

**APPENDIX D  
CASE ASCERTAINMENT – TELEPHONE SURVEY FORM**

**OUTBREAK # 2233-405-00 Presumptive Case Notification Form**

H.U. Name: _____
H.U. Investigator: _____
H.U. Phone #: _____

LASTNAME \_\_\_\_\_ FIRSTNAME \_\_\_\_\_  
DOB (D/M/Y) \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ DATE OF ONSET OF SYMPTOMS \_\_\_\_\_

TIME OF ONSET OF SYMPTOMS: \_\_\_\_\_

**ADDRESS**

Street \_\_\_\_\_ FAMILY PHYSICIAN \_\_\_\_\_  
City/Town \_\_\_\_\_ SEX: M ( ) F ( )

Walkerton Water Exposure (eg. Consumption of water, juice, other beverages mixed with water, coffee, tea etc.) between May 1 and date of symptom onset:

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes: Date of Exposure \_\_\_\_\_ Location \_\_\_\_\_

Primary case: case with at least diarrhea, bloody diarrhea and direct consumption of Walkerton water

Secondary case: contact with a symptomatic case who had consumed Walkerton water

Symptoms: Bloody Diarrhea ( ), Diarrhea ( ), Vomiting ( ), Fever ( ), Cramping ( )

HUS: Yes ( ) No ( )

E.R. Visit Yes ( ) No ( )

Hospitalized: Yes ( ) No ( ) Date: \_\_\_\_\_ Hospital Name/Location \_\_\_\_\_

Stool Specimen Collected? Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER COMMENTS**

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If necessary may we contact you again: Yes ( ) No ( )

**BGOSHU CONFIDENTIAL**

05/26/00