Public Health England

IN CONFIDENCE - Please return completed questionnaire to the EIZ Team Colindale at zoonoses@phe.gov.uk

IN STRICT MEDICAL CONFIDENCE

Hepatitis E: Enhanced Surveillance Questionnaire

Version 19 (March 2018)

FOR OFFICE USE ONLY **Ref No** .... **MOLIS No** ....

PHE Centre ....

Interviewer's initials .... **Date** ..../ ..../ .... (dd/mm/yy)

Case confirmed by:

Birmingham Reference Laboratory ☐ Colindale Reference Laboratory ☐ Other Laboratory ☐

If other please specify laboratory: ....

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

Please indicate if reactive for: HEV IgM .... HEV IgG .... RNA ....

Interview details:

Telephone interview ☐ Posted ☐

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Instructions for completing this questionnaire

The questionnaire should be answered by or for the person who has hepatitis E infection. Please enter **Yes** for responses that are definitely or probably yes and **No** for those that are definitely or probably no. Record response as a **No** if unsure**.** Please record a response and do not leave blanks.

Please tick boxes and type or write clearly in blue or black pen in space(s) provided. Information will be treated in strict confidence.

Section 1: Hepatitis E case details

1. Forename / first name:			
2. Surname / family name:			
3. Home address:			
4. Postcode:		**5. Email:**	
6. Home tel no:		**7. Mobile:**	
8. Gender *(please tick)*	☐Male ☐Female	**9. Date of birth:**	/ / (dd/mm/yyyy)

10. Please describe your ethnic group / cultural background: (*please choose one*)

☐White British ☐Asian/ Asian British

☐Not stated ☐Other background *If other please state* ....

11. GP's name:	
12. Surgery address:	
13. What is your occupation? .... *Please specify, especially if you handle food, work in healthcare, or have contact with animals*	
14. What date did you last attend work?	/ / (dd/mm/yyyy)
15. Did you have symptoms? *(eg see list of symptoms in Q.16)*	Yes☐ No☐

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16. **Please tick all that apply, if you had the following symptom(s):**

☐ Fever ☐ Nausea ☐ Dark coloured urine
☐ Diarrhoea ☐ Vomiting ☐ Weakness of limbs/ tingling
☐ Abdominal pain ☐ Joint pain ☐ Jaundice *(yellowing of the skin and eyes)*
☐ Headaches ☐ Loss of appetite
☐ Other symptoms *(please specify)* ....

17. **If you had symptoms when did they begin?**	/ / (dd/mm/yyyy)
18. **If you had jaundice, when did it begin?**	/ / (dd/mm/yyyy)
19. **Were you admitted to hospital for treatment?** 20. **If Yes, how many days were you in hospital?**	Yes ☐ No ☐ .... days
21. **Are you still ill?** 22. **If No, how many days were you ill?**	Yes ☐ No ☐ .... days
23. **In the year before you became ill were you taking any regular medication, including steroids?**	Yes ☐ No ☐
24. **If Yes, please list medication**	
25. **In the year before you became ill did you receive blood or blood products?** 26. **If so, when did you receive blood or blood products?**	Yes ☐ No ☐ / / (dd/mm/yyyy)
27. **Do you have a history of liver disease or other serious illness?** *(eg diabetes, cancer, immunocompromised, transplant)* 28. **If Yes, please specify illness**	Yes ☐ No ☐
29. *If the case is a female of childbearing age:* **Are you pregnant?** 30. **If yes, please specify how many weeks pregnant:** ....weeks	Yes ☐ No ☐
31. **Did you spend any days/nights outside the UK in the 9 weeks before you became ill?**	Yes ☐ No ☐

Country	Town/ Resort	Date departed UK	Date returned to UK
		/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)
		/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)
		/ / (dd/mm/yyyy)	/ / (dd/mm/yyyy)

If Yes to travel, thank you for completing this form there is no need to answer further questions.
If No, go to Section 2.

