



Confidential when completed

PERSON REPORTING

Health Authority: FHA IHA VIHA NHA VCH

Name: _____
Last First

Phone: () - ext.

Email: _____

Date Report Received at HU (YYYY/MM/DD): _____

Contact attempts (date and time)	Interview?
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>

Interviewer: Not located

A. CLIENT INFORMATION

Name: _____ *Last First Middle* Alternate Name(s): _____

PHN: _____ Date of Birth: _____ *YYYY / MM / DD* Sex: Male Female

Home Address: _____ *Unit # Street # Street Name* City: _____

Postal code: _____ Province: _____ Phone number (home/office/cell) () - ext.

Email: _____ Physician Name _____ *Last First* Physician Phone Number: _____

Interview conducted with: Case Parent Spouse Caretaker Other, specify: _____

Name of proxy: _____

B. ABORIGINAL INFORMATION

Do you wish to self-identify as an Aboriginal Person? Asked, not provided No
 Not asked Yes

Aboriginal Identity: Asked, but unknown Asked, not provided First Nations
 First Nations and Inuit First Nations and Métis First Nations, Inuit and Métis Inuit
 Inuit and Métis Métis Not asked

First Nations Status: Asked, but unknown Asked, not provided Non-Status Indian
 Not Asked Status Indian

C. RISK FACTORS

Is listeria case associated with pregnancy? Yes No Unknown
If yes, record Risk Factor: Special Population – Pregnancy Relevant to Disease Investigation

Underlying conditions or medications that suppress the immune system? Yes No Unknown

If yes, specify: Diabetes Mellitus Kidney disease requiring dialysis Liver disease (*specify below*)
 Malignancies/Cancer Congenital, Acquired or Functional Asplenia Congenital Acquired Immunodeficiency
 HIV Transplant Candidate or Recipient, *specify:* HSCT Islet Cell Solid Organ/Tissue
 Cardiac disease Long Term Corticosteroid Use
 Other immunocompromising condition (*specify below*)
 Other immunocompromising treatment (*specify below*) Other risk factor (*specify below*)

Details: _____



D. CLINICAL INFORMATION

Date of onset of symptoms: _____
YYYY / MM / DD

Clinical Presentation, Signs and Symptoms

Clinical Presentation	Yes	No	Unknown	Signs & Symptoms	Yes	No	Unknown
Bacteremia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea (3 or more loose stools in 24 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____				Myalgia (muscle aches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____				Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Abdominal discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Stiff neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date symptoms resolve _____ Still ill Don't know
YYYY / MM / DD

Hospitalization

Admitted to hospital because of listeriosis: Yes No Unknown Hospital name: _____
 Admitted to hospital because for another reason: Yes No Unknown
 Admission date: _____ Discharge date: _____ Still hospitalized at time of interview
 YYYY / MM / DD YYYY / MM / DD

Outcome

Death: Yes No Unknown If yes, death date: _____
YYYY / MM / DD

Pregnancy – If listeria case is associated with pregnancy (Section C)

Outcome of pregnancy: Still pregnant Fetal death (miscarriage/stillbirth) Induced abortion Live birth
 Number of weeks gestation: _____ Date: _____
 YYYY / MM / DD

Note: If live birth, but neonate develops invasive listeriosis, report neonate as a separate investigation in Panorama, and link to the Mother's investigation using Exposures (Transmission and Acquisition Events).

D. LABORATORY INFORMATION

Specimen type	Reporting lab	Collection date	Results
<input type="checkbox"/> CSF <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other: _____		YYYY / MM / DD	PFGE Patterns:



E. EXPOSURE INFORMATION

Exposure Sources: In the **4 weeks** before onset of illness, did you/the case:

Live in a residential institution? Yes No Unknown *If yes, institution type/name:* _____
(e.g. Nursing home, long term care facility, hospital, prison, boarding school, etc.)

Travel during exposure period: Yes No Unknown *If Yes:* within BC outside BC but within Canada outside Canada

Was travel confirmed as the most likely source of infection? Yes No Unknown

Dates: DEPARTURE	Dates: RETURN	Locations (e.g., city, country, resort)
YYYY/MM/DD	YYYY/MM/DD	

Special Diets

Vegetarian? Yes No Unknown *Food allergies / avoidances / special diet?* Yes No Unknown

If yes (to vegetarian or other special diet), details: _____

Food Exposures: Did you/the case eat any of the following foods in the **4 weeks** prior to illness onset?

Instructions for interviewer: For each food item that the case consumed, ask follow up questions regarding the brand, location of purchase. Please read all response options to case in each category. In the event of a fetal death/ neonatal infection (<1 month of age), the MOTHER is the case; ask her about her food history during the 4 weeks before DELIVERY.

INSTRUCTIONS TO READ TO CASE:

I am interested in the foods you ate during the 4 weeks before your illness onset date. I will be asking you questions about 4 weeks before **this date**, that is, from **d ___/m ___/y ___** through **d ___/m ___/y ___**. For each food item, please give me your best guess as to whether you ATE the food, you're not sure but you PROBABLY ate the food, or you DID NOT EAT the food. Please include foods eaten by themselves, as part of a sandwich, or as part of another food dish, including salads.

***Prob (Probably Ate)** = Case thinks he/she ate this food or case usually eats this food, but is unsure if eaten during time period in question

****DK** = Don't know if it was eaten during the time period in question.

	Yes	Prob*	No	DK	Brand/Details	Where purchased or eaten
MEATS						
Turkey deli meat <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Chicken deli meat <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Beef deli meat <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ham deli meat <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bologna <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pastrami <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Salami <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



E. EXPOSURE INFORMATION *continued*

Food Exposures: Did you/the case eat any of the following foods in the **4 weeks** prior to illness onset?

