GENERAL ENTERIC DISEASES INTERVIEW FORM
SHIGELLA
Version 01-2019

Reporting Health Department		
Completed by:	LHD:	Phone:
Date of first interview attempt: / /	Date interview completed: / /	
☐ Case was interviewed	Case was not interviewed because: ☐ Unreachable ☐ Refused ☐ No working phone ☐ Other_____	

NOTE: Even if case could not be interviewed, please complete above information and enter into CTEDSS or fax this page to the DPH Epidemiology Program at 860-509-7910.

Case Information				
Last name:		First Name:		
Street:		City:		Zip:
Phone: ( ) -	DOB: / /	Age:	Sex: ☐ M ☐ F ☐ Other_____	
Date specimen collected: / /	Source: ☐ Stool ☐ Blood ☐ Urine ☐ Other_____			
Pathogen:		Laboratory:		

Before we ask about your illness, we would like to get some information on your race, ethnicity, and living arrangements.

What is your race? ☐ White ☐ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaska Native ☐ Other_____ ☐ Unknown

Are you of Hispanic background? ☐ Yes ☐ No ☐ Unknown

In the 7 days before illness, did you experience homelessness? This includes staying in a shelter or car, building, or other structure not intended for housing. ☐ Yes ☐ No ☐ Unknown
(This does not include staying with friends or family, correctional facilities, care or nusing facilities, single room occupancy, or other transitional housing.)

Illness Information	Yes	No	Unk	If yes, additional details:
Did you have any symptoms associated with this illness?				Date/time of onset: / / : AM PM
Vomiting				Date/time of onset: / / : AM PM
Diarrhea				Date/time of onset: / / : AM PM Number of days diarrhea lasted:
Bloody Diarrhea				
Fever				Highest temperature:
Are you still experiencing symptoms?				If no, total number of days illness lasted:
	Yes	**No**	**Unk**	**If yes, additional details:**
Were you hospitalized? (Inpatient only, not just ED visit)				Hospital name: Admit date: / / Discharge date: / /
During any part of the hospitalization, did you stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?				

Outcome: ☐ Survived ☐ Died

Occupation and Risk Factor Information

What is your occupation?:

	Yes	No	Unk	If yes, specify name and address of the facility
Do you work or volunteer in a facility that prepares/serves/handles/sells food?				
Provide direct patient care outside the home				
Work in day care setting				
Attend day care setting				

Can you tell us about other household members, their ages, occupation, and whether they have been ill with a similar illness:

Name	Relationship	Age	Occupation	Ill	If yes, onset date and symptoms
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

NOTE: If case or household contacts are involved in high risk occupations/activities, implement appropriate control recommendations. Refer to the "Reportable Infectious Diseases Reference Manual".

Did you travel to any other states in the 7 days before illness? ☐ **Yes** ☐ **No** ☐ **Unknown**		
City/State:	Depart CT: / /	Return CT: / /
City/State:	Depart CT: / /	Return CT: / /
Did you travel outside of the United States in the 7 days before illness? ☐ **Yes** ☐ **No** ☐ **Unknown**		
Country:	Depart CT: / /	Return CT: / /
Country:	Depart CT: / /	Return CT: / /
In the **6 months before** your illness began, did you travel outside of the United States? ☐ Yes ☐ No ☐ Unknown If yes, list countries?		
In the **6 months before** your illness began, did any member of your household travel outside of the United States? ☐ Yes ☐ No ☐ Unknown If yes, list countries?		

Did you attend any large parties or gatherings (parties, fairs, festivals) in the 7 days before illness? ☐ **Yes** ☐ **No** ☐ **Unknown**		
Event:	City:	Date/Time: / / : AM PM
Foods eaten:		
Did you eat out at any restaurants in the 7 days before illness? ☐ **Yes** ☐ **No** ☐ **Unknown**		
Name:	City:	Date/Time: / / : AM PM
Foods eaten:		
Name:	City:	Date/Time: / / : AM PM
Foods eaten:		
Name:	City:	Date/Time: / / : AM PM
Foods eaten:		

Where did you purchase groceries eaten in the 7 days before illness (including farmer's markets, home delivery service)	
Store Name	**City**

Special Diet	**Yes**	**No**	**Unk**	**If yes, specify/describe, brand/type:**
Food allergies that prevent you from eating certain foods				
Vegetarian or vegan diet				
Special or restricted diet (weight-loss, cultural, religious)				
If infant, formula or baby food				

Did you have any of the following exposures in the 7 days before your illness?
(Note for interviewer: If yes, please ask any listed follow-up questions)

Water-Related Exposure	**Yes**	**No**	**Unk**	**If yes, where:**
Live in a home with a septic system				
Use water from a private well as drinking water				
Drink untreated water (natural spring, pond, lake, river)				
Swim, wade, or play in untreated water (ocean, lake, pond, river, stream, or natural spring)				
Swim, wade, or play in treated water (pool, hot tub/spa, fountain, splash pad, or waterpark with treated or chlorinated water)				
Ill Contacts	**Yes**	**No**	**Unk**	**If yes, who:**
Household or close contact with diarrhea				
Have contact with someone who wears diapers (this could be a child or any other person who wears diapers)				
Come into direct contact with diapers or change someone's diapers?				

