Campylobacter Worksheet

CASE DETAILS

Subtype:	☐ C. jejuni ☐ C. arcobacter ☐ C. coli ☐ C. fetus ☐ Non-groupable/typable ☐ Other, specify:		Date Received	yyyy/mm/dd	
			Investigating PHI:		
			CD #:		
DNA Pattern	Phage Type:	PFG Type:	iPHIS Case ID #:		
Source:	☐ Blood ☐ Stool ☐ Urine ☐ Other		Outbreak #:		

Case Classification

☐ Suspect	Date: yyyy/mm/dd	☐ Confirmed	Date: yyyy/mm/dd	☐ Carrier	Date: yyyy/mm/dd

Client Demographics ☐ Case ☐ Contact ☐ Both

DEMOGRAPHICS

Name	first / last			DOB:	yyyy/mm/dd
Health Card #:		Gender:	☐ Male ☐ Female ☐ Transgender	Age:	
Address Type:	☐ Home ☐ Other:			Marital Status:	
Address:					
City:		Province:		Postal Code:	

Telecommunication

Home:		Business:		Other:	

Employment	*1*	*2*	*3*
Occupation:			
Employer/School:			
Address:			
Telephone:			
Estimated Start Date:	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd

CASE DETAILS

Attending MD:		Telephone:	
Family MD:		Telephone:	

Hospitalization ☐ Yes ☐ No ☐ Unsure Specify:

Admission Date:	yyyy/mm/dd	Discharged Date:	yyyy/mm/dd

OUT-COM

Date of Death:	yyyy/mm/dd	Cause of Death:	

Case Management *Onset Date:* *Recovery Date:*

SYMPTOMS

Symptoms: *yyyy/mm/dd (24h00)*

Asymptomatic: (NO symptoms reported)	☐ Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:	0	☒ days ☐ hours
Abdominal Pain:	☐Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:		☐ days ☐ hours
Diarrhea:	☐Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:		☐ days ☐ hours
Diarrhea–bloody:	☐Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:		☐ days ☐ hours
Fever:	☐Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:		☐ days ☐ hours

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	Headache:	☐Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:		☐ days ☐ hours
	Malaise:	☐Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:		☐ days ☐ hours
	Nausea:	☐Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:		☐ days ☐ hours
	Vomiting:	☐Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:		☐ days ☐ hours
	Other:	☐Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:		☐ days ☐ hours
	Other:	☐Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:		☐ days ☐ hours
	Other:	☐Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:		☐ days ☐ hours
	Other:	☐Yes ☐ No ☐ Unsure	Onset Date: Time:		Duration:		☐ days ☐ hours

Household Contacts: Family members ill? ☐Yes ☐ No ☐ Unsure ☐ Lives alone

	Person:	*Age*		*Gender*	*Symptoms: (onset date:)*

Risk Factors INCUBATION PERIOD: 1-10 days (average 2-5 days)			
These next few questions are about the time frame just before you become ill…			
1.	In the 10 days before illness, which of the following was a source of drinking water for you? Please indicate the main source.		
	Main	*Other*	☐ *Did not know*
	☐	☐	Private well----*Type of well:* ☐ *Dug* ☐ *Drilled (deep)* ☐ *Drilled (shallow)* ☐ *Other:*
	☐	☐	Municipal/ City Water
	☐	☐	Bottled Water
	☐	☐	Other water source:
2.	Do you use an in-home treatment system for your drinking water		☐Yes ☐ No ☐ Unsure
	If yes, is it: ☐ Reverse Osmosis ☐ Ultraviolet Light ☐ On-tap Filter ☐ Water Pitcher Filter (such as Brita) ☐ Other:		
3.	In the 10 days before illness, did you drink untreated/raw water (other than your home)?		☐Yes ☐ No ☐ Unsure
	If yes, where?		

