Public Health England

Wound Botulism – Questionnaire

For cases of wound botulism among people who inject drugs please complete this questionnaire. If food botulism is suspected please complete the adult food botulism questionnaire which can be found on the PHE website. There is also a separate questionnaire for cases of infant botulism which can be found on the PHE website.

Please return completed questionnaire by email (pdf encrypted) or post to:

Claire Edmundson
IDU Team
Centre for Infectious Disease Surveillance and Control
Public Health England
61 Colindale Avenue
London
NW9 5EQ
Tel: 020 8327 6985
Email: Botulism@phe.gov.uk

For CIDSC use only:
Number:
Week of notification:
Source of reporting:

For queries regarding the wound botulism questionnaire please contact:

Katy.Sinka@phe.gov.uk Tel: 020 8327 6411
Gauri.Godbole@phe.gov.uk Tel: 020 8327 7142
Kathie.Grant@phe.gov.uk Tel: 020 8327 7117

SECTION 1: DEMOGRAPHIC INFORMATION

No.	Questions	Answers *Please circle answers where appropriate*
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	Ethnic group	☐ White British ☐ Black-Caribbean ☐ Pakistani ☐ White Irish ☐ Black-African ☐ Bangladeshi ☐ White other ☐ Black-Other ☐ Indian ☐ Other ☐ Chinese ☐ Not known ☐ Asian other
Q.7	Occupation	……..……
Q.8	Has the patient been involved in any activities that might expose wounds to soil e.g. gardening, carpentry, etc?	Yes No DK
Q.9	Has the patient travelled away from home or overseas in the last month?	Yes No DK Specify place:…….. Specify dates: From…… To……

SECTION 2: CLINICAL DETAILS

No.	Questions	Answers *Please circle answers where appropriate*
Q.10	Hospital Name	
Q.11	Clinician in charge Name Tel no.	
Q.12	GP Name Address Tel no.	…… …… ……
Q.13	**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:	Day Month Year ☐☐ ☐☐ ☐☐☐☐ ☐☐ ☐☐ ☐☐☐☐ Yes No DK ☐☐ ☐☐ ☐☐☐☐ Yes No DK ☐☐ ☐☐ ☐☐☐☐ Yes No DK ☐☐ ☐☐ ☐☐☐☐
Q.14	Was the patient on any of the following medications in the month prior to onset?	a. Phenothiazine Yes No DK b. Aminoglycoside Yes No DK c. Anticholinergic Yes No DK
Q.15	**Clinical History:** Briefly describe history and general symptom progression:	

SECTION 2: CLINICAL DETAILS (continued)

No.	Questions	Answers *Please circle answers where appropriate*		
Q.16	**Specific symptom history:**			
	Abdominal pain	YES	NO	DK
	Nausea	YES	NO	DK
	Vomiting	YES	NO	DK
	Diarrhoea	YES	NO	DK
	Constipation	YES	NO	DK
	Blurred vision	YES	NO	DK
	Diplopia	YES	NO	DK
	Dizziness	YES	NO	DK
	Slurred speech	YES	NO	DK
	"Thick tongue"	YES	NO	DK
	Change in sound of voice	YES	NO	DK
	Hoarseness	YES	NO	DK
	Dry mouth	YES	NO	DK
	Difficulty swallowing	YES	NO	DK
	Shortness of breath	YES	NO	DK
	Subjective weakness	YES	NO	DK
	Fatigue	YES	NO	DK
	Paraesthesia	YES	NO	DK
	If yes, please describe site of paraesthesia:	……..		
	Does the patient have a wound, boil or abscesses, no matter how trivial?	YES	NO	DK
	If yes, please describe site and nature:	……..		
Q.17	**Vital signs on admission:**	Temperature (°C) ……..		
		Blood Pressure ……/……..		
		Heart Rate ……..		
		Respiratory Rate ……..		

