

Cryptosporidium / Giardia / Cyclospora Surveillance

SECTION A: QUESTIONNAIRE DETAILS

Interviewer name: Interview date :/...../.....

Local authority : Name of person interviewed
(if not the case):

SECTION B: CASE DETAILS

Name: DOB...../...../..... Age Sex: Male ☐ Female ☐

Address:

Postcode: Tel (home) Tel (mobile)

Main Occupation: Voluntary Work:

Work/School/Nursery name: Work Tel:

Work /School /Nursery Address & postcode: Date last attended:/...../.....

Risk Group: Group A ☐ [Doubtful hand /toilet hygiene or poor facilities] Group B ☐ [Child at preschool / nursery] Group C ☐ [Food handler] Group D ☐ [Clinical, social care or nursery staff]

Ethnic background: White British ☐ White Irish ☐ White other ☐ Not stated ☐ Other ☐

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Asian other ☐

Black Caribbean ☐ Black African ☐ Black other ☐ Mixed – White and Black Caribbean ☐

Mixed – White and Black African ☐ Mixed – White and Asian ☐

GP practice:

SECTION C: SYMPTOMS OF ILLNESS

Onset date:/...../..... Time of onset Date of specimen/...../.....

Symptoms: Yes No Not Sure Date of onset Duration (days)

Diarrhoea (3 or more loose stools in 24hrs) ☐ ☐ ☐/...../.....

Vomiting ☐ ☐ ☐/...../.....

Other (please specify):

Sought healthcare: NHS 111 ☐ GP visit ☐ A&E ☐ Other ☐ (specify):

Admitted to hospital for this illness: Yes ☐ No ☐ Admission date:/...../.....

Hospital name: Duration of stay (in days) :

PLEASE LIST PEOPLE WHO LIVE IN CASE'S HOUSEHOLD AND WHETHER THEY HAVE HAD SIMILAR SYMPTOMS IN THE 14 DAYS BEFORE OR AFTER CASE BECAME ILL

	Name	Sex M/F	Date of Birth	Relationship to case	Occupation / school / nursery	Symptoms? (Y/N)	Symptoms e.g. diarrhoea (D), bloody diarrhoea (BD), vomiting (V), abdo pain (P)	Onset Date	Sample requested ? (Y/N)
1			/...../.....					/...../.....	
2			/...../.....					/...../.....	
3			/...../.....					/...../.....	
4			/...../.....					/...../.....	
5			/...../.....					/...../.....	

PLEASE LIST ANY OTHER PEOPLE WITH A SIMILAR ILLNESS THAT THE CASE WAS IN CLOSE CONTACT WITH THE CASE IN THE 14 DAYS PRIOR TO CASE'S ONSET DATE

	Name	Sex M/F	Date of Birth	Address &/or telephone number if known	Symptoms e.g. diarrhoea (D), bloody diarrhoea (BD), vomiting (V), abdo pain (P)	Onset date	Sample requested ? (Y/N)
1			/...../.....			/...../.....	
2			/...../.....			/...../.....	
3			/...../.....			/...../.....	

SECTION D: TRAVEL IN THE 14 DAYS PRIOR TO ILLNESS

Travelled **OUTSIDE of the UK:** Yes ☐ No ☐

Specify countries and areas visited (from most recent to least recent)

Country/Region	Date arrived	Date departed	Details (including town / resort)
.....	 //	 //	
.....	 //	 //	

Name of tour operator: Name of airline:

Name of UK airport: Destination airport:

Name of accommodation: Was this an all inclusive holiday Yes ☐ No ☐

Did you take any excursions during your holiday? Yes ☐ No ☐ Details:

Travelled **WITHIN the UK with overnight stay:** Yes ☐ No ☐

If yes, Specify towns/resorts visited (from most recent to least recent)

Town/Resort	Date arrived	Date departed	Details
.....	 //	 //	
.....	 //	 //	

If yes, describe the type of accommodation used:

Hotel ☐ Bed & Breakfast ☐ Guesthouse ☐ Friends/Family ☐
 Tourist Campsite ☐ Holiday dwelling ☐ Other (specify):

Name of accommodation / details:

SECTION E: ANIMAL CONTACT IN THE 14 DAYS PRIOR TO ILLNESS

Contact with animals: Yes ☐ No ☐ If yes, please provide **numbers** of animals below

Dogs		Cats		Cattle		Calves		Sheep		Lambs	
Goats		Horses		Pigs		Poultry		Rabbits		Rodents	
Reptiles		Birds		Fish		Other (what, and number):					

If yes, please give details of where contact was (e.g. pets at home etc)

Did any of the above animals have diarrhoea?: Yes ☐ No ☐ Not sure ☐

If yes, please give details:

Did you visit a farm/petting zoo/bird reserve etc.: Yes ☐ No ☐ Not sure ☐ If yes, visit date(s):...../...../.....

If yes, specify name & address of premises:

Please provide details of animal contact at the premises (e.g. stroked, fed, washed/groomed, contact with animal faeces etc):

SECTION F: ENVIRONMENTAL EXPOSURE IN THE 14 DAYS PRIOR TO ILLNESS

Did you have contact with animal faeces / manure or rural environment? Yes ☐ No ☐ Not sure ☐

If yes, please provide details (e.g. location, type of contact, type of manure, picnic in countryside, plays in fields): Date(s)...../...../.....

SECTION G: DAY TRIPS & VISITOR ATTRACTIONS IN THE 14 DAYS PRIOR TO ILLNESS

During the 14 days before you became unwell did you undertake any day trips, or attend any visitor attractions, shows or social events? [eg leisure park, sports event, museum, fairground or funfair, festival or convention] Yes ☐ No ☐

If yes, please provide details Date(s)...../...../.....
..... Date(s)...../...../.....

SECTION H: WATER CONSUMPTION & EXPOSURE IN THE 14 DAYS PRIOR TO ILLNESS

Have you consumed **unboiled** water from any of the following:

Water supply	Yes	No	Details (including date(s) where appropriate)
Mains (municipal) water	☐	☐	
Private water supply (spring/well/borehole)	☐	☐	
Bottled water	☐	☐	
Unboiled river/stream/lake water	☐	☐	
Ice	☐	☐	

On average how many glasses of unboiled tapwater (including squash etc) do you drink each day? At home At school / nursery Elsewhere

Have you participated in any of the following activities – either **recreationally** or for **occupation**:

Activity	Yes	No	Details	Date(s)
Swimming / Paddling	☐	☐		/...../.....
Sailing	☐	☐		/...../.....
Canoeing	☐	☐		/...../.....
Windsurfing/ waterskiing	☐	☐		/...../.....
Fishing	☐	☐		/...../.....
Other	☐	☐		/...../.....

Is it possible that water was accidentally swallowed during any of the above?: Yes ☐ No ☐ Not sure ☐

SECTION I: CONSUMPTION OTHER DRINKS / DAIRY IN THE 14 DAYS PRIOR TO ILLNESS

	Yes	No	Not sure	If yes, please provide details of brand, supplier, dates
Pasteurised milk?	☐	☐	☐	
Unpasteurised milk? (e.g. greentop or from farm)	☐	☐	☐	
Cream	☐	☐	☐	
Ice cream	☐	☐	☐	
Fruit juice	☐	☐	☐	
Other dairy products	☐	☐	☐	

SECTION J: CONSUMPTION & HANDLING OF FOOD IN THE 14 DAYS PRIOR TO ILLNESS

Did you eat or handle any of the following foods?:

Food item	Ate		Handled		What and where purchased (e.g. Asda, Spennymoor)	Date(s)
	Yes	No	Yes	No		
Whole lettuce	☐	☐	☐	☐		/...../.....
Prepacked salad leaves (e.g. lettuce, rocket etc)	☐	☐	☐	☐		/...../.....
Raw salad vegetables (e.g. tomato, cucumber, carrot, pepper)	☐	☐	☐	☐		/...../.....
Raw vegetables (e.g. leeks, potatoes, cabbage, turnip)	☐	☐	☐	☐		/...../.....
Fresh herbs (including in drinks) (eg basil, parsley, coriander, mint)	☐	☐	☐	☐		/...../.....
Whole fresh fruit (e.g. apple, pear, berries)	☐	☐	☐	☐		/...../.....
Precut fresh fruit (e.g. fruit salad)	☐	☐	☐	☐		/...../.....
Raw shellfish (e.g. raw prawns, mussels, oysters)	☐	☐	☐	☐		/...../.....

Which shops do you usually use to buy food?

	Yes	No	Branch / location (e.g. Tesco Durham, Grainger Market Newcastle)
Supermarket	☐	☐	
Corner/ local shop	☐	☐	
Market	☐	☐	
Other (e.g. deli, greengrocer)	☐	☐	

In the 14 days before onset of illness did you eat outside the home?

	Yes	No	Venue, location and food item	Date(s)
Restaurant	☐	☐		/...../.....
Takeaway	☐	☐		/...../.....
Café	☐	☐		/...../.....
School / work canteen	☐	☐		/...../.....
Barbecue / Picnic	☐	☐		/...../.....
Other	☐	☐		/...../.....

SECTION K: HYGIENE ADVICE AND CONTROL MEASURES

Has the case / parent been offered hygiene advice? Yes ☐ No ☐

Has the case and contacts been advised about exclusion? Yes ☐ No ☐

- Exclude until 48 hours after symptoms cease
- advise to avoid swimming for 2 weeks after symptoms cease for cryptosporidium or giardia (NOT necessary for Cyclospora)

SECTION L: ANY OTHER COMMENTS RELEVANT TO THIS CASE

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Can the case be contacted again if further details are required? Yes ☐ No ☐

Please return completed questionnaire by secure email:

Fax:

PHE North East Health Protection Team Tel: