

Listeriosis, invasive Data Collection Worksheet

Panorama QA complete: Yes No
Initials: _____

Please complete all sections.

Panorama Client ID: _____
Panorama Investigation ID: _____

A) CLIENT INFORMATION

LHN -> SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION

Last Name:	First Name: and Middle Name:	Alternate Name (Goes by):
DOB: YYYY / MM / DD Age: _____	Health Card Province: _____ Health Card Number (PHN): _____	Preferred Communication Method: (specify - i.e. home phone, text): Email Address: <input type="checkbox"/> Work <input type="checkbox"/> Personal
Phone #: <input type="checkbox"/> Primary Home: <input type="checkbox"/> Mobile contact: <input type="checkbox"/> Workplace:		
Place of Employment/School:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Alternate Contact: _____ Relationship: _____ Alt. Contact phone: _____	Address Type: <input type="checkbox"/> No fixed <input type="checkbox"/> Postal Address <input type="checkbox"/> Primary Home <input type="checkbox"/> Temporary <input type="checkbox"/> Legal Land Description Mailing (Postal address): Street Address or FN Community (Primary Home): Address at time of infection if not same:	

B) INVESTIGATION INFORMATION

LHN -> SUBJECT SUMMARY->ENTERIC GROUP->CREATE INVESTIGATION

Disease Summary Classification: CASE:	Date		Date	LAB TEST INFORMATION: Date specimen collected: YYYY / MMM / DD Specimen Type
<input type="checkbox"/> Confirmed	YYYY / MMM / DD	<input type="checkbox"/> Does Not Meet Case	YYYY / MMM / DD	
<input type="checkbox"/> Person Under Investigation	YYYY / MMM / DD			
Disposition: <i>FOLLOW UP:</i>				
<input type="checkbox"/> In progress	YYYY / MMM / DD	<input type="checkbox"/> Complete	YYYY / MMM / DD	
<input type="checkbox"/> Incomplete - Declined	YYYY / MMM / DD	<input type="checkbox"/> Not required	YYYY / MMM / DD	
<input type="checkbox"/> Incomplete – Lost contact	YYYY / MMM / DD	<input type="checkbox"/> Referred – Out of province	YYYY / MMM / DD	
<input type="checkbox"/> Incomplete – Unable to locate	YYYY / MMM / DD	(Specify where)		
REPORTING NOTIFICATION Name of Attending Physician or Nurse:		Location:		
Provider's Phone number:		Date Received (Public Health): YYYY / MMM / DD		
Type of Reporting Source: <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Lab Report <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician <input type="checkbox"/> Other _____				

C) DISEASE EVENT HISTORY

LHN-> INVESTIGATION->DISEASE SUMMARY (UPDATE)->DISEASE EVENT HISTORY

Site Description:	<input type="checkbox"/> Congenital Listeriosis	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Sepsis	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown
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Listeriosis, invasive Data Collection Worksheet

Please complete all sections

Panorama Client ID: _____
Panorama Investigation ID: _____

D) SIGNS & SYMPTOMS *(Bold text = part of case definition)*

LHN-> INVESTIGATION-> SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Description	No	Yes - Date of onset
Abortion - spontaneous (miscarriage)		YYYY / MMM / DD	Meningoencephalitis		YYYY / MMM / DD
Birth of infected infant		YYYY / MMM / DD	Myalgia (muscle pain)		YYYY / MMM / DD
Chills		YYYY / MMM / DD	Neurologic - delerium		YYYY / MMM / DD
Fetal death - stillbirth		YYYY / MMM / DD	Pain - back		YYYY / MMM / DD
Fever		YYYY / MMM / DD	Pneumonia		YYYY / MMM / DD
Gastrointestinal symptoms		YYYY / MMM / DD	Premature delivery (mother)		YYYY / MMM / DD
Headache		YYYY / MMM / DD	Premature labour (may not mean premature delivery)		YYYY / MMM / DD
Meningeal irritation <i>(severe unrelating headaches, irritability, nausea and vomiting, fever and chills and generalized muscle aches and pains)</i>		YYYY / MMM / DD	Prematurity (infant)		YYYY / MMM / DD
Meningitis		YYYY / MMM / DD	Sepsis (e.g. bactremia, septicemia, etc.)		YYYY / MMM / DD

