

Line Listing of Residents - Gastrointestinal Outbreak or Increased Incidence of GI Symptoms (For Resident/Patient Cases)

Facility							Laboratory	Case Category	Symptoms								Outcomes related to Outbreak				Outcome unrelated to Outbreak Residential Facilities Only	Comments		
Unit/Floor									Symptom Onset Date (dd-mmm-yyyy)	Abdominal pain	Nausea	Vomit	Diarrhea	Date and time symptoms ended (dd- mmm-yyyy hh:mm) (e.g. 01-Jan-2014 13:50)	Resolution Date (48 hrs after last symptoms) (dd-mmm-yyyy)	Hospitalized	Transferred to another unit	Discharged	Died	Hospitalized	Died			
Data Entry Date (dd-mmm-yyyy)	Last Name	First Name	MRN	Age	Sex	Patient's Room Number (when symptoms began)	Lab sample submitted	Date sample submitted (dd-mmm-yyyy)	Confirmed, Probable or Not a Case	Symptom Onset Date (dd-mmm-yyyy)	Abdominal pain	Nausea	Vomit	Diarrhea	Date and time symptoms ended (dd- mmm-yyyy hh:mm) (e.g. 01-Jan-2014 13:50)	Resolution Date (48 hrs after last symptoms) (dd-mmm-yyyy)	Hospitalized	Transferred to another unit	Discharged	Died	Hospitalized	Died	Comments	

							Laboratory		Case Category	Symptoms							Outcomes related to Outbreak				Outcomes unrelated to outbreak				
Data Entry Date (dd-mmm-yyyy)	Last Name	First Name	MRN	Age	Sex	Patient's Room # at symptom onset	Lab sample submitted	Date sample submitted (dd-mmm-yyyy)	Confirmed, Probable or Not a Case	Symptom Onset Date (dd-mmm-yyyy)	Abdominal pain	Nausea	Vomit	Diarrhea	Date and time symptoms ended (dd-mmm-yyyy hh:mm) (e.g. 01-Jan-2014 13:50)	Resolution Date (48 hrs after last symptoms) (dd-mmm-yyyy)	Hospitalized	Transferred to another unit	Discharged	Died	Hospitalized	Died	Comments		