	Yes	Prob*	No	DK	Brand/Details	Where purchased or eaten
MEATS <i>continued</i>						
Pepperoni <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other deli meat (e.g. corned beef, kielbasa, prosciutto, mortadella) <i>Specify:</i> _____ <input type="checkbox"/> prepackaged <input type="checkbox"/> sliced at the deli counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prepackaged sandwiches/wraps (purchased from vending machine, cafeteria, gas station, grocery store etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pâté/meat spread (<i>not canned</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hot dogs <i>If yes, heated before eating?</i> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cured or dried meats (e.g., Jerky or Pepperettes) <input type="checkbox"/> prepackaged <input type="checkbox"/> unpackaged at the deli counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Chicken eaten cold (e.g. ready to eat chicken pieces or strips, leftover cooked chicken, cold chicken on salads) <input type="checkbox"/> purchase cooked, ready to eat <input type="checkbox"/> cooked at home and later ate cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ham eaten cold <input type="checkbox"/> purchase cooked, ready to eat <input type="checkbox"/> cooked at home and later ate cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Turkey eaten cold <input type="checkbox"/> purchase cooked, ready to eat <input type="checkbox"/> cooked at home and later ate cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sausage eaten cold (e.g. ham sausage, breakfast sausage, frankfurters, cured sausages, leftovers) <input type="checkbox"/> purchase cooked, ready to eat <input type="checkbox"/> cooked at home and later ate cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ground beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CHEESE and DAIRY						
Brie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Camembert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blue cheese (e.g. roquefort, gorgonzola, stilton etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Feta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Goat cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mexican- or Latin-style cheese (e.g. queso fresco, queso blanco)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other soft/semi-soft cheeses (e.g. havarti, bocconcini, goat cheese) <i>Specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Other cheese, all types (e.g. cottage cheese, ricotta, gouda, cheese sold as a block) <i>Specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Unpasteurized cheese <i>Specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Unpasteurized (raw) milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pasteurized milk <i>Specify (e.g. whole, skim, 1%, 2% flavoured):</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ice cream/frozen yogurt/Gelato (including milkshakes, frozen dairy bars and sandwiches and other novelties) If yes, was it soft serve from a machine <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other dairy (e.g. butter, yogurt, sour cream, whipped cream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



E. EXPOSURE INFORMATION *continued*

Food Exposures: Did you/the case eat any of the following foods in the **4 weeks** prior to illness onset?

	Yes	Prob*	No	DK	Brand/Details	Where purchased or eaten
SEAFOOD						
Raw fish (e.g. sushi, sashimi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Smoked or cured fish (not from a can e.g. smoked salmon or lox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pre-cooked shrimp or prawns eaten cold (e.g. shrimp ring, shrimp cocktail, in a salad, leftovers eaten cold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pre-cooked crab eaten cold (including imitation crab meat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other ready to eat shellfish eaten cold (e.g. mussels, oysters, clams)						
SALADS/DIPS						
Prepared green salad (e.g. garden, greek, caesar purchased in a store, restaurant or cafeteria)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Potato salad <input type="checkbox"/> homemade <input type="checkbox"/> purchased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pasta salad <input type="checkbox"/> homemade <input type="checkbox"/> purchased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bean salad <input type="checkbox"/> homemade <input type="checkbox"/> purchased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cole slaw <input type="checkbox"/> homemade <input type="checkbox"/> purchased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hummus <input type="checkbox"/> homemade <input type="checkbox"/> purchased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other salads/dips (e.g. chicken salad, egg salad, tuna salad, seafood salad, tabouli) <i>Specify:</i> _____ <input type="checkbox"/> homemade <input type="checkbox"/> purchased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
VEGETABLES (Not Cooked)						
Alfalfa sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bean sprouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lettuce and/or salad purchased pre-packaged in a bag or plastic container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Whole lettuce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Spinach, purchased loose or in a package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fresh herbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Packaged pre-cut vegetables (e.g. in a platter or tray, diced onions, celery etc.) <i>Specify:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FRUIT						
Honeydew melon <input type="checkbox"/> whole, cut at home <input type="checkbox"/> pre-cut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Cantaloupe <input type="checkbox"/> whole, cut at home <input type="checkbox"/> pre-cut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Watermelon <input type="checkbox"/> whole, cut at home <input type="checkbox"/> pre-cut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Packaged pre-cut fruit (e.g. in a platter or tray, apple slices, fruit salad etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Unpasteurized fruit/vegetable juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

E. EXPOSURE INFORMATION *continued*

Where did you/case purchase food for **home** consumption in the **4 weeks** prior to illness onset? Include grocery stores, farmers markets, specialty stores, ethnic markets, food banks, etc.

Grocery stores for food consumed during the incubation period	Location	Foods Purchased	Brands/Other details

In the **4 weeks** prior to illness onset, did you/case eat at a social event? Yes No Unknown

Event/Social gathering	Location	Date (YYYY/MM/DD)	Foods Eaten

In the **4 weeks** prior to illness onset, did you/case eat at a restaurant, fast food outlet, coffee shop, or cafeteria? Yes No Unknown

Restaurants (including: take-out, cafeteria, bakery, deli, kiosk)	Location	Date (YYYY/MM/DD)	Foods Eaten



F. NOTES		
Date	Comment	Initials