



Shiga toxin-producing *Escherichia coli* Enhanced surveillance questionnaire

SECTION A: QUESTIONNAIRE DETAILS

Interviewer name: Interview date: / /

Interviewer office: Interviewer Telephone:

Person interviewed name:

Details from: Case Case's Parent Other (specify):

SECTION B: CASE CLASSIFICATION – SEE GUIDANCE NOTES FOR DEFINITIONS

Is this case: Primary Co-primary Secondary Asymptomatic

If co-primary, name of other co-primary case:

If secondary, name of primary case:

Outbreak keyword or number:

HP Zone number:

Outcome:

Select all that apply Recovered Still ill HUS/TTP Died if died, then → Date of death: / /

SECTION C: PERSONAL DETAILS

First name: Family name:

Address:

Postcode: Tel (h): Tel (m):

Email:

Sex: M F Date of birth (dd/mm/yyyy) / / Age: yrs

NHS No: GP name:

GP address: GP Tel:

Are there any children living in the household? (other than the case) Y N U

Occupation: Tick if any of the below risk groups apply

Foodhandler (e.g. handle food professionally) Work in/attend healthcare setting

Work in/attend childcare setting Work in contact with faeces (e.g. lab, farm etc.)

Have difficulty maintaining personal hygiene Other risk category

If yes to any of the above, details:

Work/School: Tel:

Address:

Postcode: Date of last attendance:

Ethnicity:

<input type="checkbox"/> Arab	<input type="checkbox"/> Black African	<input type="checkbox"/> Mixed White/Black African
<input type="checkbox"/> Asian Bangladeshi	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Mixed White/Black Caribbean
<input type="checkbox"/> Asian Chinese	<input type="checkbox"/> Black other background	<input type="checkbox"/> Mixed White/Asian
<input type="checkbox"/> Asian Indian	(please give details)	<input type="checkbox"/> Mixed from other background
<input type="checkbox"/> Asian Pakistani	<input type="checkbox"/> Gypsy or Irish traveler	(please give details)
<input type="checkbox"/> Asian other background	<input type="checkbox"/> White British	<input type="checkbox"/> Any other ethnic group (not mentioned above)
(please give details)	<input type="checkbox"/> White Irish	
<input type="text"/>	<input type="checkbox"/> White other background	<input type="text"/>
	(please give details)	<input type="text"/>
	<input type="text"/>	

If the case is asymptomatic, please send form to your HPU

SECTION D: SYMPTOMS OF ILLNESS

Onset date: Still ill: Y N Duration of illness(days):

Symptoms experienced:	Yes	No	Not Sure	Ongoing	Duration (d)	Date of onset
Diarrhoea (3 or more loose stools in 24hrs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Bloody stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Other (specify):	<input type="text"/>					

Sought healthcare: NHS Direct GP visit A&E Other (specify):

Submitted stool sample: Y N

Admitted to hospital for this illness: Y N Admission date: / /

Hospital name: Duration of stay (d):

Self/Medicated with antibiotics: Y N Not sure If Y, specify:

Self/Medicated with antidiarrhoeals: Y N Not sure If Y, specify:

Detail any other health concerns:

SECTION E: TRAVEL IN THE WEEK PRIOR TO ILLNESS

Travelled OUTSIDE of the UK: Y N Not sure

Specify countries visited (from most recent to least recent)

Country/Region	Date arrived	Date departed	Details
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Type of accommodation used:

Hotel Bed & Breakfast Guesthouse Friends/Family

Tourist Campsite Holiday dwelling Other (specify):

Name of accommodation:

May 2019

Travelled **WITHIN** the UK:

 Y

 N

 Not sure

Specify town/resort visited (from most recent to least recent)

Town/Resort	Date arrived	Date departed	Details
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Type of accommodation used:

Hotel
 Bed & Breakfast
 Guesthouse
 Friends/Family
 Tourist Campsite
 Holiday dwelling
 Other (specify):
 Name of accommodation: Postcode:

SECTION F: FOOD HISTORY IN THE WEEK PRIOR TO ILLNESS

Ate out: Y N

Venues	Yes	No	Name/Location of place	Dates	Eaten
Restaurant 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Restaurant 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Takeaway1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Takeaway2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Café/Canteen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Party/BBQ/function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you handle/prepare most of the food within the household: Always Mostly Occasionally Never

Ate or handled any of the following:

Yes	No	Product (e.g. boneless, skinless chicken breast)	Where purchased-name & location (e.g. Asda Acton, London)
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HANDLED	Raw beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Raw poultry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Raw lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	Raw pork/gammon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

