

***E. coli* O157 COHORT STUDY: HOSPITAL FOLLOW-UP**

COMPLETE "HOSPITAL FOLLOW-UP" FORM FOR EACH HOSPITAL LISTED, CONTACT AT LEAST 3 WEEKS AFTER ILLNESS ONSET DATE

COHORT Study ID [COHORT_ID] ____ (2 letter state code and number, eg XX001)

State Laboratory Isolate ID Number* [SLABS_ID] ____ *This is required

Illness onset date [ILL_ONSET] ____

[**Change "HOSP1" TO "HOSP2", "HOSP3" or "HOSP4" in variables below for hospitals 2, 3, AND 4, respectively**]

Hospital 1 2 3 4 [HOSP]

Hospital admission date [HOSP1_DT] ____ (mm/dd/yy)

Hospital Name/CODE: [HSP1_NM] ____ **Address:** [HSP1_ADD] ____

City, State: [HOSP1_CTY], [HOSP1_ST] ____ **Phone:** [HSP1_PHO] ____

[**ADD "_2", "_3", OR "_4" to end of ALL variables below for hospitals 2, 3, or 4, respectively**]

(COMPLETE AFTER CONTACTING HOSPITAL) Were you able to complete a "Hospital Follow-Up" form for this hospital?

[HOSP_COM] Yes..... 1 **IF YES**, Date completed [HOSP_COM_DT] ____ (mm/dd/yy)
No..... 2

→→**IF NO**, why were you not able to complete a "Hospital Follow-Up" form? [HOSP_COM_RE]

Hospital information incorrect..... 1
Hospital refused access to records..... 2
Records at hospital unavailable..... 3, **SPECIFY** [HOSP_COM_SPEC3] ____
Other..... 4, **SPECIFY** [HOSP_COM_SPEC4] ____

1. Was the patient admitted to this hospital more than once for this illness? [HOSP_ADM]

Yes..... 1 Don't know/Not sure..... 7
No..... 2

→ **IF YES**, how many times was the patient admitted? [HOSP_ADM_TI] ____, Don't know/Not sure..... 77

2. What was the first date of admission to this hospital for this illness? [HOSP_ADM_DT] ____
mo day yr

Don't know/Not 777777

3A. Blood type A..... 1 O..... 4
[HOSP_BLD] B..... 2 Don't know/Not sure..... 7
AB..... 3

3B. Height: [HOSP_HT] ft/in OR cm (circle), Date (closest to illness onset): [HOSP_HT_DT] ____ DK/Not sure..... 777777

Weight(admit): [HOSP_WT] lbs OR kg (circle), Date (closest to illness onset): [HOSP_WT_DT] ____ DK/Not sure..... 777777

4. A. What date was stool submitted for testing / culture at this hospital? [HOSP_CUL_DT] ____,
Don't know/Not sure... 777777 mo day yr
Not done... **GO TO 5**..... 999999

B. Was Shiga toxin testing performed? [HOSP_SHIG] Yes..... 1 No..... 2 Don't know/Not sure..... 7

→**IF YES**, →What was the result? [SHIG_RES]
Positive... 1 Negative..... 2 Don't know/Not sure..... 7