SECTION 2: CLINICAL DETAILS (continued)

No.	Questions	Answers	*Please circle answers where appropriate*			
Q.18	**Physical Examination Findings:**					
	Altered mental state	YES	BILATERAL	NO		DK
	Extraocular palsy	YES	BILATERAL	NO		DK
	Ptosis	YES	BILATERAL	NO		DK
	Pupils Dilated	YES	BILATERAL	NO		DK
	Pupils constricted	YES	BILATERAL	NO		DK
	Pupils fixed	YES	BILATERAL	NO		DK
	Pupils reactive	YES	BILATERAL	NO		DK
	Facial paralysis	YES	BILATERAL	NO		DK
	Palatal weakness	YES	BILATERAL	NO		DK
	Impaired gag reflex	YES	BILATERAL	NO		DK
	Sensory deficit(s)	YES	BILATERAL	NO		DK
	If yes, please describe deficit:	…….				
Q.19	**Deep tendon reflexes:**					
	Abnormal deep tendon reflexes	BRISK	NORMAL	REDUCED	ABSENT	DK
	Biceps/Triceps	BRISK	NORMAL	REDUCED	ABSENT	DK
	Brachial	BRISK	NORMAL	REDUCED	ABSENT	DK
	Patellar	BRISK	NORMAL	REDUCED	ABSENT	DK
	Ankle	BRISK	NORMAL	REDUCED	ABSENT	DK
Q.20	**Please indicate if weakness or paralysis was noted in the patient:**					
	a. Upper extremities	YES		NO		
	If yes: Distal weakness/paralysis	YES	BILATERAL	NO	DK	
	Proximal weakness/paralysis	YES	BILATERAL	NO	DK	
	b. Lower extremities	YES		NO		
	If yes: Distal weakness/paralysis	YES	BILATERAL	NO	DK	
	Proximal weakness/paralysis	YES	BILATERAL	NO	DK	
	If yes to any of the above please describe weakness/paralysis:					
	i. **Ascending** (beginning in the lower extremities, moving to upper extremities and then cranial nerves)	YES	BILATERAL	NO	DK	
	ii. **Descending** (beginning with cranial nerves, moving to upper then lower extremities)	YES	BILATERAL	NO	DK	

SECTION 2: CLINICAL DETAILS (continued)

No.	Questions	Answers *Please circle answers where appropriate*
Q.21	**Laboratory Results:**	
	a. Was a lumbar puncture done?	YES NO DK
	If yes:	
	i. Date done:	……/……/…… dd/mm/yyyy
	ii. RBC	.....
	iii. WBC	.....
	iv. Protein	.....
	v. Glucose	.....
	b. Was a tensilon test (Edrophonium chloride) done?	YES NO DK
	If yes: i. Date done:	……/……/……dd/mm/yyyy
	ii. Results:	.....
		.....
	c. Was electromyography (EMG) done?	YES NO DK
	If yes: i. Date done:	……/……/……dd/mm/yyyy
	ii. Muscle group	.....
	iii. Nerve conduction results	.....
		.....
	iv. Was rapid repetitive stimulation conducted?	YES NO DK
	If yes: Hertz:	.....
	Result:	.....
	d. Was brain imaging done?	YES NO DK
	If yes: Was a CT done?	YES NO DK
	If yes: i. Date done:	……/……/……dd/mm/yyyy
	ii. Findings:	.....
		.....
	Was an MRI done?	YES NO DK
	If yes: i. Date done:	……/……/……dd/mm/yyyy
	ii. Findings:	.....
		.....

SECTION 2: CLINICAL DETAILS (continued)

No.	Questions	Answers *Please circle answers where appropriate*
Q.22	**Treatment** Was surgical debridement performed? Was the patient treated with antimicrobial agents?	Yes No DK Yes No If yes, please state which agents were used ……
Q.23	**What samples have been sent to test for botulinum toxin?**	Serum ρ Pus ρ Wound tissue ρ Other ρ (please state) ……..
Q.24	**Botulinum antitoxin:** Was the patient given Antitoxin? **If yes,** how many doses were given?: Dates given?	 Yes No DK …… …….
Q.25	**Differential Diagnosis by Clinician:**	
Q.26	**Patient outcome/status:**	Still ventilated Still in hospital Discharged Died Date of outcome ……..
Q.27	**Is the patient a known drug user?**	Yes No DK

