Confidential – for public health use only

Queensland Government

Outbreak Name*:* _____

SALMONELLA ***(Infant <1 year)***
Case Questionnaire

Attempt	Date	Time	Outcome
1	___ / ___ / _____	_____ am / pm	_____
2	___ / ___ / _____	_____ am / pm	_____
3	___ / ___ / _____	_____ am / pm	_____
4	___ / ___ / _____	_____ am / pm	_____

Interviewer:_____

Call Outcomes
OC1 – No Answer
OC2 – Subject not home, call back
OC3 – Appointment to call back
OC4 – Refusal
OC5 - Interviewed

"Hello, my name is _____ and I'm calling from QLD Health.

May I please speak with the parent or guardian of _____ ***(name of case)****?"*

'QLD Health often conducts investigations of gastrointestinal illness to identify possible causes and to prevent further spread. I understand ***(case name)*** *recently had a gastroenteritis caused by a Salmonella infection? Salmonella infections are notifiable to Qld Health, by doctors and laboratories. We would like your assistance in answering some questions regarding your child's illness, travel history and foods that were eaten prior to becoming ill. It should only take 10 – 15 minutes to complete. The information from this survey is kept confidential and no identifying information is released without your consent. Can we proceed?'*

Note: The following preliminary information can be recorded prior to interview if known

Personal details

First Name: _____ Address: _____

Last Name: _____ _____

Telephone: _____ (Home) _____

_____ (Work) Post Code: _____

Date of Birth: _____ / _____ / _____ Age: _____ Sex: Male / Female

Parent / Guardian Name: _____

Medical & diagnostic information

Treating GP: _____ Telephone: _____

Medical Practice: _____

Salmonella: _____ Phage Type (if known): _____

Specimen type: _____ MLVA / Genotype (if known): _____

Collection Date: ____ / ____ / ____ Day: _____

Clinical details

'We would like to obtain some detail on your child's Salmonella infection and the kind of symptoms he/she experienced.'

1. During your child's illness, did he/she child experience any of the following symptoms?

	Yes	No	DK/NS	Onset Date	Indicate *first* symptom experienced
Vomiting……..	☐	☐	☐	____ / ____ / _____	….. ☐
Diarrhoea……..	☐	☐	☐	____ / ____ / _____	….. ☐
Stomach Cramps……..	☐	☐	☐	____ / ____ / _____	….. ☐
Blood in stools……..	☐	☐	☐	____ / ____ / _____	….. ☐
Fever……	☐	☐	☐	……...	….. ☐
Chills……	☐	☐	☐	……...	….. ☐
Fatigue……..	☐	☐	☐	……...	….. ☐
Other symptoms……..	☐	☐	☐	……...	….. ☐

Specify:
_____

2. At what time did your child's gastrointestinal symptoms begin? _____ **AM / PM**
(Vomiting, diarrhoea or stomach cramps only)

3. For how long did your child's diarrhoea or vomiting symptoms last? _____
(Specify in days)

4. Was your child admitted to hospital overnight for this illness?

Yes…… ☐ **Hospital Name:** _____
No…… ☐ Go to Q6
Don't Know / Not Sure…….. ☐ Go to Q6

5. For how many nights was your child hospitalised? ☐☐

Date of admission ____ / ____ / _____ **Date of discharge** ____ / ____ / _____

6. Was your child given any antibiotics to treat this illness?

Yes…… ☐
No…… ☐ Go to Q8
Don't Know / Not Sure…….. ☐ Go to Q8

7. Which antibiotics were used?	**Duration**	**Still taking antibiotics**
Antibiotic #1 (…….....)	_____ days / weeks	☐
Antibiotic #2 (…….....)	_____ days / weeks	☐
Don't Know / Not Sure……..☐	_____ days / weeks	☐

