***Listeria monocytogenes***

**Trawling Questionnaire**

Version 7: August 2022

**Please return completed questionnaires to:**

Gastrointestinal Infections & Food Safety (One Health), UKHSA, 61 Colindale Avenue, London NW9 5EQ. Email: listeria@ukhsa.gov.uk Tel. 020 8327 6493

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| * Any information supplied will be treated as strictly confidential.
* Please tick boxes ([ ] ), or write in the spaces (\_\_\_\_) provided.
* Please use black or dark blue biro/pen.
* **If you are answering on behalf of someone else, please remember that these questions refer to the *person* *that is/was ill* and not yourself.**
* “No” and “Not sure” answers are as important as “Yes” answers. If you leave a blank space we cannot interpret the intended answer.
 |
| HPZone Ref No:       Interviewee: Patient [ ]  Proxy [ ]  (relationship to patient)       |
| Date of interview       Interviewer: Name and HPT       |

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| **SECTION 1. PERSONAL DETAILS** |

**1.1** Forename (s):       **1.2** Surname:

**1.3** Address:

**1.4** Postcode:

**1.5** Daytime telephone number:

**1.6** Gender: Male [ ]  Female [ ]

**1.7** Date of Birth:       (dd/mm/yyyy) **1.8** Age       years

**1.9** Describe your ethnic background (please tick one):

*White*:

 [ ]  British [ ]  Irish [ ]  Other (please state)

*Mixed*:

 [ ]  White/Black Caribbean [ ]  White/Black African

 [ ]  White/Asian [ ]  Other (please state)

*Asian/Asian British*:

 [ ]  Indian [ ]  Pakistani [ ]  Bangladeshi

[ ]  Other (please state)

*Black/Black British*:

 [ ]  Caribbean [ ]  African [ ]  Other (please state)

*Chinese or other ethnic group:*

 [ ]  Chinese [ ]  Other (please state)

**1.10** GP/Doctor’s name:

**1.11** Practice address:

**1.12** Occupation (if currently unemployed, what was your most recent occupation; if retired, what was your main occupation):

**1.13** Name and address of workplace/school/nursery/playgroup (as applicable):

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| **SECTION 2. MEDICAL DETAILS** |

**2.1** Did you have any acute or significant health problems in the **30 DAYS** before your illness?

Yes [ ]  No [ ]  Not sure [ ]

If yes, please describe

**2.2** Did you have any other ongoing or long-standing medical conditions before your illness (e.g. heart problems, diabetes, arthritis)?

 Yes [ ]  No [ ]  Not sure [ ]

If yes, please describe

**2.3** Were you taking any medicine, either prescribed by your Doctor or bought from a chemist, in the **TWO WEEKS** before your illness?

Yes [ ]  No [ ]  Not sure [ ]

If yes, please describe

**2.4** Did you attend a health care facility (e.g. a hospital or a nursing home) in the **30 DAYS** before your illness?

Yes [ ]  No [ ]  Not sure [ ]

If yes please give details: (location, dates, food eaten)

|  |  |  |  |
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| **Healthcare facility** | **Food consumed? Y/N please specify items:** | **Date of visit/treatment** | **Discharge Date (inpatient)** |
|  | Y/N |  |  |
|  | Y/N |  |  |
|  | Y/N |  |  |
|  | Y/N |  |  |

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| **SECTION 3. CASE HISTORY** |

**3.1** When did you start to feel unwell with Listeria?       (dd/mm/yyyy)

**3.2** Did you have any of the following symptoms (can tick more than one):

 **Yes No Yes No**

Nausea [ ]  [ ]  Headache [ ]  [ ]

Vomiting [ ]  [ ]  Muscle aches [ ]  [ ]

Diarrhoea [ ]  [ ]  Joint aches [ ]  [ ]

Abdominal pain [ ]  [ ]  Backache [ ]  [ ]

Fever [ ]  [ ]  Neck stiffness [ ]  [ ]

Chills [ ]  [ ]  Confusion [ ]  [ ]

Other [ ]  [ ]

If other please specify:

**3.3** Are you still ill with Listeria? Yes [ ]  No [ ]  Not sure [ ]

If no, how many days were you ill for?       days

**3.4** Were you admitted to hospital for this illness? Yes [ ]  No [ ]

If yes, which hospital?