For travel-related cases please return Section 1 only to zoonoses@phe.gov.uk

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Sections 2 – 6 should be completed for cases with NO history of travel abroad.
Questions apply to the 9 weeks before you became ill.

Section 2: food exposures

32. Which supermarket(s) do you use for your food shopping?

☐ ALDI ☐ ASDA ☐ Budgen ☐ CoOp ☐ LIDL ☐ M&S
☐ Morrisons ☐ Tesco ☐ Sainsburys ☐ Waitrose ☐ Other *please specify* ....

33. Are you likely to have eaten the following food items?
Please record relevant food items eaten within the UK either inside or outside the home in the **9 week period** prior to onset of illness. Please tick all that apply.

☐ **Fish**
☐ **Shellfish - please specify type *(eg mussels, prawns, scallops)*** ....
☐ **Chicken**
☐ **Pork**
☐ **Ham (off-the-bone or joint of ham)**
☐ **Ham (sliced sandwich ham, pre-packed)**
If Yes to Ham, please specify type (eg Wiltshire, honey-roast, smoked, dry cured, breaded) and brand, if known **Type:** .... **Brand:**..........
☐ **Bacon**
☐ **Pork sausages - please specify type (eg Cumberland, Lincolnshire) and brand, if known** **Type:** .... **Brand:**..........
☐ **Other sausages - please specify type of meat *(eg beef, turkey)*** ....
☐ **Cured pork meat - please specify type *(eg sliced salami, cabanos)*** ....
☐ **Pate - please specify type of meat in pate *(eg pork, chicken)*** ....
☐ **Pork pie (ready-to-eat)**
☐ **Pig's liver**
☐ **Other offal - please specify *(eg pigs kidneys, lambs liver, heart)*** ....
☐ **Other pork products - please specify *(eg pork scratchings, spam, black pudding)*** ....
☐ **Game *(eg pheasant, rabbit, venison)***
☐ **Salad vegetables *(eg lettuce, cucumber)***
☐ **Raw vegetables *(eg carrot, cabbage)***
☐ **Fresh fruit**

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Section 3: alcohol consumption

34. Do you drink alcohol? Yes☐ No☐

35. If Yes, on average how many units do you drink per week? ....
(*NB: 1 unit = 1 small glass of wine or ½ pint beer/ lager/ cider or a pub measure of spirits*)

36. Have you had a higher level of alcohol consumption in the past? Yes☐ No☐

37. If Yes, on average how many units of alcohol did you consume per week? ....

Section 4: environmental/water exposures

38. What is the source of your drinking water?
☐ Mains supply ☐ Bottled water ☐ Private water supply (eg well)

39. Did you take part in any water-based activities? (*Please tick all that apply*)
☐ Swimming ☐ Fishing ☐ Sailing/canoeing
☐ Other water exposure *please specify*

40. Do you grow your own vegetables or fruit at home or in an allotment? Yes☐ No☐

41. Do you handle animal manure or fertiliser in the garden or allotment? Yes☐ No☐

Section 5: contact with animals

42. Did you have any contact with animals, including pets? Yes☐ No☐

43. If YES, which animals were you in contact with? (*Please tick all that apply*)
☐ Cat ☐ Dog ☐ Pig ☐ Rodent
☐ Other *please specify*

44. Did you prepare food for your pets or other animals? Yes☐ No☐

45. Did you visit or work at a farm, stable, petting farm or zoo? Yes☐ No☐

46. Did you have contact with (eg handle, touch, feed) any animals? Yes☐ No☐

47. If YES, please specify type of animals you had contact with?

Section 6: additional information

48. Is there any other information you feel is relevant about this illness (foods eaten etc) or anything you would like to ask?

49. Are you happy to be contacted for additional information if this is necessary in the near future? Yes☐ No☐

THANK YOU for completing this Questionnaire

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