

Ref No

IN STRICT MEDICAL CONFIDENCE

Clostridium botulinum

Food Related Questionnaire

Update: 12 December 2019

Please return completed questionnaires to:

GI Department/IDU Department, Public Health England, 61 Colindale Avenue, London, NW9 5EQ.

Email: Botulism@phe.gov.ukPlease tick boxes or write in the space(s) provided. **USE BLACK OR DARK BLUE BIRO/PEN.**

Interviewer's initials. Date / / (dd/mm/yy)

PERSONAL DETAILS

No.	Questions	Answers <i>Please circle answers where appropriate</i>
Q.1	Patient name	Surname..... First name
Q.2	Sex	Male Female
Q.3	Date of birth/...../..... dd/mm/yyyy
Q.4	Age (years)	
Q.5	Address
Q.6	Occupation
Q.7	Has the patient been involved in any activities that might expose wounds to soil e.g. gardening, carpentry, etc?	Yes No
Q.8	Has the patient travelled away from home or overseas in the last month?	Yes No Specify place:..... Specify dates: From..... To.....

EMPLOYER/SCHOOL/NURSERY/CHILDMINDER/ PRE & AFTER SCHOOL GROUP/etc.

(Please list all attended during the week before the onset of symptoms).

Job/Establishment	Address/Postcode	Manager/ Person-in-charge/	Contact number	E-mail

HOUSEHOLD MEMBERS (INCLUDE OVERNIGHT STAYS)

DETAILS FROM 1 WEEK PRIOR TO ONSET OF SYMPTOMS

NAME RELATIONSHIP ADDRESS (where appropriate)	SEX	DOB	OCCUPATION / SCHOOL/ NURSERY Place of work if excluded	SYMPTOMS	DATE AND TIME OF ONSET	DATE SYMPTOMS RESOLVED	DATE OF LAST CONTACT WITH INDEX CASE

NOTES: (include details/dates of overnight stays)

.....

DO YOU KNOW OF ANY OTHER PERSONS WITH SIMILAR ILLNESS:

YES

NO

Name Tel:

Address

CLINICAL DETAILS

No.	Questions	Answers <i>Please circle answers where appropriate</i>																											
Q.9	Hospital Name																												
Q.10	Clinician in charge Name Tel no.																												
Q.11	GP Name Address Tel no.																											
Q.12	Preliminary History: A. Onset date of symptoms B. Date first seen by doctor C. Was patient hospitalised? If yes: date hospitalised D. Has the patient been admitted to intensive care? If yes: date admitted E. Has the patient been placed on a ventilator? If yes: date intubated:	<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center;">Day</th> <th style="text-align: center;">Month</th> <th style="text-align: center;">Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; 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Q.13	Was the patient on any of the following medications in the month prior to onset?	<table style="width: 100%; border: none;"> <tbody> <tr> <td style="width: 60%;">a. Phenothiazine</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 10%;">DK</td> </tr> <tr> <td>b. Aminoglycoside</td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> <tr> <td>c. Anticholinergic</td> <td>Yes</td> <td>No</td> <td>DK</td> </tr> </tbody> </table>	a. Phenothiazine	Yes	No	DK	b. Aminoglycoside	Yes	No	DK	c. Anticholinergic	Yes	No	DK															
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Q.14	Clinical History: Briefly describe history and general symptom progression:																												

CLINICAL DETAILS (CONTINUED)

No.	Questions	Answers <i>Please circle answers where appropriate</i>
Q.20	<p>Laboratory Results:</p> <p>a. Was a lumbar puncture done?</p> <p style="padding-left: 40px;">If yes:</p> <ul style="list-style-type: none"> i. Date done: ii. RBC iii. WBC iv. Protein v. Glucose <p>b. Was a tensilon test (Edrophonium chloride) done?</p> <p style="padding-left: 40px;">If yes:</p> <ul style="list-style-type: none"> i. Date done: ii. Results: <p>c. Was electromyography (EMG) done?</p> <p style="padding-left: 40px;">If yes:</p> <ul style="list-style-type: none"> i. Date done: ii. Muscle group iii. Nerve conduction results iv. Was rapid repetitive stimulation conducted? <p style="padding-left: 80px;">If yes: Hertz:</p> <p style="padding-left: 120px;">Result:</p> <p>d. Was brain imaging done?</p> <p style="padding-left: 40px;">If yes: Was a CT done?</p> <p style="padding-left: 80px;">If yes:</p> <ul style="list-style-type: none"> i. Date done: ii. Findings: <p>Was an MRI done?</p> <p style="padding-left: 40px;">If yes:</p> <ul style="list-style-type: none"> i. Date done: ii. Findings: 	<p>YES NO DK</p> <p>...../...../..... dd/mm/yyyy</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>YES NO DK</p> <p>...../...../.....dd/mm/yyyy</p> <p>.....</p> <p>.....</p> <p>YES NO DK</p> <p>...../...../.....dd/mm/yyyy</p> <p>.....</p> <p>.....</p> <p>YES NO DK</p> <p>...../...../.....dd/mm/yyyy</p> <p>.....</p> <p>.....</p> <p>YES NO DK</p> <p>...../...../.....dd/mm/yyyy</p> <p>.....</p> <p>.....</p>