→What date were the results reported? [SHIG_DT] ____
mo day yr

Don't know/Not sure..... 777777

C. What date was *E. coli* O157 isolation reported from the lab? [HOSP_ECOLI] ____
mo day yr

Don't know/Not sure..... 777777

5. Was a diagnosis of hemolytic uremic syndrome or HUS documented in the 3 weeks after the illness onset date?
[HOSP_HUS] Yes..... 1 Don't know/Not sure..... 7
No..... 2
→ IF YES, on what date was HUS diagnosed? [HUS_DT]____
mo day yr
Don't know/Not 777777
6. Was a diagnosis of thrombotic thrombocytopenic purpura or TTP documented in the 3 weeks after the illness onset date?
[HOSP_DDT] Yes..... 1 Don't know/Not sure..... 7
No..... 2
→ IF YES, on what date was TTP diagnosed? [TTP_DT]____
mo day yr
Don't know/Not 777777
7. Was the patient hospitalized in an intensive care unit? [HOSP_ICU]
Yes..... 1
No..... **GO TO Q9** 2
Don't know/Not sure..... **GO TO Q9** 7
8. How many nights were spent in ICU in the 3 weeks after the illness onset date? [ICU_NITE] ____ nights
Still in ICU..... 77
Don't know/Not sure..... 99
9. What was the date of discharge from this hospital? [HOSP_DIS]____
mo day yr
Still in Hospital..... **GO TO 11**..... 777777
Don't know/Not sure..... 999999
10. Where did the patient go after discharge from the hospital? [DIS_GO]
Home..... 1
Transferred to Another Hospital..... 2
Assisted Living Facility (e.g. board and care)..... 3
Skilled-nursing facility..... 4
Deceased..... 5
Other..... 6
SPECIFY [DIS_SPEC]_____
Don't Know..... 7
→ IF “DECEASED” What was listed as the cause(s) of death?
[DIS_CAUSE]_____
11. Was the patient treated with antibiotics or prescribed antibiotics at this hospital for this illness? [HOSP_ABX]
Yes..... IF YES, Complete 12..... 1
No..... 2
Don't know/Not sure..... 7

12. Antibiotic worksheet- **(COMPLETE ROW FOR EACH ANTIBIOTIC DOCUMENTED IN THE CHART AT THIS HOSPITAL)**
- A. Antibiotic names and codes **(USE ANTIBIOTIC CODES IN ADMIN PACKET)**
- B. Was the antibiotic administered intravenously?
- C. Enter date antibiotic was first administered **(ENTER mmddyy, Unk=777777)**
- D. Enter number of days received **(ENTER 77 if Unk or discharge med)**
- E. Were antibiotics prescribed at discharge?
- F. What is the start date of the prescription? **(ENTER discharge date when the Ab was prescribed if no start date is specified, Unk=777777)**
- G. How many days were antibiotics prescribed (eg 10 days, 14 days)? **(ENTER 77 if Unk)**
- H. Was this antibiotic discontinued **because** of the diagnosis of *E. coli* O157?

A.Antibiotic Name	Code	B. IV Yes(1) No(2) DK(7)	C. Date mmddyy	D. # of Days	E. Prescribed at discharge? Yes(1) No(2) DK(7)	F. Start date of prescription	G. # Days prescribed	H. Discontinued because of <i>E. coli</i> O157 diagnosis? Yes(1) No(2) DK(7)
	[HOSP_ABX1]	[HOSP_ABX1_IV]	[HOSP_ABX1_ST]	[HOSP_ABX1_NUM]	[HOSP_ABX1_DIS]	[HOSP_ABX1_PER]	[HOSP_ABX1_DYS]	[HOSP_ABX1_DIAG]
	[HOSP_ABX2]	[HOSP_ABX2_IV]	[HOSP_ABX2_ST]	[HOSP_ABX2_NUM]	[HOSP_ABX2_DIS]	[HOSP_ABX2_PER]	[HOSP_ABX2_DYS]	[HOSP_ABX2_DIAG]
	[HOSP_ABX3]	[HOSP_ABX3_IV]	[HOSP_ABX3_ST]	[HOSP_ABX3_NUM]	[HOSP_ABX3_DIS]	[HOSP_ABX3_PER]	[HOSP_ABX3_DYS]	[HOSP_ABX3_DIAG]
OTHER – SPECIFY [HOSP_OTH1_NM]	[HOSP_OTH1] = (52)	[HOSP_OTH1_IV]	[HOSP_OTH1_ST]	[HOSP_OTH1_NUM]	[HOSP_OTH1_DIS]	[HOSP_OTH1_PER]	[HOSP_OTH1_DYS]	[HOSP_OTH1_DIAG]
OTHER – SPECIFY [HOSP_OTH2_NM]	[HOSP_OTH1] = (53)	[HOSP_OTH2_IV]	[HOSP_OTH2_ST]	[HOSP_OTH2_NUM]	[HOSP_OTH2_DIS]	[HOSP_OTH2_PER]	[HOSP_OTH2_DYS]	[HOSP_OTH2_DIAG]

