Date:____/____/____ Interviewer:_____________ **Tennessen** ☐

SHIGELLA DISEASE WORKSHEET

Patient's Name (last, first):____ DOB:____/____/____

Parent's Name (if child):____

Race:______________________________________ Ethnicity:___________________________

Symptom History

Nausea	Y	N	Chills	Y	N	What was first symptom?______________________
Vomiting	Y	N	Headache	Y	N	Date of onset (mm/dd/yy):____/____/____
Diarrhea	Y	N	Backache	Y	N	Time of onset (military):______________
stools/24 hr	_________		Muscle aches	Y	N	Date of onset of diarrhea:____/____/____
Blood in stool	Y	N	Fatigue	Y	N	Time of onset of diarrhea:_____________
Cramps	Y	N	Other:__________________			Duration of diarrhea (days) :___________
Fever	Y	N	Temp:_______			Date of recovery:____/____/____
Comments:____						Time of recovery:_____________

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

If yes, what brand? ____

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

If yes, what antibiotic?________________________

What date did you start taking your antibiotics?____/____/____

(IF UNKNOWN) → Did you take the antibiotics before you submitted the stool culture?

Y N SAME DAY

If yes, how many days before culture?______________

What date did you finish taking your antibiotics?____/____/____

1. Have you/your child had contact with young children in a childcare setting prior to or following your/his/her illness? ☐ Y ☐ N

 If yes, what dates:____

 Name of Daycare: ____

 Name of Daycare Director: ____

 City: ______________________________

 Phone Number: _____________________

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

 Did your child attend daycare with a diarrheal illness? ☐ Y ☐ N Date(s):_________________________________

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

☐ **Tennessen read**

If you/your child still has diarrhea, you/he/she may not attend daycare until fully recovered. An epidemiologist will contact you as soon as possible if additional restrictions apply.

2. Are there any (other) children in your household? ☐ Y ☐ N
If yes:

Name of Child	*Age*	*Attend Daycare/Childcare?*	*Attend School?*	*Diarrheal illness?*
		☐Y :____________________ ______________________ ☐ N	☐Y:____________________ ______________________ ☐ N	☐Y:____/____/____ ☐ N
		☐Y :____________________ ______________________ ☐ N	☐Y:____________________ ______________________ ☐ N	☐Y:____/____/____ ☐ N
		☐Y :____________________ ______________________ ☐ N	☐Y:____________________ ______________________ ☐ N	☐Y:____/____/____ ☐ N
		☐Y :____________________ ______________________ ☐ N	☐Y:____________________ ______________________ ☐ N	☐Y:____/____/____ ☐ N
		☐Y :____________________ ______________________ ☐ N	☐Y:____________________ ______________________ ☐ N	☐Y:____/____/____ ☐ N

3. Do you know of anyone else who had a diarrheal illness before or after your illness? ☐ Y ☐ N
If yes, when? ____/____/____ Who? ____

4. Did you travel anywhere during the week prior to your illness? ☐ Y ☐ N
If yes, where? ____ When? ____/____/____ thru ____/____/____
If airline travel, what airline?_____________________________ flight no. _________
If you stayed at a resort, please provide resort name:____

5. Did you drink any untreated/raw water during the seven days before your illness? ☐ Y ☐ N
If yes, where? ____

6. Did you swim in an ocean, lake, river, pool, or splash pad/fountain in the week before or after your illness? ☐ Y ☐ N
If yes, where? ____
When? ☐ Before onset: ______________________________ ☐ After onset:____________________________________

7. Where did you shop for groceries eaten during the week before your illness? _________________________________

8. Did you attend any large gatherings the week before your illness (weddings, receptions, showers, parties, festivals, fairs, etc.)? ☐ Y ☐ N
If yes, when: ___/___/___
What type of event? ____
Where?____
Foods served? ____
Others ill? ☐ Y ☐ N Names:____

9.

Date/day prior to onset

___/___/___

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
___________	Breakfast	☐	☐	________________	____________________
___________	Lunch	☐	☐	________________	____________________
___________	Dinner	☐	☐	________________	____________________
___________	Other	☐	☐	________________	____________________

___/___/___

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
___________	Breakfast	☐	☐	________________	____________________
___________	Lunch	☐	☐	________________	____________________
___________	Dinner	☐	☐	________________	____________________
___________	Other	☐	☐	________________	____________________

___/___/___

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
___________	Breakfast	☐	☐	________________	____________________
___________	Lunch	☐	☐	________________	____________________
___________	Dinner	☐	☐	________________	____________________
___________	Other	☐	☐	________________	____________________

___/___/___

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
___________	Breakfast	☐	☐	________________	____________________
___________	Lunch	☐	☐	________________	____________________
___________	Dinner	☐	☐	________________	____________________
___________	Other	☐	☐	________________	____________________

___/___/___

Time of Meal	Meal	Ate at home	Ate outside of home	Outside location	Foods eaten
___________	Breakfast	☐	☐	________________	____________________
___________	Lunch	☐	☐	________________	____________________
___________	Dinner	☐	☐	________________	____________________
___________	Other	☐	☐	________________	____________________

10. Did you eat in any restaurants during the seven days prior to 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:____

4. Name:____Date: ____/____/____Time:___________

Address:____

Foods eaten:____

5. Name:____Date: ____/____/____Time:___________

Address:____

Foods eaten:____

If Adult Case: What is your occupation?________________________________ Name of employer?____________________________________ Address/city of employer?______________________________ Work phone: _(________)______________________________ **If Child Case:** Parent 1 occupation: ___________________________________ Parent 2 occupation: ___________________________________ Child's school name and address:____	**Foodworkers only:** Work restrictions may apply to people with *Shigella* infections who work in food service. You will be contacted by an epidemiologist if restrictions apply to you. **Statement read** ☐ Y ☐ N

Last updated 9/20/12