CLINICAL DETAILS (CONTINUED)

No.	Questions	Answers <i>Please circle answers where appropriate</i>
Q.21	Treatment Was surgical debridement performed? Was the patient treated with antimicrobial agents? If yes, please state which agents were used 	Yes No DK Yes No If yes, please state which agents were used
Q.22	What samples have been sent to test for botulinum toxin? 	Serum <input type="checkbox"/> Pus <input type="checkbox"/> Wound tissue <input type="checkbox"/> Feaces <input type="checkbox"/> Rectal washout <input type="checkbox"/> Gastric aspirates <input type="checkbox"/> Other <input type="checkbox"/> (please state).....
Q.23	Botulinum antitoxin: Was the patient given Antitoxin? If yes, how many doses were given?: Dates given?	Yes No BabyBIG DK
Q.24	Differential Diagnosis by Clinician:	
Q.25	Patient outcome/status:	Still ventilated Still in hospital Discharged Died Date of outcome
Q.26	Is the patient a known drug user?	Yes No DK

FOOD HISTORY

Now we are going to ask you about food eaten in the **7 DAYS** before you became ill.

VENUES

27. Did you eat any food (including take-aways and delivered foods) from or in any of the following places in the **7 DAYS** before you became ill?

	Yes	No	Name and location
Coffee shop <i>[Prompt: eg Starbucks, Costas etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Burger bar <i>[Prompt: eg McDonalds, Burger King etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Pizza parlour <i>[Prompt: eg Dominos, Pizza Express etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Kebab shop	<input type="checkbox"/>	<input type="checkbox"/>
Fish & chip shop	<input type="checkbox"/>	<input type="checkbox"/>
Fried chicken bar <i>[Prompt: eg KFC, Tennessee Fried Chicken etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Bakers shop	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich bar	<input type="checkbox"/>	<input type="checkbox"/>
Delicatessen <i>[not in a supermarket]</i>	<input type="checkbox"/>	<input type="checkbox"/>
British restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Chinese restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Greek restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Indian restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Italian restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Other restaurant	<input type="checkbox"/>	<input type="checkbox"/>
Hotel	<input type="checkbox"/>	<input type="checkbox"/>
Café <i>[Prompt: greasy spoons, supermarkets, gyms etc.]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Pub	<input type="checkbox"/>	<input type="checkbox"/>
Canteen <i>[Prompt: eg work, school etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Food stalls <i>[Prompt: eg lunch van, hot dog stand, market stands etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

[Prompt: eg motorway servic station, railway station, fairground etc]

PRESERVED FOOD

28. Did you eat any **jam, honey, marmalade or peanut butter** in the **7 DAYS** before you became ill?

No	Home made	Shop bought
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES to shop bought:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

29. Did you eat any **pickles or chutneys** in the **7 DAYS** before you became ill?

No	Home made	Shop bought
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES to shop bought:

Type of pickle/chutney(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

30. Did you eat any **fruit or vegetables preserved in oil** in the **7 DAYS** before you became ill?

[Prompt: eg olives, sun dried tomatoes, aubergine, infused oils (eg garlic or herbs/spices in oil) etc]

No	Home made	Shop bought
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If YES to shop bought:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

31. Did you eat **fish that were bottled, canned or in a pack** in the **7 DAYS** before you became ill?

[Prompt: eg tuna, salmon, sardines, anchovies, fish paste etc]

No

Shop bought

If YES to shop bought:

Type(s)

Brand(s)

Where bought

[Prompt: name of retailer(s) and location of shop(s)]

32. Did you eat any **meats that were bottled, canned or in a pack** in the **7 DAYS** before you became ill?

[Prompt: eg luncheon meat, corned beef, minced beef, meat paste etc]

