Ref No ☐☐☐☐ ***IN STRICT MEDICAL CONFIDENCE***

Standard Gastrointestinal Disease Questionnaire

Health Protection Agency **Update: 7th October 2004**

Please tick boxes or write in the space(s) provided. **USE BLACK OR DARK BLUE BIRO/PEN.**

FOR OFFICE USE ONLY

Local authority code …… **Interviewer's initials** …… **Date** ……/……/…… (dd/mm/yy)

Campylobacter ☐ ***Salmonella*** ☐ If **YES** give type if known ……

NOTIFICATION OF CONFIRMED CASE

Lab report via CCDC ☐ Lab report direct ☐

Date of notification . . . . . / . . . . . / . . . . . (dd/mm/yy)

INTERVIEW DETAILS

Personal interview ☐ Telephone interview ☐ Posted ☐

PERSONAL DETAILS

1.1 Forename ..... Surname .....

1.2 Address .....

.....

Postcode .....

Telephone numbers Home …….. Daytime ……..……..

1.3 Sex: Male ☐ Female ☐ 1.4 Date of Birth ...../...../..... dd/mm/yy

1.5 GP's name ……

Surgery address ……..

1.6 Describe your cultural background (please choose one):

White: British ☐ Irish ☐ Other ☐ please state ……

Mixed: White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐

Other ☐ please state ……

Black or Black British: Caribbean ☐ African ☐ Other ☐ please state …….

Chinese or other ethnic group: Chinese ☐ Any other ☐ please state ……..

OCCUPATIONAL DETAILS

2.1 Workplace/school address .....

……..Postcode ……

2.2 Do you do any full time, part time or voluntary work that involves:

Handling food Yes ☐ No ☐ Caring/teaching children Yes ☐ No ☐

Healthcare Yes ☐ No ☐ Contact with animals Yes ☐ No ☐

CLINICAL DETAILS

3.1 When did you start to feel unwell? ...../...../..... dd/mm/yy

Time (approx) …….. (24 hrs)

3.2 Are you still ill? Yes ☐ No ☐ If **NO -** How many days were you ill for? ……

3.3 Symptoms:

	Yes	No		Yes	No
Diarrhoea (3 or more loose stools within 24 hrs)	☐	☐	Nausea	☐	☐
Blood in stools	☐	☐	Vomiting	☐	☐
Abdominal pain	☐	☐	Fever	☐	☐
Headaches	☐	☐	Other	☐	☐

If **OTHER** please specify .....

3.4 Did you consult your GP for treatment of your illness? Yes ☐ No ☐

3.5 Did you visit a hospital for treatment of your illness? Yes ☐ No ☐

If **YES** which hospital?

……..……

Were you admitted to hospital for treatment? Yes ☐ No ☐

Date of Admission? ...../...../..... Discharge date? ...../...../.....

If exact dates are not known, how many days were you in hospital for? ……..…..

CONTACT DETAILS

4.1 Did you come into close contact with anyone else who became ill with similar symptoms in the **5 DAYS** before or after you started to feel unwell? (This includes people within your household and outside, eg work/school contacts).

Yes ☐ No ☐ If **YES** please give details

Name **Contact details**

…….... ……...

…….... ……...

…….... ……..

TRAVEL HISTORY

5.1 Did you spend any nights **OUTSIDE** the UK in the **5 DAYS** before you became ill?

Yes ☐ No ☐

If **YES** give details:

Dates of travel departure . . . ./. . . . ./. . . . . return . . . ./. . . . ./. . . . .

Name of hotel(s)/campsite(s) visited ……

Town(s)/resort(s) visited ……..……..…

Country(ies) visited ……..……..……..……

Name of tour operator
……..……

5.2 Did you spend any nights away from home but **WITHIN** the UK in the **5 DAYS** before you became ill? (Includes staying at friends/relatives, recreational/business trips etc]

Yes ☐ No ☐

If **YES** give details:

Dates of travel departure . . . ./. . . . ./. . . . . return . . . ./. . . . ./. . . . .

Place visited (Hotel, friend's house etc).……

Town(s)/village(s) visited ……..……..

CONTACT WITH ANIMALS

6.1 Did you have any contact with animals in the **5 DAYS** before you became ill?

Yes ☐ No ☐ If **NO** go to question 7.1

6.2 Do you have any pets? Yes ☐ No ☐

If **YES** what type of pet(s) and how many do you have? ……
[e.g 2 dogs, 3 parrots, 1 goldfish etc]

Were any of these pets ill in the **5 DAYS** before you became ill? Yes ☐ No ☐

6.3 Do you live on a farm or small holding? Yes ☐ No ☐

6.4 Did you visit any farms, stables, zoos etc in the **5 DAYS** before you became ill?

Yes ☐ No ☐

If **YES**
where?……..……

Did you handle or touch any animals? Yes ☐ No ☐

If **YES** what type of animals did you handle? ……
[eg hens, sheep, rabbits etc]

EATING OUT

7.1 In the **5 DAYS** before you became ill, did you eat any meals or snacks from any parties, receptions or buffets?

Yes ☐ No ☐ If **YES** give name of the venue(s) and location(s)

……

……

7.2 In the **5 DAYS** before you became ill, did you eat any meals or snacks bought from fast-food outlets? Fast-food outlets include any restaurant, stall or shop **where food is paid for before it is eaten,** eg sandwich bars, canteens, burger bars, kebab shops, fish and chip shops, hot dog stands etc.

