

Patient Name: _____

County: _____

Yersiniosis Investigation Form
Arizona Department of Health Services

Symptomatology

1. Which of the following symptoms did you have?

>3 loose stools	Yes	No	Fever	Yes	No
# days (>3 loose stools)	_____		highest temperature	_____	date _____
# episodes in 24 hours	_____		Chills	Yes	No
Blood in stools	Yes	No	Headache	Yes	No
Constipation	Yes	No	Backache	Yes	No
Abdominal cramps	Yes	No	Muscle aches	Yes	No
Nausea	Yes	No	Fatigue	Yes	No
Vomiting	Yes	No	Other:	_____	

2. When did your symptoms start? Date _____ Time _____ a.m. p.m.
 3. What date did the diarrhea start? Date _____ Time _____ a.m. p.m.
 4. Were you hospitalized? Yes No Adm Date _____ # days _____
 5. How long did your illness last? _____ # of days to full recovery

Occupation

6. Work at or attend child care? Yes No
 7. Food handler (work or volunteer)? Yes No
 8. Household member is a food handler? Yes No
 9. Provide patient care? Yes No

Food Habits

10. Are you a vegetarian? Yes No
 Type _____

Medical History

11. Have existing chronic medical problem(s) or any medical condition(s)? Yes No
 Describe _____

Within the last month:

12. Antibiotics Yes No
 Name dosage, # of days

13. Antacids (Tums, Mylanta, Tagamet, Prilosec, Pepcid, Zantac, Pepto bismol)? Yes No

Risk factors:

In the 7 days prior to your illness, were you exposed to any of the following:

14. Contact with :
 Reptiles (turtles, iguanas, snakes) Yes No
 Amphibians (frogs, salamanders) Yes No
 Farm animals Yes No
 Petting zoo animal Yes No
 Pets (including hedgehogs) Yes No
 What kind of animal(s) _____
 When? _____ Where? _____

15. Any travel? Yes No
 Where? _____

From? ___/___/___ to ___/___/___
 Airline? _____ Flight No. _____
 Foods eaten on:
 outbound flight _____
 return flight _____

16. Contact to someone with diarrhea? Yes No
 Name & relationship? _____
 When? _____

17. Attend any gatherings (wedding, reception, festival, fair, convention, etc.)? Yes No
 When? ___/___/___ Where? _____
 When? ___/___/___ Where? _____

18. Get your face wet in the ocean, a lake, river, pool or spa? Yes No
 Where? _____

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ADHS Yersiniosis Investigation Form

Food History

During the 7 days prior to your illness (give the day and date to orient the patient):

19. Where and what did you eat? List below. Attach additional paperwork as necessary.

Date	Foods & Drinks Consumed	Where? (if restaurant list location)
	Breakfast Lunch Dinner Snacks	
	B L D S	

In the 7 days prior to your illness, did you consume any of the following:

20. Fresh (not pasteurized) eggs? Yes No
Runny yolk? Yes No
Where? _____

24. Raw (unpasteurized) milk or dairy product? Yes No
Brand/Where bought? _____

21. Poultry (chicken, turkey, etc)? Yes No
Brand/Where bought? _____

25. Untreated or raw water? Yes No
Where? _____

22. Raw sprouts (alfalfa, clover)? Yes No
Brand/Where bought? _____

That completes the questionnaire, thank you very much for your help. The information you have provided will be a great assistance to our investigation. Thank you again, we appreciate your assistance.

23. Beverage containing unpasteurized/fresh juice? Yes No
Brand/Where bought? _____

Interviewer: _____ Date: _____

<p>Send or Fax to: ADHS Infectious Disease Epidemiology 150 North 18th Ave, Suite 140 Phoenix, Arizona 85007-3237 (602) 364-3676 (602) 364-3199 Fax</p>
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