***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](mailto: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?

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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:**

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