



Queensland  
Government

## 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