South West Standard GI Illness Questionnaire – please only use if pathogen unknown

Update: April 2017

Please tick boxes or write in the space(s) provided. **USE BLACK OR DARK BLUE BIRO/PEN.**

Local authority name **Date completed** (dd/mm/yy)

Please complete all sections 1-9 (pages 1 to 6)

1.	**Personal Details**	
1.1	First name	
1.2	Surname	
1.3	Address	
1.4	Post Code	
1.5	Home phone number	
1.6	Mobile number	
1.7	Sex	Male ☐ Female ☐
1.8	Date of Birth (dd/mm/yy)	
1.9	GP Surgery name	
1.10	GP Surgery address	

2.	**Occupational Details**		
2.1	Workplace/School name		
2.2	Workplace/School address		
2.3	Workplace/School postcode		
2.4	Do you do any full time, part time or voluntary work that involves:		
	Handling food	Yes ☐	No ☐
	Caring/teaching children	Yes ☐	No ☐
	Health Care	Yes ☐	No ☐
	Contact with animals	Yes ☐	No ☐

3.	**Clinical Details**	
3.1	When did you start to feel unwell? (dd/mm/yy)	
3.2	Time (approximately) (24 hours)	
3.3	Are you still ill	Yes ☐ No ☐ If **NO** how many days were you ill?
3.4	Symptoms	Diarrhoea Yes ☐ No ☐ *(3 or more loose stools within 24 hours)* Blood in stools Yes ☐ No ☐ Abdominal/Stomach pain Yes ☐ No ☐ Nausea Yes ☐ No ☐ Vomiting Yes ☐ No ☐ Fever Yes ☐ No ☐ *(temperature above 37.5^{o}C)* Headaches Yes ☐ No ☐ Other Yes ☐ No ☐ Please specify:
3.5	Did you consult your GP for treatment of your illness? Yes ☐ No ☐	
3.6	Did you visit a hospital for treatment of your illness? Yes ☐ No ☐ If **YES** which hospital?	
3.7	Were you admitted to hospital for treatment of your illness? Yes ☐ No ☐ Date of admission? (dd/mm/yy) Date of discharge? (dd/mm/yy) If exact dates not known, how many days were you in hospital for?	
3.8	Have you provided a stool sample to your GP or other healthcare professional? Yes ☐ No☐ If YES, date submitted: (dd/mm/yy)	

4.	**Contact details**	
4.1	Did you come into close contact with anyone else who became ill with similar symptoms in the **7 DAYS** before or after you started to feel unwell? (This includes people within your household and outside, eg work/school contacts). Yes ☐ No ☐ If **YES** Please give details in 4.2 below and at end of Page 6 if needed providing details for more than 2 Individuals	
4.2	First and Surname	Contact details (phone number and address)

5. Travel History

5.1 Did you spend any nights **OUTSIDE** the UK in the **7 DAYS** before you became ill?

Yes ☐ No ☐ **if NO go to question 5.2**

If **YES** please give details of the trip(s) below and on page 6 if further space needed.

Date of departure (dd/mm/yy)	
Date of return (dd/mm/yy)	
Country visited	
Town(s)/resorts(s) visited	
Name of hotel(s)/ campsites visited	
Name of tour operator	

5.2 Did you spend any nights away from home but **WITHIN** the UK in the **7 DAYS** before you became ill? (Includes staying at friends/relatives, recreational/business trips etc]

Yes ☐ No ☐ **if NO go to question 6.1**

If **YES** please give details of the trip(s) below and continue on page 6 if further space needed:

Date of departure (dd/mm/yy)	
Date of return (dd/mm/yy)	
Place visited (hotel, friend's house etc)	
Town(s)/village(s) visited	

6. Contact with animals

6.1 Did you have any contact with animals (alive or dead) in the **7 DAYS** before you became ill?

Yes ☐ No ☐ If **NO go to question 7.1**

If **YES** what type of animals did you handle?
(e.g hens, sheep, rabbits, reptiles, feeder mice for snakes etc)

6.2 Do you have any pets? Yes ☐ No ☐

If **YES** what type of pet(s)? and number of pets?
(e.g 2 dogs, 3 parrots, 1 goldfish etc)

Were any of these pets ill in the **7 DAYS** before you became ill? Yes ☐ No ☐

6.3 Do you live on a farm or small holding? Yes ☐ No ☐

6.4 Did you visit any farms, stables, zoos etc in the **7 DAYS** before you became ill?

Yes ☐ No ☐

If **YES** name of where visited?

Did you handle or touch any animals? Yes ☐ No ☐

If **YES** what type of animals did you handle?

7. Food Exposures

7.1 In the **7 DAYS** before you became ill, did you eat any meals or snacks from any parties, receptions or buffets?

Yes ☐ No ☐ If **YES** Please give details of all venues below, continue of page 6 if more space if needed

Name of venues	Address

7.2 In the **7 DAYS** before you became ill, did you eat any meals or snacks bought from fast-food outlets? Fast-food outlets include any restaurant, stall or shop **where food is paid for before it is eaten,** eg sandwich bars, burger bars, kebab shops, fish and chip shops, hot dog stands etc.