No

Shop bought

If YES to shop bought:

Type(s)

Brand(s)

Where bought

[Prompt: name of retailer(s) and location of shop(s)]

33. Did you eat any **soup** in the **7 DAYS** before you became ill?

No

Home made

Shop bought

If YES to shop bought:

Type(s)

Brand(s)

Where bought

[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

34. Did you eat any **vegetables that were bottled, canned or in a pack** in the **7 DAYS** before you became ill? *[Prompt: mushrooms, green beans, artichokes, bottled peanuts in liquid (water/sauce)]*

No

Home made

Shop bought

If YES to shop bought:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

35. Did you eat any **foods in sealed plastic packs** in the **7 DAYS** before you became ill?

[Prompt: eg salad vegetables, pitta bread etc]

No

Shop bought

If YES to shop bought:

Type of food(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

SAUCES AND DIPS

36. Did you eat any **table sauces** in the **7 DAYS** before you became ill?

[Prompt: eg brown sauce, tomato ketchup, chili sauce, Worcester sauce, soy sauce etc]

No

Home made

Shop bought

If YES to shop bought:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

37. Did you eat any **cooking sauces** in the **7 DAYS** before you became ill?

[Prompt: eg pasta sauces, curry sauces, tomato puree, etc]

No

Home made

Shop bought

If YES to shop bought:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

38. Did you eat any **dips** in the **7 DAYS** before you became ill?

[Prompt: eg houmous, salsa, taramasalata, pesto, skordalia (potato dip), meligianoslata (aubergine dip), etc]

No **Home made** **Shop bought**

If YES to shop bought:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

39. Did you eat any **sweet sauces** in the **7 DAYS** before you became ill?

[Prompt: eg chocolate sauce, custard, nutella, condensed milk etc]

No **Home made** **Shop bought**

If YES to shop bought:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

READY MEALS

40. Did you eat any **ready meals** in the **7 DAYS** before you became ill?

[Prompt: eg lasagne, chicken pies, prawn curry, pot noodles etc]

No **Yes**

If YES:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

PRESERVED MEATS

41. Did you eat any **home made sausages** or **home-cured ham** in the **7 DAYS** before you became ill?

No Yes

If YES:

Type(s)

Did you share with friends.....

42. Did you eat any **sliced ham** in the **7 DAYS** before you became ill?

No Pre-packed Sliced at a counter

If YES:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

43. Did you eat any **other type of sliced pork** in the **7 DAYS** before you became ill?

No Pre-packed Sliced at a counter

If YES:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

44. Did you eat any **salami** in the **7 DAYS** before you became ill?

No Pre-packed Sliced at a counter

If YES:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

45. Did you eat any **sliced beef** in the **7 DAYS** before you became ill?

[Prompt: eg roast beef, pastrami, corned beef etc]

No Pre-packed Sliced at a counter

If YES:

Type(s)

Brand(s)

Where bought

[Prompt: name of retailer(s) and location of shop(s)]

46. Did you eat any **sliced poultry** in the **7 DAYS** before you became ill?

[Prompt: eg roast chicken, turkey, duck etc]

No Pre-packed Sliced at a counter

If YES:

Type(s)

Brand(s)

Where bought

[Prompt: name of retailer(s) and location of shop(s)]

47. Did you eat any **meat pâté or terrines** in the **7 DAYS** before you became ill?

[Prompt: eg pork pate, chicken pate, duck pate etc]

No Pre-packed From a counter Home made

If YES:

Type(s)

Brand(s)

Where bought

[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

PRESERVED FISH

48. Did you eat any **smoked fish or terrines** in the **7 DAYS** before you became ill?

[Prompt: eg cold smoked salmon, hot smoked trout, smoked mackerel etc]

No Pre-packed From a counter Home made

If YES:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

49. Did you eat any **fish pâtés** in the **7 DAYS** before you became ill?

[Prompt: eg smoked salmon pate, tuna pate etc]

No **Pre-packed** **From a counter** **Home made**

If YES:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

50. Did you eat any **salted or air-dried fish** in the **7 DAYS** before you became ill?

No **Pre-packed** **From a counter**

If YES:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

51. Did you eat any **pickled fish** in the **7 DAYS** before you became ill?

[Prompt: eg roll mops etc]

No **Pre-packed** **From a counter**

If YES:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

JUICES

52. Did you drink any **fruit or vegetable juices/smoothies** in the **7 DAYS** before you became ill?

No **Home made** **Shop bought**

If YES to shop bought:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

If home made did you share with friends.....

