Listeriosis Case Questionnaire

(Updated Oct19)

Case Initials:	
State ID:	
National ID:	
☐ sporadic case ☐ outbreak case	
Outbreak ref:	

PRIVACY STATEMENT

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 also by providing you with information to reduce the spread of illness to others. The data collected is kept confidential and identifying information will not be disclosed for any other purpose without your consent. You can access your information by contacting the Department of Human Services. A fact sheet is available ("Privacy Legislation & Notification of Infectious Diseases – Information for Patients") if you would like further information Information read☐

Note: The following preliminary information can be recorded prior to interview if known

CASE DETAILS

First Name:		Last Name:	Parent's Name (if applicable):
DOB: __ / ___ / ___	Age:	Gender: ☐M ☐F	
Address:			
Home Phone:		Mobile Phone:	
Email:			
Born in Australia ☐Y ☐N			
If no, specify where:		Language spoken at home:	
Are [you/the case] of Aboriginal or Torres Strait Islander origin? (check all that apply) ☐No ☐Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Not stated			

Interviewer Initials:

Date/time Interviewed	
1	☐
2	☐
3	☐
4	☐
5	☐
6	☐

Person interviewed (if not case):

Call back notes:

Interpreter used ☐
Case lost to follow up ☐

Case admitted to hospital? ☐Y ☐N		Hospital Name:
Date Admitted ____/____/____	Date Discharged: ____/____/____	Hospital UR #:
Notification Date: ____/____/____	Reason for admission ☐ Listeriosis ☐ Other Specify other:	
Treating Doctor:	Phone:	Hospital / Medical Practice:

OCCUPATION (Include part-time/casual/volunteer work) and/or INSTITUTION CONTACT

What is [your/the case's] occupation? Specify

Name of work place:

Address of workplace:

Contact details for work place:

Does the case's occupation involve:

Handling food/drink? ☐Y ☐N

Close contact with sick people? (e.g. health care worker) ☐Y ☐N

Close contact with the children/elderly? (e.g. child care worker?) ☐Y ☐N

If yes, please provided relevant public health advise for exclusion period to the case

Do [you/the case] attend childcare / preschool / school /prison/ aged care facility? ☐Y ☐N

If yes, provide details

Name :

Address :

Contact details :

Please provided relevant public health advise for exclusion period to the case

MEDICAL & DIAGNOSTIC INFORMATION

Typing	Result	Conducted by (lab name):
Serotype (PCR):		
Binary-type:		
MLVA		
Has the isolate been forwarded for further typing? ☐Y ☐N		
MLST		
Other typing:		

☐ **NON-PERINATAL CASE (If Perinatal go to next table)**		
Specimen type: ☐CSF ☐Blood ☐Other specify:	Collection date: ____/____/____	Collection day:
Nature of illness (case):☐ Meningitis ☐ Septicaemia ☐ Other specify:		
Outcome: ☐Survived ☐Died ☐Unknown	Date of death: ____/____/____	Death due to listeriosis? ☐ Y ☐ N

☐ **PERINATAL CASE**			
Mother		Foetus / Neonate	
Culture Site	Specimen collection date	Culture Site	Specimen collection date
☐ Blood	____/____/____	☐ Blood	____/____/____
☐ CSF	____/____/____	☐ CSF	____/____/____
☐ Stool	____/____/____	☐ Gastric aspirate	____/____/____
☐ Placenta	____/____/____	☐ Meconium	____/____/____
☐ Other specify:	____/____/____	☐ Other specify:	____/____/____
Outcome of pregnancy:			
☐ Still pregnant ☐ Foetal death (miscarriage / stillbirth) ☐ Induced abortion ☐ Delivery (live birth) ☐ Other specify:			
Weeks' Gestation		Outcome Date: ____/____/____	
Type(s) of illness in Mother (tick all that apply)		Type(s) of illness in Foetus / Neonate (tick all that apply)	
☐ Bacteraemia / sepsis		☐ Bacteraemia / sepsis	
☐ Meningitis		☐ Meningitis	
☐ Febrile gastroenteritis		☐ Pneumonia	
☐ Amnionitis		☐ Granulomatosis infantisepticum	
☐ Non-specific “flu-like” illness		☐ None	
☐ Unknown		☐ Unknown	
☐ Other specify:		☐ Other specify:	
☐ None			
Mother’s outcome		Foetus / Neonate outcome	
☐ Survived		☐ Survived	
☐ Died		☐ Died	
Date: ____/____/____		Date: ____/____/____	
☐ Due to Listeria		☐ Due to Listeria	
☐ Due to other cause (specify)		☐ Due to other cause (specify)	

NOTE: For perinatal cases ask the remaining questions of the mother

CLINICAL

In the 4 week period prior to diagnosis of Listeria, did [you/case] experience any of the following symptoms?