HANDLED

Other raw meat (e.g. game, goat, ostrich etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Raw vegetables	<input type="checkbox"/>	<input type="checkbox"/>		
Pet/animal feed	<input type="checkbox"/>	<input type="checkbox"/>		
<i>If yes, indicate below:</i>				
Raw meat pet/animal feed	<input type="checkbox"/>	<input type="checkbox"/>		

CONSUMED

Any meat	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, indicate below:</i>	
Cooked Beef	<input type="checkbox"/>	<input type="checkbox"/>		
Cooked poultry	<input type="checkbox"/>	<input type="checkbox"/>		
Cooked lamb	<input type="checkbox"/>	<input type="checkbox"/>		
Cooked pork/gammon	<input type="checkbox"/>	<input type="checkbox"/>		
Other cooked meat e.g. game, goat, ostrich etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Cured meats	<input type="checkbox"/>	<input type="checkbox"/>		
Other processed meat	<input type="checkbox"/>	<input type="checkbox"/>		
Fish	<input type="checkbox"/>	<input type="checkbox"/>		
Shellfish	<input type="checkbox"/>	<input type="checkbox"/>		
Pasteurised milk	<input type="checkbox"/>	<input type="checkbox"/>		
Unpasteurised milk	<input type="checkbox"/>	<input type="checkbox"/>		
Hard cheese	<input type="checkbox"/>	<input type="checkbox"/>		
Soft cheese	<input type="checkbox"/>	<input type="checkbox"/>		
Yoghurt/fromage frais	<input type="checkbox"/>	<input type="checkbox"/>		
Cream	<input type="checkbox"/>	<input type="checkbox"/>		
Ice Cream	<input type="checkbox"/>	<input type="checkbox"/>		
Unpasteurised dairy products	<input type="checkbox"/>	<input type="checkbox"/>		
Iceberg lettuce	<input type="checkbox"/>	<input type="checkbox"/>		
Baby gem lettuce	<input type="checkbox"/>	<input type="checkbox"/>		
Romaine lettuce	<input type="checkbox"/>	<input type="checkbox"/>		

Other lettuce	<input type="checkbox"/>	<input type="checkbox"/>		
Rocket	<input type="checkbox"/>	<input type="checkbox"/>		
Spinach/baby spinach	<input type="checkbox"/>	<input type="checkbox"/>		
Watercress	<input type="checkbox"/>	<input type="checkbox"/>		
Baby/Mixed leaves	<input type="checkbox"/>	<input type="checkbox"/>		
Lamb's lettuce	<input type="checkbox"/>	<input type="checkbox"/>		
Mustard cress	<input type="checkbox"/>	<input type="checkbox"/>		
Pea shoots	<input type="checkbox"/>	<input type="checkbox"/>		
Other salad	<input type="checkbox"/>	<input type="checkbox"/>		
Raw vegetables	<input type="checkbox"/>	<input type="checkbox"/>		
Soft fruit/berries	<input type="checkbox"/>	<input type="checkbox"/>		
Pre cut fruits	<input type="checkbox"/>	<input type="checkbox"/>		
Other Raw fruit	<input type="checkbox"/>	<input type="checkbox"/>		
Sprouted seeds/beansprouts	<input type="checkbox"/>	<input type="checkbox"/>		
Fresh herbs	<input type="checkbox"/>	<input type="checkbox"/>		
Fruit juices	<input type="checkbox"/>	<input type="checkbox"/>		
Pre-packaged sandwiches etc.	<input type="checkbox"/>	<input type="checkbox"/>		
Other foods (e.g.nuts, confectionery, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		

SECTION G: WATER EXPOSURE IN THE WEEK PRIOR TO ILLNESS

Drank unboiled water from any of the following:

Water supply	Yes	No	Details
Mains (municipal) water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Private water supply (spring/well/borehole)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bottled water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Unboiled river/stream/lake water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Exposed to floodwater: Y N Not sure

If yes, details:

Experienced any household drainage/plumbing problems: Y N Not sure

If yes, details:

Participated in any of the following activities – either recreationally or for occupation:

Activity	Fresh water	Sea Water	No	Details
Swimming/paddling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (e.g. canoeing, fishing, sailing, surfing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Is it possible that water was accidentally swallowed during any of the above: Y N Not sure

If yes, details:

SECTION H: ANIMAL CONTACT IN THE WEEK PRIOR TO ILLNESS

Contact with domestic animals/pets: Y N

If yes, indicate which animals below:

