



INFECTIOUS INTESTINAL DISEASE INVESTIGATION FORM



This questionnaire may be applied by environmental health or public health personnel:

- to investigate potentially linked cases of infectious intestinal disease
- as a preliminary questionnaire in the investigation of outbreaks
- for complaints of individual cases of gastrointestinal illness in the absence of disease confirmation
- for investigation of disease notifications for which no disease-specific questionnaire exists

GENERAL INFORMATION

Case reference no. _____ Outbreak code _____ Local Health Office _____
(e.g. Event ID)

Reported by: _____ Date of report

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Interview: Personal Telephone Other Specify other _____

Person interviewed (if not case): _____ Relationship to case _____

Name of interviewer: _____ Date and time (24 hr clock) of interview

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PATIENT DETAILS

First Name _____ Surname _____

Date of Birth

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 Age _____ Sex: Male Female

Home Address _____

Other address (for visitors to the area, please record address of holiday accommodation) _____

Home phone no. _____ Mobile or other contact telephone no. _____

GP name _____ GP phone no. _____

GP address _____

DIAGNOSIS AND TREATMENT

Consulted with GP: Yes No Not known Date

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 (ddmmyy)
 Attended hospital: Yes No Not known Date

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 Admitted to hospital: Yes No Not known Date

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Date of discharge

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Stool sample taken for laboratory examination? Yes No Not Known

Laboratory result: Positive Negative Pending

Organism (if available): _____

Diagnostic laboratory _____ Date of result

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If **hospitalised**, name consultant and hospital _____

CLINICAL DETAILS

Symptomatic Yes No Date and time of onset of illness (24 hr clock)

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Symptoms	Yes, ongoing	Yes, but ended	No	Unknown
Diarrhoea				
Vomiting				
Abdominal Pain				
Fever				
Nausea	<input type="checkbox"/>			
Bloody diarrhoea				
Other				

Specify Other _____

Duration of illness (days) _____

OCCUPATION AND RISK GROUP DETAILS

Occupation (includes retired, unemployed, housewife, student, school pupil, pre-school) _____

Risk groups: *Please tick if patient is in any of the following risk groups*

Group 1: High-risk food handlers (e.g. those whose work involves touching unwrapped foods that will not undergo further heat treatment).

Group 2: Health care, preschool nursery, or other staff who have direct contact, or contact through serving food, with highly susceptible patients or people in whom an intestinal infection would have particularly serious consequences.

Group 3: Children under 5 years of age attending nurseries, play groups, or other similar groups.

Group 4: Older children and adults who are unable to implement good standards of personal hygiene.

Not in Risk Group

If **in risk group**, name and address of employment/education/childcare (include department or class as appropriate) _____

Date last worked/attended

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Returned to work/school yet? Yes No Unknown

Attended workplace/childcare while symptomatic? Yes No Unknown

TRAVEL

Any history of international travel in 10 days prior to onset? Yes No

If **yes**, country visited _____

Name and address of accommodation _____

Date of departure Date of return

Travel arrangements, e.g. airline, flight number and departure airport or ferry operator, departure time and departure port

Any persons in traveling party ill Yes No If **yes**, give details _____

CONTACT WITH PETS/OTHER ANIMALS (including touching, feeding, being licked, etc) AND OTHER ENVIRONMENTAL EXPOSURES

Do you live on a farm? Yes No Unk

In the 10 days before you became ill, did you:

Have any contact with pets/animals/reptiles/birds at home? Yes No Unk

If **yes**, please give details _____

Have any contact with pets/animals/reptiles/birds elsewhere (zoo, friends home, etc)? Yes No Unk

If **yes**, please give details including the name and address of the premises _____

Have any contact with farm animals or visit a farm/open farm? Yes No Unk

If **yes**, please give details including the name and address of the premises _____

Take part in any outdoor or sporting activities, e.g. canoeing, swimming, hillwalking? Yes No Unk

If **yes**, please give details including the location _____

DRINKING WATER SUPPLY

What type of water supply is your home served by?

Public _____
Private Well Group water scheme (LA supply) _____
Group water scheme (Private supply) _____
Other _____
Not Known _____

Name of water supply, if known _____

In the 10 days prior to onset of symptoms, did you drink
any water from a well/private supply/spring? Yes No Unk

If **yes**, please give details including the
name and address of the premises _____

CONTACTS SICK WITH SIMILAR ILLNESS (family/partner, etc)

Any close contact sick with similar illness in the previous 10 days?

Yes No Unk

Any contacts sick with similar onset to you?

Yes No Unk

If **yes to either question**, complete section below.

(ddmmyy)

Name of Contact	Date of birth	Onset and Symptoms	Risk group
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FOOD HISTORYIn the **5 DAYS** before you became ill, can you tell me what you ate?

	DAY OF ONSET Date: _____		1 DAY BEFORE ONSET Date: _____	
Breakfast: [Prompt: cereal with milk, toast with butter, eggs, bacon, porridge with hot milk etc.]				
If meal was eaten out, details				
Lunch [Prompt: pre made/deli sandwiches, fillings, soups, ate out, dishes etc.]				
If meal was purchased/pre-made/eaten out, details:				
Dinner [Prompt: eating out, fish, meat, dessert etc.]				
Please specify restaurant, or where main ingredients were bought, details				
Snacks Detail brand if known [Prompt: biscuits, sweets, chocolate bars, ice creams etc.]	Details	Time	Details	Time

	2 DAYS BEFORE ONSET Date: _____		3 DAYS BEFORE ONSET Date: _____		4 DAYS BEFORE ONSET Date: _____	
Breakfast:						
If meal was eaten out, details						
Lunch						
If meal was purchased/pre-made/eaten out, details:						
Dinner						
Please specify restaurant, or where main ingredients were bought, details						
Snacks Detail brand if known	Details	Time	Details	Time	Details	Time

FOOD PREPARATION AND EATING OUT

Did you handle any of the following foods while preparing a meal or snack in the 10 days before you became ill?

Raw beef

Raw poultry

Raw eggs

Raw pork

Raw lamb

Raw vegetables (especially root vegetables)

Details _____

In the 10 days before you became ill, did you eat away from home, e.g. restaurant/café, fast-food premises/take-away, canteen, party/function, someone else's home, pub, market stall, etc.?

Yes No Not known

If **yes**, name and address of **location 1** _____

Date and time of day (24 hr clock) when ate at **location 1** | | | | | | | | | | : | |

Details of food consumed at **location 1** _____

Details of any tap water/ice consumed at **location 1** _____

If **there was a second occasion on which you ate out**, name and address of **location 2** _____

Date and time of day (24 hr clock) when ate at **location 2** | | | | | | | | | | : | |

Details of food consumed at **location 2** _____

Details of any tap water/ice consumed at **location 2** _____

Were any of your dining companions sick with a similar illness to yours subsequently?

Yes No Not known

Name	Contact details	Onset and Symptoms

SPECIFIC FOODS

In the 10 days before onset of your symptoms, did you eat any of the following:

Food Item	Consumed (Y/N/UNK)	Details of product, and where consumed/purchased or brand
Pork?		
Beef?		
Lamb?		
Poultry meat?		
Cooked meats, e.g. ham, sliced turkey, etc?		
Prepared sandwiches (ready-made or made-to-order)?		
Desserts/bakery products?		
Eggs/egg products, e.g. quiche, mayonnaise?		
Seafood (including shellfish)?		
Unpasteurised dairy products, e.g. raw milk, unpasteurised cheese?		
Prepared salads (including at home), e.g. coleslaw, bagged salad leaves, salad bar items, sprouted seeds, etc.?		
Buffet meals?		
Fruits, berries or juices?		

ENVIRONMENTAL/PUBLIC HEALTH ACTIONS

Was case advised of enteric precautions? Yes No

If **yes**, how? Telephone Factsheet Letter In Person

Were any work/school restrictions recommended? Yes No

If **in risk group**, were disease specific exclusion applied? Yes No

If **yes**, please give details _____

Were any food, water or environmental samples taken for microbiological analysis? Yes No

If **yes**, please give details _____

Were faecal specimens requested from case or any household or other contacts? Yes No

If **yes**, please give details _____

Any other information and any other actions taken _____

ADDITIONAL COMMENTS/INFORMATION