yes ☐ No ☐ Unknown

Hospital: ______ Admission date: ___/___/___ Discharge date: ___/___/___

Days hospitalized:

CLINICAL INFO & DIAGNOSIS

Diarrhea (*3 or more loose stools in a 24 hour period*): ☐ Yes ☐ No ☐ Unk Onset date: ___/___/___

Bloody diarrhea: ☐ Yes ☐ No ☐ Unk Onset date: ___/___/___

Abdominal cramps: ☐ Yes ☐ No ☐ Unk

Vomiting: ☐ Yes ☐ No ☐ Unk

Fever: ☐ Yes ☐ No ☐ Unk Highest measured fever: ______°F

Symptoms ongoing at time of interview: ☐ Yes ☐ No ☐ Unk

If no, date returned to normal activities: ___/___/___

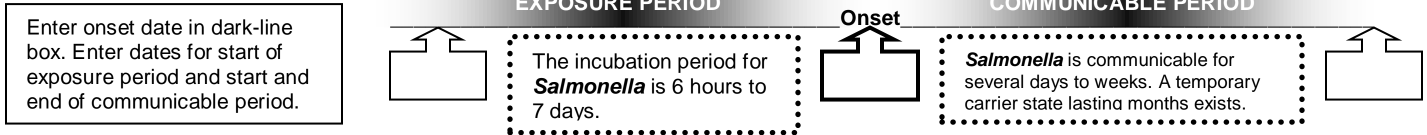
TREATMENT

Antibiotics prescribed? ☐ Yes ☐ No ☐ Unknown

	Antibiotic:			Antibiotic:			Antibiotic:	
	Date started:	/ /		Date started:	/ /		Date started:	/ /

INFECTION TIMELINE

Enter onset date in dark-line box. Enter dates for start of exposure period and start and end of communicable period.



RISK FACTORS/TRAVEL

Risk Factors/Travel Information – *In the 7 days prior to onset of symptoms did the case:*

Travel				
	Travel within Iowa? ☐ Yes ☐ No ☐ Unk	City in Iowa:	Departure date: / /	Return date: / /
	Travel within U.S.? ☐ Yes ☐ No ☐ Unk	State: City:	Departure date: / /	Return date: / /
	Travel outside U.S.? ☐ Yes ☐ No ☐ Unk	Country:	Departure date: / /	Return date: / /

Visit restaurants? ☐ Yes ☐ No ☐ Unknown

If Yes, complete the table below: *County and address are missing from this table*

Establishment name	Address/Zip	Date visited	Foods consumed	Others ill?
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk

Attend Group Gatherings (e.g. weddings, parties)? ☐ Yes ☐ No ☐ Unknown

If Yes, complete the following table:

Location name	Address/Zip	Date visited	Foods consumed	Others ill?
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk

Where did the case purchase groceries in the 2 weeks before the onset of symptoms:

Store name	Address	City/State/Zip	County	Date purchased
				/ /
				/ /
				/ /

Dietary Information – *In the 7 days prior to onset of symptoms did the case consume the following:*

Meat and Poultry

☐ Yes	☐ No	☐ Unk	Chicken (e.g. rotisserie, wings, fried)	Type: ____________________________
☐ Yes	☐ No	☐ Unk	Turkey (ground, roasted, fried)	Type: ____________________________
☐ Yes	☐ No	☐ Unk	Pork (e.g., whole pig, roast, chops, bacon, ham)	Type: ____________________________
☐ Yes	☐ No	☐ Unk	Beef (e.g., ground, intact, raw)	Type: ____________________________

Seafood

☐ Yes	☐ No	☐ Unk	Fish and seafood Type: ____
☐ Yes	☐ No	☐ Unk	Raw fish (e.g., sushi rolls, ceviche, tartare)

Deli Counter Items

☐ Yes	☐ No	☐ Unk	Chicken salad
☐ Yes	☐ No	☐ Unk	Potato salad
☐ Yes	☐ No	☐ Unk	Ham salad
☐ Yes	☐ No	☐ Unk	Pasta salad
☐ Yes	☐ No	☐ Unk	Coleslaw
☐ Yes	☐ No	☐ Unk	Other similar deli salad products: ____________________________________

Eggs and Dairy

☐ Yes	☐ No	☐ Unk	Eggs
☐ Yes	☐ No	☐ Unk	Any egg-containing dishes
☐ Yes	☐ No	☐ Unk	Raw, runny or over-easy eggs Describe: ______________________________
☐ Yes	☐ No	☐ Unk	Anything made with raw eggs (e.g., cookie dough, cake batter, homemade ice cream) Specify: ____
☐ Yes	☐ No	☐ Unk	Handled raw eggs
☐ Yes	☐ No	☐ Unk	Dairy products (including cow, goat, sheep and other milk products)
☐ Yes	☐ No	☐ Unk	Milk (dairy or non-dairy) Type, variety or brand ____________________________ Dairy animal type: ☐ Cow ☐ Goat ☐ Sheep ☐ Other________________
☐ Yes	☐ No	☐ Unk	Raw/unpasteurized products Type:______________________
☐ Yes	☐ No	☐ Unk	Ate cheese from unpasteurized milk such as queso fresco or queso blanco Type/brand ____________________________________

