

# Campylobacter Form for Case Follow-up

For State Use ID # \_\_\_\_\_ -CA- \_\_\_\_\_

## I. CASE IDENTIFICATION (fill out contact information for the patient)

**Name:** \_\_\_\_\_ **County:** \_\_\_\_\_  
 Last, First

**Address:** \_\_\_\_\_ **Occupation/Grade:** \_\_\_\_\_  
 Street (if applicable, collect information about occupational animal exposures)

\_\_\_\_\_ **Work/Daycare/School:** \_\_\_\_\_  
 City Zip Code

**Which of the following best describes where your current home is located? (please read all options)**

Urban area       Suburban area       Rural area not on a farm

On a farm, or on property that borders a farm       Other \_\_\_\_\_

**Home Phone:** (      ) \_\_\_\_\_ **Work Phone:** (      ) \_\_\_\_\_

## II. CASE DEMOGRAPHICS (check the appropriate boxes; fill out date of birth and age in years)

**Sex:**  Female      **Race:**  White       Multiracial      **Ethnicity:**  Hispanic  
 Male       Black       American Indian/Alaska Native       Non-Hispanic

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_       Asian       Hawaiian/Pacific Islander       Unknown

Other → Please specify \_\_\_\_\_

**Age:** \_\_\_\_ years / mos / days

## III. CLINICAL DATA (check all appropriate boxes)

**Symptomatic:**  YES  NO  DK

If yes, **Date of onset:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Symptoms**

**Diarrhea:**  YES  NO  DK

**Date of Diarrhea onset:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Vomiting:**  YES  NO  DK

**Fever:**  YES  NO  DK

**Nausea:**  YES  NO  DK

**Abd Cramping:**  YES  NO  DK

**Other:**  YES  NO  DK

**Specify:** \_\_\_\_\_

**Date Received First Report:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Physician Name:** \_\_\_\_\_

**Physician Phone:** (      ) \_\_\_\_\_

**Hospitalized:**  YES  NO  Unknown  
 (list all hospitals, admission and discharge dates)

**Hospital 1:** \_\_\_\_\_  
 Admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Discharge: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Hospital 2:** \_\_\_\_\_  
 Admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Discharge: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Outcome:**  Survived  Died  Unknown

Date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## IV. POSSIBLE SOURCES OF INFECTION (circle responses and provide details as needed)

### IV. A. Suspect Foods – refer to the 7 days prior to onset


(ask the case if he/she consumed the following in the 7 days prior to onset. Attach additional sheets if necessary.)

- Y N DK** Eating chicken, turkey, or other poultry (meat from birds)  
 If yes,  → Did the meat appear to be undercooked? **Y N DK**
- Y N DK** Handling or preparing raw chicken, turkey, or other poultry (meat from birds)  
 If yes,  → Type(s) of meat: \_\_\_\_\_ Date(s) Eaten: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Y N DK** Eat or handle pork or pork products  
 If yes,  → Item(s): \_\_\_\_\_ Date(s) Eaten: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Y N DK** Eat or taste any unpasteurized dairy products, such as raw milk or cheese made from raw milk?  
 These types of products are usually purchased from a farmer's market or a dairy, rather than a grocery store.  
 If yes:  → a) Item(s): \_\_\_\_\_ b) Brand name: \_\_\_\_\_  
 c) Where purchased? \_\_\_\_\_ Date purchased: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date consumed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## IV. A. Suspect Foods (cont.) – refer to the 7 days prior to onset


5. **Y N DK** Eat food from a Restaurant (including fast food)?  
**If yes:** Name/Location \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Food(s) \_\_\_\_\_  
 Name/Location \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Food(s) \_\_\_\_\_  
 Name/Location \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Food(s) \_\_\_\_\_
6. **Y N DK** Eat a group meal at a large gathering (e.g. party, potluck, barbecue, picnic, reception, sporting event)  
 Location: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Food(s): \_\_\_\_\_
7. What types of water did you drink in the past week? (*read options*)  
 Well water  Municipal/city water  Bottled water  Other: \_\_\_\_\_
- 7a. What is the **usual drinking water source** for case / family? (*circle response among options above*)
- 7b. **If any well water consumed**, details about well: \_\_\_\_\_
8. **Y N DK** Is usual drinking water filtered?

### For children less than 1 year of age:

- Y N DK** Breast feeding?
- Y N DK** Drink formula? Specify formula type: \_\_\_\_\_  
 If yes, what water type is used to mix formula? \_\_\_\_\_

## IV. B. Other Potential Sources – refer 7 days prior to onset

(ask the case if he/she had contact with the following in the 7 days prior to onset. Attach additional sheets if necessary.)

1. **Y N DK** Contact with diapered children; Details: \_\_\_\_\_
2. **Y N DK** Exposure to human or animal feces; Details: \_\_\_\_\_
3. **Y N DK** Recreational water exposure or participate in water sports  
**If yes,**  Setting(s)/location(s): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_  
 Type of exposure (read & check all that apply)  **Touch water or Wade**  **Submerge head or Swim**  **Swallow water**
4. **Y N DK** Exposure to animals/pets (esp. puppies, kittens, birds); Details: \_\_\_\_\_
5. **Y N DK** Travel outside community; Location(s): \_\_\_\_\_  
 Date Arrived: \_\_\_ / \_\_\_ / \_\_\_ Date Left: \_\_\_ / \_\_\_ / \_\_\_
6. **Y N DK** Came in contact with someone with a similar illness; Specify Date \_\_\_ / \_\_\_ / \_\_\_  
 Names: \_\_\_\_\_
7. **Y N DK** Other; Specify \_\_\_\_\_

- Check page 1 to see that demographics, occupation/school are filled in.
- Please emphasize hand washing to case / family.
- Mention that we might contact them in the future.

## V. LABORATORY INFORMATION

(check all that apply, list laboratory name, and date specimen collected)

**Laboratory:** \_\_\_\_\_

**Specimen collected:** \_\_\_ / \_\_\_ / \_\_\_

**Specimen Source:**  stool  other; specify \_\_\_\_\_

**What lab test was performed:** \_\_\_\_\_

**Species** \_\_\_\_\_ \*If available, attach a copy of the lab report

## VI. REPORT COMPLETED

**Case Report Completed by:** \_\_\_\_\_

**Phone Number:** ( ) \_\_\_\_\_

**Date Report Completed:** \_\_\_ / \_\_\_ / \_\_\_

**Date Sent to State:** \_\_\_ / \_\_\_ / \_\_\_

### For State Use:

- Specimen to GPLH?**  YES  NO  UNK **GPLH #** \_\_\_\_\_
- Is case associated with an outbreak?  YES  NO  UNK
- Is this case associated with a known case?  YES  NO  UNK