

Kansas Department of Health and Environment
7-day Enteric Exposure Questionnaire

Diagnosis _____ Date _____

Last Name _____ First Name _____ Phone number _____

Address _____ City _____ State ____ Zip code _____

Date of birth _____ Sex ____ Occupation _____

Enrolled in daycare (children)? Y N Daycare Name _____

First symptom _____ Date _____ Time _____ AM PM

Indicate all symptoms:

Diarrhea (more than 3 loose stools in a 24 hour period):			Y	N
Bloody diarrhea:	Y	N	Number stools/24 hours:	_____
Stomach ache:	Y	N	Nausea:	Y N
Vomiting:	Y	N	Muscle aches/pains:	Y N
Fever:	Y	N	Highest temperature	_____
Other symptoms?	_____			

Did you completely recover? Y N If so: Date: _____ Time _____ AM PM

Did you see or contact a doctor? Y N Name of doctor _____

Was a stool specimen collected? Y N Were you hospitalized? Y N

Did anyone else (in your family or close personal contacts) have the same symptoms? Y N

Relationship: _____ Date of illness: _____

In the 7 days prior to illness, did you have contact with any of the following animals?

Chicks?	Y	N	Ducklings?	Y	N
Other birds?	Y	N	Specify	_____	
Reptiles (turtles, snakes, lizards, iguanas, etc)?			Y	N	
	Specify _____				
Other pets or animals?	Y	N	Specify	_____	

If any of these animals are your pets, indicate when and where purchased:

Store _____ City _____ Date _____

Live or work on a farm? Y N Primary kinds of livestock? _____

In the 7 days prior to illness, did any of your pets or livestock have diarrhea or scouring? Y N

Indicate which of the below foods you eat routinely. To the best of your recollection, also provide the usual brand names and the store name(s) and location(s) where you usually purchase them:

Chicken	Y	N	Brand _____	Store name _____	City _____
Hamburger	Y	N	Brand _____	Store name _____	City _____
Sausage	Y	N	Brand _____	Store name _____	City _____
Hot Dogs	Y	N	Brand _____	Store name _____	City _____
Lunch Meat	Y	N	Brand _____	Store name _____	City _____
Eggs	Y	N	Brand _____	Store name _____	City _____
Milk (Raw)	Y	N	Supplier _____	City _____	
Milk (Past.)	Y	N	Brand _____	Store name _____	City _____
Fresh Juice	Y	N	Brand _____	Store name _____	City _____
Fresh Berries	Y	N	Brand _____	Store name _____	City _____
Fresh Melon	Y	N	Brand _____	Store name _____	City _____
Other Fresh Fruit	Y	N	Brand _____	Store name _____	City _____
Lettuce	Y	N	Brand _____	Store name _____	City _____
Alfalfa Sprouts	Y	N	Brand _____	Store name _____	City _____
Other fresh vegetables	Y	N	Brand _____	Store name _____	City _____

Other foods which may have caused your illness?

Food Item _____	Brand _____	Store name _____	City _____
Food Item _____	Brand _____	Store name _____	City _____

Any other comments relative to your illness? _____
