COUNTY OF LOS ANGELES
Public Health

SUPPLEMENTAL SUSPECT FOODBORNE OR UNSPECIFIED BOTULISM CASE QUESTIONNAIRE

Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212
Los Angeles, CA 90012
213-240-7941 (phone), 213-482-4856 (facsimile)
publichealth.lacounty.gov/acd/

VCMR ID: ___________ County: ________________ State assigned ID: _______________

Patient interview is best; if patient is paralyzed, but is able to communicate, please obtain information directly from patient as possible, with supplementation by family/friends. If the patient is unable to be interviewed, please obtain history from as many different sources as possible, including household contacts (e.g. spouse, parents, siblings) and friends. Contact tracing table is available on page 8. Ask to review social media contacts/ threads (e.g. Facebook). It is critical to fill in every aspect of the days leading up to onset! Have a calendar handy and note any major holidays or events as reference.

Section 1: INTERVIEW INFORMATION *(Questions 1-2 to be completed by interviewer prior to questionnaire administration)*

1. Interviewer Name: _______________________________________ Contact phone number: (____) ______-________
Agency or Organization: ________________________________

2. Respondent was: ☐ Self ☐ Parent ☐ Spouse ☐ Other: _______________________________________

a. If patient was interviewed, responses were: ☐ Verbal ☐ Written ☐ Hand squeeze ☐ Other: __________________

3. Interview Date(s) (MM/DD/YYYY): Int #1: ___/___/______ Int #2: ___/___/______ Int #3: ___/___/______

4. Interview Language: ☐ English ☐ Spanish ☐ Other: ____

Section 2: DEMOGRAPHIC DATA *(Questions 1-3 to be completed by interviewer prior to questionnaire administration)*

1. Patient name (Last, First): ____

2. Age: _________ Years **3.** Sex: ☐ Male ☐ Female ☐ Unknown

4. Ethnicity (check one): ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

5. Race: ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian
☐ Native Hawaiian/Other Pacific Islander ☐ Other (specify): ___________ ☐ Unknown

Section 3: CLINICAL INFORMATION *(For all dates below, use MM/DD/YYYY format)*

1. Onset date of neurological symptoms: ___/___/______ ☐ Unknown

2. Hospital name: ____________________________ Date of admission: ___/____/________ ☐ Not hospitalized

3. Number of days in ICU: _________________ ☐ No ICU stay

4. Number of days intubated: _______________ ☐ No intubation

5. Date of discharge: ____/____/_________ ☐ Not discharged as of: ____/____/_________

6. Disposition: ☐ Home ☐ Rehabilitation facility ☐ Deceased ☐ Unknown

Comments:

Section 4: MEDICAL HISTORY, TRAUMA, AND PROCEDURES

Yes	No	UNK	Does the patient have:
☐	☐	☐	1. Underlying medical problems?
→			a. Describe: ____ ☐ Unk
☐	☐	☐	2. Any GI anomaly or prior surgery to the GI tract (e.g., bowel resection, gastric bypass)?
→			a. Describe: ____ ☐ Unk

Yes	No	UNK	In the <u>one month prior to illness onset</u>, did the patient:
☐	☐	☐	3. Sustain any wounds or injuries (e.g. fractures, falls, etc)?
→			a. Describe: ____ ☐ Unk
☐	☐	☐	4. Receive any pharmacologic botulism toxin (such as Botox, Myobloc) for cosmetic or therapeutic reasons?
→			a. Describe: ____ ☐ Unk b. Date of most recent use: ____/____/_________ ☐ Unk c. Number of units: _______ ☐ Unk

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Contact name (last, first) ______________________________ Date of Birth ______________

Section 4: MEDICAL HISTORY, TRAUMA, AND PROCEDURES (CONTINUED)

Yes	No	UNK	In the one month prior to illness onset, did the patient:
☐	☐	☐	5. Have any dental procedures, such as a root canal?
→			a. Describe: ______________________ ☐ Unk
☐	☐	☐	6. Have any surgical procedures, either elective or emergent, such as a c-section, gallbladder removal, etc.?
→			a. Describe: ______________________ ☐ Unk
☐	☐	☐	7. Get tattoos or piercings?
→			a. Describe: ______________________ ☐ Unk
☐	☐	☐	8. Does the patient have any food allergies or dietary restrictions?
→			a. Describe: ______________________ ☐ Unk

Comments:

