

Salmonellosis 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 the same:	

B) INVESTIGATION INFORMATION

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

Disease Summary Classification: CASE	Date	Classification: CONTACT	Date	LAB TEST INFORMATION: Date specimen collected:
<input type="checkbox"/> Confirmed	YYYY / MM / DD	<input type="checkbox"/> Contact	YYYY / MM / DD	YYYY / MM / DD
<input type="checkbox"/> Does Not Meet Case	YYYY / MM / DD	<input type="checkbox"/> Not a Contact	YYYY / MM / DD	Specimen type: <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Stool
<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	
<input type="checkbox"/> Probable	YYYY / MM / DD			

Disposition:

FOLLOW UP:

- | | | | |
|--|----------------|---|----------------|
| <input type="checkbox"/> In progress | YYYY / MM / DD | <input type="checkbox"/> Complete | YYYY / MM / DD |
| <input type="checkbox"/> Incomplete - Declined | YYYY / MM / DD | <input type="checkbox"/> Not required | YYYY / MM / DD |
| <input type="checkbox"/> Incomplete – Lost contact | YYYY / MM / DD | <input type="checkbox"/> Referred – Out of province | YYYY / MM / DD |
| <input type="checkbox"/> Incomplete – Unable to locate | YYYY / MM / DD | (specify where) | |

REPORTING NOTIFICATION

Name of Attending Physician or Nurse:	Location:
Physician/Nurse Phone number:	Date Received (Public Health): YYYY / MM / DD

Type of Reporting Source: Health Care Facility Lab Report Nurse Practitioner Physician Other _____

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Please complete all sections.

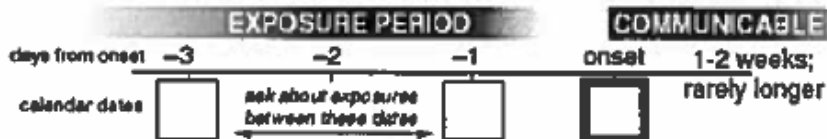
Panorama Client ID: _____
Panorama Investigation ID: _____

C) SIGNS & SYMPTOMS

LHN-> INVESTIGATION-> SIGNS & SYMPTOMS

Description	Yes Date of onset	Date of recovery	Description	Yes Date of onset	Date of recovery
Abdominal – cramping	YYYY / MM / DD	YYYY / MM / DD	Headache	YYYY / MM / DD	YYYY / MM / DD
Asymptomatic	YYYY / MM / DD	YYYY / MM / DD	Myalgia (muscle pain)	YYYY / MM / DD	YYYY / MM / DD
Dehydration	YYYY / MM / DD	YYYY / MM / DD	Nausea	YYYY / MM / DD	YYYY / MM / DD
Diarrhea	YYYY / MM / DD	YYYY / MM / DD	Pain – abdominal	YYYY / MM / DD	YYYY / MM / DD
Diarrhea – bloody	YYYY / MM / DD	YYYY / MM / DD	Sepsis (e.g. bacteremia, septicemia, etc.)	YYYY / MM / DD	YYYY / MM / DD
Fever	YYYY / MM / DD	YYYY / MM / DD	Vomiting	YYYY / MM / DD	YYYY / MM / DD
Other Signs & Symptoms if applicable					

Exposure period:



NOTE: If Salmonella was isolated from blood or urine, exposure period should be adjusted to reflect most likely onset of initial enteric symptoms.