I'd like to now ask a few questions about your medical history and treatments you may have received. Some of these questions may not apply to you, but we need to ask them of everybody. Your response can help us better understand *Shigella* infection and how to better prevent it, especially in vulnerable populations.

Comorbidities	**Yes**	**No**	**Unk**	**If yes, additional details:**
In the 6 months before your illness began, were you diagnosed or treated for **cancer** (including leukemia/lymphoma)?				

In the 6 months before your illness began, were you diagnosed or treated for **diabetes**?				
In the 6 months before your illness began, did you have **abdominal surgery** (e.g. removal of appendix or gallbladder, or any surgery of the stomach or large intestines)?				
Do you have any underlying medical conditions or are you immunocompromised?				Describe:
Medications	**Yes**	**No**	**Unk**	**If Yes, additional details:**
Did you take **antibiotics for this illness**?				List antibiotic name(s): Date started: Date ended:
In the **30 days before** your illness began, did you take any **antibiotics?**				List antibiotic name(s):
In the **30 days before** your illness began, did you take any form of **antacid** (e.g. medications to block acid such as those taken for heartburn, indigestion, or acid reflex, including proton-pump inhibitors)?				List antacid name(s):
In the **30 days before** you/ illness began, did you take a **probiotic** (these can take the form of pills, powders, yogurts, and other fermented dairy products that contain "live and active" cultures)?				Describe:

Sexual Exposures

If case is ≥ 18 years, continue. If case is <18 years, do not continue, end of interview.

Finally, I'd like to ask you some questions about sexual orientation and recent sexual activity because *Shigella* can be spread through sexual contact. I need to ask you these questions even if some may not seem to apply to you. The questions may be sensitive, but your answers will be kept strictly private, and they will help us understand how to do a better job preventing *Shigella* infections.

What is your sexual orientation?	☐ Bisexual ☐ Heterosexual ☐ Homosexual ☐ Other ☐ Refuse
In the **7 days** before your illness, did you have sexual contact with a **male partner**?	☐ Yes ☐ No ☐ Refuse
In the **7 days** before your illness, did you have sexual contact with a **female partner**?	☐ Yes ☐ No ☐ Refuse

That completes the interview. Thank you for taking the time to answer these questions. Your responses may be helpful in preventing others from becoming sick.

Antibiotic Names

Amoxicillin	Amoxicillin/Clavulanate	Ampicillin	Augmentin	Azithromycin
Bactrim	Biaxin	Ceclor	Cefaclor	Ceftrin
Cefixime	Cefuorixime	Cefzil	Cefprozil	Cephalexin
Cephradine	Ciprofloxacin/Cipro	Clarithromycin	Dapsone	Doxycycline
Duricef	Erythromycin	Erythromycin/sulfisoxizole	Flagyl	Floxin
Keflex	Keftab	Levofloxacin	Levoquin	Metronidazole
Norfloxacin/Norflox	Ofloxacin/Oflox	Pediazole	Penicillin/Pen VK	Septra
Suprax	Tetracycline	Trimox	Trimethoprim/Sulfa	Zithromax/Z-Pak

Antacid Names

Aluminium hydroxide	Ami-Lac	Amphojel	Axid	Calcium carbonate
Cal-Guest	Caltrate	calcium-based supplements	Dexilant	Dialume
Di-Gel	Gas-X with Maalox	Gaviscon	Gelusil	Genaton
Isopan	Maalox / Maox	Magaldrate	Magnesium Hydroxide	Masanti
Mi-Acid	Milantex	Milk of Magnesia	Mintox	Mylanta
Nexium	Nizatidine	Os-Cal	Oysco	Oyster (shell) calcium
Pepcid	Pepto Children's	Prevacid	Prilosec	Protonix
Ri-Mag	Riopan	Rolaids	Ron-Acid	Rulox
Tagamet	Tempo	Titralac	Tums	Zantac
Zegerid				

COMMENTS:_____

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Please enter interview data into CTEDSS or fax to DPH Epidemiology Program at 860-509-7910. Thank you.