

Name \_\_\_\_\_ MERSS ID # \_\_\_\_\_  
Last First

**SUPPLEMENTAL QUESTIONS FOR SHIGELLA PATIENTS IN FOODNET SURVEILLANCE-** *This form replaces the section entitled "Other Exposures" on the GE Case Report Form for all non-outbreak related laboratory confirmed Shigella cases in Maryland residents from Jan. 1, 2005 thru Dec. 31, 2005.*

**TRAVEL**

1. In the 7 days before (your/your child's) diarrheal illness began, did (you/s/he) travel outside of the United States?
- Yes  
 No  
 Don't know
- (If yes) Please list the locations and dates:
- a. Country \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
b. Country \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
c. Country \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
d. Country \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
e. Country \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**WATER**

2. In the 7 days before (your/your child's) diarrheal illness began, what was (your/your child's) primary source of drinking water?
- Municipal  
 Well water  
 Bottled water  
 Other (specify: \_\_\_\_\_)
3. In those 7 days, did (you/s/he) drink any untreated water from a pond, stream, spring, or lake?
- Yes  
 No  
 Don't know
4. In the 7 days before (your/your child's) diarrheal illness began, did (you/s/he) swim or wade in any of the following types of recreational water? (Check all that apply)
- Lake, pond, river, or stream  
 Recreational water park or public fountain  
 Hot tub/spa, whirlpool, Jacuzzi  
 Swimming or wading pool  
 No recreational water exposure

**CHILDCARE**

5. In the 7 days before (your/your child's) diarrheal illness began, did (you work or volunteer in/he or she attend) a childcare setting\*?
- Yes  
 No  
 Don't know

**CONTACT**

6. In the 7 days before (your/your child's) diarrheal illness began, did (you/s/he) have contact with any of the following individual(s) who had a diarrheal illness? (*Check all that apply*)
- Child attending a childcare setting\*
  - Child attending school
  - Child, other setting (specify: \_\_\_\_\_)
  - Household member, not sexual partner
  - Household member and sexual partner
  - Male sexual partner
  - Female sexual partner
  - Other (specify: \_\_\_\_\_)
  - No contact with individuals who had a diarrheal illness

*\* We define a childcare setting as any place in which at least 2 unrelated children, pre-school age or younger and not living in the same household, are being cared for.*

**Additional Exposures**

7. In the 7 days before (your/your child's) illness began, did (you/s/he) handle raw meat?
- Yes
  - No
  - Unknown
8. In the 7 days before (your/your child's) illness began, did (you/s/he) handle raw poultry?
- Yes
  - No
  - Unknown
9. Did (you/your child) take antibiotics in the month prior to the onset of illness?
- Yes
  - No
  - Unknown

**Once the interview is completed, please return by fax (410-669-4215) or mail the GE Case Report Form and its corresponding Shigella supplemental form to the Division of Communicable Disease Surveillance at the Maryland Department of Health and Mental Hygiene. Thank You.**

**Questions? Call 410-767-6261**