D) INCUBATION AND COMMUNICABILITY

LHN-> INVESTIGATION->INCUBATION & COMMUNICABILITY

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

E) RISK FACTORS N—No, NA—Not asked, U—Unknown

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	Yes	N, NA, U	Start date	Add'l Info
Animal Exposure - Pet treats and raw food (Add'l Info)			YYYY / MM/DD	
Animal Exposure - Pets (including reptiles) (Add'l Info)_			YYYY / MM/DD	
Animal Exposure - Rodents/rodent excreta			YYYY / MM/DD	
Animal Exposure - Wild animals (other than rodents) (Add'l Info)_			YYYY / MM/DD	
Animal Exposure - Other Animal Exposure (Add'l Info)_			YYYY / MM/DD	
Chronic Medical Condition - Other (Add'l Info)_			YYYY / MM/DD	
Contact - Persons with diarrhea/vomiting			YYYY / MM/DD	
Contact to a known case (Add'l Info)			YYYY / MM/DD	
Immunocompromised - Related to underlying disease or treatment			YYYY / MM/DD	
Occupation - Child Care Worker	TE		YYYY / MM/DD	
Occupation - Food Handler	TE		YYYY / MM/DD	
Occupation – Health Care Worker IOM Risk Factor			YYYY / MM/DD	
Occupation - Personal Care Worker	TE		YYYY / MM/DD	
Travel - Outside of Canada (Add'l Info)_	AE		YYYY / MM/DD	

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Panorama Client ID: _____

Panorama Investigation ID: _____

DESCRIPTION	Yes	N, NA, U	Start date	Add'l Info
Travel - Outside of Saskatchewan, but within Canada (Add'l Info)	AE		YYYY / MM/DD	
Water - Bottled water (Add'l Info)			YYYY / MM/DD	
Water - Public water system (Add'l Info)			YYYY / MM/DD	
Water - Private well or system (Add'l Info)			YYYY / MM/DD	
Water - Untreated water (Add'l Info)			YYYY / MM/DD	
Water (Recreational) - Pond, stream, lake, river, ocean			YYYY / MM/DD	
Water (Recreational) - Private (swimming pool/whirl pool)			YYYY / MM/DD	
Water (Recreational) - Public (swimming/paddling pool/whirl pool)			YYYY / MM/DD	

F) USER DEFINED FORM
(SEE ATTACHED)

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

G) TREATMENT

LHN-> INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

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

H) INTERVENTION

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

Intervention Type and Sub Type:				
Assessment: Investigator name <input type="checkbox"/> Assessed for contacts YYYY / MM / DD	Exclusion: Investigator name <input type="checkbox"/> Daycare YYYY / MM / DD <input type="checkbox"/> Preschool YYYY / MM / DD <input type="checkbox"/> School YYYY / MM / DD <input type="checkbox"/> Work YYYY / MM / DD			
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	Outbreak Declared YYYY / MM / DD Investigator name			
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	Public Health Order: <input type="checkbox"/> Order (specify) _____ YYYY / MM / DD Investigator name			
Education/counselling: <input type="checkbox"/> Prevention/Control measures YYYY / MM / DD <input type="checkbox"/> Disease information provided YYYY / MM / DD Investigator name	Referral: <input type="checkbox"/> Canadian food inspection agency YYYY / MM / DD Investigator name			
Environmental Health: YYYY / MM / DD <input type="checkbox"/> Restaurant inspection Investigator name	Testing: Investigator name <input type="checkbox"/> Stool testing recommended (e.g. for follow-up) YYYY / MM / DD <input type="checkbox"/> Laboratory testing recommended YYYY / MM / DD			
Immunization: Investigator name <input type="checkbox"/> Eligible immunizations recommended YYYY / MM / DD	Other Investigation Findings: <input type="checkbox"/> Investigator Notes <input type="checkbox"/> Document Management Notes			
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	

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I) OUTCOMES (optional except for severe influenza)

LHN-> INVESTIGATION-> OUTCOMES

- | | | | | | |
|---|----------------|---|----------------|--|----------------|
| <input type="checkbox"/> Not yet recovered/recovering | YYYY / MM / DD | <input type="checkbox"/> ICU/intensive medical care | YYYY / MM / DD | <input type="checkbox"/> Hospitalization | YYYY / MM / DD |
| <input type="checkbox"/> Recovered | YYYY / MM / DD | <input type="checkbox"/> Intubation /ventilation | YYYY / MM / DD | <input type="checkbox"/> Unknown | YYYY / MM / DD |
| <input type="checkbox"/> Fatal | YYYY / MM / DD | <input type="checkbox"/> Other _____ | YYYY / MM / DD | | |

