**Ontario Botulism Investigation Tool**

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| **Legend** | **for interview with case ♦ System-Mandatory ❖ Required Personal Health Information** |

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| **Cover Sheet***Note that this page can be autogenerated in iPHIS* | | |
| Date Printed: YYYY-MM-DD  Bring Forward Date: YYYY-MM-DD  iPHIS Client ID #:  Enter number **♦** Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **♦** Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **♦** Investigator:  **Enter name \_ \_** **♦** DOB: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **♦** Branch Office:  Enter office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **♦** Reported Date: YYYY-MM-DD  **❖**Diagnosing Health Unit:  Enter health unit Tel. 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **♦** Disease: BOTULISM Type: Home Mobile Work  **♦** Is this an outbreak associated case? Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes, *OB #* ####-####-###  No, *link to OB # 0000-2005-004 in iPHIS*  Is the client in a high-risk occupation/ environment?  Yes, specify: Specify  No | **♦** Client Name:  **Enter name \_ \_**  Alias:  **Enter alias \_ \_** | |
| **♦** Gender: Select an option | **♦** Age: **Age** |
| **♦** DOB:YYYY-MM-DD  Address:  **Enter address \_**  **Enter address \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Tel. 1:  **###-###-####**  Type:  Home  Mobile  Work  **Other, specify**  Tel. 2:  **###-###-####**  Type:  Home  Mobile  Work  **Other, specify**  Email 1: **Enter email address \_ \_**  Email 2:  **Enter email address \_ \_** | |
| Is the client homeless?  Yes  No  New Address:  **Enter address \_**  **♦** Language:  **Specify \_ \_**  Translation required*?*  Yes  No  **Proxy respondent**  Name:  **Enter name \_ \_**  Parent/Guardian  Spouse/Partner  Other  **Specify \_ \_** | **♦** Physician’s Name: **Enter name \_ \_**  **♦** Role**:**  Attending Physician  Family Physician  Specialist  Walk-In Physician  Other  Unknown  **OPTIONAL**  Additional Physician’s Name: **Enter name \_**  Address:  **Enter address \_**  Tel:  **###-###-####**  Fax:  **###-###-####**  Role:  **Enter role \_ \_** | |

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| **Verification of Client’s Identity & Notice of Collection** |
| Client’s identity verified?  Yes, *specify*:  DOB  Postal Code  Physician  No |
| **Notice of Collection**  *Please consult with local privacy and legal counsel about PHU-specific Notice of Collection requirements under*  *PHIPA s. 16. Insert Notice of Collection, as necessary.* |

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| **Record of File** | | | | | |
| **♦ Responsible Health Unit** | **Date** | **♦ Investigator’s Name** | **Signature of Investigator** | **Investigator’s Initials** | **Designation** |
| Specify | **❖**Investigation Start Date  YYYY-MM-DD | Specify | Specify | Specify | PHI  PHN  Other \_\_\_\_\_\_\_ |
| Specify | Assignment Date  YYYY-MM-DD | Specify | Specify | Specify | PHI  PHN  Other \_\_\_\_\_\_\_ |

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| **Call Log Details** | | | | | | | |
|  | **Date** | **Start Time** | **Type of Call** | **Call To/From** | | **Outcome**  **(contact made, v/m, text, email, no answer, etc.)** | **Investigator’s initials** |
| Call 1 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 2 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 3 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 4 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 5 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 6 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Date letter sent: YYYY-MM-DD | | | | | | | |

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| **Case Details** | | | | | | | |
| **♦ Aetiologic Agent** | Clostridium Botulinum | | | | | | |
| **Subtype** | Toxin A  Toxin E  Toxin B  Toxin F  Spore A  Spore E  Spore B  Spore F  Other Specify  Unspecified | | | **Further Differentiation**  *Enter your selection in the ‘free text’ field in iPHIS* | | Foodborne  Colonization  Wound  Iatrogenic  Inhalation | |
| **♦ Classification** | Confirmed  Person Under Investigation  Probable  Does Not Meet Definition  *Do not close case as PUI* | | | | | **♦ Classification Date** | YYYY-MM-DD |
| **♦ Outbreak Case Classification** | Confirmed  Person Under Investigation  Probable  Does Not Meet Definition  *Do not close case as PUI* | | | | | **♦ Outbreak Classification Date** | YYYY-MM-DD |
| **♦ Disposition** | Complete  Closed- Duplicate-Do Not Use  Entered In Error  Lost to Follow Up  Does Not Meet Definition  Untraceable | | | | | **♦ Disposition Date** | YYYY-MM-DD |
| **♦ Status** | Closed | | Initial here | | | **♦ Status Date** | YYYY-MM-DD |
| Open (re-opened) | | Initial here | | | **♦ Status Date** | YYYY-MM-DD |
| Closed | | Initial here | | | **♦ Status Date** | YYYY-MM-DD |
| **♦ Priority** | High | Medium  Low | | | *(At health unit’s discretion)* | | |