E) INCUBATION

LHN-> INVESTIGATION->INCUBATION & COMMUNICABILITY

Incubation for Case (period for acquisition):	
Earliest Possible Exposure Date: YYYY / MMM / DD	Latest Possible Exposure Date: YYYY / MMM / DD
<i>Exposure Calculation details:</i>	

F) RISK FACTORS (provide a response for ALL Risk Factors)

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	Yes	N, NA, U	Add'l Info
Chronic Medical Condition Cardiac Disease			
Chronic Medical Condition Liver disease			
Chronic Medical Condition Lung disease			
Chronic Medical Condition Malignancies/Cancer			
Chronic Medical Condition Other (Add'l Info)			
Chronic Medical Condition Renal disease			
Immunocompromised due to underlying disease or treatment (Add'l Info)			
Special Population Infant born to an infected mother			
Special Population Pregnancy			
Travel – Outside of Canada (Add'l Info)	YYYY / MM/DD		
Travel –Outside of Saskatchewan, but within Canada (Add'l Info)	YYYY / MM/DD		

G) USER DEFINED FORM (SEE ATTACHED)

LHN-> INVESTIGATION-> INVESTIGATION DETAILS -> LINKS AND ATTACHMENTS -> LISTERIOSIS FORM

Listeriosis, invasive Data Collection Worksheet

Please complete all sections

Panorama Client ID: _____
Panorama Investigation ID: _____

H) COMPLICATIONS

LHN-> INVESTIGATION->COMPLICATIONS

Description	Yes Date of onset	Description	Yes Date of onset
Abscesses	YYYY / MMM / DD	Coma	YYYY / MMM / DD
Cardiac - endocarditis	YYYY / MMM / DD	Granulomatosis infantisepticum	YYYY / MMM / DD
Other complications			

I) TREATMENT

LHN-> INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication (<i>Panorama = Other Meds</i>) : _____
Prescribed by: _____ Started on: YYYY / MMM / DD

J) INTERVENTIONS

LHN-> INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Intervention Type and Sub Type:				
Assessment: Investigator name <input type="checkbox"/> Assessed for contacts YYYY / MM / DD	Environmental Health: YYYY / MM / DD <input type="checkbox"/> Environmental sampling <input type="checkbox"/> Restaurant inspection <input type="checkbox"/> Food/Water sampling Investigator name			
Communication: <input type="checkbox"/> Other communication (See Investigator Notes) YYYY / MM / DD Investigator name <input type="checkbox"/> Letter (See Document Management) YYYY / MM / DD Investigator name	Other Investigation Findings: <input type="checkbox"/> Investigator Notes YYYY / MM / DD <input type="checkbox"/> Document Management Notes YYYY / MM / DD			
General: Investigator name <input type="checkbox"/> Disease-Info/Prev-Control YYYY / MM / DD <input type="checkbox"/> Disease-Info/Prev-Cont/Assess'd for Contacts YYYY / MM / DD	Referral: <input type="checkbox"/> Canadian food inspection agency YYYY / MM / DD <input type="checkbox"/> Consultation with MHO YYYY / MM / DD <input type="checkbox"/> Physician YYYY / MM / DD			
Education/counselling: <input type="checkbox"/> Prevention/Control measures YYYY / MM / DD <input type="checkbox"/> Disease information provided YYYY / MM / DD Investigator name				
Date	Intervention subtype	Comments	Next follow-up Date	Initials
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	

