

STEC (including *E.coli* 0157:H7) Case Report Worksheet

Name (Last, First): _____ DOB: _____ Male/Female

Parent's name (if child): _____ Phone: _____

Interviewer: _____ Agency: _____ Date: _____

ILLNESS HISTORY

Date of onset of illness: ___/___/___ Time of onset: ___:___ AM PM

Nausea yes no

Diarrhea yes no Onset: ___/___/___ AM/PM Max. #of stools in 24 hr period: _____ Duration (days): _____

Blood in stool yes no

Vomiting yes no

Cramps yes no

Headache yes no

Fever yes no If yes, highest temp: _____

Were you treated with antibiotics for this illness? yes no Antibiotics: _____

Were you hospitalized overnight because of this illness? yes no

If yes, hospital name: _____ Admit date: ___/___/___ Discharge: ___/___/___

ED visit only: hospital name: _____ date: ___/___/___

Do you know of anyone else who has had these symptoms during the week before or after you became ill? yes no

If yes: Name: _____ Phone: _____

Name: _____ Phone: _____

RESTAURANT and GROCERY STORES

Did you eat out at any restaurants (including fast-food restaurants, delis, and take-out or home delivery meals) during the 7 days before your illness? yes no (If yes, list names and locations of restaurants.)

Name _____ Location _____

Date: _____ Items consumed: _____

Name _____ Location _____

Date: _____ Items consumed: _____

Name _____ Location _____

Date: _____ Items consumed: _____

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Where did you purchase groceries that were eaten during the 7 days before your illness (including specialty stores, produce or fruit stands, dairy marts, etc.)?

Name _____ Location _____

Name _____ Location _____

Name _____ Location _____

Name _____ Location _____

FOOD HISTORY

Now I'd like to ask you about specific food items. During the 7 days before you got sick, did you eat the following items?

A. Dairy Products

Comments (variety/brand, how prepared, where bought/eaten, etc.)

Raw milk yes no maybe _____

Cheese made from raw milk yes no maybe _____

Artisanal cheese yes no maybe _____

Farmer's cheese yes no maybe _____

Quesa Fresco yes no maybe _____

Other cheeses yes no maybe _____

B. Meats

Ground beef eaten at home yes no maybe Specify(type/where purchased)_____

Ground beef eaten outside home yes no maybe Specify (type/where eaten)_____

Handled raw ground beef yes no maybe _____

Steak yes no maybe _____

Beef-other yes no maybe _____

Bison yes no maybe _____

Venison yes no maybe _____

Elk yes no maybe _____

Boar yes no maybe _____

Wild game-other yes no maybe _____

NJ Isolate # _____

CDRSS# _____

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- Beef jerky yes no maybe _____
- Salami yes no maybe _____
- Pepperoni yes no maybe _____
- Other dried/
fermented meat yes no maybe _____
- Sausage yes no maybe _____

C. Fresh/Uncooked Salads

Prepackaged yes no maybe Specify type of lettuce/brand _____
lettuce

Lettuce (*non-bagged, whole heads or lose leaf*)

- Iceberg yes no maybe _____
- Green leaf yes no maybe _____
- Romaine yes no maybe _____
- Red leaf yes no maybe _____
- Bib yes no maybe _____
- Other yes no maybe _____

Lettuce on sandwich yes no maybe _____

Alfalfa sprouts yes no maybe _____

Other sprouts yes no maybe _____

Spinach yes no maybe _____

D. Juices (unpasteurized)

Apple cider yes no maybe _____

Orange juice yes no maybe _____

Other juices yes no maybe _____

OTHER EXPOSURES (Travel, Swimming, Contact with Animals within the 7 days prior to onset of illness)

Did you travel out of the country? yes no where/dates: _____

Did you travel to any other state(s)? yes no where/dates: _____

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Did you do any swimming or wading? yes no where/dates: _____

Did you attend any large gatherings (parties, festivals, fairs, etc.)? yes no

If yes, where/dates/foods _____

Did you have direct contact with any farm animals? yes no _____

Did you visit a petting zoo, 4-H event, county fair? yes no _____

HIGH RISK OCCUPATIONS or ACTIVITIES

What is your occupation? _____

Do you handle or prepare food as part of your duties at work or as a volunteer? yes no

If yes, location _____

Do you provide health care? yes no If yes, location _____

Provide *direct* patient care? yes no

Do you attend or work in a daycare setting? yes no If yes, location _____

Are you aware of any other illness in the daycare? yes no

Do you live in, work at or visit any long-term care/residential facilities? yes no

RACE / ETHNICITY

What is your race?

White Asian, Pacific Islander Black American Indian Other, specify _____
Don't know Refused

Are you of Hispanic origin?

Yes No Don't know Refused

COMMENTS