DAIRY PRODUCTS

53. Did you eat any **cheese** in the **7 DAYS** before you became ill?

[Prompt: mascarpone cheese, cheese preserved in oil]

No **Sliced at a counter** **Pre-packed**

If YES:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

54. Did you eat any **yoghurt/fromage frais** in the **7 DAYS** before you became ill?

No **Yes**

If YES:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

55. Did you eat any **cream** in the **7 DAYS** before you became ill?

No **Yes**

If YES:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

56. Did you eat any **other dairy products** in the **7 DAYS** before you became ill?

[Prompt: eg butter, crème fraiche, butter milk, cheese sauce, etc]

No Yes

If YES:

Type(s)

Brand(s)

Where bought

.....
[Prompt: name of retailer(s) and location of shop(s)]

MEALS

57. Did you eat any meals made with any of the following foods in the **7 DAYS** before you became ill?

	Prepared at home	Away from home	No
Pork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Game	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES to game please specify			
[Prompt: eg rabbit, venison, pheasant etc]			
Fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES to fish please specify			
[Prompt: eg cod, salmon, prawns etc]			
Potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES to potatoes please specify			
[Prompt: eg baked potatoes etc]			
Rice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONDITION OF FOOD

58. Were you concerned about the appearance, smell or taste of any of the foods you ate in the **7 DAYS** before you became ill? No Yes

If YES:

Type of food(s)

Brand(s)

Where bought

.....

[Prompt: name of retailer(s) and location of shop(s)]

CANS, PACKS, CARTONS ETC.

59. Did you eat any meals made using food from cans, packs or cartons in the **7 DAYS** before you became ill?

No Yes

Were any of the cans, packs or cartons damaged, swollen or blown in any way?

No Yes If YES please give the following details:

Type of food and pack(s)

Brand(s)

Where bought

.....

[Prompt: name of retailer(s) and location of shop(s)]

FRIDGES/FOOD STORAGE

60. Do you carry out Home Vaccum packaging of any foods?

No Yes

If YES:

Specify Type(s)

61. Did you notice any problems with the temperature of your fridge in the **7 DAYS** before you became ill? No Yes

62. Was your fridge turned off for any time in the **7 DAYS** before you became ill?

No Yes

If YES, for how long hours.

SHOPS

63. Have you bought any food from the following **shops** in the **2 WEEKS** before you became ill?
[Prompt: bread, chicken; meat; milk; vegetables, processed foods etc]

	Yes	No	Name/Branch/location
Aldi	<input type="checkbox"/>	<input type="checkbox"/>
Asda	<input type="checkbox"/>	<input type="checkbox"/>
Budgens	<input type="checkbox"/>	<input type="checkbox"/>
Co-op	<input type="checkbox"/>	<input type="checkbox"/>
Iceland	<input type="checkbox"/>	<input type="checkbox"/>
Lidl	<input type="checkbox"/>	<input type="checkbox"/>
Marks & Spencer	<input type="checkbox"/>	<input type="checkbox"/>
Morrisons	<input type="checkbox"/>	<input type="checkbox"/>
Netto	<input type="checkbox"/>	<input type="checkbox"/>
Sainsbury	<input type="checkbox"/>	<input type="checkbox"/>
Somerfield	<input type="checkbox"/>	<input type="checkbox"/>
Spar	<input type="checkbox"/>	<input type="checkbox"/>
Tesco	<input type="checkbox"/>	<input type="checkbox"/>
Waitrose	<input type="checkbox"/>	<input type="checkbox"/>
Local butchers	<input type="checkbox"/>	<input type="checkbox"/>
Local bakers	<input type="checkbox"/>	<input type="checkbox"/>
Local green grocers	<input type="checkbox"/>	<input type="checkbox"/>
Local fish monger	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop/mini mkt	<input type="checkbox"/>	<input type="checkbox"/>
Chinese grocers	<input type="checkbox"/>	<input type="checkbox"/>
Indian grocers	<input type="checkbox"/>	<input type="checkbox"/>
Greek grocers	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic grocers <i>[eg African, etc]</i>	<input type="checkbox"/>	<input type="checkbox"/>
Markets	<input type="checkbox"/>	<input type="checkbox"/>
Farmers markets	<input type="checkbox"/>	<input type="checkbox"/>
Internet suppliers	<input type="checkbox"/>	<input type="checkbox"/>
Other(s)	<input type="checkbox"/>	<input type="checkbox"/>

[Prompt: stalls at fairs, by the roadside etc]

64. In the **7 DAYS** before you became ill did you eat any food that was **bought abroad?**
[Prompt: bought by yourself, given to you as a gift or via the internet]

Yes No

If **YES**, please specify type of food and country of purchase *[Prompt: eg camembert cheese from France etc]*

.....
.....