Section 5: DRUG AND MEDICATION USE

Yes	Maybe	No	Don't Know	In the one week prior to illness onset, did the patient:
☐	☐	☐	☐	1. Any prescription medications (incl **antibiotic** or **acid suppressing med)** in the 60 days before sx onset?
→				a. Name of medication(s): ______________________ ☐ Unk b. Route (oral, injection, etc)______________________ ☐ Unk
☐	☐	☐	☐	2. Consume edible marijuana?
→				a. What form? (cookies, brownies, gummies etc) ______________ ☐ Unk b. Location purchased/ obtained: ______________ ☐ Unk c. Packaging/ details: ______________ ☐ Unk d. When consumed: ______________ ☐ Unk e. Other details: ______________ ☐ Unk
☐	☐	☐	☐	3. Use any heroin?
→				a. ☐ Black Tar ☐Other: ______________ ☐ Unk b. Route (skin pop, IV): ______________ ☐ Unk c. Site: ______________ ☐ Unk d. Last used: ______________ ☐ Unk e. Where obtained: ______________ ☐ Unk f. Others ill (describe who, how many): ______________ ☐ Unk
☐	☐	☐	☐	4. Use any other recreational drugs?
→				a. Type: ______________ ☐ Unk b. Route (oral, skin pop, IV): ______________ ☐ Unk c. Last used: ______________ ☐ Unk d. Where obtained: ______________ ☐ Unk e. Others ill (describe who, how many): ______________ ☐ Unk

Comments:

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Contact name (last, first) ____ Date of Birth ________________

Section 6: OPEN-ENDED DAILY HISTORY: I am now going to ask you about the activities, (*patient name*) participated in the 3 days before illness onset, including all the food eaten, and places (*patient name*) visited in the 3 days before (*patient*) got sick.

Note to interviewer: Go through the entire day, from the moment the patient woke up to the time he/she went to bed- there should be an account of every waking moment. Seven days are optimal, but the three days prior to illness would be most crucial. Use additional sheets of paper if recall is good for all seven days.

Days before illness onset: 0 **Date:** (only ask about activities before onset)	**Food eaten/ Activity**	**At Home**	**Outside Home** (location)	**Describe activity and all things consumed, including food, drink, supplements, drugs** (*i.e.,* attended school, attended birthday party or other event, went to work, etc)
Morning (wake up time-noon): ask about breakfast				
Afternoon (noon-5PM): ask about lunch, snacks				
Evening (5PM-9PM): ask about dinner				
Night (9PM-bedtime); any snacks				

Days before illness onset: 1 **Date:** (only ask about activities before onset)	**Food eaten/ Activity**	**At Home**	**Outside Home** (location)	**Describe activity and all things consumed, including food, drink, supplements, drugs** (*i.e.,* attended school, attended birthday party or other event, went to work, etc)
Morning (wake up time-noon): ask about breakfast				
Afternoon (noon-5PM): ask about lunch, snacks				
Evening (5PM-9PM): ask about dinner				
Night (9PM-bedtime); any snacks				

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Section 6: Open-Ended Daily History (continued)

Days before illness onset: 2 **Date:** (only ask about activities before onset)	**Food eaten/ Activity**	**At Home**	**Outside Home** (location)	**Describe activity and all things consumed, including food, drink, supplements, drugs** (*i.e.,* attended school, attended birthday party or other event, went to work, etc)
Morning (wake up time-noon): ask about breakfast				
Afternoon (noon-5PM): ask about lunch, snacks				
Evening (5PM-9PM): ask about dinner				
Night (9PM-bedtime); any snacks				

Days before illness onset: 3 **Date:** (only ask about activities before onset)	**Food eaten/ Activity**	**At Home**	**Outside Home** (location)	**Describe activity and all things consumed, including food, drink, supplements, drugs** (*i.e.,* attended school, attended birthday party or other event, went to work, etc)
Morning (wake up time-noon): ask about breakfast				
Afternoon (noon-5PM): ask about lunch, snacks				
Evening (5PM-9PM): ask about dinner				
Night (9PM-bedtime); any snacks				

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Contact name (last, first) ____________________ Date of Birth ____________

Section 7: EVENTS, PLACES, TRAVEL

Next, I would like to ask you a few questions about any events, gatherings, or travel (*patient name)* may have participated in the 7 days before the illness

Yes	Maybe	No	Don't Know	Did (***patient name***):
☐	☐	☐	☐	1. Travel outside your city of residence for work or pleasure? a. Place(s): ____________ ☐ Unk b. Dates of travel: ____________ ☐ Unk
☐	☐	☐	☐	2. Attend any other events such as school events, church events, track meets, sporting events, fairs, festivals, wedding receptions, parties, picnics, etc.? a. Types of events: ____________ ☐ Unk b. Locations (cross-streets, city): ____________ ☐ Unk c. Dates: ____________ ☐ Unk d. Other ill attendees (describe who, how many): ____________ ☐ Unk e. Foods eaten: ____________ ☐ Unk
☐	☐	☐	☐	3. Additional events, if any? a. Types of events: ____________ ☐ Unk b. Locations (cross-streets, city): ____________ ☐ Unk c. Dates: ____________ ☐ Unk d. Other ill attendees (describe who, how many): ____________ ☐ Unk e. Foods eaten: ____________ ☐ Unk
☐	☐	☐	☐	4. Attend school/work? a. Name of school/place of employment: ____________ ☐ Unk b. Grade in school/ Occupation: ____________ ☐ Unk c. Locations (cross-streets, city): ____________ ☐ Unk d. Other ill persons (describe who, how many): ____________ ☐ Unk

