

Paralytic Shellfish Poisoning Outbreak Questionnaire

Date ___/___/___ Time _____

Health care provider reporting _____ Phone () _____

Name of patient _____ Phone() _____

Address _____ City _____ State _____

DOB ___/___/___ Sex: M F Race _____

If reporter is not a healthcare provider and reports PSP symptoms, caller advised to seek immediate medical evaluation.
 Yes _____ No _____ Comments _____

Symptoms:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Date/time on onset:	Duration:
Paresthesias (mouth, lips, face, extremities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___ AM/PM	
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___ AM/PM	
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___ AM/PM	
Weakness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___ AM/PM	
Ataxia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___ AM/PM	
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___ AM/PM	
Difficulty with speech (dysarthria)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___ AM/PM	
Dysphagia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___ AM/PM	
Dizzy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___ AM/PM	
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___ AM/PM	
Floating sensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___ AM/PM	

Location of beach where shellfish were gathered _____

Date shellfish gathered ___/___/___ Date shellfish consumed ___/___/___

Time shellfish consumed _____ AM/PM Number of shellfish eaten _____

Type of shellfish: Butter clams Mussels Cockles Razor clams Little Neck clams Crabmeat

Cooked: Yes No Method _____

If boiled, was shellfish juice consumed separately? Yes No

Were siphons or viscera removed prior to eating shellfish? Yes No

If crabmeat, were any of the intestines eaten? Yes No

Specimens collected for shipping? Yes No

How many other people consumed the shellfish? _____ How many became ill? _____

Protocol for specimen collection

Collect portions of the meal and store it in a Ziploc® freezer bag.

If shellfish is still in the shell and can be sent immediately to DEC laboratory, refrigerate. If any delay anticipated, freeze the samples.

If shellfish were steamed or boiled, collect and store the broth separately.

Document the date, time of day, and exact the location where shellfish were collected.

If gastric contents have been collected, freeze and save (only if gastric contents contain whole animals).

If onset of patient symptoms occurred within past 7 days, collect urine and immediately freeze. Ship frozen to ASPHL.