K) OUTCOMES (*optional except for severe influenza,*

LHN-> INVESTIGATION-> OUTCOMES

<input type="checkbox"/> Not yet recovered/recovering YYYY / MM / DD <input type="checkbox"/> Recovered YYYY / MM / DD <input type="checkbox"/> Fatal YYYY / MM / DD	<input type="checkbox"/> ICU/intensive medical care YYYY / MM / DD <input type="checkbox"/> Intubation /ventilation YYYY / MM / DD <input type="checkbox"/> Other _____ YYYY / MM / DD	<input type="checkbox"/> Hospitalization YYYY / MM / DD <input type="checkbox"/> Unknown YYYY / MM / DD
Cause of Death: (if Fatal was selected) _____		

Initial Report completed by:		Date initial report completed: YYYY / MMM / DD
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Listeriosis Routine Questionnaire - August 2018



Record type:

Record ID:

Record Name:

In this form the answers (Yes, Probably, No, and Don't know) are from the perspective of the person being interviewed. "Probably" can be used if the client thinks he/she may have eaten this food or usually eats this food, but is unsure if it was eaten during the period in question.

Diet and Allergies

[Show/Hide](#)

Are you a vegetarian?

- Yes
- No
- Don't know
- Not asked

Do you have any food Allergies / avoidances / special diet?

- Yes
- No
- Don't know
- Not asked

If yes, specify details

Food Exposures

[Show/Hide](#)

In the 4 weeks prior to onset, did you eat...

Any turkey deli meat?

- Yes
- Probably
- No
- Don't know
- None of the Above

Was it prepackaged or sliced at the deli counter?

- Prepackaged
- Sliced at the deli counter

Please specify details (E.g., where consumed, type, brand, location)

Any chicken deli meat?

- Yes
- Probably
- No
- Don't know
- None of the Above

Was it prepackaged or sliced at the deli counter?

- Prepackaged
- Sliced at the deli counter

Please specify details (E.g., where consumed, type, brand, location)

Any beef deli meat?

- Yes
- Probably
- No
- Don't know
- None of the Above

Was it prepackaged or sliced at the deli counter?

- Prepackaged
- Sliced at the deli counter

Please specify details (E.g., where consumed, type, brand, location)

Any ham deli meat?

- Yes
- Probably
- No
- Don't know
- None of the Above

Was it prepackaged or sliced at the deli counter?

- Prepackaged
- Sliced at the deli counter

Please specify details (E.g., where consumed, type, brand, location)

Any bologna deli meat?

- Yes
- Probably
- No
- Don't know
- None of the Above

Was it prepackaged or sliced at the deli counter?

- Prepackaged
- Sliced at the deli counter

Please specify details (E.g., where consumed, type, brand, location)

Any pastrami deli meat?

- Yes
- Probably
- No
- Don't know
- None of the Above

Was it prepackaged or sliced at the deli counter?

- Prepackaged
- Sliced at the deli counter

Please specify details (E.g., where consumed, type, brand, location)

Any Salami deli meat?

- Yes
- Probably
- No
- Don't know
- None of the Above

Was it prepackaged or sliced at the deli counter?

- Prepackaged
- Sliced at the deli counter

Please specify details (E.g., where consumed, type, brand, location)

Any Pepperoni?

- Yes
- Probably
- No
- Don't know
- None of the Above

Was it prepackaged or sliced at the deli counter?

- Prepackaged
- Sliced at the deli counter

Please specify details (E.g., where consumed, type, brand, location)

Other deli meat (e.g. corned beef, kielbasa, prosciutto, mortadella)?

- Yes
- Probably
- No
- Don't know
- None of the Above

Was it prepackaged or sliced at the deli counter?

- Prepackaged
- Sliced at the deli counter

Please specify details (E.g., where consumed, type, brand, location)

Any prepackaged sandwiches/wraps (purchased from vending machine, cafeteria, gas station, grocery store etc.)?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any pate/meat spread?

- yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

- Yes
- Probably
- No
- Don't know
- None of the above

Any hot dogs?

