

Sporadic case

Outbreak case

Outbreak ref: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Outbreak - Unknown Pathogen**

**Hypothesis Generating Questionnaire**

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| **PRIVACY MESSAGE**  The information you provide in this questionnaire is for the purpose of trying to prevent further cases of illness. We do this by attempting to find out what is likely to have caused your illness and also by providing you with information to reduce the spread of illness to others. The data collected for this questionnaire is kept confidential; however identifying information may be disclosed by Queensland Health where that disclosure is required or permitted by law. |

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| **CASE DETAILS** | | | | |  | Completed by:  PHU: |
| First name: | Surname: | | Gender: M F  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  |  |  | | --- | --- | --- | | Date/time Interviewed | | | | 1 |  |  | | 2 |  |  | | 3 |  |  | | 4 |  |  | | 5 | Refusal | | | 6 | Uncontactable | | | Person interviewed  (if not case):  Interpreter used  Lost to follow up | | | |
| DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: | Parent / Guardian name (if applicable): | | | |  |
| Indigenous status:  Aboriginal Torres Strait Islander  Aboriginal & Torres Strait Islander  Non-Indigenous  Unknown  Prefer not to say | | | | |  |
| Country of birth: | | Ethnicity: | | |  |
| Address: | | Home phone: | | |  |
| Mobile phone: | | |  |
| Email: | | |  |
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| **OCCUPATION (Include part-time/casual/volunteer work) and INSTITUTION CONTACT** | | | | | | |
| Occupation: | | | | | | |
| Occupation involves:  Handling food/drink? Y N  Close contact with sick people? (e.g. health care worker) Y N  Close contact with the children/elderly? (e.g. child care worker?) Y N | | | | *If yes*, provide workplace details (name, address, contact details): | | |
| Attend childcare / preschool / school or reside in a boarding school / aged care facility? Y N | | | | *If yes*, provide details  (name, address, contact details): | | |

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| **CLINICAL** |
| Symptoms experienced:  Diarrhoea: ☐Y ☐N ☐U Bloody diarrhea: ☐Y ☐N ☐U Abdominal pain: ☐Y ☐N ☐U  Nausea: ☐Y ☐N ☐U Vomiting: ☐Y ☐N ☐U Fever: ☐Y ☐N ☐U  Headache: ☐Y ☐N ☐U Joint/muscle pain: ☐Y ☐N ☐U  Other symptoms (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **CLINICAL (cont)** | | |
| First symptom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Onset time: ☐am ☐pm  Onset date of diarrhoea, vomiting or abdominal pain: \_\_\_\_/\_\_\_\_/\_\_\_\_ Onset time: ☐am ☐pm  (whichever occurred first) | | |
| Duration of illness: ☐hours / ☐days ☐still ill | | |
| Consult doctor? Y N Details: | | |
| Emergency Dept. visit for illness?Y N | Date of visit:  \_\_\_\_/\_\_\_\_/\_\_\_\_ | Hospital name: |
| Admitted for illness? Y N | Date admitted:  \_\_\_\_/\_\_\_\_/\_\_\_\_ | Date discharged:  \_\_\_\_/\_\_\_\_/\_\_\_\_ |

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| **LABORATORY** | |
| Clinical samples collected? Y N U | Specimen type:  Stool Blood Urine Other: |
| Specimen collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | Pathology laboratory:  (if known) |

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| **CONTACT EXPOSURES** | | | | |
| **Contacts in the 5 days prior to illness:** | | | | |
| Family member with a similar illness? Y N U  Friend or work/school colleague with a similar illness? Y N U  Provide detail in the table below: | | | | |
| **Name** | **Relationsh**i**p** | **Illness onset** | **Illness description** | **Phone contact** |
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| **TRAVEL EXPOSURES** | | |
| **Travel in the 5 days prior to illness:** | | |
| Overseas? Y N U  Interstate? Y N U  Within State? Y N U | | If yes, provide travel details:  Destination(s):  Date departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of return: \_\_\_\_/\_\_\_\_/\_\_\_\_  Mode of travel: air car train  bus  other, specify:  Name of airline / tour company / travel numbers (if applicable): |
| Case classification for international travel | Travel acquired (international travel for *entire* incubation) STOP interview  Possibly travel acquired (international travel for *part* of incubation) CONTINUE interview  Locally acquired (*no* international travel during incubation) CONTINUE interview | |