SECTION 3: QUESTIONS FOR DRUG USERS

No.	Questions	Answers *Please circle answers where appropriate*
Q.28	In the last month have you injected any of the following drugs?:	☐ Heroin **Tick all that apply** ☐ Methadone (prescribed) ☐ Methadone (non-prescribed) ☐ Cocaine ☐ Heroin & Cocaine (together) ☐ Crack ☐ Heroin & crack (together) ☐ Anything else? Specify……..
Q.29	For how many years/months have you been using these drugs?	…….. Years ……Months
Q.30	What methods have you used for taking these drugs in the last month? Into which parts of the body do you inject?	Main method / Methods also used Injecting into a vein or mainlining ☐ ☐ Skin popping ☐ ☐ Muscle popping ☐ ☐ Smoking ☐ ☐ Snorting or sniffing ☐ ☐ Other, please specify…….. ……
Q.31	Have you changed your dealer or supply of these drugs within the last month?	Yes No DK
Q.32	In which areas have you bought drugs in the last month? PLEASE SPECIFY THE NAME OF THE DISTRICT AND THE TOWN OR CITY FOR ALL PURCHASES IN THE LAST MONTH	District or Area Town or City …… …… …… …… …… ……..
Q.33	Have you noticed anything different about your drugs recently in terms of: Colour Consistency Effect Dissolving If yes to any of these please give details:	 Yes No DK Yes No DK Yes No DK Yes No DK ……

SECTION 3: QUESTIONS FOR DRUG USERS (continued)

No.	Questions	Answers *Please circle answers where appropriate*
Q.34	Do you wash your hands before injecting?	Yes No DK
Q.35	Do you wipe the injection site with iodine, alcohol or a mediswab before injecting?	Yes No DK
Q.36	Do you wet your skin with saliva before or after injecting?	Yes No DK
Q.37	Do you lick the needle before injecting?	Yes No DK
Q.38	During the last month have you used any of the following to dissolve your drugs?	☐ Citric Acid ☐ Vinegar ☐ Lemon Juice (Jif) ☐ Lemon Juice (fresh) ☐ Descaler crystals ☐ Vitamin C ☐ Other If other, please specify .....
Q.39	During the last month did you share any of the following with anyone?	☐ Citric Acid ☐ Needles & syringes ☐ Filter ☐ Spoons ☐ Water ☐ Other If other, please specify …… If yes to sharing spoons, how often did you use a spoon already used by someone else (including your partner)? …… times
Q.40	During the last month have you reused your own needles/syringes? **If yes:** In the last month, what is the maximum number of times you have reused the same needle/syringe? In the last month, where have you stored your used needles/syringes before reusing them?	Yes No DK …… times ☐ In a closed container ☐ Uncovered ☐ Other, please specify……..
Q.41	In the last month how many times have you visited a needle exchange (including pharmacy exchange)?	…… times

SECTION 3: QUESTIONS FOR DRUG USERS (continued)

No.	Questions	Answers *Please circle answers where appropriate*
Q.42	In the last month, what kind of water have you used to inject? **Tick all that apply**	☐ Boiled ☐ Bottled ☐ Sterile ☐ Tap (KITCHEN) ☐ Tap (BATHROOM) ☐ Other Specify…..…… ……..
Q.43	When you injected in the last month, what have you used to filter your heroin? **Tick all that apply**	☐ Cigarette filter ☐ Filter tips ☐ Cotton bud ☐ Cotton wool ☐ Clothing fibres ☐ Nothing ☐ Anything else Specify…… …….……
Q.44	When you injected in the last month, have you re-used the same filter? **If yes,** How often? Where have you stored your used filters before reusing them?	Yes No DK ……times ☐ In a closed container ☐ Uncovered ☐ Other, please specify…….…….……..
Q.45	During the last month, have you had any area of skin with redness, swelling and tenderness in an area that you inject?	Yes No DK
Q.46	Compared to a 1 pence coin, how large did it get?	☐ Smaller ☐ Same size ☐ Larger ☐ Much larger ☐ Don't Know
Q.47	Did you seek medical attention for this skin problem?	Yes No DK
Q.48	How many abscesses have you had during the past year?	……..….
Q.49	Is there anything else you that you think contributed to or caused this illness?	…… ……

THANK YOU FOR COMPLETING THE QUESTIONNAIRE