





**Travel information**

\*Did patient immigrate to the US during the past 6 months?    Yes    No    Unk

*If yes:*

\*Is patient a refugee?    Yes    No    Unk

\*Is patient a recent adoptee?    Yes    No    Unk

*{If pt has no symptoms, STOP here}*

Did patient travel outside the US in the 3-25 days prior to the onset of illness?    Yes    No    Unk

*If yes, Country    Date left US    Date returned to US*

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Did patient travel within the US in the 3-25 days prior to the onset of illness?    Yes    No    Unk

*If yes, where/when: \_\_\_\_\_*

**Water** (ask about 3-25 days before onset)

What was patient's source of drinking water at home?

- Municipal    Name \_\_\_\_\_
- Private source:    Well water    Surface water (details: \_\_\_\_\_ )
- Bottled water    Name \_\_\_\_\_
- Other \_\_\_\_\_

Does patient use a water filter at home?    Y    N    U    What type? \_\_\_\_\_

Did patient drink **any** water from a pond, stream, spring, river or lake?    Yes    No    Unk

*If yes, was the water treated or filtered prior to use?    Yes    No    Unk*

*If yes, describe procedure used to treat/filter water: \_\_\_\_\_*

Did the patient swim or wade in any of the following types of recreational water?    If yes, location / dates:

- Hot tub/spa, whirlpool, Jacuzzi    Y    N    U
- Lake, pond, river, or stream    Y    N    U
- Recreational water park or any type of fountain    Y    N    U
- Swimming or wading pool    Y    N    U
- Drainage ditch/irrigation canal    Y    N    U
- Other, specify: \_\_\_\_\_

Did the patient participate in other water activities such as fishing, kayaking, canoeing or other boating?    Yes    No    Unk

**Pet or animal exposure**

Did the patient visit or live on a farm within 3-25 days prior to illness?    Yes    No    Unk

Visit any animal exhibits (petting zoo, county fair, etc)    Yes    No    Unk

*If yes to either, did the case have exposure to manure?    Yes    No    Unk*

Have a pet or contact with other people's pets?    Yes    No    Unk

*If yes to any of these, indicate the animals with which patient had contact:*

Dog/puppy    Y    N    Other? specify: \_\_\_\_\_

Cat/kitten    Y    N

Were any of these animals recently acquired or recently ill?    Y    N

*If Yes, provide details: \_\_\_\_\_*

**Restaurant history/Group activities**

Any restaurants, group gatherings, picnics, or sporting events during the 3-25 days before illness?				Yes	No	Unk
<i>If yes, Name</i>	<i>Address</i>	<i>Date of Exposure</i>	<i>Foods Eaten</i>			
_____	_____	_____	_____			
_____	_____	_____	_____			
_____	_____	_____	_____			
_____	_____	_____	_____			
_____	_____	_____	_____			

Did others accompanying the case become ill with diarrhea, fever, or abdominal pain? Yes No Unk  
*(If others became ill after a common exposure, this may be an outbreak. Call regional epidemiologist or CDPHE for assistance.)*

**School/Work**

Occupation: \_\_\_\_\_ Student? Yes No  
 Place of Employment: \_\_\_\_\_ *If yes, Name of School:* \_\_\_\_\_

*Does the case...*

Attend, work or volunteer at a child care center / preschool?	Yes	No	Unk
Have a child(ren) in a child care center?	Yes	No	Unk
Attend, work or volunteer at a residential facility? (e.g. nsg home)	Yes	No	Unk

*If yes to any of the above,*

Name and location of facility \_\_\_\_\_

Are other children/staff ill? Yes No Unk

Provide direct patient care as a health care worker? Yes No Unk

*If yes, name and location of facility* \_\_\_\_\_

Work as a food handler? Yes No Unk

*If yes, name and location of facility* \_\_\_\_\_

Since the case became ill, did case prepare food for any public or private gatherings? Yes No Unk

*If yes, provide details:* \_\_\_\_\_

**Contact management**

Complete the table below for **all** household members and other close contacts. If any of these persons has been ill with similar symptoms, please indicate the date of onset and symptoms.

Name	Age	Occupation/ Child Care	Similar illness	Onset m d y	Comments
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____
_____	_____	_____	Y N U	_____	_____

**Epi-links**

Is any person listed above already a confirmed or suspected case in CEDRS? Yes No Unk *If yes, CEDRS#* \_\_\_\_\_

Is this patient part of a known/suspected outbreak? Yes No Unk *If yes, specify:* \_\_\_\_\_

**If case or household contact is high risk (food handler, health care worker, child care) refer to CD manual for restrictions/follow up. Obtain details of site, job description, dates worked/attended during communicable period, supervisor name, etc.**

Patient Name: \_\_\_\_\_ CEDRS # \_\_\_\_\_

Notes:

**Summary of follow up**

- |   |  |
|---|--|
| <input type="checkbox"/> Hygiene education provided             | <input type="checkbox"/> Child care center inspected           |
| <input type="checkbox"/> Work or childcare restriction for case | <input type="checkbox"/> Testing of home or other water source |
| <input type="checkbox"/> Follow up of other household members   | <input type="checkbox"/> _____                                 |

Questions about filling out this form?

Contact the Communicable Disease Epidemiology Program at 303-692-2700, 800-866-2759

**After finishing case interview, update the CEDRS record. Do NOT send this form to CDPHE unless it is requested (e.g. as part of a suspected outbreak).**