SUSPECTED CIGUATERA FISH POISONING QUESTIONNAIRE

PUBLIC HEALTH UNIT: ____________________________

PLEASE COMPLETE THIS QUESTIONNAIRE IN BLOCK LETTERS AND TICK THE APPROPRIATE BOXES

Notification Date: ____/____/____  Interview Date: ____/____/____

Interviewed by: ____________________________ Signature: ____________________________

PERSONAL DETAILS OF CASE

Surname: ____________________________ First Name: ____________________________

Street Address: ____________________________

Locality: ____________________________ Phone: ____________________________

Postcode: ____________________________ Mobile: ____________________________

Date of Birth: ____/____/____  Sex: □ Male □ Female

Indigenous status: □ Aboriginal □ TSI □ A/TSI □ Non-indigenous □ Unknown

DOCTOR’S DETAILS

Was Ciguatera Fish Poisoning diagnosed by a Doctor? □ Yes □ No

If yes, name of Doctor: ____________________________

Street Address: ____________________________

Locality: ____________________________ Phone: ____________________________

Postcode: ____________________________

DETAILS OF SYMPTOMS

On what day did you notice your first symptom/s? ____/____/____

What time did you notice your first symptom/s? ________ am/pm

Ask what symptoms did you suffer, don’t prompt.

□ Numbness or tingling of hands or feet  □ Nausea
□ Numbness or tingling around mouth  □ Vomiting
□ Reversed temperature sensation  □ Joint Pain
□ Abdominal pain or cramps  □ Muscle pain
□ Diarrhoea  □ Skin Rash

Interviewer to record other symptoms not listed:

________________________________________

________________________________________
SUSPECTED FISH DETAILS
Do you know the name(s) or type(s) of the fish you ate? ____________________________
On what date did you eat the fish? __/__/____  At what time? ______ am/pm
How much fish did you eat?
☐ 1 or 2 bites  ☐ 1 piece up to 200 gms (standard fish fillet size)  ☐ More than 1 piece
Did any other people eat the same fish?  ☐ Yes  ☐ No  ☐ Don’t know
If yes, how many other people became ill? (if known) ____________________________
Was the fish purchased, caught or a gift?  ☐ Purchased  ☐ Caught  ☐ Gift
If purchased, details of shop/food outlet/restaurant?
Name: ____________________________
Street Address: ____________________________
Locality: ____________________________  Phone: ____________________________
Postcode: ____________________________  Mobile: ____________________________
Where was the fish caught? (if known) ____________________________
What was its whole weight? (if known)
☐ Under 1 kg  ☐ 1 to 2 kg  ☐ 2 to 3 kg  ☐ 3 to 4 kg  ☐ 4 to 5 kg  ☐ 5 to 6kg
Estimated weight if over 6 kg ____________ kgs
If a gift who gave it to you?
Name: ____________________________
Street Address: ____________________________
Locality: ____________________________  Phone: ____________________________
Postcode: ____________________________  Mobile: ____________________________

FOR OFFICE USE ONLY
DETAILS OF SAMPLES
Was a fish sample taken and forwarded for ciguatera toxin analysis?  ☐ Yes  ☐ No
Date sample forwarded: __/__/____  Sample Number: ____________
Result of test:  ☐ Ciguatoxin detected  ☐ Ciguatoxin not detected  ☐ Not done

DETAILS OF NOCS CLASSIFICATION (in collaboration with PHMO/DEHS)
Incubation period in hours (time of eating to first symptom) ____________ hours
Does this case meet the NOCS case definition for CFP?  ☐ Yes  ☐ No
Response to be categorised as:  ☐ Valid  ☐ Invalid
NOCS Number: ____________  Date Coded: __/__/____
Status to be categorised as:  ☐ Closed  ☐ Pending  ☐ Open
Is this case part of an outbreak?  ☐ Yes  ☐ No
If yes, what is the outbreak number? ____________

Please fax to Communicable Diseases Branch (07) 3328 9740