FOOD INCLUDING FOOD PREPARATION HISTORY FOR THE 3 DAYS PRECEDING SYMPTOMS

Now we are going to ask you about food eaten and its preparation in the **3 DAYS preceding** your symptoms.

	Questions	Answers
	<p>What have you eaten : Please indicate brand of food, date and place of purchase</p>	
<p>Q.65</p>	<p>The day you became ill:</p> <p><i>Where food was heated/cooked, please indicate how it was heated/cooked and for how long</i></p> <p><i>Was it piping hot? (indicate food that was cooked/heated from frozen or defrosted state)</i></p> <p><i>Where sauce/stock/liquid was heated, was it stirred during heating</i></p> <p><i>Indicate how foods were stored eg ambient, fridge, freezer</i></p>	<p>Breakfast:</p> <p>.....</p> <p>.....</p> <p>Lunch:</p> <p>.....</p> <p>.....</p> <p>Dinner:</p> <p>.....</p> <p>.....</p> <p>Sweets/Confectionery:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Other:</p> <p>.....</p> <p>.....</p> <p>.....</p>

	Questions	Answers
	What have you eaten : Please indicate brand of food, date and place of purchase	
Q.66	<p>The day before you became ill:</p> <p><i>Where food was heated/cooked, please indicate how it was heated/cooked and for how long</i></p> <p><i>Was it piping hot? (indicate food that was cooked/heated from frozen or defrosted state)</i></p> <p><i>Where sauce/stock/liquid was heated, was it stirred during heating</i></p> <p><i>Indicate how foods were stored eg ambient, fridge, freezer</i></p>	<p>Breakfast:</p> <p>.....</p> <p>.....</p> <p>Lunch:</p> <p>.....</p> <p>.....</p> <p>Dinner:</p> <p>.....</p> <p>.....</p> <p>Sweets/Confectionery:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Other:</p> <p>.....</p> <p>.....</p> <p>.....</p>

	Questions	Answers
	What have you eaten : Please indicate brand of food, date and place of purchase	
Q.67	<p>Two days before you became ill:</p> <p><i>Where food was heated/cooked, please indicate how it was heated/cooked and for how long</i></p> <p><i>Was it piping hot? (indicate food that was cooked/heated from frozen or defrosted state)</i></p> <p><i>Where sauce/stock/liquid was heated, was it stirred during heating</i></p> <p><i>Indicate how foods were stored eg ambient, fridge, freezer</i></p>	<p>Breakfast:</p> <p>.....</p> <p>.....</p> <p>Lunch:</p> <p>.....</p> <p>.....</p> <p>Dinner:</p> <p>.....</p> <p>.....</p> <p>Sweets/Confectionery:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Other:</p> <p>.....</p> <p>.....</p> <p>.....</p>

	Questions	Answers
	<p>What have you eaten : Please indicate brand of food, date and place of purchase</p>	
<p>Q.68</p>	<p>Three days before you became ill:</p> <p><i>Where food was heated/cooked, please indicate how it was heated/cooked and for how long</i></p> <p><i>Was it piping hot? (indicate food that was cooked/heated from frozen or defrosted state)</i></p> <p><i>Where sauce/stock/liquid was heated, was it stirred during heating</i></p> <p><i>Indicate how foods were stored eg ambient, fridge, freezer</i></p>	<p>Breakfast:</p> <p>.....</p> <p>.....</p> <p>Lunch:</p> <p>.....</p> <p>.....</p> <p>Dinner:</p> <p>.....</p> <p>.....</p> <p>Sweets/Confectionery:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Other:</p> <p>.....</p> <p>.....</p> <p>.....</p>

Is there anything else that you think it is important for us to know?

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THANK YOU FOR YOUR CO-OPERATION

Would it be all right for us to contact you again for additional information? Yes No

If you have any specific questions about this investigation either now or in the future please email or write to:

Botulism@phe.gov.uk

GI Department/IDU Department
Public Health England, Colindale
London NW9 5EQ

Investigating Officers Comments

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