

# BC Salmonellosis Follow-up Form

## Demographic and Contact Information

Patient Surname:		First Name:	PHN:
Birthdate: (e.g. 15/Dec/07)	Sex: F <input type="checkbox"/> M <input type="checkbox"/>	Parent or Guardian: <input type="checkbox"/> Respondent is case	
Address: (street, city, postal code)		Home phone: _____	
E-mail:		Work: _____	
		Cell: _____	
Physician:		Physician Phone:	

## Case Notification/Assignment

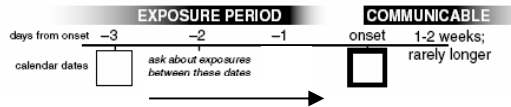
Report Received at HU: (e.g. 15/Dec/07)	
Contact attempts (date and time)	Interview?
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>
Interviewer: <input type="checkbox"/> Not located	

## Clinical Information

Serotype	Specimen type	Lab Report Date: (e.g. 15/Dec/07)	Reporting lab:
Onset of Earliest Symptom (e.g. 15/Dec/07) Time: _____ am/pm	Earliest Symptom:	Hospitalized: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Name of Hospital:
Other Symptoms: <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea    Other: _____ <input type="checkbox"/> Bloody diarrhea <input type="checkbox"/> Abdominal cramps <input type="checkbox"/> Fever    Other: _____		Date of Admission (e.g. 15/Dec/07)	Date of Discharge (e.g. 15/Dec/07):
		Deceased: <input type="checkbox"/> Y <input type="checkbox"/> N	Antibiotic Use: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK

## Exposure Period

Enter onset date in heavy box. Count back to figure the probable exposure period.



Note: prolonged shedding more common in children

## Travel

Infection acquired during travel: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK If yes: <input type="checkbox"/> Within BC <input type="checkbox"/> Within Canada <input type="checkbox"/> Outside Canada
Departure (e.g. 15/Dec/07):
Return (e.g. 15/Dec/07):
Destination(s) (e.g. city, mode of travel):
Foods brought back:

## Animal Contact

Farm, Petting Zoo, Agricultural Fair, Wildlife: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
Pets (incl reptiles) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK Pet treats or Raw food diet (circle): <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK
Details (e.g. dates, location, type of animals):

## Food Exposures

Vegetarian?  Y  N  DK    Food allergies/Avoidances/special diet?  Y  N  DK Details:

Food Item	Eaten	Details	Food Item	Eaten	Details
Eggs	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Raw? <input type="checkbox"/> Undercooked? <input type="checkbox"/> Brand: _____	Sprouts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Desserts with egg	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		Cantaloupe	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Chicken	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	Undercooked? <input type="checkbox"/> Brand: _____	Fresh herbs	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Pork (incl. sausage)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		Nuts	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Lettuce	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		Milk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Pre-packaged greens	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		Soft or unpasteurized cheese	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
Tomato	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		Tahini/sesame	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	

# BC Salmonellosis Follow-up Form

<b>Event/Social gathering</b>	<b>Location</b>	<b>Date</b>	<b>Foods Eaten</b> Eggs <input type="checkbox"/> Chicken <input type="checkbox"/> Other: _____
			Eggs <input type="checkbox"/> Chicken <input type="checkbox"/> Other: _____
			Eggs <input type="checkbox"/> Chicken <input type="checkbox"/> Other: _____
<b>Restaurants (including: take-out, cafeteria, bakery, deli, kiosk)</b>	<b>Location</b>	<b>Date</b>	<b>Foods Eaten</b>
			Eggs <input type="checkbox"/> Chicken <input type="checkbox"/> Other: _____
			Eggs <input type="checkbox"/> Chicken <input type="checkbox"/> Other: _____
			Eggs <input type="checkbox"/> Chicken <input type="checkbox"/> Other: _____
<b>Grocery stores for food consumed during the incubation period</b>	<b>Location</b>	<b>Foods Purchased</b>	<b>Brands/Other details</b>
		Eggs <input type="checkbox"/> Chicken <input type="checkbox"/> Other: _____	
		Eggs <input type="checkbox"/> Chicken <input type="checkbox"/> Other: _____	
		Eggs <input type="checkbox"/> Chicken <input type="checkbox"/> Other: _____	

## Contacts

# people in household:

Name	Date ill?	Nature of contact*	Occupation/Details	Contact phone	^Excluded?

\*Household, sexual, close contacts.

^ Please complete Contact Exclusion Form for each contact excluded.

## Occupation and Exclusion

Occupation:	Facility name:
Sensitive Setting (check if applicable):	
<input type="checkbox"/> Work/volunteer or attend day care <input type="checkbox"/> Work/volunteer in a health care setting <input type="checkbox"/> Work/volunteer as a food handler <input type="checkbox"/> Other (e.g. pool): _____	
Excluded <input type="checkbox"/> Y <input type="checkbox"/> N Effective date (e.g. 15/Dec/07):	
Details:	
Symptom end date (e.g. 15/Dec/07):	
Exclusion lifted: (e.g. 15/Dec/07):	MHO:

## Interventions

	Details
<input type="checkbox"/> Referred for Inspection	
<input type="checkbox"/> Referred to another HA	
<input type="checkbox"/> Hygiene Education Provided	
<input type="checkbox"/> Health File Sent	
<input type="checkbox"/> Other	

## Notes

Date	Comment	Initials