**3.5** Date of admission       Date of discharge

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

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| **SECTION 4. TRAVEL HISTORY** |

**4.1** Did you spend any nights outside the UK in the **30 DAYS** before you became ill?

 Yes [ ]  No [ ]

 If **YES**, give details:

Country(ies) visited:

Dates of travel: Departure       Return

Addresses of places stayed (e.g. towns, hotels, campsites):

**4.2** Did you spend any nights away from home within the UK in the **30 DAYS** before you became ill? (e.g: includes staying at friends/relatives, business trips)

 Yes [ ]  No [ ]

Dates of travel: Departure       Return

Addresses of places stayed : (eg: friend’s house, towns, hotels, campsites etc)

* 1. Did you go on any day trips within the UK in the **30 DAYS** before you became ill? (e.g. business/shopping trips etc)

 Yes [ ]  No [ ]

Names and addresses of places visited (include post code if known or area e.g. Central London)

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| **SECTION 5. FOOD HABITS** |

* 1. Do you follow any particular diets or only eat certain types of food?

No [ ]

Yes - vegetarian [ ]

Yes - vegan [ ]

Yes - Kosher [ ]

Yes - Halal [ ]

Yes - organic food [ ]

Yes - other [ ]

**5.2** Do you avoid any of the following foods? (tick any that apply)

Soft/blue cheese [ ]

Paté [ ]

Raw fish (e.g. sushi) [ ]

Smoked fish (e.g: smoked salmon) [ ]

Sliced uncooked meats (e.g: parma ham) [ ]

Butter [ ]

Pre-cut/pre-packed fruits (e.g. fruit salad, melon) [ ]

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| **SECTION 6. FOOD HISTORY** |

**6.1** Did you eat any foods from any of the following in the **30 DAYS** before you started to feel ill?

 **No Yes Date/Name/Location/Food consumed**

Coffee shop [ ]  [ ]

Bakers shop [ ]  [ ]

Sandwich bar [ ]  [ ]

Pub [ ]  [ ]

Canteen [ ]  [ ]

Hospital canteen [ ]  [ ]

Hospital snack bar [ ]  [ ]

Burger bar [ ]  [ ]

Pizza parlour [ ]  [ ]

Fast food restaurants [ ]  [ ]

Delicatessen [ ]  [ ]

British restaurant [ ]  [ ]

Ethnic restaurants [ ]  [ ]

Reception/wake [ ]  [ ]

Hotel [ ]  [ ]

Mobile caterer [ ]  [ ]

Airport [ ]  [ ]

Railway station/train [ ]  [ ]

Petrol station [ ]  [ ]

Other [ ]  [ ]

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| **SECTION 6. FOOD HISTORY - BEEF** |

* 1. Did you eat any of the following **beef** items in the **30 DAYS** before you became ill?

 **No Yes Date/Location/Brand**

Cold cooked beef [ ]  [ ]

Prepacked sliced beef [ ]  [ ]

Loose-sold sliced beef [ ]  [ ]

Prepacked salt beef [ ]  [ ]

Loose-sold salt beef [ ]  [ ]

Prepacked pastrami [ ]  [ ]

Loose-sold pastrami [ ]  [ ]

Potted beef [ ]  [ ]

Tongue [ ]  [ ]

Brawn [ ]  [ ]

Other [ ]  [ ]

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| **SECTION 6. FOOD HISTORY - PORK** |

**6.3** Did you eat any of the following **pork** items in the **30 DAYS** before you became ill?

 **No Yes Date/Location/Brand**

Cold roast pork [ ]  [ ]

Prepacked sliced ham [ ]  [ ]

Loose-sold sliced ham [ ]  [ ]

Prepacked smoked ham [ ]  [ ]

Loose-sold smoked ham [ ]  [ ]

Dry cured ham [ ]  [ ]

Dry fermented sausages [ ]  [ ]

Sausages [ ]  [ ]

Frankfurter sausages [ ]  [ ]

Sausage rolls [ ]  [ ]

Pork pies [ ]  [ ]

Scotch eggs [ ]  [ ]

Liver sausage [ ]  [ ]

Paté [ ]  [ ]

Other [ ]  [ ]

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| **SECTION 6. FOOD HISTORY - POULTRY** |

**6.4** Did you eat any of the following **poultry** items in the **30 DAYS** before you became ill?

 **No Yes Date/Location/Brand**

Cold roast chicken [ ]  [ ]

Prepacked cooked chicken [ ]  [ ]

Prepacked sliced chicken [ ]  [ ]

Chicken sandwich meat [ ]  [ ]
Chicken pies [ ]  [ ]

Prepacked cooked duck [ ]  [ ]

Prepacked smoked duck [ ]  [ ]

Duck pies [ ]  [ ]

Cold roast turkey [ ]  [ ]

Prepacked cooked turkey [ ]  [ ]

Prepacked sliced turkey [ ]  [ ]

Goose liver pate (foie gras) [ ]  [ ]

Duck liver pate [ ]  [ ]

Other [ ]  [ ]

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| **SECTION 6. FOOD HISTORY - FISH & SEAFOOD** |

**6.5** Did you eat any of the following **fish or seafood** in the **30 DAYS** before you became ill?

 **No Yes Date/Location/Brand**

Smoked salmon [ ]  [ ]        *(please specify if hot smoked or cold smoked)*

Mackerel fillets [ ]  [ ]