Comments:

Section 8: SOURCES OF FOOD AT HOME

Now I have a few questions about where the food came from that (*patient name*) ate **at home** in the 7 days before your illness began. This isn't necessarily where you shopped during that week, but where the food (*patient name*) ate came from. I'm going to list several types of stores, for each type please tell me the names of each store (*patient name*) would have eaten food from during the 7 days before you (your child) were sick.

1. Did you (your child) eat foods from: *Please check all that apply and list all sources in the table below.*

- ☐ Grocery stores or supermarkets
- ☐ Warehouse stores (Costco, Sam's Club, etc.)
- ☐ Small markets or mini markets (convenience stores, gas stations, etc.)
- ☐ Ethnic specialty markets (Mexican, Asian, Indian, etc.)
- ☐ Health food stores or co-ops
- ☐ Farmer's markets, roadside stands, open-air markets, or food purchased directly from a farm
- ☐ Fish or meat specialty shops (butcher's shop, etc.)
- ☐ Other

Store/Retail Name	City	Cross-streets/Address

Comments:

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Section 9: SOURCES OF FOOD OUTSIDE THE HOME

Now I have a few questions about where the food came from that you (*patient name*) ate **outside your home,** such as restaurants or fast food chains. I'm going to list several types of restaurants, for each type please tell me the names of each place you (your child) would have eaten food from during the 7 days before you (your child) were sick.

1. Did you (your child) eat at any: *Please check all that apply and list all places in the table below.*

☐ Food trucks, food stands/stalls
☐ Mexican, El Salvadorian, Peruvian, or other Hispanic/Latino-style
☐ Salad bar at a grocery store or restaurant
☐ An event where food was served, such as a catered event, food festival, church or community meal, etc.
☐ Any take-out food from restaurant
☐ School or other institutional setting
☐ Other

Restaurant/Eatery Name	Location	Foods Eaten	Date

Comments:

Section 10: FOOD HISTORY

Now I have a few questions about other food items that you (*patient name*) ate in the 7 days before the illness.
***Note to interviewer: If patient has any leftovers of suspect food items, please have them save for potential testing. Conditions that are conducive to toxin production include high water, high pH, low salt, low sugar; prolonged incubation at room temperature, not heated to 65°C before eating, anaerobic environment.*

Food Item	Yes	No	Unk	If Yes, Specify as Noted.		
				Details (type of food, how store, refrigerated, etc.)	Type of packaging, Labeling, if any	Where obtained
Any home-canned or jarred product (made at home or by friend/ family), such as preserved vegetables, spreads, jellies, etc).						
Any fermented or otherwise home-preserved product (e.g. bean paste, tofu, pickles, fish, etc)						
Dried or fermented meat not packaged at the store						
Home made products marinated in oil (e.g., garlic or herb infused oils)						
Unpasteurized juices (either fruit or vegetable, including carrot juice)						
Vacuum packed foods						
Olives or other vegetables kept in jars						

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Section 10: FOOD HISTORY (CONTINUED)

Food Item	Yes	No	Unk	If Yes, Specify as Noted.		
				Details (type of food, how store, refrigerated, etc.)	Type of packaging, Labeling, if any	Where obtained
Dips and spreads, especially home prepared or from a farmer's market						
Any grain product (e.g. rice), including commercially prepared foods stored at inappropriate temperature prior to eating (e.g, foods that are meant to be refrigerated stored at room temperature)						
Any soup or other ready to eat product packaged in plastic container, that are meant to be refrigerated stored at room temperature)						
Dried salted fish (especially uneviscerated)						
Any other seafood						
Pre-prepared herbal teas (liquid form. Ready-to-drink)						
Herbs or supplements						
Any specialty or ethnic foods or snacks						
Specialty prepared nutritional food or drink						
Home brewed alcohol, such as pruno						
Baked potato stored in foil						
Other food items of interest						
Untreated water						

Comments:

Section 11: OTHER EXPOSURES

We have covered a wide variety of foods and activities. After answering all these questions are there any other exposures (food, drinks, animals, activities, ill persons) that occurred in the 7 days before your (the patient's) illness onset?

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Contact name (last, first) ____ Date of Birth ______________

Section 12: CONTACT LIST

Name	Relationship	Household Contact (Y/N)	Phone #	Email/ other	Interviewed (Y/N)

Section 13: REMARKS

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