

Date: _____ Survey Completed by: _____

Public Health has learned that some people became ill after attending the [redacted] Polka Festival on Friday night at the [redacted] Dance Club in Colorado [redacted]. If you could please take ten minutes to answer some questions for me, it will help us better understand what made people ill.

DEMOGRAPHIC INFO

Name (first and last) _____

City or town _____

Best phone numbers to reach you: _____

Email: _____

Age: _____ Sex: M / F

HEALTH INFORMATION

Between **last Friday, March 11** and now, did you have any of the following symptoms?

Diarrhea Y N Not Sure

If yes, what was the maximum number of loose or watery stools in a 24-hour period: _____

Bloody stools Y N Not Sure

Nausea Y N Not Sure

Vomiting Y N Not Sure

Abdominal Cramps Y N Not Sure

Fever Y N Not Sure

If yes, please give highest temperature measured: _____ F.

Any other symptoms? Y N Not Sure

If so, what were they? _____

If you had symptoms, please answer the following questions:

Which symptom occurred first? _____

When did it first occur? Date ____/____/____ Time: _____ AM or PM

Are you still ill? Y N Not Sure

If no, when did your symptoms resolve? Date ____/____/____ Time: _____ AM or PM?

Did you see a healthcare provider for any of these symptoms? Y N Not Sure

If yes, when? Date ____/____/____ Time: _____ AM or PM

Where? _____

Was any testing done from your vomit, stool, or rectum? Y N Not Sure

What was the diagnosis given by your healthcare provider? _____

Were you hospitalized overnight or longer for any of these symptoms? Y N Not Sure

Regardless of whether you had symptoms since Friday March 11,

In the **week before you attended the Polka Festival**, did you have any stomach or intestinal illness? Y N Not Sure

If yes, what were your symptoms and when did you have them? _____

POLKA FESTIVAL

When did you arrive in Colorado [redacted] for the [redacted] Polka Festival?

Live in [redacted] Thursday(3/10) Friday (3/11) Saturday(3/12) Other: _____

[For out of town guests only] Where did you stay during the Mardi Gras Polka Festival?

At a hotel? Hotel Name: _____

As a guest at someone's home? Your hosts' name(s): _____

If you stayed in a home, was any person in that household ill with intestinal symptoms? Y N Not Sure

If yes, get details on other person's illness, their name and phone number.

Name: _____

FOOD HISTORY

For each of the meals (and/or restaurants) below, please do your best to describe what you ate and drank. Please be as specific as possible, including side dishes, condiments, etc. For example, if you had a hamburger, did it have cheese, lettuce, tomato, ketchup?

Meal	Where did you eat this meal?	What did you eat?	What did you drink?
Thursday, March 10, 2011			
Dinner			
Did you eat anything else on Thursday evening?			
Friday, March 11, 2011			
Breakfast			
Lunch			

Did you attend the dinner and dance event at the [REDACTED] Dance Club on Friday, March 11? Yes No

Did you purchase any drinks from the cash bar? Yes No

If yes, what did you have?

Was there ice in any of your drink(s)?

Did you purchase dinner that was served at the Dance Club event? Yes No

If so, what time did you eat?

If so did you eat:

Braised Brisket	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Mashed potatoes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Gravy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Peas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Holuski—this was the noodle and cabbage dish	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Rolls	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Butter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Coleslaw	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
Did you have dessert?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>

If so, what did you eat for dessert:

Anything else:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
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If so, What was it?

Name: _____

ADDITIONAL INFORMATION

For all persons: I'd like to talk to as many people as possible who attended the [REDACTED] Polka Festival, regardless of whether or not they got sick. Do you know the names and phone numbers of other attendees? Will you please share them with me?

For ill persons: Have any other friends or family members had symptoms similar to yours in the last week?
If yes, could you please give their names, the type of illness, and phone number in case we need to contact them.

ADDITIONAL QUESTIONS FOR FOODHANDLERS

For bartenders:	For catering staff:
During what meals/events did you work at the bar? food?	For which meals/events did you prepare and/or serve
Friday dinner and dance	Friday dinner and dance
Saturday lunch	Saturday lunch
Saturday evening	Saturday evening
Other, please describe:	Other, please describe:

What were your job duties while you were bartending/preparing food/serving food? Please describe in detail.

Did you wear gloves while performing your duties? Yes No Sometimes

Where was the nearest hand sink?

Were soap and papertowels provided at the sink?

Do you know of any food handlers that have been ill? Yes No Unsure

If Yes, who? _____

Phone number: _____

Were they working while ill? _____

Symptoms? _____

For bartenders only: How was ice dispensed?

REMEMBER: Food handlers cannot return to work until 48 hours after symptoms have resolved.

Other Notes:

Thank you for your help in investigating these illnesses. If you have further questions or can provide more information about this problem, please call Public Health at [REDACTED].