Salmonellosis Case Report Worksheet

Name: __________________________________________ CDRSS number: ____________

Interviewer: ________________________________ Date Completed: ________________

Information provided by __________________________ Relation to Case: __________________

DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
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<tr>
<td>Date of Birth</td>
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<tr>
<td>Hispanic</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Race</td>
<td>White</td>
<td>Native Amer.</td>
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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: Yes No
If Yes, Temperature: _______ ° F
Not measured: ______

Diarrhea: Yes No
onset date/time:_____

Bloody diarrhea: Yes No
onset date/time:_____

Vomiting: Yes No
onset date/time:_____

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: _____/_____/______

Other symptoms: __________________________________
_________________________________________________
_________________________________________________

6/26/2014
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

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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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relation to case</th>
<th>Symptoms</th>
<th>Onset date</th>
<th>Phone Number</th>
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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

6/26/2014