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| **Lab specimens** | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Specimen Type  e.g., blood, stool,  gastric aspirate,  food | Collection Date | Result Date | Result | Comments | | Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | *Comments* | | Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | *Comments* | | Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | *Comments* | | Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | *Comments* | |

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| **Symptoms** | | | | | | | | | |
| ***Incubation period****:* ***Foodborne*** *– neurologic symptoms usually appear within 12-72 hours of toxin ingestion, but onset can range from 2 hours to 8 days. Generally, the shorter the incubation, the more severe the disease.* ***Intestinal******Colonization*** *– unknown.* ***Wound*** *– generally 4-14 days.* | | | | | | | | | |
| **♦ Symptoms** | **♦ Response** | | | | | **❖ Use as Onset**  *(choose one)* | **❖ Onset Date**  YYYY-MM-DD | **Onset Time**  24-HR Clock  HH:MM  *(discretionary)* | **❖ Recovery Date**  YYYY-MM-DD  *(choose one)* |
| **Yes** | **No** | **Don’t Know** | **Not Asked** | **Refused** |
| Anorexia [loss of appetite] |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| Constipation |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Eyelid(s), drooping |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Diarrhea |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Dizziness |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Drowsiness |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Flaccid Paralysis |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Hoarseness/ Vocal chord problems |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Mouth, dry |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Nausea |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Paralysis |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Respiratory Failure |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Swallowing difficulty [dysphagia] |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Vertigo |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Vision, blurred/double |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Vomiting |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Weak |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Other, *specify* |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| ***Note: This list is not comprehensive. There are additional symptoms listed in iPHIS.*** | | | | | | | | | | |

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| ♦ **Complications** |
| None  Other  Unknown |

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| **Incubation Period** |
| *Enter onset date and time, using this as day 0, then count back to determine the incubation period.*  *For foodborne botulism, if you are not satisfied that you have identified the source of the infection upon the completion of risk factors within a 3-day period prior to onset, expand the time period of interest from 6 hours to 2 weeks prior to onset.*  *For wound botulism, if you are not satisfied that you have identified the source of the infection upon the completion of risk factors within 10-days prior to onset, expand the time period of interest from 4 days to 2 weeks prior to onset.* |
| - 10 days - 3 days - 12 hrs onset  (wound) (foodborne) (foodborne)  Select a date Select a date Select a date & time Select a date & time |

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| **Medical Risk Factors** | **❖ Response** | | | | **Details**  *iPHIS character limit: 50* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| ❖ Crohn’s disease |  |  |  |  | If yes, specify |
| ❖ Short bowel syndrome |  |  |  |  | If yes, specify |
| ❖ Other GI conditions (specify)  *(e.g., inflammatory bowel disease, altered intestinal flora)* |  |  |  |  | If yes, specify |
| ❖ Abdominal/ Gastrointestinal surgery |  |  |  |  | If yes, specify |
| ❖ Immunocompromised (specify) *(e.g. by disease such as cancer, diabetes, etc.)* |  |  |  |  | If yes, specify |
| ❖ Other (specify) |  |  |  |  | If yes, specify |
| ❖ Long-term antibiotic use |  |  |  |  | If yes, specify |
| **❖** Unknown |  |  | *→ For iPHIS data entry – check Yes for Unknown if all other Medical Risk Factors are No or Unknown.* | | |

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| **Hospitalization & Treatment** *Mandatory in iPHIS only if admitted to hospital* | | |
| Did you go to an emergency room? | Yes  No | If yes, Name of hospital: Enter name  Date(s): YYYY-MM-DD |
| **♦** Were you admitted to hospital as a result of your illness (not including stay in the emergency room)? | Yes  No  Don’t recall | If yes, Name of hospital: Enter name  ♦ Date of admission: YYYY-MM-DD  ❖ Date of discharge: YYYY-MM-DD  ☐ client remains in hospital ☐ Unknown discharge date |
| *→ For iPHIS data entry – if the case is hospitalized, enter information under* ***Cases > Case > Interventions.*** | | |
| Was antitoxin administered? | ☐ Yes  ☐ No  ☐ Don’t know | If yes, date given: YYYY-MM-DD |
| For more information on placing a request for Botulinum Antitoxin (BAT), please refer to the [*Botulism – Guide for Healthcare Professionals*](http://www.health.gov.on.ca/en/pro/publications/disease/docs/botulism.pdf)*.*  *Treatment information can be entered in iPHIS under* ***Cases > Case > Rx/Treatments>Treatment*** *as per current iPHIS User Guide* | | |