Smoked mackerel [ ]  [ ]        *(please specify if hot smoked or cold smoked)*

Salmon pâté/terrine [ ]  [ ]

Smoked trout [ ]  [ ]        *(please specify if hot smoked or cold smoked)*

Fish pâté/paste [ ]  [ ]

Jellied eels [ ]  [ ]

Other fish [ ]  [ ]

Cold seafood [ ]  [ ]

Oysters [ ]  [ ]

Prawns [ ]  [ ]

Mussels [ ]  [ ]

Squid/calamari [ ]  [ ]

Mixed seafood [ ]  [ ]

Other seafood [ ]  [ ]

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| **SECTION 6. FOOD HISTORY - MILK & DAIRY** |

**6.6** Did you drink or have in cereal any of the following **milk** products in the **30 DAYS** before you became ill?

 **No Yes Date/Location/Brand**

**Cows milk**

 Unpasteurised [ ]  [ ]

 Pasteurised [ ]  [ ]

 Sterilised/UHT [ ]  [ ]

 **No Yes Date/Location/Brand**

**Goats milk**

 Unpasteurised [ ]  [ ]

 Pasteurised [ ]  [ ]

Sterilised/UHT [ ]  [ ]

Soya milk [ ]  [ ]

Powdered milk [ ]  [ ]

Flavoured milk [ ]  [ ]

Other milk [ ]  [ ]

**6.7** Did you eat any of the following **dairy** products in the **30 DAYS** before you became ill?

 **No Yes Date/Location/Brand**

Cream [ ]  [ ]

Butter [ ]  [ ]

Dairy spread (e.g. Clover etc.) [ ]  [ ]

Ice cream [ ]  [ ]

Other dairy products [ ]  [ ]

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| **SECTION 6. FOOD HISTORY - CHEESE** |

**6.8** Did you eat any of the following types of **cheese** in the **30 DAYS** before you became ill?

 **No** **Yes Yes prepacked sold loose Date/Location/Brand**

Cheddar [ ]  [ ]  [ ]

Other hard cheese [ ]  [ ]  [ ]

Blue cheese [ ]  [ ]  [ ]

Camembert [ ]  [ ]  [ ]

Brie [ ]  [ ]  [ ]

Other soft cheese [ ]  [ ]  [ ]

Cheese spread [ ]  [ ]  [ ]

Goats cheese [ ]  [ ]  [ ]

Goats soft cheese [ ]  [ ]  [ ]

Other cheese [ ]  [ ]  [ ]

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| **SECTION 6. FOOD HISTORY - SANDWICHES** |

**6.9** Did you eat any sandwiches, rolls or filled baguettes that were **bought or served** away from home in the **30 DAYS** before you became ill?

Yes [ ]  No [ ]

If **YES** did the sandwiches contain:

 **Yes No Don’t know**

Butter [ ]  [ ]  [ ]

Margarine [ ]  [ ]  [ ]

**6.10** Did you buy any pre-packed sandwich filler to be used in sandwiches?

Yes [ ]  No [ ]

**6.11** Did you eat any of the following types of sandwich?

 **No Yes Yes prepacked custom made Date/Location/Brand**

Ham [ ]  [ ]  [ ]

Beef [ ]  [ ]  [ ]

Bacon/BLT [ ]  [ ]  [ ]

Chicken [ ]  [ ]  [ ]

Turkey [ ]  [ ]  [ ]

Other meat [ ]  [ ]  [ ]

Tuna sandwich [ ]  [ ]  [ ]

Salmon sandwich [ ]  [ ]  [ ]

Prawn/other seafood [ ]  [ ]  [ ]

Egg mayonnaise [ ]  [ ]  [ ]

Other egg [ ]  [ ]  [ ]

Hard cheese [ ]  [ ]  [ ]

Brie [ ]  [ ]  [ ]

Other [ ]  [ ]  [ ]

If YES, did any of these **sandwiches** include any of the following **extras**?

 **Yes No**

Cucumber [ ]  [ ]

Lettuce [ ]  [ ]

Onions [ ]  [ ]

Tomato [ ]  [ ]

Cress [ ]  [ ]

Tuna and sweetcorn [ ]  [ ]

Pre-made sandwich filler [ ]  [ ]  please specify the brand

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| **SECTION 6. FOOD HISTORY - SALAD, VEGETABLES & HERBS** |

**6.12** Did you eat any of the following vegetables or herbs in the **30 DAYS** before you became ill?

 **No Yes prepacked Yes sold loose Date/Location/Brand**

Basil [ ]  [ ]  [ ]

Bean sprouts [ ]  [ ]  [ ]

Broccoli [ ]  [ ]  [ ]

Cabbage [ ]  [ ]  [ ]

