

Date: ___/___/___

Tennessee

Interviewer: _____

Campylobacter species: _____

NAR: Y N

CAMPYLOBACTER INTERVIEW FORM

Patient's Name (last, first): _____

DOB: ___/___/___

Parent's Name (if child): _____

Symptom History

Nausea	Y N	Chills	Y N	What was first symptom? _____
Vomiting	Y N	Headache	Y N	Date of onset: (mo/da/yr) ___/___/___
Diarrhea	Y N	Backache	Y N	Time of onset: (military) _____
stools/24 hrs _____		Muscle aches	Y N	Date of onset of diarrhea: ___/___/___
Blood in stool	Y N	Fatigue	Y N	Time of onset of diarrhea (military): _____
Cramps	Y N	Joint Pain	Y N	Duration of diarrhea: _____
Fever	Y N	Other _____		Date of recovery: ___/___/___
Temp: _____				Time of recovery (military): _____

Were you on any medication in the month prior to your illness? Y N

If yes, what medication(s)? _____

Were you treated with antibiotics after the onset of this illness? Y N

If yes, what antibiotic(s)? _____ What date did you start: ___/___/___

(INCLUDE DOSE AND DURATION IF KNOWN)

What date did you finish: ___/___/___

(If unknown start date) → Did you take the antibiotics before you submitted your stool specimen? Y N

If yes, how many days before culture? _____ **SAME DAY**

1. Did you drink any well water in the week prior to your illness? Y N

Where? (eg. home, cabin, farm) _____

Address of well _____

Describe well (eg. single home, multiple home) _____

2. Did you drink any unpasteurized milk in the week prior to your illness? Y N

If yes, where consumed? _____ when? _____

Where purchased? _____

3. Did you swim in the ocean, a lake, a river, or pool in the week before your illness? Y N

If yes, where? _____ when? _____

4. Did you have contact with household pets, either in the home or elsewhere in the week prior to your illness?

Y N

Pets and description of contact (including if the pets had been sick with diarrhea): _____

5. During the week prior to your illness, did you live on, work on, or visit a farm? Y N

If yes, name, location, and dates at farm (other than home farm):

- Live on farm
- Work on farm: _____ When? _____
- Visit farm: _____ When? _____

6. Did you visit a petting zoo, educational exhibit, fair, or other venue with animals? Y N

If yes, name/location: _____ When? _____

7. **If yes to questions 5 or 6, were any of the following animals present? If yes, did you have any contact with them?**

	Home			Work			Other Farm			Petting Zoo/Exhibit		
	Present – No Contact	Contact	Describe Contact	Present – No Contact	Contact	Describe Contact	Present – No Contact	Contact	Describe Contact	Present – No Contact	Contact	Describe Contact
Cow	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Goat	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Sheep	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Pig	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Chicken	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Turkey	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

8. Did you travel anywhere during the week prior to your illness? Y N

If yes, where? _____ When? ____/____/____ thru ____/____/____

9. Do you know of anyone else with a diarrheal illness prior to or following your illness? Y N

If yes, when? ____/____/____ **Who?** _____

10. Did you eat in any restaurants during the seven days before your illness? Y N

1. Name: _____ Date: ____/____/____ Time: _____

Address: _____

Foods eaten: _____

2. Name: _____ Date: ____/____/____ Time: _____

Address: _____

Foods eaten: _____

3. Name: _____ Date: ____/____/____ Time: _____

Address: _____

Foods eaten: _____

11. Did you eat any chicken in the week prior to your illness? Y N

12. Apart from any chicken you may have eaten in restaurants in the week prior to your illness, did you *prepare* or *consume* any chicken at a private home? Y N

If yes, when? ____/____/____ ____/____/____ ____/____/____

Brand/description of chicken: _____

Where was it purchased (store name/location): _____

Date of purchase: ____/____/____

13. Did you *prepare* or *consume* any turkey in the week prior to your illness? Y N

If yes, when? ____/____/____ ____/____/____ ____/____/____

Where: _____

Brand/description of turkey: _____

Where was it purchased (store name/location): _____

Date of purchase: ____/____/____

14. Did you *prepare* or *consume* any pork in the week prior to your illness? Y N

If yes, when? ____/____/____ ____/____/____ ____/____/____

Where: _____

Brand/description of pork: _____

Where was it purchased (store name/location): _____

Date of purchase: ____/____/____

15. Did you attend or work at a daycare prior to or following your illness? Y N

If yes, when: ____/____/____ thru ____/____/____

Name of Daycare: _____

Name of Daycare Director: _____

City: _____ Phone Number: _____

Did your child attend daycare (or did you work at a daycare) with a diarrheal illness? Y N Unk

If yes, what dates? _____

Are you aware of any other illness in the daycare? Y N Unk

For all daycare attendees and employees:

We will contact the daycare provider to determine if any other children have been ill and to provide information and recommendations to prevent the spread of illness. Do you have any concerns about disclosing your/your child's name to the daycare?

Yes, I do have concerns No, I do not have concerns **Tennessee read**

If your child still has diarrhea, he/she may not attend daycare until fully recovered.

<p>If Adult Case: Occupation: _____ Name of employer: _____ Address/city of employer: _____ Work phone: _____</p> <p>If Child Case: Child's school name/address: _____ Parent 1 occupation: _____ Parent 2 occupation: _____</p>
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<p>At the end of interview:</p> <p>Race: _____</p> <p>Ethnicity: _____</p>