If yes, heated before eating?

- Yes
- No
- Don't know

Please specify details (E.g., where consumed, type, brand, location)

- Yes
- Probably
- No
- Don't know
- None of the above

Any cured or dried meats (e.g. Jerky or Pepperettes)?

If yes, was it prepackaged or unpackaged at the deli counter?

- Prepackaged
- Unpackaged at the deli counter

Please specify details (E.g., where consumed, type, brand, location)

- Yes
- Probably
- No
- Don't know
- None of the above

Any chicken eaten cold (e.g. ready to eat chicken pieces or strips, left over cooked chicken, cold chicken in salads)?

if yes, was it purchased cooked, ready to eat or cooked at home and later ate cold?

- Purchased cooked, ready to eat
- Cooked at home and later ate cold

Please specify details (E.g., where consumed, type, brand, location)

Any ham eaten cold?

- Yes
- Probably
- No
- Don't know
- None of the above

if yes, was it purchased cooked, ready to eat or cooked at home and later ate cold?

- Purchased cooked, ready to eat
- Cooked at home and later ate cold

Please specify details (E.g., where consumed, type, brand, location)

Any turkey eaten cold?

- Yes
- Probably
- No
- Don't know
- None of the above

if yes, was it purchased cooked, ready to eat or cooked at home and later ate cold?

- Purchased cooked, ready to eat
- Cooked at home and later ate cold

Please specify details (E.g., where consumed, type, brand, location)

Any sausage eaten cold (e.g. ham sausage, breakfast sausage, frankfurters, cured sausages, left overs)?

- Yes
- Probably
- No
- Don't know
- None of the above

if yes, was it purchased cooked, ready to eat or cooked at home and later ate cold?

- Purchased cooked, ready to eat
- Cooked at home and later ate cold

Please specify details (E.g., where consumed, type, brand, location)

Any ground beef?

- yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any Brie?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any Camembert?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any Blue cheese (e.g. Roquefort, Gorgonzola, Stilton etc.)?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any Feta?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any Goat cheese?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any Mexican - or Latin-style cheese (e.g. queso fresco, queso blanco)?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any other soft/semi soft cheese (e.g. havarti, bocconcini, goat cheese)?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any other cheese, all types (e.g. cottage cheese, ricotta gouda, cheese sold as a block)?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any unpasteurized cheese?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any unpasteurized(raw) milk?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any pasteurized milk (e.g. whole, skim, 1%,2%, flavoured)?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any ice cream/frozen yogurt/gelato (including milkshakes, frozen dairy bars and sandwiches and other novelties)?

- Yes
- Probably
- No
- Don't know
- None of the above

If yes, was it soft serve from a machine?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any other dairy (e.g. butter, yogurt, sour cream, whipped cream)?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any raw fish (e.g. sushi, sashimi)?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any smoked or cured fish (not from a can e.g. smoked salmon or lox)?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

- Yes
- Probably
- No
- Don't know
- None of the above

Any pre-cooked shrimp or prawns eaten cold (e.g. shrimp ring, shrimp cocktail, in a salad, leftovers eaten cold)?

Please specify details (E.g., where consumed, type, brand, location)

- Yes
- Probably
- No
- Don't know
- None of the above

Any pre-cooked crab eaten cold (including imitation crab meat)?

Please specify details (E.g., where consumed, type, brand, location)

- Yes
- Probably
- No
- Don't know
- None of the above

Any other ready to eat shellfish eaten cold (e.g. mussels, oysters, clams)?

Please specify details (E.g., where consumed, type, brand, location)

- Yes
- Probably
- No
- Don't know
- None of the above

Any prepared green salad (e.g. garden, Greek, Caesar purchased in a store, restaurant or cafeteria)?

Please specify details (E.g., where consumed, type, brand, location)

Any potato salad?

- Yes
- Probably
- No
- Don't know
- None of the above

if yes, was it homemade or purchased?