Yes ☐ No ☐ If **YES** give their name(s) and location(s)

……

……

……

……

7.3 In the **5 DAYS** before you became ill, did you eat any meals or snacks from any other restaurants, cafes, pubs or hotels?

Yes ☐ No ☐ If **YES** give name of their name(s) and location(s)

……

……

……

……

FOOD EXPOSURES

8.1 Did you eat any of the following foods in the **5 days before illness**:

	No	Yes - at home	Yes - outside the home
Chicken	☐	☐	☐
Game birds (eg pheasant)	☐	☐	☐
Other Poultry (eg turkey, duck)	☐	☐	☐
Beef (inc roast, mince, steak)	☐	☐	☐
Lamb	☐	☐	☐
Pork	☐	☐	☐
Halal meat	☐	☐	☐
Offal (eg kidney,liver) or tripe	☐	☐	☐
Bacon	☐	☐	☐
Sausages	☐	☐	☐
Fish	☐	☐	☐
Shellfish	☐	☐	☐

Barbecued food	☐	☐	☐

	No	Yes - at home	Yes - outside the home
Salad	☐	☐	☐
Vegetables	☐	☐	☐
Fruit	☐	☐	☐
Vegetarian food	☐	☐	☐
Eggs	☐	☐	☐
Cakes or desserts	☐	☐	☐
Cold meats (pre-cooked)	☐	☐	☐
Pre-prepared sandwiches	☐	☐	☐
Cheese	☐	☐	☐
Pate	☐	☐	☐

8.2 How many times did you **handle** the following **raw** foods in the **5 days before illness**:

Beef	0 ☐	1-4 ☐	5-9 ☐	10+ ☐
Poultry (eg chicken, turkey)	0 ☐	1-4 ☐	5-9 ☐	10+ ☐
Lamb	0 ☐	1-4 ☐	5-9 ☐	10+ ☐
Pigmeat (eg pork, bacon)	0 ☐	1-4 ☐	5-9 ☐	10+ ☐
Fish	0 ☐	1-4 ☐	5-9 ☐	10+ ☐
Shellfish	0 ☐	1-4 ☐	5-9 ☐	10+ ☐
Eggs	0 ☐	1-4 ☐	5-9 ☐	10+ ☐
Offal (eg kidney, liver)	0 ☐	1-4 ☐	5-9 ☐	10+ ☐

GROCERY SHOPPING

8.3 In the **5 DAYS** before you became ill did you eat any food (including milk) that was bought from:

	No	**Yes**	**Name of shop(s)/Location**
Supermarkets	☐	☐	……...
Corner shops	☐	☐	……...
Ethnic groceries	☐	☐	……...
Butchers shops	☐	☐	……...
Milk rounds	☐	☐	……...
Markets	☐	☐	……...
Farm shops	☐	☐	……...
Other	☐	☐	……...

MILK EXPOSURE

9.1 Did you drink (or have in your cereal) in the **5 days before illness**

Pasteurised milk	No ☐	Yes ☐	Number of glasses (~⅓ pint) drunk daily …..
Unpasteurised milk	No ☐	Yes ☐	Number of glasses (~⅓ pint) drunk daily …..

Bird-pecked milk No ☐ Yes ☐ Number of glasses (~⅓ pint) drunk daily …...

WATER EXPOSURE

10.1 Did you drink in the **5 days before illness** any cold, unboiled water from:

Mains (municipal) supply No ☐ Yes ☐ Number of glasses (~⅓ pint) drunk daily ….

Private (non-municipal) supply No ☐ Yes ☐ Number of glasses (~⅓ pint) drunk daily ….

A river, stream, or spring No ☐ Yes ☐ Number of glasses (~⅓ pint) drunk daily ….

A filter jug No ☐ Yes ☐ Number of glasses (~⅓ pint) drunk daily ….

Bottled water No ☐ Yes ☐ Number of glasses (~⅓ pint) drunk daily ….

RECREATIONAL WATER EXPOSURE

11.1 In the **5 DAYS** before you became ill did you participate in any of the following activities?

Swimming/paddling No ☐ Yes ☐ If **YES** give location……
Sailing No ☐ Yes ☐ If **YES** give location……
Canoeing No ☐ Yes ☐ If **YES** give location……
Windsurfing No ☐ Yes ☐ If **YES** give location……
Fishing No ☐ Yes ☐ If **YES** give location ……
Other No ☐ Yes ☐ If **YES** give details and location…….

……

ENVIRONMENTAL EXPOSURE

12.1 In the **5 DAYS** before you became ill did you spend any time outside your usual work or home setting which did not include a night away from home (e.g. visiting the countryside, beaches, parks, playgrounds, day trips etc).

Yes ☐ No ☐ If **YES** please give details……

……...

……..

ADDITIONAL INFORMATION

13.1 Please provide any other information you feel is relevant about this illness (foods eaten etc).

……

……

……

……

……

13.2 Would you mind if we contacted you at some point in the near future for additional information should the need arise? Yes ☐ No ☐

Thank you for completing this questionnaire