In the five days prior to your child's illness…

	Yes	No	DK/NS	
8. Were any other family members sick with a similar illness?	☐	☐	☐	
9. Did your child have contact with anyone with a similar illness? (e.g. other children, carers)	☐	☐	☐	
10. Do you know of anyone else in your child's neighbourhood, school, daycare etc. with a similar illness?	☐ ↓	☐ ↳	☐ ↳	Go to Q11

	Name	Relationship	Address	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Exposure information

In the five days prior to illness…

11. Did your child attend either childcare or day care? — **Yes** ☐ **No** ☐ **DK/NS** ☐ If **NO** or **DK/NS** - Go to Q15

↳ **Name of facility**: _____

12. Were any meals provided by the childcare or day care? ..... ☐ ☐ ☐ **Specify meal**

↳ _____
_____
_____
_____
_____

13. Are there any other family members who also attended the facility? ..... ☐ ☐ ☐

↳ **Specify family member**: _____

14. In the five days prior to illness, which days did your child attend the facility?

	Morning Only	Afternoon Only	All Day	No Attendance
Monday…….....	☐	☐	☐	☐
Tuesday……..	☐	☐	☐	☐
Wednesday……....	☐	☐	☐	☐
Thursday…….....	☐	☐	☐	☐
Friday……..	☐	☐	☐	☐

Travel exposure

15. In the five days prior to your child's illness, did he/she travel overseas, to another state or territory or anywhere within the state?

Yes	No	DK/NS	
☐	☐	☐	
↓	↳	↳	Go to Q16

Specify travel location: _____

Departure Date: _____ / _____ / _____ Airline / Coach Company: _____

Return Date: _____ / _____ / _____ Flight / Coach Number: _____

Local travel

In the five days prior to (your / your child's) illness…	**Yes**	**No**	**DK/NS**	**Details**
16. Did (you / your child) go on any day trips or outings where food was consumed? …….……..……	☐	☐	☐	_____ _____ _____
17. Did (you / your child) attend any large gatherings where food was consumed? Eg. weddings, social events, clubs, church, parties, festivals or fairs?.....	☐	☐	☐	_____ _____ _____
	↓	↳	↳	Go to Q18

Gathering / Outing	**Date**	**Location**
1. _____	____ / ____ / ____	_____
2. _____	____ / ____ / ____	_____
3. _____	____ / ____ / ____	_____

18. On the *day the illness began*, what was eaten for breakfast, lunch and dinner?
Mon / Tue / Wed / Thurs / Fri / Sat / Sun Date: ____/ _____ / _____

Day of Onset of Illness

Breakfast (Include condiments and sauces)	**Place of Consumption / Purchase** *(Circle home if meal was prepared at home otherwise specify)*	
	Home	
	Home	

Snacks eaten:

Lunch (Include condiments and sauces)	**Place of Consumption / Purchase** *(Circle home if meal was prepared at home otherwise specify)*	
	Home	
	Home	

Snacks eaten:

Dinner (Include condiments and sauces)	**Place of Consumption / Purchase** *(Circle home if meal was prepared at home otherwise specify)*	
	Home	
	Home	

19. On the *day before the illness began*, what was eaten for breakfast, lunch and dinner?
Mon / Tue / Wed / Thurs / Fri / Sat / Sun Date: ____/ _____ / _____

1 Day Prior to Onset of Illness

Breakfast (Include condiments and sauces)	**Place of Consumption / Purchase** *(Circle home if meal was prepared at home otherwise specify)*	
	Home	
	Home	

Snacks eaten:

Lunch (Include condiments and sauces)	**Place of Consumption / Purchase** *(Circle home if meal was prepared at home otherwise specify)*	
	Home	
	Home	

Snacks eaten:

DINNER (Include condiments and sauces)	**Place of Consumption / Purchase** *(Circle home if meal was prepared at home otherwise specify)*	
	Home	
	Home	