- Home made
- Purchased

Please specify details (E.g., where consumed, type, brand, location)

Any pasta salad?

- Yes
- Probably
- No
- Don't know
- None of the above

if yes, was it homemade or purchased?

- Home made
- Purchased

Please specify details (E.g., where consumed, type, brand, location)

Any bean salad?

- Yes
- Probably
- No
- Don't know
- None of the above

if yes, was it homemade or purchased?

- Home made
- Purchased

Please specify details (E.g., where consumed, type, brand, location)

Any cole slaw?

- Yes
- Probably
- No
- Don't know
- None of the above

if yes, was it homemade or purchased?

- Home made
- Purchased

Please specify details (E.g., where consumed, type, brand, location)

Any hummus?

- Yes
- Probably
- No
- Don't know
- None of the above

if yes, was it homemade or purchased?

- Home made
- Purchased

Please specify details (E.g., where consumed, type, brand, location)

Any other salads/dips (e.g. chicken salad, egg salad, tuna salad, seafood salad, tabouli)? ?

- Yes
- Probably
- No
- Don't know
- None of the above

if yes, was it homemade or purchased?

- Home made
- Purchased

Please specify details (E.g., where consumed, type, brand, location)

Vegetables (Not Cooked)

Any alfalfa sprouts?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any bean sprouts?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any lettuce and/or salad purchased pre-packaged in a bag or plastic container?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any whole lettuce?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any spinach, purchased loose or in bag or plastic container?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any mushrooms?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any fresh herbs?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any packaged pre-cut vegetables (e.g. in a platter or tray, diced onions, celery etc.)?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any honeydew melons?

- Yes
- Probably
- No
- Don't know
- None of the above

If yes, was it whole, cut at home or pre-cut?

- Whole, cut at home
- Pre-cut

Please specify details (E.g., where consumed, type, brand, location)

Any cantaloupe?

- Yes
- Probably
- No
- Don't know
- None of the above

If yes, was it whole, cut at home or pre-cut?

- Whole, cut at home
- Pre-cut

Please specify details (E.g., where consumed, type, brand, location)

Any watermelon?

- Yes
- Probably
- No
- Don't know
- None of the above

If yes, was it whole, cut at home or pre-cut?

- Whole, cut at home
- Pre-cut

Please specify details (E.g., where consumed, type, brand, location)

Any packaged pre-cut fruit (e.g. in a platter or tray, apple slices, fruit salad etc.)?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Any unpasteurized fruit/vegetable juice?

- Yes
- Probably
- No
- Don't know
- None of the above

Please specify details (E.g., where consumed, type, brand, location)

Social Functions

[Show/Hide](#)

In the 4 weeks prior to onset, did you attend any social functions (e.g. parties, weddings, showers, potlucks, community events)?

- Yes
- No
- Don't know
- Not asked

Click the Add button to add social event/function details

Restaurants

[Show/Hide](#)

In the 4 weeks prior to onset, did you attend any restaurants (including take-out, cafeteria, bakery, deli, kiosk)?

- Yes
- No
- Don't know
- Not asked

Click the Add button to add restaurant details

Grocery Stores

[Show/Hide](#)

In the past 4 weeks prior to onset, did you visit grocery stores for foods consumed during the incubation period?

Yes
 No
 Don't know
 Not asked

Click the Add button to add grocery store details

Grocery store name

Location

Foods purchased

Brands/other details

Delete

Add

Loyalty card/store issued card (for outbreak investigation only)

[Show/Hide](#)

This section is only for use in some specific outbreak situations, with client consent. It is not a routine question for sporadic cases.

Has the client given consent (written or verbal)?

Yes
 No
 Not applicable

Loyalty card details (names and numbers)



Interviewer Details and Notes

[Show/Hide](#)

Interviewer Name

Interview date

Any special notes regarding this interview

Orbeon Forms Orbeon Forms 4.9.0.201505052329 CE