Fever: ☐Y ☐N ☐DK Chills: ☐Y ☐N ☐DK Headache: ☐Y ☐N ☐DK

Stiff Neck ☐Y ☐N ☐DK Confusion: ☐Y ☐N ☐DK Diarrhoea: ☐Y ☐N ☐DK

Vomiting: ☐Y ☐N ☐DK Muscle & Body Aches: ☐Y ☐N ☐DK

Other: ☐Y ☐N ☐DK ***if yes please specify:***

What was the first symptom [you/case] experienced?

First symptom: First symptom onset date: ____/____/____ Onset time: : ☐am ☐pm

Do you have any of the following illnesses or conditions?

Illness / condition	Case (response)	Doctor (response)
Diabetes- insulin dependent	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Diabetes- non-insulin dependent	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Heart disease	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Renal / kidney disease requiring dialysis	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Other renal disease	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Rheumatological condition	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Blood disorder	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Organ transplant	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Liver disease	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Chronic lung disease (excluding asthma)	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Cancer **Specify:**	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Other illness or condition **Specify:**	☐Y ☐N ☐DK	☐Y ☐N ☐DK

In the 4 weeks prior to illness, were you taking any of the following treatments?

Treatments	Case (response)	Doctor (response)
Corticosteroids (e.g. prednisone)	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Cyclosporine	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Other drugs that affect the immune system	☒Y ☐N ☐DK	☐Y ☐N ☐DK
Chemotherapy	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Radiation therapy	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Antidiarrhoeal medication (e.g. Lomotil, Imodium)	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Antacids (e.g. Mylanta, Mucaine)	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Medications that reduce stomach acid (e.g. Zantac, Tagamet, Somac, Losec)	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Antibiotics **Specify:**	☐Y ☐N ☐DK	☐Y ☐N ☐DK
Other **Specify:**	☐Y ☐N ☐DK	☐Y ☐N ☐DK

DAY VISITS (FOR TREATMENT/CARE)

Did you have any hospital day visits in the 12 weeks prior to illness? ☐Y ☐N

Reason for visit (e.g. dialysis, outpatient Appt)	Date of hospital visit	Hospital	Hospital food consumed	Detail of food consumed

	____/____/____		☐Y ☐N	
	____/____/____		☐Y ☐N	
	____/____/____		☐Y ☐N	

HOSPITAL ADMISSION

Were you admitted to hospital in the 12 weeks prior to illness? ☐Y ☐N

Admission	Discharge	Hospital	Reason for admission	Ward / section
____/____/____	____/____/____			
____/____/____	____/____/____			
____/____/____	____/____/____			

Foods consumed during hospital admission:

High risk hospital foods consumed? ☐Y ☐N ☐Maybe ☐Don't know/Not answered

ENVIRONMENTAL RISK FACTORS

In the 12 weeks prior to illness, did you travel overseas, to another state or territory or anywhere within the state? ☐Y ☐N

International? ☐Y ☐N ☐DK
Domestic? ☐Y ☐N ☐DK
Local? ☐Y ☐N ☐DK

If yes, provide travel details:

Specify location(s):

Name of resort, hotel, etc.:

Departure Date : ____/____/____
Mode of travel:
☐air ☐car ☐train ☐ bus ☐ other, specify:

Name of airline / tour company :

Travel/Flight numbers (if applicable):

Foods consumed on plane or bus etc.

Return Date : ____/____/____
Mode of travel:
☐air ☐car ☐train ☐ bus ☐ other, specify:

Name of airline / tour company :

Travel/Flight numbers (if applicable):

Foods consumed on plane or bus etc.

POTENTIAL FOOD SOURCES

In the 4 weeks prior to illness (____/____/____ to ____/____/____) did you consume any of the following?

Fruits	**Eaten in 4weeks prior to illness**	**Type / brand / description**	**Where purchased or eaten**
Fruit salad (self-serve salad bar)	☐Y ☐N ☐DK		
Fruit salad (delicatessen)	☐Y ☐N ☐DK		

