

PATIENT DEMOGRAPHIC INFORMATION

Last name: _____ First name: _____
 DOB (mm/dd/yyyy): _____ Age : _____ Gender: M F
 Address: _____
 City: _____ State: LA Zip: _____ Parish: _____
 Home/cell phone: _____ Work phone: _____
 Occupation/School/Daycare: _____
 Race: White African American Asian/ Pacific Islander American Indian/ Alaska Native
 Unknown Other _____
 Ethnicity: Hispanic Non-Hispanic Unknown

ISOLATE/ LABORATORY TEST INFORMATION

Source of specimen: Stool Rectal Swab Blood Other: _____
 Date of specimen collection (mm/dd/yyyy): _____
Test type: Culture PCR EIA
Serogroup:
 ___ *Escherichia coli* 0157 if yes then is Serotype H7 confirmed: Yes No Unknown
 ___ *Escherichia coli* non-0157
 ___ *Escherichia coli* not grouped/unknown
Toxin:
 Shiga toxin 1 Detected Not detected Unknown
 Shiga toxin 2 Detected Not detected Unknown
 Shiga toxin EIA test Detected Not detected Unknown
PCR details: EHEC ETEC EPEC EAEC Other: _____
 Confirmed by the state lab: Yes No
 PFGE pattern: _____
 Multi-state outbreak Yes No Unknown
 This case was reported by:
 Hospital Private physician Private laboratory State laboratory Other _____
 Physician's name: _____ Tel. no: () _____

CLINICAL INFORMATION

Date of illness onset (mm/dd/yyyy): _____
 Was the patient hospitalized? Yes No Unknown
 Name of hospital: _____
 Attending physician name/number: _____
 Admit date (mm/dd/yyyy): _____ Still hospitalized? Yes No Unknown
 Discharge date (mm/dd/yyyy): _____
 Did the patient die? Yes No Unknown If yes, date: _____

Symptoms	Yes	No	Unknown
Fever (°F)			
Nausea			
Abdominal cramps			
Diarrhea			
Bloody diarrhea			
Vomiting			
Hemolytic uremic syndrome (HUS)			
Thombotic thrombocytopenic purpura (TTP)			

EPIDEMIOLOGICAL INFORMATION

Does the patient attend or work in a daycare? Yes No Unknown

If yes, where: _____

Contact and phone number: _____

If daycare employee, did patient change any diapers? Yes No Unknown

Does the patient live/work in nursing home/institution? Yes No Unknown

If yes, where _____

Does the patient usually work as:	Yes	No	Unknown
Health care worker			
Food handler			

If yes to above where _____

In the 7 days before the illness began, did the patient eat or drink any of the following items?

In the 7 days before onset, did the patient eat/drink the following:	Yes	No	Unknown
Unchlorinated drinking water			
Apple cider			
Raw (unpasteurized) milk (or products)			
If yes, what:			
Other dairy			
If yes, what:			
Raw cookie dough			
If yes, what kind:			
Nuts			
If yes, what kind:			
Sprouts			
If yes, what kind:			
Leafy green vegetables			
If yes, what kind:			
Celery			
If yes, what kind:			
Fruit			
If yes, what kind:			
Ground beef or hamburger			
If yes, was it raw or rare			
Steak or roast beef			
If yes, was it raw or rare			

In the 7 days before illness, did the patient eat at:

A fast-food restaurant? Yes No Unknown

If yes, where: _____

If yes, what did patient eat? _____

Non-fast food restaurant? Yes No Unknown

If yes, where: _____

If yes, what did patient eat? _____

In the 7 days before illness onset, did the patient	Yes	No	Unknown
Swim in a lake, stream or river			
If yes, where			
Visit or live on a farm or in the country			
If yes, where			
Visit a zoo including a petting zoo			
If yes, where			
Have contact with cattle			
If yes, where			
Have contact with cow manure			
If yes, where			
Have contact with animals other than cattle			
If yes, what and where			
Travel out of state			
If yes, where and when			
Travel out of the country			
If yes, where and when			

Participate in extracurricular activities? Yes No Unknown

If yes, what, where, when, etc. _____

Attend an event, party or gathering? Yes No Unknown

If yes, what, where, when, etc. _____

Did this case occur as part of an outbreak? Yes No Unknown

Does the patient know anyone with similar illness 7 days before or after his/her illness began?

Yes No Unknown

If yes, please obtain names and telephone numbers of persons with similar illness:

Name: _____ Tel. no: () _____

Name: _____ Tel. no: () _____

Name: _____ Tel. no: () _____