Cause of Death: (if Fatal was selected) _____

J) EXPOSURES

Acquisition Event

LHN-> INVESTIGATION-> EXPOSURE SUMMARY-> ACQUISITION QUICK ENTRY

Acquisition Event ID: _____

Exposure Name: _____

Acquisition Start YYYY / MM / DD **to Acquisition End:** YYYY / MM / DD

Location Name: _____

Setting Type

- Travel
 Exposure or consumption of potentially contaminated food or water
 Most likely source

TRANSMISSION Events

LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> QUICK ENTRY

Transmission Event ID	Exposure Name	Setting type	Date/Time	# of contacts
		<input type="checkbox"/> Food service establishment <input type="checkbox"/> Health Care setting <input type="checkbox"/> Public facilities <input type="checkbox"/> Household Exposure		
		<input type="checkbox"/> Food service establishment <input type="checkbox"/> Health Care setting <input type="checkbox"/> Public facilities <input type="checkbox"/> Household Exposure		
		<input type="checkbox"/> Food service establishment <input type="checkbox"/> Health Care setting <input type="checkbox"/> Public facilities <input type="checkbox"/> Household Exposure		
		<input type="checkbox"/> Food service establishment <input type="checkbox"/> Health Care setting <input type="checkbox"/> Public facilities <input type="checkbox"/> Household Exposure		
	Salmonella Contacts – Inv ID# _____	<input type="checkbox"/> Multiple Settings	YYYY / MM / DD to YYYY / MM / DD	

K) TOTAL NUMBER OF CONTACTS

LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> TE HYPERLINK -> UNKNOWN/ANONYMOUS CONTACTS

Anonymous contacts: _____ (total number of individuals exposed)

Initial Report completed by:

Date initial report completed:
YYYY / MM / DD



Salmonellosis 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 3 days prior to onset, did you eat...

Any chicken meat?

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

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

Any whole chicken pieces/parts (e.g. whole chicken, breasts, wings, thighs, in soups or as part of a dish, not including deli-meal)?

- Yes
 Probably
 No
 Don't know



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

None of the Above

Any breaded chicken (e.g. chicken nuggets, strips or burgers)?

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

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

Any other chicken or poultry meat (e.g. deli meat, ground chicken, turkey, quail, etc.)?

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

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

Any eggs?

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

Were the eggs raw, soft or undercooked?

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

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

- Yes
 Probably

Any foods or beverages that contain raw, soft, undercooked



eggs (raw cookie dough, desserts, drinks, dressings, stir fry, hot pot)?

- No
 Don't know
 None of the Above

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

- Yes
 Probably

Any pork, including sausage?

- No
 Don't know
 None of the Above

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

- Yes
 Probably

Any beef, including hamburger patties, other ground beef (meatballs, chili, spaghetti sauce), steak, roast, donair?

- No
 Don't know
 None of the Above

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

- Yes
 Probably

Any seafood, including fish or shellfish (cooked / raw / smoked)?

- No
 Don't know
 None of the Above

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

- Yes
 Probably

Any sprouts (e.g. bean or alfalfa or any other kind), including sprouts on a sandwich or salads?

- No
 Don't know
 None of the Above



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

- Yes
 Probably

Any lettuce or leafy greens (including pre-packaged greens)?

- No
 Don't know
 None of the Above

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

- Yes
 Probably

Any cucumbers?

- No
 Don't know
 None of the Above

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

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

Any tomatoes?

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

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

Any cantaloupe?

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



Any papaya?

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

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

Any fresh herbs (e.g. cilantro, parsley, basil)?

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

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

Any nuts, (either on their own, in granola bar, as a garnish or as part of a dish)?

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

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

Any peanut butter or other nut butter or spread?

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

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

Any seeds (e.g. sunflower, sesame, chia, flax, hemp, sprouted seeds)?

- Yes
 Probably
 No



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

- Don't know
 None of the Above

Any tahini, halva, or other products made from sesame seeds?

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

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

Any cheese made with unpasteurized (raw) milk?

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

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

In the 3 days prior to onset, did you handle or prepare...

Any eggs or foods containing raw eggs?

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

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

Did you handle or prepare any raw chicken?

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



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

Social Functions

[Show/Hide](#)

In the 3 days 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

Add

Restaurants

[Show/Hide](#)

In the 3 days 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

Add

Grocery Stores

[Show/Hide](#)

In the past 3 days 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

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