Fruit salad (other source)	☐Y ☐N ☐DK		
Rockmelon / cantaloupe	☐Y ☐N ☐DK		
Watermelon	☐Y ☐N ☐DK		
Honeydew melon	☐Y ☐N ☐DK		
Strawberries	☐Y ☐N ☐DK		
Other berries	☐Y ☐N ☐DK		
Other fruit	☐Y ☐N ☐DK	**Specify:**	
Fresh fruit juice	☐Y ☐N ☐DK	**Specify:**	
Vegetables / salads	**Eaten in 4weeks prior to illness**	**Type / brand / description**	**Where purchased or eaten**
Whole lettuce	☐Y ☐N ☐DK	☐bagged ☐un-bagged **Specify:**	
Bagged processed lettuce (e.g. leaves/shredded)	☐Y ☐N ☐DK	**Specify:**	
Bagged salad other (e.g. rocket/spinach)	☐Y ☐N ☐DK	**Specify:**	
Bagged coleslaw mix	☐Y ☐N ☐DK		
Uncooked mushroom	☐Y ☐N ☐DK		
Alfalfa / pea sprouts	☐Y ☐N ☐DK		
Bean sprouts	☐Y ☐N ☐DK		
Fresh herbs eaten raw	☐Y ☐N ☐DK		
Organic produce	☐Y ☐N ☐DK	**Specify:**	
Home grown produce	☐Y ☐N ☐DK	**Specify:**	
Raw vegetable juice (state type)	☐Y ☐N ☐DK	**Specify:**	
Uncooked frozen vegetables	☐Y ☐N ☐DK	**Specify:**	
Other raw vegetables	☐Y ☐N ☐DK	**Specify:**	
Dairy	**Eaten in 4weeks prior to illness**	**Type / brand / description**	**Where purchased or eaten**
Brie cheese	☐Y ☐N ☐DK		
Camembert cheese	☐Y ☐N ☐DK		
Blue-veined cheese	☐Y ☐N ☐DK		
Fetta cheese	☐Y ☐N ☐DK		
Ricotta cheese	☐Y ☐N ☐DK		
Mozarella cheese	☐Y ☐N ☐DK		
Cottage cheese	☐Y ☐N ☐DK		
Other soft cheese	☐Y ☐N ☐DK	**Specify:**	
Shredded/grated hard cheese	☐Y ☐N ☐DK		
Raw / unpasteurised cheese	☐Y ☐N ☐DK		
Sour cream	☐Y ☐N ☐DK		
Ice-cream	☐Y ☐N ☐DK		
Gelato	☐Y ☐N ☐DK		
Yogurt	☐Y ☐N ☐DK		
Raw / unpasteurised milk (cow / goat)	☐Y ☐N ☐DK		
Flavoured milk	☐Y ☐N ☐DK		
Other dairy products:	☐Y ☐N ☐DK	**Specify:**	

POTENTIAL FOOD SOURCES Cont.

Deli	**Eaten in 4weeks prior to illness**	**Type / brand / description**	**Where purchased or eaten**
Dips	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli **Specify:**	
Barbequed chicken	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Cold cooked chicken	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	

Luncheon / sandwich meat	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Ham	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Salami	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Chicken / turkey slices	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Other uncooked meat products	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Pate	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Liverwurst	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Frankfurts / cheerios	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Silverside	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Pre-prepared potato salad (deli)	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Pre-prepared coleslaw (deli)	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Pre-prepared pasta salad (deli)	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli	
Other pre-prepared salads:	☐Y ☐N ☐DK	☐Pre-packaged ☐ Deli **Specify:**	
Cold/uncooked seafood	**Eaten in 4weeks prior to illness**	**Type / brand / description**	**Where purchased or eaten**
Mussels	☐Y ☐N ☐DK		
Crab	☐Y ☐N ☐DK		
Prawns (purchased cooked)	☐Y ☐N ☐DK		
Prawns (purchased raw)	☐Y ☐N ☐DK		
Oysters	☐Y ☐N ☐DK		
Smoked salmon	☐Y ☐N ☐DK		
Other smoked fish / seafood	☐Y ☐N ☐DK		
Sushi / sashimi	☐Y ☐N ☐DK		
Other seafood:	☐Y ☐N ☐DK	**Specify:**	
Sandwiches / burgers / rolls / wraps containing:	**Eaten in 4weeks prior to illness**	**Type / brand / description**	**Where purchased or eaten**
Ham	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made	
Beef	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made	
Bacon, lettuce, tomato (BLT)	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made	
Chicken	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made	
Turkey	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made	
Other meat	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made **Specify:**	
Salad	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made	
Cheese:	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made **Specify:**	
Other filling:	☐Y ☐N ☐DK	☐Pre-packaged ☐Custom made **Specify:**	

ACTIONS	
Before this illness with Listeria, did a healthcare worker tell you to avoid certain foods to prevent listeriosis? ☐Y ☐N	
Information on Listeria requested? ☐Y ☐N	Date sent: ____/____/____
Premises/facility inspection required? ☐Y ☐N	**If yes:** Premises to be inspected by:
Will food samples be taken for analysis? ☐Y ☐N	**If yes:**

	Samples will be collected by (name of organisation or local council)

FOOD EATEN OR PREPARED OUTSIDE THE HOME			
In the 4 weeks prior to illness, did you attend any of the following?			
Restaurants (specify)	**Eaten in 4weeks prior to illness**	Date	Detail of food consumed
1.	☐Y ☐N ☒DK	____/____/____	
2.	☐Y ☐N ☐DK	____/____/____	
3.	☐Y ☐N ☐DK	____/____/____	
Takeaway (specify)	**Eaten in 4weeks prior to illness**	Date	Detail of food consumed
1.	☐Y ☐N ☐DK	____/____/____	
2.	☐Y ☐N ☐DK	____/____/____	
3.	☐Y ☐N ☐DK	____/____/____	
Any left-over high risk foods available for testing? ☐Y ☐N **Specify:**			

COMMENTS
Please provide additional comments in the space provided if required: