



Date of Notification to Public Health Department: CIDR ID:

Name of CPHM on duty:

Name of interviewer: Job Title:

Date of interview:

Administered by: Telephone Post In person

Respondent Name:

Relationship to patient:

Note for respondent: if answering on behalf of a child, please remember that the questions relate **to the child** and not to yourself

CASE DETAILS

First Name: Surname:

Home Address:

County: CCA: HSE Area:

Telephone Number (parent's number if case a child):

E-mail Address (parent's e-mail if case a child):

Date of Birth: Age: Sex: M F Country of Birth:

Occupation (for children, record as schoolchild/
crèche attendee as appropriate):

For children/food-handlers/healthcare workers,
name and address of workplace/school/crèche/
childminders:

CLINICAL DETAILS

Clinical Symptoms: Diarrhoea Anorexia Nausea Vomiting Other

If other symptoms, please specify:

Date Onset: Date of Diagnosis:

Patient Type: A&E patient GP Patient Hospital Day Patient Hospital Inpatient
Hospital Outpatient Other Unknown

Clinician Name and Contact Number (GP or hospital clinician):

Hospital of Admission: Date of Admission:

Duration of Stay: Chart number:

Outcome: Recovered Recovering Still ill Died Unknown

Date of Death:

Cause of Death: Due to this ID Not due to this ID Pending Unknown

Co-infected with other IID pathogen(s): Yes No Unknown

If YES, details of co-infection(s):

TRAVEL HISTORY

1. In the 2 weeks before onset of illness, was the case abroad? Yes No Unknown

2. If YES, what country was visited?

3. Specify foreign travel dates: to

4. Name and address of accommodation during foreign travel:

5. In the 2 weeks before onset of illness, did the case spend any nights away from home in Ireland? Yes No Unknown

6. Name and address of accommodation used while away in Ireland:

7. Dates for travel within Ireland: to

8. What is the country of infection:

WATER EXPOSURES

Water Consumption

9. In the 2 weeks before onset of illness, did the case drink any cold tap water? Yes No Unknown

10. In the 2 weeks before onset of illness, did the case drink any drinks containing tap water/ice? Yes No Unknown

11. In the 2 weeks before onset of illness, did the case drink any bottled water? Yes No Unknown

12. If YES, brand name of bottled water:

Home Water Supply

13. Home water supply type: Public (mains) supply Group scheme (LA supply)
Group scheme (private supply) Group scheme (unknown)
Private well Other Unknown

14. Name of home water supply:

15. Treatment on home supply (tick all that apply): None Chlorination Filtration Membrane filtration
UV treatment Unknown Other

If Other, please specify:

Other Water Supplies

16. In the 2 weeks before onset of illness, did the case consume water/ice from a water supply other than at home (e.g. school/crèche/workplace/elsewhere)? Yes No Unknown

17. Locations other than at home where water was consumed (tick all that apply):

School Childminders Crèche Workplace Food Premises
Home of a relative/friend Hotel/Guest Accommodation Other

WATER EXPOSURES contd.

Information on up to two locations (other than home) may be recorded below

18. Name and address of first location:

19. Indicate water supply type for first location, if known:

Public (mains) supply Group scheme (LA supply)
 Group scheme (private supply) Group scheme (unknown)
 Private well Other Unknown

20. Name of water supply for first location:

21. Name and address of second location:

22. Indicate water supply type for second location, if known:

Public (mains) supply Group scheme (LA supply)
 Group scheme (private supply) Group scheme (unknown)
 Private well Other Unknown

23. Name of water supply for second location:

FOOD EXPOSURES

24. In the 2 weeks before onset, did case consume any of the following foods:

| | Yes | No | Unk |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| Lettuce | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other salad leaves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prepared salads, e.g. coleslaw | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unpasteurised milk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unpasteurised dairy products | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unpasteurised fruit juice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Raw salad/vegetables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Raw fruit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Raw shellfish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

25. In the 2 weeks before onset, did case eat food from salad/sandwich/juice/smoothie bars?

Yes No Unknown

If YES, name of premises:

26. Name outlets where fruit and raw vegetables/juices purchased in 2 weeks prior to onset, e.g. supermarkets, mobile vendors, market stalls etc.

27. In the 2 weeks before onset, did case eat out?

Yes No Unknown

If YES, name establishments:

28. Does case always/almost always wash raw vegetables with cold running water before eating?

Yes No Unknown

29. Does case always/almost always wash fruit with cold running water before eating?

Yes No Unknown

FARM, ANIMAL AND PET EXPOSURES

30. Does case live on, or case cared for, on a farm? Yes No Unknown
31. Does case have direct contact with farm animals? Yes No Unknown
32. Any recent lambing/calving activity on farm? Yes No Unknown
33. Any recent diarrhoeal illness amongst animals on farm? Yes No Unknown
34. Does case have contact with domestic pets, e.g. dogs etc? Yes No Unknown

35. Type of pets (puppy/cat etc.):

36. Any recent diarrhoeal illness in pet(s)? Yes No Unknown

37. In the 2 weeks before onset of illness, did case visit a farm, zoo, pet farm or other venue where there was potential for contact with domestic animals/farm animals/birds? Yes No Unknown

38. If relevant, name and address of premises:

39. Date(s) of visit(s):

40. Types of animals on premises:

EXPOSURES TO WATER BASED ACTIVITIES

41. In the 2 weeks before onset of illness, did case swim in a swimming pool? Yes No Unknown

42. If YES, type of swimming pool: Indoor Outdoor

43. Name/location of swimming pool:

44. Date(s) of visit(s):

45. In the 2 weeks before onset of illness, did case take part in any other water-based activity which may have involved swallowing water? Yes No Unknown

46. If YES, type of water or outdoor activity (open-water swimming/windsurfing/adventure race, etc.):

47. Where did water activity take place?

48. When did water activity take place?

OTHER DETAILS

49. Is case in any way medically predisposed to developing cryptosporidiosis e.g. immunocompromised? Yes No Unknown

50. Any similar illness in family members/close contacts? Please provide details:

51. Any additional relevant information: