**Alleged Foodborne Illness Questionnaire**

**(for use during Commonwealth Games)**

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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** |  |
| First name:  | Surname:  | Gender: [ ] M [ ] F   |  |
| DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (yrs):  | Parent / Guardian name (if phoning on behalf of child):   |  |
| Address:  | Home phone:  |   |
| Mobile phone:  |  |
| Email:  |  |
| Occupation (include part-time/casual/volunteer work): |  |

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| **CLINICAL DETAILS**  |
| 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 ☐UOther symptoms (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 specimens collected? [ ] Y [ ] N [ ] U | Specimen type:[ ] Stool [ ] Blood [ ] Urine [ ] Other: |
| Specimen collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | Pathology laboratory:(if known) |

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| **TRAVEL EXPOSURES**  |
| **Travel in the 3 days prior to illness:** |
| Overseas? [ ] Y [ ] N [ ] U Interstate? [ ] Y [ ] N [ ] U Within State? [ ] Y [ ] N [ ] U  | If yes, provide travel details:  Date departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of return: \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Did you attend or work at any conferences, functions or sporting events ? | If yes, provide details: |

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| **COMMONWEALTH GAMES DETAILS (if applicable)** |
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| If person attended a Commonwealth Games event, or facility (including all venues, the Village, festival sites, accommodation place & other facilities associated with the Games) provide details: Events/Facilities/Accommodation attended and dates:1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

\* Please record food/drinks purchased/obtained at any of these events in the Food Section on pages 3 & 4. |
| Friends / family members who attended the same events who were also ill? |
| **Name** | **Relationsh**i**p** | **Illness onset** | **Illness description** | **Phone contact** |
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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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| **EATING OUTSIDE THE HOME**  |
| **In the 3 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 |  |  |  |
| Takeaways  | [ ] Y [ ] N [ ] U |  |  |  |
| Mobile food vans or caterers | [ ] Y [ ] N [ ] U |  |  |  |

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| Friends / family members who attended the same venue or had the same takeaway 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  |

**END INTERVIEW**