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| **OPEN ENDED 3 DAY FOOD HISTORY** | | |
| *Collect as much detail as possible including brands, place of purchase or name and location of restaurant / takeaway and everything that was eaten as part of a meal, others who shared the meal, side dishes, etc.* | | |
| **Day of illness onset** | M T W T F S S **Date:** | Place consumed / purchased |
| Breakfast: | |  |
| Lunch: | |  |
| Dinner: | |  |
| Other snacks and drinks: | |  |
| **1 day before illness** | M T W T F S S **Date:** | Place consumed / purchased |
| Breakfast: | |  |
| Lunch: | |  |
| Dinner: | |  |
| Other snacks and drinks: | |  |
| **2 days before illness** | M T W T F S S **Date:** | Place consumed / purchased |
| Breakfast: | |  |
| Lunch: | |  |
| Dinner: | |  |
| Other snacks and drinks: | |  |
| **3 days before illness** | M T W T F S S **Date:** | Place consumed / purchased |
| Breakfast: | |  |
| Lunch: | |  |
| Dinner: | |  |
| Other snacks and drinks: | |  |

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| **SPECIAL DIETS** | | | | | | |
| Currently on a special diet? | | | Y N U | Details: | | |
| Allergic to any foods? | | | Y N U | Details: | | |
| Protein supplements or other health supplements? | | | Y N U | Details: | | |
| Food or food groups that are *never* consumed? | | | Y N U | Details: | | |
| **EATING OUTSIDE THE HOME** | | | | | | |
| **In the 5 days prior to illness:** | | | | | | |
| **Food Premise Type** | | **Where:**  (Name and location of premises) | | | **When:**  (date and time) | **What:**  (did you eat) |
| Cafes, restaurants, bars | Y N U |  | | |  |  |
| Bakeries | Y N U |  | | |  |  |
| Takeaways  (e.g. service stations, fast food outlets). | Y N U |  | | |  |  |
| Continental deli or specialty grocer  (e.g. Asian supermarkets). | Y N U |  | | |  |  |
| Farmers markets or other market stalls | Y N U |  | | |  |  |
| Home delivered food e.g. Lite & Easy, Meals on Wheels | Y N U |  | | |  |  |
| Mobile food vans or caterers | Y N U |  | | |  |  |
| Social gatherings, such as:   * festivals / functions * weddings / parties * religious events * work conferences | Y N U |  | | |  |  |

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| Friends / family members other colleagues who attended the same social gathering who were also ill? | | Y N U | | |
| **Name** | **Relationsh**i**p** | **Illness onset** | **Illness description** | **Phone contact** |
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| **SUSPECTED FOOD / DRINK ITEMS** |
| Does case suspect their illness is related to a particular food or drink item? Y N U  Food / drink item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Brand (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of purchase / business name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other details (e.g. landmarks to help identify store): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Date food / drink item was consumed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: ☐am ☐pm |

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| **ENVIRONMENTAL EXPOSURES** | | |
| **In the 5 days prior to illness:** | | **Details and locality of exposure:** |
| Live on or visit a rural property? | Y N U |  |
| Contact with farm or zoo animals?  (e.g. petting zoos, farms, shows, etc.). | Y N U |  |
| Contact (petting / touching) with any the following pets:  Budgies or other birds  Guinea pigs  Pet fish or turtles  Lizards, snakes, other reptiles  Other pets, specify: | Y N U  Y N U  Y N U  Y N U  Y N U |  |
| Handle any of the following pet food / treats:  Pet treats (pigs ears, bones, dried meats)  Dry food, tinned food, raw meat  Fish pellets, flakes, worms  Mice, crickets, other reptile / snake food  Hay, pellets, seed, other animal food / treats | Y N U  Y N U  Y N U  Y N U  Y N U |  |
| Contact with native animals (kangaroos, possums, wallabies, etc)? | Y N U |  |
| Have backyard chickens / poultry? | Y N U |  |
| Swim in any pools, dams, or other water ways? | Y N U |  |
| Drink any tank water / untreated water? | Y N U |  |
| Drink any bottled water? | Y N U |  |

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| **OTHER COMMENTS** |
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**END INTERVIEW**