Line Listing for Gastritis Outbreaks

List for Residents: ☐ Employees: ☐ (X one box)

Name of Facility: Address:

Contact Person: Telephone:

Name	Age	Sex	Room # for Residents OR Shift*	Date of Onset	Shift of Onset OR Ti	Date of Last Episode	Time of Last Episode	Duration of Illness in HOURS	Signs and Symptoms: Abdominal Cramps	Diarrhea	Nausea	Vomiting	Fever (Highest Temp.)	Blood in Stools	Muscle Aches	Headache	Chills	Hospitalized	Emergency Room Visit	Date Admitted to Hospital	Date Discharged from Hospital	Death (Date)	Other Comments

August-07