Yes ☐ No ☐ If **YES** Please give details of all venues below, continue of page 6 if more space if needed

Name of venues	Address

7.3 In the **7 DAYS** before you became ill, did you eat any meals or snacks from any other restaurants, canteen, cafes, pubs or hotels?

Yes ☐ No ☐ If **YES** Please give details of all venues below, continue of page 6 if more space if needed

Name of venues	Address

7.4 Did you consume any of the following other foods in the **7 DAYS** before illness

	No	**At home**	**Outside home**	**Where purchased from:**
Chicken	☐	☐	☐	
Game birds (e.g. pheasants)	☐	☐	☐	
Other poultry (e.g. turkey, duck)	☐	☐	☐	
Beef (inc roast, mince, steak)	☐	☐	☐	
Lamb	☐	☐	☐	
Pork	☐	☐	☐	
Bacon	☐	☐	☐	
Sausage	☐	☐	☐	
Offal (e.g. Kidney, liver)	☐	☐	☐	
Fish	☐	☐	☐	
Shellfish	☐	☐	☐	
Barbequed food	☐	☐	☐	
Other meat (e.g. pate, cold meats) please state what:	☐	☐	☐	
Eggs or food containing eggs (e.g. scotch egg, quiche)	☐	☐	☐	

7.5	Did you consume any of the following other foods in the **7 DAYS** before illness				
		No	**At home**	**Outside home**	**Where purchased**
Salad leaves (e.g. mixed leaves) Please specify type and brand: If YES was it pre-packed/bagged Yes ☐ No ☐		☐	☐	☐	
Salad vegetables (e.g. tomatoes) Please specify type and brand: If YES was it pre-packed/bagged Yes ☐ No ☐		☐	☐	☐	
Other raw vegetables Please specify type and brand: If YES pre-packed/bagged Yes ☐ No ☐		☐	☐	☐	
Fruit Please specify type (e.g. fresh or frozen berries): If YES pre-packed/bagged Yes ☐ No ☐		☐	☐	☐	
Pre-packed sandwiches		☐	☐	☐	

7.6	Did you consume any of the following dairy products in the **7DAYS before illness**			
		No	**Yes**	**Type/Brand and Purchased From**
Cow Milk If YES, was it unpasteurised Yes ☐ No ☐		☐	☐	
Goats Milk		☐	☐	
Cheese		☐	☐	
Cream		☐	☐	
Yoghurt/ Fromage frais		☐	☐	
Other dairy e.g. butter, ice cream Please state type:		☐	☐	

7.7	In the **7 DAYS** before you became ill did you eat any food (including milk) that was bought from:			
		No	**Yes**	**Name of shop(s)/location**
Supermarkets		☐	☐	
Corner shops		☐	☐	
Ethnic groceries		☐	☐	
Butchers shops		☐	☐	
Milk rounds		☐	☐	
Markets		☐	☐	
Farm shops		☐	☐	
Other		☐	☐	

8.	**Water exposure**		
8.1	Did you drink in the **7 DAYS before illness** any cold, **unboiled water** from:		
	No	**Yes**	
Mains supply	☐	☐	If **YES** Name of supplier:
Private supply e.g borehole, well	☐	☐	
A river, stream or spring	☐	☐	If **YES** Give location:
A filter jug	☐	☐	
Bottled water	☐	☐	If **YES** Name of brand:
8.2	In the **7 DAYS** before you became ill did you participate in any of the following activities?		
	No	**Yes**	
Swimming/paddling	☐	☐	If **YES** Give location:
Sailing	☐	☐	If **YES** Give location:
Canoeing	☐	☐	If **YES** Give location:
Windsurfing	☐	☐	If **YES** Give location:
Fishing	☐	☐	If **YES** Give location:
Other, please state:	☐	☐	If **YES** Give location:

9.	**Additional Information**
9.1	In the **7 DAYS** before you became ill did you spend any time outside your usual work or home setting which did not include a night away from home (e.g. visiting the countryside, beaches, parks, playgrounds, day trips etc). Yes ☐ No ☐ If YES please give details in space below:
9.2	Please provide any other information you feel is relevant about this illness (foods eaten etc). Including any additional information pertaining to questions asked earlier on:
9.3	On occasion we are required to re-contact individuals to clarify information provided to obtain more details. Would you be happy for us to contact you again for such reasons pertaining to your illness? Yes ☐ No ☐

Thank you for completing this questionnaire

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Our lawful basis has been determined as:
Public Task – in relation to personal data
Substantial Public Interest – in relation to 'special category' personal data

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Website: http://www.torridge.gov.uk/privacypolicy/

Alternatively, a full copy of our privacy policy can be viewed at our main office or a copy can be requested by writing to the Data Protection Officer at Riverbank House, Bideford, Devon, EX39 2QG.