

**Pathogen** (if known):

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**Outbreak Name:**

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<i>Date:</i>	/ /
<i>Interviewer:</i>	
<i>Person Interviewed (if not case):</i>	
<i>NDD No:</i>	
<i>Interpreter used? language:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes .....
<i>PROBABLE SOURCE</i>	
<b>DHS USE ONLY</b>	
<i>ID Number</i>	
<i>Database Updated?</i>	/ /
<i>Has the case died?</i>	Yes / no
<i>Has the doctor given consent to interview the case?</i>	Yes / no If yes: Date / /

## OzFoodNet

### National Hypothesis Generating Case Questionnaire

#### ATTEMPTS TO CONTACT CASE

Date	Time	Comments

**PRIVACY MESSAGE : PRIVACY MESSAGE:** The NSW Department of Health is notified of some diseases under the NSW Public Health Act. The information you provide in this questionnaire is for the purpose of trying to prevent further cases of illness. We do this by trying to find out what is likely to have caused your illness and by providing you with information to reduce the spread of infection to other people. The data collected is kept confidential and identifying information will not be disclosed for any other purpose without your consent. Please note that in investigations such as these we are governed by NSW laws of confidentiality and privacy. This limits the amount of information that we are able to feedback about the investigation. We liaise with the NSW Food Authority within these laws to help prevent any further instances of illness from occurring.

*Information*

*read?*

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**SECTION 1: DEMOGRAPHIC DATA**

Surname / Family name : .....

Other names: .....

Street Address: .....

Suburb/Town: ..... Postcode: .....

Telephone: H: ( ) ..... W: ( ) ..... M: .....

Date of Birth: / / or Age: ..... Sex: Male / Female

Country of Birth: .....	Of Aboriginal or Torres Strait Islander Origin?
Language Spoken at Home: .....	No <input type="checkbox"/>
Occupation*: .....	Aboriginal <input type="checkbox"/>
	Torres Strait Islander <input type="checkbox"/>
	Both Aboriginal and Torres Strait Islander <input type="checkbox"/>

Name / Address of Employer or School or Child Care Attended: .....

Telephone: ..... Contact Person: .....

Date Last Attended: / / **High Risk occupational group?\*** no  yes

\* High risk occupations are food handlers, health care workers, child care workers, children in child care, and residents of institutions (i.e. aged care)

**SECTION 2: TREATING DOCTOR / HOSPITAL**

Name of Treating Dr: .....

Address: .....

Telephone: ..... Facsimile: .....

Did case present to hospital (e.g. Emergency Dept)? no  yes  Name of Hospital: .....

Was case admitted to hospital? no  yes  Date of Admission: / /

Hospital UR No: ..... Date of Discharge / Death / /



**SECTION 3: ILLNESS (SUMMARY)**

What was your first symptom? (see below) \_\_\_\_\_

Onset date of first symptom: \_\_\_/\_\_\_/\_\_\_

Time of onset: ..... am / pm

SYMPTOMS	yes/no/ unknown	(optional) Date of onset
Fever		
Nausea		
Vomiting		
Abdominal pain		
Lethargy		
Headache		
Other (Specify)		

SYMPTOMS	yes/no/ unknown	(optional) Date of onset
Diarrhoea		
Bloody stools		
Watery stools		

Date of Specimen Collection:

\_\_\_/\_\_\_/\_\_\_

Type of Specimen: Faeces / Blood / Urine / Other

Specify: .....

Duration of diarrhoea:.....days / hours

Total duration gastro symptoms: .....days

**SECTION 4: CONTACT DATA**

In the week (7 days) prior to onset of illness, has the case:

- had contact with a family member with a similar illness?  yes  no  don't know → give details below:
- had contact with a friend or work/school colleague with a similar illness?  yes  no  don't know → give details:

Name	Relationship	Address and phone (if different to case)	Phone

How well did the case recall the information (Sections 2, 3 and 4 – doctors details, illness history and contact details)?

- Very Well   
  Well   
  Not well   
  Not at all

**SECTION 5: TRAVEL**

In the week (7 days) prior to onset of illness, did the case travel at all?

