Manitoba

ENHANCED SURVEILLANCE E. COLI O157: H7 QUESTIONNAIRE

This questionnaire has been developed to guide E. Coli case investigations. This questionnaire is very comprehensive and is intended to help to identify possible sources of exposure and detect outbreaks in a timely fashion. This questionnaire is to be used **in addition** to the regular Communicable Disease Control Investigation form.

FAX completed forms to: Surveillance Unit, Manitoba Health 948-3044

DEMOGRAPHIC INFORMATION

Community Area: _____

Name: _____ Address: _____

DOB:dd/mm/yyyy _____ Sex: M F

Name of person completing questionnaire: _____ Telephone #: _____

CLINICAL INFORMATION

Date of onset of first symptom: **(dd/mm/yyyy)**:
_____
Hospitalized: ☐yes ☐no ☐unknown
Number of days hospitalized: _____

Outcome: ☐survived ☐died ☐unknown

Date of death: **(dd/mm/yyyy)**: _____

Epi Linkage
During the exposure period (10 days), was the case….

A close contact of a confirmed or presumptive case?

☐yes ☐no ☐unknown

Check all that apply:
Diarrhea ☐yes ☐no ☐unknown
Maximum # of stools in 24 hours: ____

Bloody Diarrhea ☐yes ☐no ☐unknown

Hemolytic uremic syndrome (HUS)
☐yes ☐no ☐unknown
Thrombotic thrombocytopenic purpura (TTP)
☐yes ☐no ☐unknown
Other symptoms:

OPEN ENDED FOOD HISTORY

Please try to remember what you may have eaten in the 5-day period before you started feeling sick. We'll start with the day (or day before) you got sick and work backwards. (If a meal was eaten out, specify where they ate and what was eaten.)

Please ask about: prepared in-home or eaten out; if in-home - variety/brand, how prepared, where bought/eaten, routine meals

Day 1 _____, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
home or out_____	home or out_____	Home or out_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	

OPEN ENDED FOOD HISTORY

Day 2 _____, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
home or out_____	home or out_____	Home or out_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	

Day 3 _____, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
home or out_____	home or out_____	Home or out_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	

Day 4 _____, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
home or out_____	home or out_____	Home or out_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	

Day 5 _____, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
home or out_____	home or out_____	Home or out_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	

EPIDEMIOLOGIC INFORMATION

In the 10 days before the illness began, did the case eat or drink any of the following items at home, in a restaurant, or in any other place?

	Yes	No	Unknown	Comments (Please include place of purchase or consumption, brand name and date of purchase or consumption)
Raw (unpasteurized) milk	☐	☐	☐	
Other diary products made from (unpasteurized milk i.e. cheese)	☐	☐	☐	
Well water	☐	☐	☐	
Other unchlorinated water	☐	☐	☐	
Apple cider	☐	☐	☐	
Any ground beef or hamburger	☐	☐	☐	
If yes, was it rare, undercooked, or raw	☐	☐	☐	
Any steak or roast beef	☐	☐	☐	
Pink or red steak or roast beef	☐	☐	☐	
Beef or pork sausage	☐	☐	☐	
Salami /Bratwurst	☐	☐	☐	
Beef jerky	☐	☐	☐	
Deli Meats	☐	☐	☐	
Specify:				
Meals which include ground beef (Shepard's Pie, Tacos)	☐	☐	☐	
Eggs	☐	☐	☐	
Sprouts (alfalfa, clover, bean, etc.)	☐	☐	☐	
Lettuce	☐	☐	☐	
Specify:				
Spinach	☐	☐	☐	
Carrots	☐	☐	☐	
Cucumbers	☐	☐	☐	
Tomatoes	☐	☐	☐	
Specify:				
Green Peppers	☐	☐	☐	
Red Peppers	☐	☐	☐	
Apples	☐	☐	☐	
Berries	☐	☐	☐	
Specify:				
Peaches	☐	☐	☐	
Cantaloupe	☐	☐	☐	
Other Fresh Produce	☐	☐	☐	
Specify:				

RESTAURANT/FAST FOOD MEALS

For the 10 days before illness, list each meal eaten. Full menu details are not necessary. Ask if the case ate 1) any ground beef, 2) any other beef products, 3) any self-serve salad bar items, or 4) salad prepared in the kitchen.

Date (dd/mm)	Name/Location (type of establishment)	Ground Beef	Other Beef	Salad Bar	Salad From Kitchen	Comments
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	
		☐	☐	☐	☐	

MEALS AT HOME

For the 10 days before illness, list all ground beef/hamburger consumed at home or other private gatherings. Specify the store where purchased, the dates of purchase and consumption, and description of the product.

Product Description (please specify type and brand name)	Date Consumed	Purchase Date	Store or source/location (including address)

Was any other ground beef prepared or eaten in the home that was not eaten by the case? ☐yes ☐no If yes, itemize as above:

_____

Did the case eat any beef or pork sausage or dried meat products (salami, jerky, etc) ? ☐yes ☐no If yes, itemize as above:

_____

In the10 days before illness began, did the case:

	Yes	No	Unknown
Visit or live on a farm?	☐	☐	☐
Visit petting zoo?	☐	☐	☐
Have contact with any cows or cattle?	☐	☐	☐
Touch any cow manure?	☐	☐	☐
Contact with a family pet?	☐	☐	☐
Contact with pet treats (e.g. pig ears, etc.)	☐	☐	☐
Swim in a Pool	☐	☐	☐
Have contact with any children who attend a day care centre?	☐	☐	☐
Change any diapers?	☐	☐	☐
Have contact with any children who use diapers?	☐	☐	☐
Travel outside the province?	☐	☐	☐
If yes, where?			
Date departed:	Date returned:		
Travel to another country?	☐	☐	☐
If yes, where?			
Date departed:	Date returned:		