

**Appendix 1**

**Sample Case Log of Residents and Staff with Acute Gastrointestinal Illness**

Resident/Staff identification			Resident/Staff location			Illness description								Laboratory test date and results (optional)				Antiemetic	Antibiotic	Illness outcomes					
Name	Age	Sex (M/F)	Building	Unit	Room #, Bed designation	Date onset illness	Highest temperature	Vomiting (Y/N) (Projectile (Y/N)	Nausea (Y/N)	Diarrhea (Watery (Y/N) Bloody (Y/N)	Abdominal cramps (Y/N)	Chills (Y/N)	Date illness stopped	Stool PCR for NLV	Stool bacteria; culture	Stool O&P	Other	Date started/Date ended	Date started/Date ended	Tx for dehydration (Y/N)	Hospitalized (Y/N)	Days hospitalized	Died (Y/N, if yes, date)		

From: Recommendations for the Prevention and Control of Viral Gastroenteritis Outbreaks in California Long-Term Care Facilities, California Department of Health Services, 2006