Travel	Travel Details
<p><b>Travel</b></p> <p><b>Domestic</b>      no <input type="checkbox"/>      yes <input type="checkbox"/></p> <p>(Include all nights away from home – i.e. interstate and local)</p> <p><b>International</b>      no <input type="checkbox"/>      yes <input type="checkbox"/></p>	<p>Where travelled to: .....</p> <p>.....</p> <p>Type of accommodation: .....</p> <p>Name of resort/hotel: .....</p> <p>Date of departure:    ___ / ___ / ___</p> <p>Date of return:        ___ / ___ / ___</p> <p>Travel by air: yes / no    If yes:</p> <p>Name of airline: ..... Flight Number(s): .....</p> <p>Train: yes / no    If yes:</p> <p>Place of departure: ..... Time of departure: .....am/pm</p> <p>Place of arrival:..... Time of arrival: .....am/pm</p> <p>Bus: yes / no    If yes:</p> <p>Place of departure: ..... Time of departure: .....am/pm</p> <p>Place of arrival:..... Time of arrival: .....am/pm</p> <p>Name of bus company: .....</p>

If the case has travelled overseas during their incubation period section 6 need not be completed

**SECTION 6: FOOD HISTORY**

**Instructions:**

Complete the '3-day food history' (Food History Part 1) and 'Food from special settings' (Food History Part 2). Collect as much detail as possible for each meal (e.g. for a salad sandwich list all ingredients; for a meal cooked at home list everything eaten) and the number of people that shared each meal. For each food indicate if the meal was prepared and consumed at home, and give details of where items/ingredients were purchased. If not eaten at home give name and address of place where eaten.

If recall of 3-day food history is poor please also complete the attached '3-day food trawling questionnaire' (Food History Part 3) and 'Usual point of purchase of high-risk foods' (Food History Part 4).

**Food History Part 1: 3 day food history**

Day of onset of illness		Date: ...../...../.....		Time: ..... am/pm
Meal (list all foods eaten)	Prepared and eaten at home. If yes, give details of ingredients and where they were purchased:	Prepared elsewhere and eaten at home (takeaway) If yes, give details of where purchased (including address):	Prepared and eaten elsewhere. If yes, give details including address:	
Breakfast	Yes / No	Yes / No	Yes / No	
Between breakfast and lunch	Yes / No	Yes / No	Yes / No	
Lunch	Yes / No	Yes / No	Yes / No	
Between lunch and dinner	Yes / No	Yes / No	Yes / No	
Dinner	Yes / No	Yes / No	Yes / No	
After dinner	Yes / No	Yes / No	Yes / No	

Day 1 (day before onset )		Date: ...../...../.....		Time: ..... am/pm
Meal (list all foods eaten)	Prepared and eaten at home. If yes, give details of ingredients and where they were purchased:	Prepared elsewhere and eaten at home (takeaway) If yes, give details of where purchased (including address):	Prepared and eaten elsewhere. If yes, give details including address:	
Breakfast	Yes / No	Yes / No	Yes / No	
Between breakfast and lunch	Yes / No	Yes / No	Yes / No	

# Salmonellosis

# Case Questionnaire

Lunch	Yes / No	Yes / No	Yes / No
Between lunch and dinner	Yes / No	Yes / No	Yes / No
Dinner	Yes / No	Yes / No	Yes / No
After dinner	Yes / No	Yes / No	Yes / No

Day 2 (2 days before onset)		Date: ...../...../.....	Time: ..... am/pm
Meal (list all foods eaten)	Prepared and eaten at home. If yes, give details of ingredients and where they were purchased:	Prepared elsewhere and eaten at home (takeaway) If yes, give details of where purchased (including address):	Prepared and eaten elsewhere. If yes, give details including address:
Breakfast	Yes / No	Yes / No	Yes / No
Between breakfast and lunch	Yes / No	Yes / No	Yes / No
Lunch	Yes / No	Yes / No	Yes / No
Between lunch and dinner	Yes / No	Yes / No	Yes / No
Dinner	Yes / No	Yes / No	Yes / No
After dinner	Yes / No	Yes / No	Yes / No

