TREATMENT
Did the patient take an antibiotic as treatment for this illness? Y N U
Specify antibiotic name

FOOD EXPOSURE
During the 24 hours prior to onset of symptoms, did the patient do any of the following:

The patient is:
- Resident of NC
- Resident of another state or US territory
- Foreign Visitor
- Refugee
- Recent Immigrant
- Foreign Adoptee
- None of the above

Fecal coliform count
Date measured (mm/dd/yyyy)
Was there evidence of cross-contamination, or improper storage or holding temperatures at any point? Y N U
Specify deficiencies

Handle / eat finfish (i.e., Tuna, Mackerel, Skip Jack, Amber Jack, Bonito, mahi-mahi / dorado, Blue fish, Salmon, Puffer fish, Porcupine fish, Ocean sunfish, sushi)?

Handle / eat shellfish (i.e., clams, crab, lobster, mussels, oysters, shrimp, crawfish, other shellfish)?

Handle / eat clams?

Additional travel/residency information:

TRAVEL/IMMIGRATION
The patient is:
- Resident of NC
- Resident of another state or US territory
- Foreign Visitor
- Refugee
- Recent Immigrant
- Foreign Adoptee
- None of the above

Did patient travel during the 24 hours prior to onset of symptoms? Y N U
List travel dates and destinations:
From _____ / _____ / _____ to _____ / _____ / ______

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? Y N U
List persons and contact information:

WATER EXPOSURE
During the 24 hours prior to onset of symptoms, did the patient have recreational, occupational, or other exposure to estuarine or marine water (brackish or salt water sound, estuary, ocean)? Y N U

On (mm/dd/yyyy)

Until (mm/dd/yyyy)

Frequency
- Once
- Multiple times within this time period
- Daily

Route of exposure (agent entry) for recreational exposure (check all that apply):
- Accidental ingestion
- Intentional ingestion
- Skin contact
- Inhalation
- Other
- Unknown

Water source(s) / setting(s) (select all sources and settings that apply):
- River, stream (brackish only)
- Estuary / tidal area (brackish / salty water)
- Ocean
- Pool (salt water or brackish only)
- Whirlpool / spa pool (salt water or brackish only)
- Other
- Unknown

Was this food undercooked or raw? Y N U

During the 24 hours prior to onset of symptoms, did the patient do any of the following:

Handle / eat shellfish (i.e., clams, crab, lobster, mussels, oysters, shrimp, crawfish, other shellfish)?

Handle / eat clams?

Additional travel/residency information:

Additional travel/residency information:
<table>
<thead>
<tr>
<th>OTHER EXPOSURE INFORMATION</th>
<th>CASE INTERVIEWS/INVESTIGATIONS</th>
<th>GEOGRAPHICAL SITE OF EXPOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the patient have a vibrio wound infection? □ Y □ N □ U</td>
<td>Was the patient interviewed? □ Y □ N □ U</td>
<td>In what geographic location was the patient MOST LIKELY exposed?</td>
</tr>
<tr>
<td>Was the patient’s skin exposed to water or aquatic organisms? □ Y □ N □ U</td>
<td>Date of interview (mm/dd/yyyy): <em><strong>/</strong></em>/____</td>
<td>Specify location:</td>
</tr>
<tr>
<td>Location</td>
<td>Were interviews conducted with others? □ Y □ N □ U</td>
<td>□ In NC</td>
</tr>
<tr>
<td>If skin exposed, did patient sustain a wound during this exposure, or have a pre-existing wound?</td>
<td>Who was interviewed?</td>
<td>□ City ___</td>
</tr>
<tr>
<td>□ Yes, sustained wound</td>
<td>Medical records reviewed (including telephone review with provider/office staff)? □ Y □ N □ U</td>
<td>□ County ___</td>
</tr>
<tr>
<td>□ Yes, had pre-existing wound</td>
<td>Specify reason if medical records were not reviewed:</td>
<td>□ Outside NC, but within US</td>
</tr>
<tr>
<td>□ Yes, uncertain is wound new or old</td>
<td>Notes on medical record verification:</td>
<td>□ City ___</td>
</tr>
<tr>
<td>□ No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Unknown</td>
<td></td>
<td>□ County ___</td>
</tr>
<tr>
<td>How did this occur?</td>
<td></td>
<td>□ Outside US</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ City ___</td>
</tr>
<tr>
<td>Body site</td>
<td></td>
<td>□ Country ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Unknown</td>
</tr>
</tbody>
</table>

Notes:

GEOGRAPHICAL SITE OF EXPOSURE

Is the patient part of an outbreak of this disease? □ Y □ N