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| **Date of Onset, Age and Gender**  *Complete this section if submission of pages 7-9 and 12-14 to Public Health Ontario is required* | | | | | |
| Date of Onset: | YYYY-MM-DD | Age: | **Age** | Gender: | Select an option |

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| **Preliminary Questions** | **Response** | | | **Details** |
| **Yes** | **No** | **Unsure** |
| Do you have any idea how you became sick? |  |  |  | If yes, specify |
| Were you on any specific diet(s) in the 3 days prior to the onset of your illness (e.g. vegetarian, vegan, gluten-free, kosher, halal, etc.)? |  |  |  | If yes, specify |
| Did you attend any special functions such as weddings, parties, showers, family gatherings or group meals in the 3 days prior to the onset of your illness? |  |  |  | If yes, specify (e.g. location, number attended, any ill): |

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| **Behavioural Social Risk Factors in the 3 days prior to onset of illness** | | | **❖ Response** | | | | | | | | | | | **Details**  *iPHIS character limit: 50.* | |
| **Yes** | | | | **No** | | | **Unknown** | | **Not asked** | |
| **Foodborne** | | | | | | | | | | | | | | | |
| **❖** Consumption of meats | | | ☐ | | | | | ☐ | | ☐ | | ☐ | | Specify | |
| Consumption of sausage | | | ☐ | | | ☐ | | ☐ | | ☐ | | Specify | | | |
| Consumption of pâté | | | ☐ | | | ☐ | | ☐ | | ☐ | | Specify | | | |
| Consumption of fermented meat | | | ☐ | | | ☐ | | ☐ | | ☐ | | Specify | | | | |
| **❖** Consumption of fish | | | | ☐ | | | | | ☐ | | ☐ | | ☐ | | Specify | |
| **❖** Consumption of uneviscerated fish | ☐ | | | | | ☐ | | ☐ | | ☐ | | Specify | |
| Fish eggs | ☐ | | | | | ☐ | | ☐ | | ☐ | | Specify | |
| Smoked fish | ☐ | | | | | ☐ | | ☐ | | ☐ | | Specify | |
| **Behavioural Social Risk Factors in the 3 days prior to onset of illness** | | | | **❖ Response** | | | | | | | | | | | **Details**  *iPHIS character limit: 50.* | |
| **Yes** | | | | | **No** | | **Unknown** | | **Not asked** | |
| Dried fish | ☐ | | | | | | ☐ | ☐ | | ☐ | | Specify | |
| **❖** Consumption of salted fish | ☐ | | | | | | ☐ | ☐ | | ☐ | | Specify | |
| **❖** Consumption of fermented fish | ☐ | | | | | | ☐ | ☐ | | ☐ | | Specify | |
| Fish in oil | ☐ | | | | | | ☐ | ☐ | | ☐ | | Specify | |
| **❖** Consumption of garlic, onion or other root vegetable in oil | | | | ☐ | | | | | | ☐ | ☐ | | ☐ | | Specify | |
| Onion in oil | | ☐ | | | | | | ☐ | ☐ | | ☐ | | Specify | |
| Garlic in oil | | ☐ | | | | | | ☐ | ☐ | | ☐ | | Specify | |
| Other root vegetable in oil | | ☐ | | | | | | ☐ | ☐ | | ☐ | | Specify | |
| **❖** Consumption of canned or jarred foods | | | | ☐ | | | | | | ☐ | ☐ | | ☐ | | |  |
| Commercial canned/jarred food | ☐ | | | | | | ☐ | ☐ | | ☐ | | | Specify |
| Home canned/jarred food | ☐ | | | | | | ☐ | ☐ | | ☐ | | | Specify |
| **❖** Hazardous food items held above 4oC and below 60oC, for more than two hours | | | | ☐ | | | | | | ☐ | | ☐ | ☐ | | |  |
| **❖** Other (specify) | | | | ☐ | | | | | | ☐ | | ☐ | ☐ | | | Specify |
| Nut purée (e.g., nut butter) | ☐ | | | | | | ☐ | | ☐ | ☐ | | | Specify |
| Foil-wrapped baked potatoes | ☐ | | | | | | ☐ | | ☐ | ☐ | | | Specify |
| Marinated mushrooms | | ☐ | | | | | ☐ | | ☐ | ☐ | | | Specify |
| Bottled vegetable/ fruit juice | | ☐ | | | | | ☐ | | ☐ | ☐ | | | Specify |
| Food stored or prepared in anaerobic conditions (e.g., vacuum packaged, hermetically sealed) | | ☐ | | | | | ☐ | | ☐ | ☐ | | | Specify |
| **Behavioural Social Risk Factors in the 3 days prior to onset of illness** | | | | | | | **❖ Response** | | | | | | | | | **Details**  *iPHIS character limit: 50.* |
| **Yes** | | **No** | | | **Unknown** | | **Not asked** | |
| Food that appeared “bad” or “rotten” | | | |  | |  | | |  | |  | | Specify |
| Wound *Incubation period is up to 14 days before onset of illness* | | | | | | | | | | | | | | | | |
| **❖** Wound exposed to soil | | | | | | |  | |  | | |  | |  | | Specify |
| **❖** Injection drug use | | | | | | |  | |  | | |  | |  | | Specify |
| **Colonization/Inhalation** | | | | | | | | | | | | | | | | | |
| **❖** Contact or exposure to soil/dust | | | | | | |  | |  | | |  | |  | | Specify | |
| **❖** Lives near construction site | | | | | | |  | |  | | |  | |  | | Specify | |
| **Iatrogenic** | | | | | | | | | | | | | | | | | |
| **❖** Cosmetic (e.g. Botox) or medical use of botulinum toxin | | | | | | |  | |  | | |  | |  | | Specify | |
| For all types of botulism (Foodborne, wound, inhalation, colonization, and iatrogenic) | | | | | | | | | | | | | | | | | |
| **❖** Travel outside province in the 3 days prior to illness onset (specify) | | | | | | |  | |  | | |  | |  | |  | |
| Within Canada | | | |  | |  | | |  | |  | | From: To:  Where: | |
| Outside of Canada | | | |  | |  | | |  | |  | | From: To:  Where:  Hotel/Resort: | |
| **❖** Unknown | | | | | | |  | |  | | | *→ For iPHIS data entry – check Yes for Unknown if all other Behavioural Risk Factors are No or Unknown* | | | | | |
| **♦** CreateExposures  *Identify Exposures to be entered in iPHIS.*  *→ For iPHIS data entry – record details of exposure(s) in iPHIS Case Exposure Form as required.* | | | | | | | | | | | | | | | | | |

