New Jersey Department of Health and Senior Services
GASTROINTESTINAL / FOODBORNE ILLNESS CASE REPORT WORKSHEET

Investigating Agency		County
Disease (Check one): ☐ Campylobacteriosis ☐ Scombroid poisoning ☐ Cryptosporidiosis ☐ Ciguatera poisoning ☐ Giardiasis ☐ Tetrodotoxin poisoning ☐ Shigellosis ☐ Unknown GI Illness	CDRSS Case ID No. Completed By Telephone No.	E# Date Completed / /

I. CASE IDENTIFICATION		
Name		Home Telephone No.
Address		Work Telephone No.
City	Zip	County of Residence
Treating M.D.		Telephone No.
Address		

II. DEMOGRAPHICS			
Sex ☐Male ☐Female	Date of Birth	Age	Hispanic ☐Yes ☐No ☐Unknown
Race ☐White ☐Black ☐Native American ☐Asian/Pacific Islander ☐Other ☐Unknown			
Workplace/School/Daycare			Occupation/Grade
Address			Telephone

III. CLINICAL INFORMATION			
Symptomatic ☐Yes ☐No	If Yes, Onset Date / Time / / /	Resolution Date / Time / / /	First/predominant Symptom
Fever ☐Yes ☐No ☐Unknown	If Yes, Temperature _____ **° F** ☐Not Measured		Vomiting ☐Yes ☐No ☐Unknown
Diarrhea ☐Yes ☐No ☐Unknown	Bloody Diarrhea ☐Yes ☐No ☐Unknown		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: From: / /		To: / /
Clinical specimen Taken ☐Yes ☐No	Date / /		Type(s)
Outcome – Died: ☐Yes ☐No	If Yes, Date of Death / /		

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CDRSS Case ID No.

Use chart below to determine Exposure Period, counting back from illness onset date.

Exposure period: _____ / _____ / _____ **To:** _____ / _____ /

Campylobacteriosis: 1-10 days
Giardiasis: 3-25 days
Shigellosis: 0-3 days

Cryptosporidiosis: 1-12 days
Unknown GI Illness: 0-3 days
Yersiniosis: 3-7 days

Foodborne poisonings 0-3 days

IV. POSSIBLE SOURCE(S) 0F INFECTION DURING EXPOSURE PERIOD

☐ **Patient could not be interviewed**

SUSPECT FOODS:

Y	N	DK	
☐	☐	☐	Undercooked meat or poultry
☐	☐	☐	Raw or lightly cooked eggs or foods made with raw eggs
☐	☐	☐	Raw/unpasteurized milk, dairy products or juice
☐	☐	☐	Raw/undercooked shellfish
☐	☐	☐	Food at restaurants/food establishments
☐	☐	☐	Food at events or gatherings

OTHER EXPOSURE SOURCES:

Y	N	DK	
☐	☐	☐	Drink well water
☐	☐	☐	Persons with similar illness
☐	☐	☐	Diapered children
☐	☐	☐	Contact with pets, farm animals or livestock
☐	☐	☐	Travel outside the U.S.
☐	☐	☐	Domestic travel
☐	☐	☐	Swimming/Recreational water exposure

Provide details (places, dates) about possible sources and risk factors checked above.

☐ **No risk factors identified**

III. HOUSEHOLD / OTHER ILL CONTACTS

Does the case know anyone else with a similar illness, including those he/she lives with?

☐ Yes ☐ No ☐ DK If **Yes**, complete the table below for each ill household member and contact:

Ill Household Member/ Other Ill Contact Name	Age	Relation to Case	Symptoms	Onset Date	Phone Number

If the case or 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, supervisor, phone numbers etc.

ACTIONS TAKEN

☐ Entered into CDRSS
☐ Refer for restaurant inspection
☐ Daycare inspection/education
☐ Work or daycare restriction for case
☐ Follow-up of ill contacts
☐ Isolate sent to PHEL