Produce

☐ Yes	☐ No	☐ Unk	Leafy greens (e.g., arugula, mesculun, spinach, lettuce)
☐ Yes	☐ No	☐ Unk	Sprouts (e.g., alfalfa, bean, clover, broccoli, radish; including from a salad bar or on a sandwich)
☐ Yes	☐ No	☐ Unk	Fresh herbs (e.g., cilantro, basil, parsley, chives, mint)
☐ Yes	☐ No	☐ Unk	Fresh tomatoes
☐ Yes	☐ No	☐ Unk	Other fresh produce ____
☐ Yes	☐ No	☐ Unk	Fresh fruit (e.g., berries, melons, citrus, tropical fruit)
☐ Yes	☐ No	☐ Unk	Frozen fruit (e.g., berries, other)
☐ Yes	☐ No	☐ Unk	Frozen vegetables

Drinks

☐ Yes	☐ No	☐ Unk	Juices or cider Type: ____
☐ Yes	☐ No	☐ Unk	Smoothie ☐ Fresh-made ☐ Pre-packaged
☐ Yes	☐ No	☐ Unk	Unpasteurized juices or cider Type: ____________________________________

Other Foods/Supplements

☐ Yes	☐ No	☐ Unk	Vitamins, nutritional or herbal supplements (e.g., teas, tablets, pills) ________________
☐ Yes	☐ No	☐ Unk	Drink powdered nutritional supplements ________________
☐ Yes	☐ No	☐ Unk	New or different foods or beverages in 7 days before illness: ________________

Animal-Related Exposures			
☐ Yes	☐ No	☐ Unk	Any contact with pet animals at home or elsewhere
☐ Yes	☐ No	☐ Unk	Cats or kittens
☐ Yes	☐ No	☐ Unk	Dogs or puppies
☐ Yes	☐ No	☐ Unk	Rats, mice, gerbils, or hamsters
☐ Yes	☐ No	☐ Unk	Pocket or “exotic” pets (e.g. ferrets, hedgehogs, sugar gliders, guinea pigs, prairie dogs) Specify: ________________
☐ Yes	☐ No	☐ Unk	Pet birds such as parakeets, parrots, cockatiels
☐ Yes	☐ No	☐ Unk	Water pets in an aquarium (e.g. fish, frogs, snails)
☐ Yes	☐ No	☐ Unk	Amphibians, such as frogs, toads, or salamanders
☐ Yes	☐ No	☐ Unk	Snakes
☐ Yes	☐ No	☐ Unk	Frozen mice, rats, or similar pet food for snakes turtles or tortoises
☐ Yes	☐ No	☐ Unk	Other reptiles, such as lizards, geckos, etc. ________________
☐ Yes	☐ No	☐ Unk	Any sick pets
☐ Yes	☐ No	☐ Unk	Any new household pets in the last month ________________
☐ Yes	☐ No	☐ Unk	Any contact with pet food or treats
☐ Yes	☐ No	☐ Unk	Raw pet food Type/variety/brand ________________
☐ Yes	☐ No	☐ Unk	Pet treats or chews (pig ears, rawhide, hooves, etc) Type/variety/brand: ________________
☐ Yes	☐ No	☐ Unk	Prepackaged pet food (canned or dry) Type/variety/brand: ________________
☐ Yes	☐ No	☐ Unk	Any contact with farm animals
☐ Yes	☐ No	☐ Unk	Cows or calves
☐ Yes	☐ No	☐ Unk	Donkeys
☐ Yes	☐ No	☐ Unk	Goats
☐ Yes	☐ No	☐ Unk	Horses or ponies
☐ Yes	☐ No	☐ Unk	Sheep
☐ Yes	☐ No	☐ Unk	Pigs or swine
☐ Yes	☐ No	☐ Unk	Baby chicks, ducklings or baby poultry ________________
☐ Yes	☐ No	☐ Unk	Adult chickens, turkeys, or other adult poultry ________________
☐ Yes	☐ No	☐ Unk	Other animal contact ________________
☐ Yes	☐ No	☐ Unk	Live on a farm or other setting that has farm animals________________
☐ Yes	☐ No	☐ Unk	Household member works with animals ________________
☐ Yes	☐ No	☐ Unk	Hunting/butchering ________________
☐ Yes	☐ No	☐ Unk	Work with animals or animal products (e.g., research, farming, veterinary medicine, animal slaughter)

Sources of drinking water

☐ Bottled ☐ Municipal ☐ Well
☐ Commercial Delivery ☐ Rural water ☐ Other

Other Exposures – *In the 7 days prior to the onset of symptoms did the case:*

Wear diapers ☐ Yes ☐ No ☐ Unk **Have contact with diapers:** ☐ Yes ☐ No ☐ Unk

Have sex with someone with similar symptoms: ☐ Yes ☐ No ☐ Unk

CONTACTS

Number of people living in case's household: _____

Are there close contacts of the case with same symptoms: ☐ Yes ☐ No ☐ Unknown

Close contacts of the case with the same symptoms

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case		List symptoms	Symptom onset date	Same exposures	Is contact a case?
☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	☐ Sexual contact ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Contact- work/school/etc ☐ Unknown/Other		/ /	☐ Restaurant ☐ Gatherings ☐ Food ☐ Animal ☐ Water	☐ Yes ☐ No

If this contact is a case create a new event and/or case for this contact.

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case		List symptoms	Symptom onset date	Same exposures	Is contact a case?
☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	☐ Sexual contact ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Contact- work/school/etc ☐ Unknown/Other		/ /	☐ Restaurant ☐ Gatherings ☐ Food ☐ Animal ☐ Water	☐ Yes ☐ No

If this contact is a case create a new event and/or case for this contact.

NOTES: