

DOHM 150-4 (1-8-2002)

APPENDIX E

Foodborne Outbreak Questionnaire

Interviewer's Name: _____
 Interviewer's work phone: _____
 ID Number _____

Section A: Introduction

Hello. My name is _____. I am working with the Department of Health, investigating a possible outbreak of gastrointestinal illness in persons who ate at the _____ on _____ (date). We understand that some people did not become ill after eating, but it is important that we talk with everyone who ate a meal in order to determine what caused the illness. The questionnaire will take about 5 minutes. All information shall remain strictly confidential. Is now a good time to complete the questionnaire?

(If no, when would be a more convenient time to call back?) Date _____ / _____ / _____
 Time _____ AM / PM
 Phone _____

Section B: General Information

Attendee's name: _____ DOB: ___/___/___ Age: _____
 Parent's name (if child): _____
 Address: _____
 Phone: _____ Occupation: _____

Section C: Consumer Information

Did you eat at the (name of establishment) on _____?
 (fill out date of meal)

(circle one) Y N DK

At what time of day did you begin eating? _____ AM / PM

Had you been ill with gastrointestinal symptoms, such as nausea, vomiting, abdominal cramps or diarrhea any time in the seven days before eating at (name of establishment)?

(circle one) Y N DK

Did you develop gastrointestinal symptoms, such as nausea, vomiting, abdominal cramps or diarrhea, after eating at (name of establishment) on (date of meal).

(circle one) Y N DK (If no, skip to Section E)

Section D: Clinical Information

When did you first become ill? _____ (day of week) Date: _____ / _____ / _____
 Onset time? _____ AM / PM

DOHM 150-4 (1-8-2002)

Did you have any of the following symptoms: (circle one for each symptom)

Nausea	Y	N	DK
Vomiting	Y	N	DK
Abdominal cramps	Y	N	DK
Chills	Y	N	DK
Muscle aches	Y	N	DK
Headache	Y	N	DK
Fever	Y	N	DK
(If yes, was temperature recorded?)	Y	N	DK
(If yes, highest recorded temperature _____ □)			
Diarrhea (defined as ≥ 3 loose stools in a 24 hour period)	Y	N	DK
(If yes, what is the most number of stools in a 24-hour period?) _____			
Bloody diarrhea	Y	N	DK

Did you see a physician? Y N DK

Was a stool culture taken? Y N DK

Were you hospitalized overnight? Y N DK
(If yes, how many days?) _____

Were you on any antibiotics during the week before your illness? Y N DK

Do you have a chronic medical condition, such as diabetes, lung disease, cancer? Y N DK
(If yes, please describe) _____

Have you received any antibiotics as treatment for this illness? Y N DK

Are you recovered now? Y N DK
(If yes, how many days were you ill?) _____

Did anyone in your household become ill after you? Y N DK
(If yes, how many people?) _____ List below:

Person #1: Age _____ Day of illness onset _____ Time _____ AM / PM
 Person #2: Age _____ Day of illness onset _____ Time _____ AM / PM
 Person #3: Age _____ Day of illness onset _____ Time _____ AM / PM

Section E: Menu Items

I am now going to ask you about foods you may have eaten. If you ate a particular food item, please answer 'Yes' to that question. Also answer 'Yes' even if you just had one bite of a particular food item (for example, if you tasted something off a companion's plate). If you can't remember, please answer 'Don't know'.

Did you eat any of the following foods?

List All Foods:

_____	Y	N	DK
_____	Y	N	DK

DOHM 150-4 (1-8-2002)

_____ Y N DK

Did you eat any of the following condiments?

List All Condiments:

_____ Y N DK
 _____ Y N DK
 _____ Y N DK

Did you eat any of the following desserts?

List All Desserts:

_____ Y N DK
 _____ Y N DK
 _____ Y N DK

Did you drink any of the following beverages?

List All Beverages:

_____ Y N DK
 _____ Y N DK
 _____ Y N DK

Did you take any food items home?

(If yes, do you have any left that we can collect? Y N DK
 (If yes, give instructions to hold refrigerated, without eating, and make arrangements to collect.) Y N DK

Did you eat any other food item(s) not mentioned above? (If yes, please list):

Section F: Food Preparation

Were you part of the team that organized and prepared the meal? Y N DK
 (If no, skip to Section G)

What day did the food arrive? _____ (day of week) Date: ____/____/____

What time of day? _____ AM / PM

How was the food stored?

Placed in refrigerator _____
 Stored unrefrigerated _____
 Other _____

Did you eat any of the food before service? Y N DK

(If yes, on what day):

The day before service Time: _____ AM / PM
 The day served Time: _____ AM / PM
 Other _____

DOHM 150-4 (1-8-2002)

Did you help set up the eating area for self-service?	Y	N	DK
<i>If yes, was a dedicated serving spoon or knife provided for each item?)</i>			
Meat item	Y	N	DK
Side salad item (potato, pasta, vegetable)	Y	N	DK
Condiment (mustards, pickles, dips)	Y	N	DK
Dessert item	Y	N	DK

Section G: Conclusion

Thank you for taking the time to answer this questionnaire. We hope to discover the cause of illness soon. However, we may need to contact you again at a later date. If you have any questions about this outbreak, please contact _____ at phone number (____)_____. Again, thank you for your participation.