20. On the *two (2) days before the illness began*, what was eaten for breakfast, lunch & dinner?

Mon / Tue / Wed / Thurs / Fri / Sat / Sun Date: ____/ _____ / _____

2 Days Prior to Onset of Illness

Breakfast (Include condiments and sauces)	**Place of Consumption / Purchase** *(Circle home if meal was prepared at home otherwise specify)*	
	Home	
	Home	

Snacks eaten:

Lunch (Include condiments and sauces)	**Place of Consumption / Purchase** *(Circle home if meal was prepared at home otherwise specify)*	
	Home	
	Home	

Snacks eaten:

Dinner (Include condiments and sauces)	**Place of Consumption / Purchase** *(Circle home if meal was prepared at home otherwise specify)*	
	Home	
	Home	

21. On the three *(3) days before the illness began*, what was eaten for breakfast, lunch and dinner? Mon / Tue / Wed / Thurs / Fri / Sat / Sun Date: ____/ _____ / _____

3 Days Prior to Onset of Illness

Breakfast (Include condiments and sauces)	**Place of Consumption / Purchase** *(Circle home if meal was prepared at home otherwise specify)*	
	Home	
	Home	

Snacks eaten:

Lunch (Include condiments and sauces)	**Place of Consumption / Purchase** *(Circle home if meal was prepared at home otherwise specify)*	
	Home	
	Home	

Snacks eaten:

Dinner (Include condiments and sauces)	**Place of Consumption / Purchase** *(Circle home if meal was prepared at home otherwise specify)*	
	Home	
	Home	

Food consumption

22. In the five days prior to your child's illness, did he/she consume any of the following?

	Yes	No	DK/NS	Food Item	Place of Purchase / Consumption / Locality
Eggs or egg products….....	☐	☐	☐		
Chicken……..	☐	☐	☐		
Tinned baby food……	☐	☐	☐	1.	
				2.	
				3.	
				4.	
Baby formula……...	☐	☐	☐	1.	
				2.	
				3.	
Fruit or vegetable juices…..	☐	☐	☐		
Other foods not mentioned	☐	☐	☐	1.	
				2.	
				3.	

If eggs were consumed:

23. Where did you obtain the eggs that were eaten in the five days prior to illness?

Home chickens…… ☐
Direct from farm…… ☐ Specify: _____
Supermarket …… ☐ Specify: _____
Supplied by friend / relative..…… ☐ Specify: _____
Other……..…….. ☐ Specify: _____
Don't Know / Not Sure…….…….. ☐

24. What types of eggs were consumed in the five days prior to illness?

Free range…… ☐
Organic……..…… ☐
Caged ……. …… ☐
Barn laid…..…… ☐
Other …… ☐ Specify: _____
Don't Know / Not Sure…….…….. ☐

25. Were any eggs visibly cracked or dirty when purchased?

Yes…… ☐
No…… ☐
Don't Know / Not Sure…….. ☐

26. Were the eggs stamped with a company logo?

Yes…… ☐ Specify if known: _____
No…… ☐
Don't Know / Not Sure…….. ☐

Water consumption & contact

27. In the five days prior to your child's illness, did he/she drink or have contact with water from any of the following sources?

	Yes	No	DK/NS	Details	Locality
Untreated water……..	☐	☐	☐		
Swimming (ocean, pool, lake, pond, river etc.)……..	☐	☐	☐		
Drink tank / rain water……	☐	☐	☐		

Animal & environmental exposure

28. In the five days prior to your child's illness, did he/she come in close contact or touch any of the following:

	Yes	No	DK/NS	Details	Locality
Farm animals……..	☐	☐	☐		
Animals, birds or reptiles from a petting zoo or animal sanctuary	☐	☐	☐		
Household pets (dogs, cats, guinea pigs, reptiles, birds etc)...	☐	☐	☐		
Native animals (kangaroos, possums, wallabies, etc) ..…….	☐	☐	☐		

Final comments & identified risk factors

Please provide additional comments in the space provided if required:

Identified potential risk factors **(complete after interview**)

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