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| **Premises Referral** | | |
| Has a food premises been identified as a possible source? | Yes    No | *If yes, refer premises to the Food Safety Program and create an exposure as appropriate.* |

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| **Symptomatic Contact Information** | | | | | |
| **Are you aware of anyone who experienced similiar symptoms before, during, or after you (or case) became ill? This includes those in your family, household, friends, coworkers, or those who may have eaten the suspect food.** | | | | Yes  No  N/A | |
| Contact 1 | | | | | |
| Name | Enter name | | Relation to case | | Specify |
| Contact information  (phone, address, email) | Enter contact information | | | | |
| Notes | Enter notes | | | | |
| Recommend contact seek medical attention/testing? | | Yes  No  N/A | | | |
| Contact 2 | | | | | |
| Name | Enter name | | Relation to case | | Specify |
| Contact information  (phone, address, email) | Enter contact information | | | | |
| Notes | Enter notes | | | | |
| Recommend contact seek medical attention/testing? | | Yes  No  N/A | | | |

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| **Education/Counselling** *Discuss the relevant sections with case* | | |
| For Foodborne botulism |  | Practice safe food preparation and canning processes. For more information on safe home canning practices, please see the United States Department of Agriculture ‘Complete Guide to Home Canning’ <http://nchfp.uga.edu/publications/publications_usda.html> |
|  | Hazardous food items should not be held above 4oC and below 60oC, for more than two hours. |
|  | Refrigerate foods stored in oil (e.g., oils infused with garlic, herbs, and vegetables). |
|  | Follow storage and shelf-life recommendations on food labels. |
|  | Avoid consumption of canned or bottled foods that are dented, leaking or have bulging ends, or it is suspected they have been tampered with. |
| **Education/Counselling** *Discuss the relevant sections with case* | | |
| For Wound botulism |  | Injecting illicit drugs poses a risk of wound botulism.  Thoroughly clean wounds contaminated by soil.  Seek prompt medical attention for infected wounds. |
| For Iatrogenic botulism |  | Use commercially manufactured botulism toxin.  Avoid injection above doses recommended by manufacturer and for conditions not approved by regulators. |