13. Use the following charts to record symptoms, laboratory values, and treatment variables that are documented in medical records from this hospital during the first 10 days of this illness. **RECORD DAYS THAT THE CASE WAS HOSPITALIZED, LEAVE ENTIRE COLUMN BLANK IF CASE WAS NOT HOSPITALIZED ON THAT DAY; PLEASE NOTE THE DATE THAT LABORATORY VALUES REFER TO, RECORD ON THE APPROPRIATE DATE.**

13A. REPEAT FOR EACH DAY THAT THE CASE WAS HOSPITALIZED DURING THE FIRST 10 DAYS OF THIS ILLNESS, FILL IN DATES THAT CASE WAS HOSPITALIZED Y (1) N (2) DK (7)

- A1. Was a temperature recorded? → **If YES, A2.** What was the highest temperature recorded that day? (Enter 777.7=DK, 999.9=Refused)
- B. Vomiting documented?
- C. Diarrhea documented?
- D. Blood (visible or occult) in stool documented?

DATE	D1 ONSET [HOSP_DY1]	DAY2 [HOSP_DY2]	DAY3 [HOSP_DY3]	DAY4 [HOSP_DY4]	DAY5 [HOSP_DY5]	DAY6 [HOSP_DY6]	DAY7 [HOSP_DY7]	DAY8 [HOSP_DY8]	DAY9 [HOSP_DY9]	DAY10 [HOSP_DY10]
A1. Temp	[DY1_TEMP]	[DY2_TEMP]	[DY3_TEMP]	[DY4_TEMP]	[DY5_TEMP]	[DY6_TEMP]	[DY7_TEMP]	[DY8_TEMP]	[DY9_TEMP]	[DY10_TEMP]
A2. High T	[DY1_HTEMP]	[DY2_HTEMP]	[DY3_HTEMP]	[DY4_HTEMP]	[DY5_HTEMP]	[DY6_HTEMP]	[DY7_HTEMP]	[DY8_HTEMP]	[DY9_HTEMP]	[DY10_HTEMP]
B. Vomit	[DY1_VOMIT]	[DY2_VOMIT]	[DY3_VOMIT]	[DY4_VOMIT]	[DY5_VOMIT]	[DY6_VOMIT]	[DY7_VOMIT]	[DY8_VOMIT]	[DY9_VOMIT]	[DY10_VOMIT]
C. Diar	[DY1_DA]	[DY2_DA]	[DY3_DA]	[DY4_DA]	[DY5_DA]	[DY6_DA]	[DY7_DA]	[DY8_DA]	[DY9_DA]	[DY10_DA]
D. Blood	[DY1_BLOOD]	[DY2_BLOOD]	[DY3_BLOOD]	[DY4_BLOOD]	[DY5_BLOOD]	[DY6_BLOOD]	[DY7_BLOOD]	[DY8_BLOOD]	[DY9_BLOOD]	[DY10_BLOOD]

13B. RECORD DAYS THAT THE CASE WAS HOSPITALIZED, LEAVE ENTIRE COLUMN BLANK IF CASE WAS NOT HOSPITALIZED ON THAT DAY, REPEAT FOR EACH DAY THAT CASE WAS HOSPITALIZED DURING THE FIRST 10 DAYS OF THIS ILLNESS

- A. Highest BUN H. Highest Transaminase Aspartate (AST)
- B. Highest Creatinine I. Highest WBC count (per mm³)
- C. Highest LDH J. Lowest Hematocrit (%)
- D. Highest Amylase K. Lowest Hemoglobin
- E. Highest Lipase L. Lowest Platelet count (per mm³)
- F. Highest Bilirubin M. Blood smear performed, **If yes**, M1., Were erythrocyte changes / fragments noted, **If yes**, Specify (eg schistocytes, burr cells, helmet cells)
- G. Highest Transaminase Alanine (ALT) N. Urinalysis performed **If yes**, N1., Hemanaturia, **If yes**, Specify (eg 1+, 2+, 3+, 4+) N2., Proteinuria, **If yes**, Specify (eg 1+, 2+, 3+)

