**SUSPECTED CIGUATERA FISH POISONING QUESTIONNAIRE**

**PUBLIC HEALTH UNIT:**

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

<table>
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<th>Notification Date: <strong><strong>/</strong></strong>/____</th>
<th>Interview Date: <strong><strong>/</strong></strong>/____</th>
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<td>Interviewed by: _____________________</td>
<td>Signature: ____________________</td>
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**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: ________________________________

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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? ________________