Carrots [ ]  [ ]  [ ]

Cauliflower [ ]  [ ]  [ ]

Coriander leaves [ ]  [ ]  [ ]

Corn/Sweetcorn [ ]  [ ]  [ ]

Courgettes [ ]  [ ]  [ ]

Cucumber [ ]  [ ]  [ ]

Dill [ ]  [ ]  [ ]

Frozen vegetables [ ]  [ ]  [ ]        *(please specify type)*

Gherkins [ ]  [ ]  [ ]

Lettuce [ ]  [ ]  [ ]

Mixed salad [ ]  [ ]  [ ]

Mushrooms [ ]  [ ]  [ ]

Onions (any type) [ ]  [ ]  [ ]

Parsley [ ]  [ ]  [ ]

Peppers [ ]  [ ]  [ ]

Radishes [ ]  [ ]  [ ]

Spinach [ ]  [ ]  [ ]

Tomatoes [ ]  [ ]  [ ]

Water cress [ ]  [ ]  [ ]

Other [ ]  [ ]  [ ]

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| **SECTION 6. FOOD HISTORY - FRUIT** |

**6.13** Did you eat any of the following **fresh fruit** in the **30 DAYS** before you became ill?

 **No Yes Date/Location/Brand**

Ready-to eat fruit salads [ ]  [ ]

Precut apples [ ]  [ ]

Precut peaches/nectarines [ ]  [ ]

Precut pineapple [ ]  [ ]

Precut mango [ ]  [ ]

Strawberries [ ]  [ ]

Raspberries [ ]  [ ]

Precut melon [ ]  [ ]

Other precut fruit [ ]  [ ]

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| **SECTION 6. FOOD HISTORY - SHOPS** |

**6.14** Have you bought any food from the following **shops** recently?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **No** | **Yes** | **Branch/location** |  | **No** | **Yes** | **Branch/location** |
| Aldi | [ ]  | [ ]  |       | Local butchers | [ ]  | [ ]  |       |
| Asda | [ ]  | [ ]  |       | Local bakers | [ ]  | [ ]  |       |
| Budgens | [ ]  | [ ]  |       | Local greengrocers | [ ]  | [ ]  |       |
| Co-op | [ ]  | [ ]  |       | Local fishmonger | [ ]  | [ ]  |       |
| Iceland | [ ]  | [ ]  |       | Corner shop/mini mart/newsagents | [ ]  | [ ]  |       |
| Lidl | [ ]  | [ ]  |       | Cheese shop | [ ]  | [ ]  |       |
| M & S | [ ]  | [ ]  |       | Chinese grocers | [ ]  | [ ]  |       |
| Morrisons  | [ ]  | [ ]  |       | Indian grocers | [ ]  | [ ]  |       |
| Sainsbury’s | [ ]  | [ ]  |       | Ethnic grocers | [ ]  | [ ]  |       |
| Spar | [ ]  | [ ]  |       |  |  |  |  |
| Tesco | [ ]  | [ ]  |       | Other(s)  | [ ]  | [ ]  |       |
| Waitrose | [ ]  | [ ]  |       | *please specify* |  |  |       |

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| **SECTION 6. FOOD HISTORY - BUYING HABITS** |

6.15 When you purchase food do you check the use by or sell by dates printed on the food items?

Always [ ]  Sometimes [ ]  Never [ ]

**6.16** Have you ever purchased food that has been sold AFTER the use by or best before date printed on the items?

Yes [ ]  No [ ]

**6.17** Do you adhere to use by or best before dates on food you have purchased?

Always [ ]  Sometimes [ ]  Never [ ]

**6.18** Do you check the dates on tinned foods before consumption?

Always [ ]  Sometimes [ ]  Never [ ]

**6.19** How long do you keep loose meat products after purchasing from a butcher or butcher/deli counter at a supermarket?

Never [ ]  < 3 days [ ]  3 to 6 days [ ]  > 7 days[ ]

**6.20** In the **30 DAYS** before you became unwell did you eat any food that was **bought abroad?**

 (e.g. bought by yourself or given to you as a gift)

Yes [ ]  No [ ]

If **YES,** please specify type of food and country of purchase:

**6.21** Do you buy or handle any **dry** or **raw meat** pet/animal food?

Yes [ ]  No [ ]

If **YES**, please specify type of animal food, product brand, and location of purchase:

**Thank you for completing this questionnaire**

Can we contact you in the future for additional information, should the need arise?

Yes [ ]  No [ ]

**If you have any specific questions about this investigation, either now or in the future,**

**please call or write to:**

|  |  |
| --- | --- |
| Gastrointestinal Infections & Food Safety (One Health)UK Health Security Agency 61 Colindale AvenueLondon NW9 5EQ | Tel. 020 8327 6493Email: listeria@ukhsa.gov.uk |