Dogs Cats Rabbits Rodents Reptiles Birds Fish Other:

Did any of the above animals have diarrhoea: Y N Not sure

If yes, specify:

Was there a veterinary investigation? Y N Not sure

Contact with non domestic animals: Y N Not sure

Indicate which animals below:

Cattle Calves Sheep Lambs Goats Horses Pigs Reptiles
 Poultry Rabbits Deer Birds Fish Rodents Other:

Lives on, works at or access to a private farm: Y N Not sure

Attended an agricultural event e.g horse show Y N Not sure Attended date: / /

Visited a farm/petting zoo/bird reserve or such: Y N Not sure Visit date: / /

If yes, specify:

If Yes, Handled the animals: Y N Not sure

If yes, specify:

Bottle fed any of the animals: Y N Not sure

If yes, washed hands before eating food or before leaving: Y N Not sure

If yes, specify:

Consumed any food whilst there: Y N Not sure

If yes, specify:

Was the food (tick all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Purchased on premises | <input type="checkbox"/> Brought from home/elsewhere |
| <input type="checkbox"/> Eaten in a separate area | <input type="checkbox"/> Eaten whilst in contact with the animals |
| <input type="checkbox"/> Eaten at a picnic table | <input type="checkbox"/> Eaten while sat on the grass/soil |

SECTION I: ENVIRONMENTAL EXPOSURE IN THE WEEK PRIOR TO ILLNESS

Walked in a paddock/field where farm animals graze: Y N Not sure

If yes, specify:

Taken any day trips (beach, countryside etc.): Y N Not sure

If yes, specify:

In contact with wildlife species or their droppings: Y N Not sure

If yes, specify:

Had contact with soil, manure or sewage: Y N Not sure

If yes, specify:

SECTION J: ANY OTHER COMMENTS RELEVANT TO THIS CASE

Can the case be contacted again if further details are required:

PEOPLE IN CLOSE CONTACT WITH THE CASE IN THE 7 DAYS PRIOR TO CASE'S ONSET

CASE NAME:

	Name	Gender (M/F)	D.O.B			Relationship to case*	Sample collected (Y/N)	Date of sample			Symptomatic (Y/N)	Risk Group (A/B/C/ D)	Address
1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
6	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
7	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
8	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
9	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
10	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	

*eg: household member, close friend, school/workmate, other

Instructions for completion of the STEC Questionnaire

The following are descriptions for questions throughout the questionnaire, in case of any perceived ambiguity. Where possible, the question to which the instruction refers is in **bold**.

If in doubt, please contact STEC Surveillance on 0208 327 7925 or e-mail vtec@phe.gov.uk.

Date fields other than DOB are dd/mm/yy

SECTION A: QUESTIONNAIRE DETAILS

Indicate whether details are from the case or a parent or guardian of that case, and ensure your telephone number is included in case there are questions about that case later.

Please specify which office you are from, e.g.: SE London PHE centre staff or Lambeth Regulatory Services

SECTION B: CASE CLASSIFICATION

Primary case: The individual who introduces the disease into a group or the population (not necessarily the index case or the first case diagnosed)

Co-primary case: Case whose date of onset is within one incubation period (4d) of the primary case, i.e. a case thought to have been exposed to the same risk factor(s) as the primary case

Secondary case: Case whose date of onset is more than one incubation period (4d) after the primary case or whose risk factor is believed to be “exposure to a primary case”

Travel-related case: Case whose date of onset is within one exposure period (7d) of having been outside of the UK.

Asymptomatic case: a person identified through contact screening procedures, who has not had any symptoms consistent with VTEC infection within one exposure period (7d) of the symptomatic contact. They are still a case (as they are shedding bacteria). It is expected that an asymptomatic case does not have an onset date at all.

If the case is believed to be part of a cluster with a name or an outbreak with an ILOG number, please include these in the **keyword/number field**

SECTION C: PERSONAL DETAILS

DOB is dd/mm/yyyy

If **NHS number** is known, please include it for cross-referencing

Please indicate whether any children aged under 16 are living within the same household as the case.

Please include the **occupation**, regardless of whether it fits into the risk groups, then if it DOES fit into the risk groups, indicate which ones, and add more details if necessary.

A **food handler** is any person whose work involves preparing or serving unwrapped foods not subjected to further heating. It does not include supermarket checkout operators or those employed exclusively in the handling of packaged goods, delivery and the wholesale/retail sale of fruit or vegetables.

