

Salmonellosis Case Report Worksheet

Name: _____ CDRSS number: _____

Interviewer: _____ Date Completed: _____

Information provided by _____ Relation to Case: _____

DEMOGRAPHICS

Gender: Male Female

Date of Birth ____/____/____

Hispanic: Yes No Unk

Race:

- White Native Amer.
 Black Asian/Pac. Islander
 Other Unknown

Occupation:

- Foodhandler: Yes No
 Daycare worker/attendee: Yes No
 Healthcare provider: Yes No
 Resident of long-term care or group residence: Yes No

If the case is a food handler, health care worker or works for or attends a daycare, obtain details about site, job description, dates worked/attended during communicable period (see exclusion recommendations in NJDOH disease specific chapters).

CLINICAL INFORMATION

Symptomatic: Yes No

If yes: Onset date/time: ____/____/____

Resolution date/time: ____/____/____

First/predominant symptom _____

Fever:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Temperature: _____ ° F Not measured: _____
Diarrhea:	<input type="checkbox"/> Yes <input type="checkbox"/> No onset date/time: _____
Bloody diarrhea:	<input type="checkbox"/> Yes <input type="checkbox"/> No onset date/time: _____
Vomiting:	<input type="checkbox"/> Yes <input type="checkbox"/> No onset date/time: _____

Other symptoms: _____

Hospitalized: Yes No

Name of Hospital _____

Date of Admission: ____/____/____

Date of Discharge: ____/____/____

ED visit only-date: ____/____/____

Antibiotic treatment: Yes No

If yes, dates taken:
 ____/____/____ to ____/____/____

Outcome: Died: Yes No

If yes, date of death: ____/____/____

Use incubation period of 7 days to determine exposure period, counting back from illness onset date.

Exposure period: ____/____/____ to ____/____/____

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

Y N DK

- Chicken/chicken products
- Raw or lightly cooked eggs or foods made with raw eggs
- Raw/unpasteurized milk, dairy products or juice
- contact with person with similar illness
- Swimming/Recreational water exposure
- Contact with pets (cats, dogs, other)

- Contact with reptiles (turtles, snakes, frogs)
- Contact with live poultry (chickens, ducks)
- Contact with farm animals/livestock

NOTES:

Y N

- Travel outside the U.S.
Where: _____
Dates: ____/____/____ to ____/____/____
- Domestic travel
Where: _____
Dates: ____/____/____ to ____/____/____

List food establishments (restaurants, fast-food, cafeteria, deli, etc.) frequented during incubation period. Include date, location and items eaten:

List any gatherings (parties, weddings, conventions, etc.) attended during incubation period:

List markets where groceries are purchased (supermarkets, local markets, butcher, live poultry markets, etc):

Does the case know anyone with a similar illness, including those he/she lives with? YES NO

If yes, fill out table below for each ill household member and contact.

ILL HOUSEHOLD MEMBERS/ OTHER ILL CONTACTS

Name	Age	Relation to case	Symptoms	Onset date	Phone Number
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____

If the contact is a food handler, health care worker or works for or attends a daycare, provide details about site, job description, dates worked/attended during communicable period (see exclusion recommendations in NJDOH disease specific chapters).

ACTIONS TAKEN

- Patient could not be interviewed (reason: _____)
- Entered into CDRSS
- Refer for restaurant inspection
- Daycare inspection/education
- Work or daycare restriction for case
- Follow-up of ill contacts