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Day 3 (3 days before onset)		Date: ...../...../.....		Time: ..... am/pm
Meal (list all foods eaten)	Prepared and eaten at home. If yes, give details of ingredients and where they were purchased:	Prepared elsewhere and eaten at home (takeaway) If yes, give details of where purchased (including address):	Prepared and eaten elsewhere. If yes, give details including address:	
Breakfast	Yes / No	Yes / No	Yes / No	
Between breakfast and lunch	Yes / No	Yes / No	Yes / No	
Lunch	Yes / No	Yes / No	Yes / No	
Between lunch and dinner	Yes / No	Yes / No	Yes / No	
Dinner	Yes / No	Yes / No	Yes / No	
After dinner	Yes / No	Yes / No	Yes / No	

**Food History Part 2: Food from special settings**

In the 3 days prior to illness did the case eat or buy food from:

	Name and address of premises	What was eaten?
<b>Cafes or restaurants</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know		
<b>Takeaway / fast food outlets</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know		
<b>Parties or functions with family or friends</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know		
<b>Festivals or commercial public gatherings (eg fetes, club social events, markets, Moomba etc.)</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know		
<b>Continental deli or specialty grocer (e.g. Asian supermarket)</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know		
<b>Farms or growers (farm gate sales or consumption of unprocessed products)</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know		

Were any other attendees at these meals/functions ill with gastro symptoms?  no  yes If yes give details:

WHAT DOES THE CASE SUSPECT WAS THE CAUSE OF THEIR ILLNESS? .....

How well did the case recall the information (Section 6 - food history)?  
 Very Well  Well  Not well  Not at all

**SECTION 7: ENVIRONMENTAL RISK FACTORS**

Risk Factor	Applies	Details
Close Contact with farm animals <small>(include petting zoos etc here)</small>	no <input type="checkbox"/> yes <input type="checkbox"/>	Specify type: ..... Specify date(s): ..... Location: .....
Close Contact with native animals	no <input type="checkbox"/> yes <input type="checkbox"/>	Specify type: ..... Specify date(s): ..... Location: .....
Lives on a rural property <small>(i.e. farm, hobby farm)</small>	no <input type="checkbox"/> yes <input type="checkbox"/>	
Has had contact with pets <small>(including fish and reptiles)</small>	no <input type="checkbox"/> yes <input type="checkbox"/>	Type: ..... Has pet been ill? No <input type="checkbox"/> yes <input type="checkbox"/> Type of food? ..... Location: <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify): .....
Drunk from a private water supply	no <input type="checkbox"/> yes <input type="checkbox"/>	Specify type: ..... Location: ..... Is water treated? no <input type="checkbox"/> yes <input type="checkbox"/> unknown <input type="checkbox"/>
Drunk from a public water supply (tap water)?	No <input type="checkbox"/> yes <input type="checkbox"/>	
Drunk any bottled water	no <input type="checkbox"/> yes <input type="checkbox"/>	Specify brand: ..... How often: .....
Problems with sewage disposal at home?	no <input type="checkbox"/> yes <input type="checkbox"/>	Specify problem and system type:
Gardening – contact with potting mix or manure	no <input type="checkbox"/> yes <input type="checkbox"/>	Type:
Other known risk factor <small>(i.e. occupational exposure)</small>	no <input type="checkbox"/> yes <input type="checkbox"/>	Specify:
Participated in Swimming / Water Sports	no <input type="checkbox"/> yes <input type="checkbox"/>	Activity: ..... Location: ..... Date: .....

How well did the case recall the information (Section 5 - environmental exposures)?

Very Well     Well     Not well     Not at all



**SECTION 9: EDUCATION AND EXCLUSIONS**

Hygiene and preventing transmission discussed

No  Yes  N/A

Information requested (brochure)

No  Yes  N/A Date Sent:

\_\_\_/\_\_\_/\_\_\_

Privacy Information requested

No  Yes  N/A Date Sent:

\_\_\_/\_\_\_/\_\_\_

*Is case a child in care, resident of an institution or in a high-risk occupation?*

YES → *Public Health Action as per Salmonellosis Response Protocol for Public Health Units (NSW Notifiable Diseases Manual)*

NO → *End of Section 9, Please go to*

*Signature*