DATE	D1 ONSET [HOSP_DY1]	HIGHEST VALUE	LOWEST VALUE
Labs	Y (1) N (2) [DY1_LABS]		
A. High BUN	[DY1_BUN] mg/dL	DATE [DT_BUN] [DY2_BUN] mg/dL	
B. High Cr	[DY1_CR] mg/dL	DATE [DT_CR] [DY2_CR] mg/dL	
C. High LDH	[DY1_LDH] U/L	DATE [DT_LDH] [DY2_LDH] U/L	
D. High Bilirubin	[DY1_BIL] mg/dL	DATE [DT_BIL] [DY2_BIL] mg/dL	
E. Highest WBC	[DY1_WBC]	DATE [DT_WBC] [DY2_WBC]	
F. Lowest HCT	[DY1_HCT]		DATE [DT_HCT] [DY2_BUN] mg/dL
G. Lowest HB	[DY1_HEMO]		DATE [DT_HEMO] [DY2_HEMO] mg/dL
H. Lowest PLT	[DY1_HPLAT]		DATE [DT_HPLAT] [DY2_HPLAT] mg/dL
I. Blood smear (Anytime during illness)	[DY1_BLOOD_SM] Y(1) N(2) DK(7) DATE [DT_BLOOD_SM]		
I1 RBC frags	[DY1_RBC] Y(1) N(2) DK(7)		
I2 RBC specify	[DY1_RBC_SPEC]		
J. Urinalysis (Anytime during illness)	[DY1_URINE] Y(1) N(2) DK(7)		
J1 Hematuria	[DY1_HEMAT] Y(1) N(2) DK(7) DATE [DT_HEMAT]		
J2 Proteinuria	[DY1_PROT] Y(1) N(2) DK(7) DATE [DT_PROT]		

**13C. RECORD DAYS THAT THE CASE WAS HOSPITALIZED, LEAVE ENTIRE COLUMN BLANK IF CASE WAS NOT HOSPITALIZED ON THAT DAY
REPEAT FOR EACH DAY THAT CASE WAS HOSPITALIZED**

A. Were IV fluids administered Y(1) N(2) DK(7)

If Yes, A1. Type of fluids: Normal saline.....1 ½ Normal saline.....2 D5W.....3 Other.....4, **If other, specify other fluid type**

A2. Volume (Liters / day)

B. Were blood products given: Y(1) N(2) DK(7) **If Yes,** Which products: B1. Packed cells B2. Whole blood B3. Platelets B4. Plasma

C. Were any anti-diarrheal medications administered (lomotil (diphenoxylate), loperamide, bismuth subsalicylate, kaolin pectin) Y(1) N(2) DK(7)