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4.	In the 10 days before illness, did you swim in/go into any of the following: the ocean, a lake, a river, a pool, or a hot tub?			☐Yes ☐ No ☐ Unsure
	If yes, where?	☐ Ocean ☐ River ☐ Hot Tub	☐ Lake ☐ Pool ☐ Other:	
5.	In the 10 days before illness, did you go canoeing, kayaking, hiking or camping?			☐Yes ☐ No ☐ Unsure
	If yes, where?			
6.	In the 10 days before illness, did you drink or eat any unpasteurized milk, juice or dairy products?			☐Yes ☐ No ☐ Unsure
	If yes, what?	☐ Milk ☐ Dairy Products	☐ Juice ☐ Other:	
7.	In the 10 days before illness, did you eat meat from any place other than the grocery store?(ie. Hunting, butcher shop, private kill)			☐Yes ☐ No ☐ Unsure
	If yes, where?	☐ Hunting ☐ Private kill	☐ Butcher shop ☐ Other:	
8.	Where did you shop for your food eaten during the week before your illness?			
	Main	*Other*	*Location of purchase:*	
	☐	☐	Supermarket:	Date:
	☐	☐	Farmers Market:	Date:
	☐	☐	Butcher Shop::	Date:
	☐	☐	Farm (laneway):	Date:
	☐	☐	Other:	Date:
9.	In the 10 days before illness, did you have or attend a barbeque?			☐Yes ☐ No ☐ Unsure
	If yes, where?		Date:	
10.	In the 10 days before illness, did you attend any social gatherings (wedding, receptions, showers, parties, festivals, fairs, etc)?			☐Yes ☐ No ☐ Unsure
	If yes, what/where?		Date:	
11.	In the 10 days before illness, did you live on a farm or country property?			☐Yes ☐ No ☐ Unsure
	If yes, where? *Type of animals in contact with:*			
12.	In the 10 days before illness, did you visit a farm (other than your own), petting zoo or fair?			☐Yes ☐ No ☐ Unsure
	If yes, where? *Type of animals in contact with:*			
13.	In the 10 days before illness, did you garden?			☐Yes ☐ No ☐ Unsure
	If yes, date:			

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14.	In the 10 days before illness, did you have any contact with household pets (including reptiles and hedgehogs)?		☐Yes ☐ No ☐ Unsure
	If yes, type of animal:	*Was the animal ill?*:	*Did you have contact with its feces?*
	☐ Bird	☐Yes ☐ No ☐ Unsure	☐Yes ☐ No ☐ Unsure
	☐ Cat	☐Yes ☐ No ☐ Unsure	☐Yes ☐ No ☐ Unsure
	☐ Dog	☐Yes ☐ No ☐ Unsure	☐Yes ☐ No ☐ Unsure
	☐ Reptile	☐Yes ☐ No ☐ Unsure	☐Yes ☐ No ☐ Unsure
	☐ Rodent	☐Yes ☐ No ☐ Unsure	☐Yes ☐ No ☐ Unsure
	☐ Other, specify:	☐Yes ☐ No ☐ Unsure	☐Yes ☐ No ☐ Unsure
15.	In the 10 days before illness, did you travel?		☐Yes ☐ No ☐ Unsure
	If yes, where:	Dates:	to
	Type of travel: ☐ *Cruise* ☐ *Airline, specify:* ☐ *Train* ☐ *Bus* ☐ *Car* ☐ *Other:*		*Flight No.*
	Did you stay at a resort?		☐Yes ☐ No ☐ Unsure
	If yes, name of resort:		
16.	In the 10 days before illness, did you know anyone else with a diarrheal illness?(other than household contacts)		☐Yes ☐ No ☐ Unsure
	If yes, who:	Date:	
17.	In the 10 days before illness, did you eat any food prepared outside of the home, for example? *(check all that apply)* ☐ Did not eat food prepared outside of the home.		
	☐ Eat in Restaurant	Name: Address:	Date:
	☐ Eat in Cafeteria	Name: Address:	Date:
	☐ Deli	Name: Address:	Date:
	☐ Ready-to-eat	Name: Address:	Date:
	☐ Fast Food	Name: Address:	Date:
	☐ Food Vendor	Name: Address:	Date:
	ie. Markets, special event, hot dog cart		

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Food History:
18. These next few questions are about the time frame just before you become ill…

DAY 1:_____/___/___
yyyy/mm/dd

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

DAY 2:_____/___/___
yyyy/mm/dd

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

DAY 3:_____/___/___
yyyy/mm/dd

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

DAY 4:_____/___/___
yyyy/mm/dd

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

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19.	In the 10 days before illness, do you recall eating any food that was undercooked?	☐Yes ☐ No ☐ Unsure
	If yes, what: *Date:*	
20..	In the 10 days before illness, do you recall eating any food that did not taste right (spoiled)?	☐Yes ☐ No ☐ Unsure
	If yes, what: *Date:*	
21.	PHI: Most likely source of infection:	

Interventions (consultations, education, exclusion, food recall, etc.):		
Date	*Type*	*Intervention Notes:*

Interview Completion Date:	

Notes:

Date Case Closed:	