Childcare setting includes nurseries, day-schools, childcare, kindergartens, pre-school tutoring, also nannies

A person who **has difficulty maintaining personal hygiene** is any person of doubtful personal hygiene or with unsatisfactory toilet, hand-washing or hand drying facilities at home, work or school.

Work in contact with faeces includes farm workers, other people working with animals, sewage workers, specimen collection etc. The **ethnicity** question is divided into the level 1 sections represented on the census: White (British or Irish), Mixed (White & Black Caribbean, White & Black African, White & Asian), Asian or Asian British (Indian, Pakistani, Bangladeshi), Black or Black British (Caribbean, African), Chinese or Other. The level 2 sections are not necessary to specify.

SECTION D: SYMPTOMS OF ILLNESS

If **still ill** = no, then a duration of illness is expected

Please note the **onset date** at which each symptom was experienced

Please indicate whether the case has submitted a stool sample, and include the **sample reference number** (where known) for cross-referencing

If the case was **medicated with antibiotics** (i.e. ciprofloxacin etc.) after the onset of symptoms, please indicate which one was used

If the case was **medicated with antidiarrhoeals** (i.e. loperamide etc.) after the onset of symptoms, please indicate which one was used

If the case has other health concerns, for example co-infection with another pathogen, pneumonia or are immunocompromised, then please specify these.

SECTION E: TRAVEL IN THE WEEK PRIOR TO ILLNESS

If additional **countries/regions** have been visited (other than two) they could be listed in the free text area at the end of the form. Similarly for **towns/resorts**

SECTION F: FOOD HISTORY IN THE WEEK PRIOR TO ILLNESS

When leaving **details** about the restaurant or function etc. include the dates at which people visited and address if chain restaurant

Please indicate the cases involvement in **food handling** in the household including shopping and preparing food.

Include foods consumed in restaurant meals.

Product i.e. "boneless, skinless chicken breast"

Where purchased i.e. "Sainsbury's Camden", "EatNatural – doorstep delivery" etc. Please ensure **locations** are provided.

It may be useful to specify whether something was loose sliced meat from a deli counter vs. pre-packaged branded product in the **Cooked meats** sections.

Meats can have been eaten hot or cold – consider specifying.

Beef includes hamburger, the details of which should be specified.

Cured meats includes ham, Parma ham, bacon, salami etc.

Other processed meats include: pate, pies, sausage rolls etc.

The **fish** category includes smoked fish, raw fish, pre-packaged fish, fish from frozen etc.

Shellfish includes raw shellfish, cooked shellfish, smoked shellfish, tinned shellfish etc. which can be outlined in the 'product box'

Please consider including details of the type of **dairy products**, e.g. goats cheese, vs. cows milk

Self grown, and unwashed produce such as lettuce, tomatoes etc. can be included in the **other salad** category

Raw fruits include: fruits picked from hedgerows, PYO fruits harvested, and other unwashed, uncooked and untreated fruit

Food items such as: sushi, salads from sandwich bars, bean curd, tofu etc. can be included in the field **other foods**

Supermarkets include their smaller subsidiaries, i.e. Tesco includes Tesco Metro/Express or those at petrol stations

SECTION G: WATER EXPOSURE IN THE WEEK PRIOR TO ILLNESS

Details of water supplies include addresses or names of private water supplies – consider including dates of contact

Details of water activities include addresses/areas etc. and consider including dates

Please bear in mind occupational as well as recreational exposure (though this should have been recorded on page 1)

Details of exposure to floodwater include location and dates.

Details of drainage/plumbing problems include a description and dates.

SECTION H: ANIMAL CONTACT IN THE WEEK PRIOR TO ILLNESS

Contact with animals refers to ANY contact with animals – either at home, someone else's home or land connected with the case

Walked in a paddock/field where farm animals graze includes walking the dog, recreationally, through farm land.

Agricultural events include county shows, horse shows, fairs and any event where there were animals. Dates should be provided.

Farm/petting zoo includes open farms, studs, etc. as well as closed farms.

Handling refers to leading around on a rope, corralling etc.

Details for washing hands include whether it was a bucket of standing water, the temperature, whether there was soap, drying facilities (paper vs. fabric towels) etc.

Please specify whether **consumption of food whilst there** occurred before or after contact with the animals.

SECTION I: ENVIRONMENTAL EXPOSURE IN THE WEEK PRIOR TO ILLNESS

Day trips refer to: beach/countryside/parks etc. – consider including dates

Wildlife species include: mice, deer, rabbits, foxes etc. – consider including dates

Contact with manure may occur through activities such as gardening, DIY, etc. – includes attendance at agricultural shows etc. – consider including dates