If Yes, C1. Biologic agents: probiotics

C2. Anti-motility agents: lomotil (diphenoxylate), loperamide

C3. Adsorbent agents: bismuth subsalicylate, kaolin pectin

D. Other anti-diarrheal agents, Y(1) N(2) DK(7) **If Yes,** Specify

DATE	D1 ONSET [HOSP_DY1]	DAY2 [HOSP_DY2]	DAY3 [HOSP_DY3]	DAY4 [HOSP_DY4]	DAY5 [HOSP_DY5]	DAY6 [HOSP_DY6]	DAY7 [HOSP_DY7]	DAY8 [HOSP_DY8]	DAY9 [HOSP_DY9]	DAY 10 + [HOSP_DY10]
A. IV fluids	[DY1_IV]	[DY2_IV]	[DY3_IV]	[DY4_IV]	[DY5_IV]	[DY6_IV]	[DY7_IV]	[DY8_IV]	[DY9_IV]	[DY10_IV]
A1. Type of fluids	[DY1_IV_TY]	[DY2_IV_TY]	[DY3_IV_TY]	[DY4_IV_TY]	[DY5_IV_TY]	[DY6_IV_TY]	[DY7_IV_TY]	[DY8_IV_TY]	[DY9_IV_TY]	[DY10_IV_TY]
Specify other fluids	[DY1_IV_OTH]	[DY2_IV_OTH]	[DY3_IV_OTH]	[DY4_IV_OTH]	[DY5_IV_OTH]	[DY6_IV_OTH]	[DY7_IV_OTH]	[DY8_IV_OTH]	[DY9_IV_OTH]	[DY10_IV_OTH]
A2. Volume (Liters/day)	[DY1_IV_VOL]	[DY2_IV_VOL]	[DY3_IV_VOL]	[DY4_IV_VOL]	[DY5_IV_VOL]	[DY6_IV_VOL]	[DY7_IV_VOL]	[DY8_IV_VOL]	[DY9_IV_VOL]	[DY10_IV_VOL]
B. Blood products	[DY1_BLD_PR]	[DY2_BLD_PR]	[DY3_BLD_PR]	[DY4_BLD_PR]	[DY5_BLD_PR]	[DY6_BLD_PR]	[DY7_BLD_PR]	[DY8_BLD_PR]	[DY9_BLD_PR]	[DY10_BLD_PR]
B1. P cells	[DY1_PCELLS]	[DY2_PCELLS]	[DY3_PCELLS]	[DY4_PCELLS]	[DY5_PCELLS]	[DY6_PCELLS]	[DY7_PCELLS]	[DY8_PCELLS]	[DY9_PCELLS]	[DY10_PCELLS]
B2. W blood	[DY1_WCELLS]	[DY2_WCELLS]	[DY3_WCELLS]	[DY4_WCELLS]	[DY5_WCELLS]	[DY6_WCELLS]	[DY7_WCELLS]	[DY8_WCELLS]	[DY9_WCELLS]	[DY10_WCELLS]
B3. Platelets	[DY1_PLAT]	[DY2_PLAT]	[DY3_PLAT]	[DY4_PLAT]	[DY5_PLAT]	[DY6_PLAT]	[DY7_PLAT]	[DY8_PLAT]	[DY9_PLAT]	[DY10_PLAT]
B4. Plasma	[DY1_PLASMA]	[DY2_PLASMA]	[DY3_PLASMA]	[DY4_PLASMA]	[DY5_PLASMA]	[DY6_PLASMA]	[DY7_PLASMA]	[DY8_PLASMA]	[DY9_PLASMA]	[DY10_PLASMA]
C. Anti-diarrheal	[DY1_ANTIDA]	[DY2_ANTIDA]	[DY3_ANTIDA]	[DY4_ANTIDA]	[DY5_ANTIDA]	[DY6_ANTIDA]	[DY7_ANTIDA]	[DY8_ANTIDA]	[DY9_ANTIDA]	[DY10_ANTIDA]
C1. Probiotic	[DY1_PROB]	[DY2_PROB]	[DY3_PROB]	[DY4_PROB]	[DY5_PROB]	[DY6_PROB]	[DY7_PROB]	[DY8_PROB]	[DY9_PROB]	[DY10_PROB]
C2. Anti-mot	[DY1_MOT]	[DY2_MOT]	[DY3_MOT]	[DY4_MOT]	[DY5_MOT]	[DY6_MOT]	[DY7_MOT]	[DY8_MOT]	[DY9_MOT]	[DY10_MOT]
C3. Adsorb	[DY1_ADSORB]	[DY2_ADSORB]	[DY3_ADSORB]	[DY4_ADSORB]	[DY5_ADSORB]	[DY6_ADSORB]	[DY7_ADSORB]	[DY8_ADSORB]	[DY9_ADSORB]	[DY10_ADSORB]
D. Other anti-diarr	[DY1_OTHER_ANTIDA]	[DY2_OTHER_ANTIDA]	[DY3_OTHER_ANTIDA]	[DY4_OTHER_ANTIDA]	[DY5_OTHER_ANTIDA]	[DY6_OTHER_ANTIDA]	[DY7_OTHER_ANTIDA]	[DY8_OTHER_ANTIDA]	[DY9_OTHER_ANTIDA]	[DY10_OTHER_ANTIDA]
D1. Specify	[DY1_OTHER_SPEC]	[DY2_OTHER_SPEC]	[DY3_OTHER_SPEC]	[DY4_OTHER_SPEC]	[DY5_OTHER_SPEC]	[DY6_OTHER_SPEC]	[DY7_OTHER_SPEC]	[DY8_OTHER_SPEC]	[DY9_OTHER_SPEC]	[DY10_OTHER_SPEC]