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| **Outcome** *Mandatory in iPHIS only if Outcome is Fatal* | | | | | |
| **Outcome** | Unknown  ♦ Fatal  Ill  Pending  Residual effects  Recovered | | | ♦ **Cause(s) of** **Death?**  *If fatal, complete disposition type and facility name in iPHIS* | Specify |
| *If fatal, complete section below under Outcome* | | | | | |
| ♦ **Type of Death** | Reportable Disease Contributed to but was Not the underlying cause of death  Reportable Disease was the Underlying cause of Death  Reportable Disease was Unrelated to the cause of Death  Unknown | | | | |
| **Outcome Date** | YYYY-MM-DD | **Date Accurate** | Yes Specify source (e.g. death certificate)  No | | |

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| **Thank you** |
| Thank you for your time. This information will be used to help prevent future illnesses caused by botulism. |

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| **Interventions** | | | | |
| **❖ Intervention Type** | **Intervention implemented (check all that apply)** | **Investigator’s initials** | ♦ **Start Date**  **YYYY-MM-DD** | **❖ End Date**  **YYYY-MM-DD** |
| Counselling |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Education  (e.g. disease fact sheet, general food safety chart/cooking temperature chart, hand washing information) |  |  | YYYY-MM-DD | YYYY-MM-DD |
| ER visit |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Exclusion |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Food Recall |  |  | YYYY-MM-DD | YYYY-MM-DD |
| **Interventions** | | | | |
| **❖ Intervention Type** | **Intervention implemented (check all that apply)** | **Investigator’s initials** | ♦ **Start Date**  **YYYY-MM-DD** | **❖ End Date**  **YYYY-MM-DD** |
| Hospitalization |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Letter - Client |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Letter - Physician |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Other (i.e., contacts assessed, PHI/PHN contact information) |  |  | YYYY-MM-DD | YYYY-MM-DD |
| *→**For iPHIS data entry – enter information under* ***Cases > Case > Interventions.*** | | | | |

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| **Progress Notes** |
| **Enter notes** |

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| **Food History** *Use this Food History section if the likely source is not identified in the Risk Factor section* | | | | | |
| **Please try to remember what you ate in the last 3 days before you started feeling sick. We’ll start with the day you got sick and work backwards. If a meal was eaten out, specify where you ate and what was eaten, including garnishes and beverages.** | | | | | |
| **Day** | **Meal AM/ PM** | | | **Place**  (Include name, address, city/town) | **Food Consumed** |
| **Day 0**  (day of onset) | Breakfast | AM | PM | Specify | Specify |
| Lunch | AM | PM | Specify | Specify |
| Dinner | AM | PM | Specify | Specify |
| Snacks | AM | PM | Specify | Specify |
| **Day 1**  (1 day before onset) | Breakfast | AM | PM | Specify | Specify |
| Lunch | AM | PM | Specify | Specify |
| Dinner | AM | PM | Specify | Specify |
| Snacks | AM | PM | Specify | Specify |
| **Day 2**  (2 days before onset) | Breakfast | AM | PM | Specify | Specify |
| Lunch | AM | PM | Specify | Specify |
| Dinner | AM | PM | Specify | Specify |
| Snacks | AM | PM | Specify | Specify |
| **Day 3**  (3 days before onset) | Breakfast | AM | PM | Specify | Specify |
| Lunch | AM | PM | Specify | Specify |
| Dinner | AM | PM | Specify | Specify |
| Snacks | AM | PM | Specify | Specify |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Shopping Venues** *Optional* | | | | |
| **Where do you usually purchase food for home consumption (include grocery stores, farmers markets, specialty stores, ethnic markets, food banks, etc.)?** | | | | |
| **Types of food premises** | **Response** | | | **Name(s), Address(es) and Date(s) of purchase** |
| **Yes** | **No** | **Don’t know** |
| Grocery store/supermarkets/food warehouse (e.g. Costco)  If yes, do you use any loyalty cards at the grocery stores identified (e.g. Costco membership, PC points, etc.)?  Yes  No  Don’t know |  |  |  | Specify |
| Farmer’s market |  |  |  | Specify |
| Ethnic specialty markets |  |  |  | Specify |
| Fish shop, meat shop, butcher’s shop |  |  |  | Specify |
| Other (e.g. farm gate, hunting, private kill, other private household) |  |  |  | Specify |

If you have any comments or feedback regarding this Investigation Tool, please email us at [ezvbd@oahpp.ca](mailto:ezvbd@oahpp.ca).