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| **For office use:**  **HPZ number** | *Questionnaire for investigation of* Salmonella *clusters*  *June 2017* |  |

This questionnaire is specifically for investigation of clusters of food poisoning/gastro-enteritis linked through whole genome sequencing and suggesting a common vehicle or source may be identifiable and enable public health action.

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| **1: PERSONAL DETAILS of the case** | | | |
| **First name:** | FIRST NAME TEXT HERE YES IT IS  2ND LINE STUFF  3RD LINE STUFF textafter  Textafter2ndline | **Surname/family name:** | **SURNAME HERE** |
| Date of birth: | 04/10/1967 | Age: | yrs |
| Sex: |  | Ethnicity (if given) |  |
| Home address and postcode: |  | Mobile tel no: |  |
| Home tel no: |  | E-mail address: |  |
| Name and contact details of  **person completing the form if not the case:** |  | | |

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| **Work/occupation/school/nursery:** (including voluntary work)  Please give brief description | **WHAT IF**  **I PUT LOTS OF TEXT;**  **ON SEPARATE LINES**  **LIKE THIS……** |
| Employer / Company name and address: |  |

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| **2: ILLNESS DETAILS** | |
| **Date of first symptoms:** |  | |
| **Are your symptoms still ongoing?** | **If no, how long did your symptoms last?** | |
| **Were you admitted to hospital?** | **Yes / No** (Please circle) if YES, please give hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Do you know of anyone else who has had similar symptoms either:** | | | |
| In the 7 days before your illness? | **Yes / No**  (Please circle) | Name and contact number: |  |
| Since your illness started? : | **Yes / No**  (Please circle) | Name and contact number: |  |

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| **3: TRAVEL DETAILS** | | | |
| **3.1 In the 7 days before your illness, did you travel outside the UK/ or return home from ABROAD?** | | | **Yes / No** (Please circle) |
| Date left UK: |  | Date returned to UK: |  |
| Country(ies) visited: |  | | |
| Details: accommodation name, town and dates of stay |  | | |

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| **3.2 In the 7 days before your illness, did you travel within the UK?** (please give details details: accommodation name, town and dates of stay) | | **Yes / No** (Please circle) | |
|  | Dates: |  |
|  | Dates: |  |

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| **3.3 In the 7 days before your illness, did you have contact with anybody who travelled outside of the UK?** (pleae give details below, including where they travelled to) | | **Yes / No** (Please circle) | |
|  | Dates: |  |
|  | Dates: |  |

**4.1 EATING OUT/TAKEAWAYS**

Did you eat any meals out at a function in the **7 DAYS** before you started to feel ill?

*[****Prompt:*** *wedding reception, birthday/ anniversary or dinner party, club or conference dinner]*

Yes  No

1. Name(s) ……………………………………………………………………………………...

*[Prompt: Hotel X, restaurant Y etc]*

ii) Location(s) ……………………………………………………………….………………………

*[Prompt****:*** *street and town or area etc]*

Did you eat any food (including take-aways and delivered foods) from or in any of the following places in the **7 DAYS** before you became ill?

**Yes No Name**

Coffee shop   ……………………………………………….………………...

*[Prompt: eg Starbucks, Costas etc]*

Burger restaurant/takeaway   ……………………………………………….………………....

*[Prompt: eg McDonalds, Burger King etc]*

Pizza restaurant/takeaway   ……………………………………………….………………...

*[Prompt: eg Dominos, Pizza Express etc]*

Kebab shop   ……………………………………………….………………...

Fish & chip shop   ……………………………………………….………………...

Fried chicken shop   ……………………………………………….………………...

*[Prompt: eg KFC, Tennesee Fried Chicken etc]*

Bakery   ……………………………………………….………………...

Sandwich bar   ……………………………………………….………………...

Delicatessen   ……………………………………………….………………...

*[not in a supermarket]*

Chinese restaurant   ……………………………………………….………………...

Indian restaurant   ……………………………………………….………………...

Italian restaurant   ……………………………………………….………………...

Other restaurant   ……………………………………………….………………...

Hotel   ……………………………………………….………………...

Café   ……………………………………………….………………...

*[greasy spoons etc.]*

Pub   ……………………………………………….………………...

Canteen   ……………………………………………….………………...

Mobile caterer   ……………………………………………….………………...

*[Prompt: eg lunch van, hot dog stand, market stands etc]*

Motorway service   ……………………………………………….………………...

Airport   ……………………………………………….………………...

Railway station/train   ……………………………………………….………………...

Petrol station   ……………………………………………….………………...

Other   ……………………………………………….………………...

*[Prompt: eg ferry, theme park etc]*

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| **4.2 If you ate out in the 7 days before your illness, please provide details about where, when and what food you ate.** | | |
| **Date & time** | **Description of food** | **Establishment and location where food obtained** |
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5. FOOD EXPOSURES

**Did you eat any of the following types of food in the WEEK / 7 DAYS before you became ill?**

Egg dishes

**At home Away from home No Details/Where purchased/consumed**

Fried egg    ……………………………………………………….  
Scrambled eggs    ……………………………………………………….

Other cooked eggs    ………………………………………………….….

(eg. poached, boiled, etc)

Raw egg    ………………………………………………………

Processed Liquid egg    ……………………………………………………….

(white/yolk/whole)

Powdered Scrambled egg    ……………………………………………………….

Egg powder    ……………………………………………………….

Pickled eggs    ……………………………………………………….

Scotch eggs    ……………………………………………………….

Fresh egg noodles/pasta    ……………………………………………………….

Packaged egg mayo filling    ……………………………………………………….

Protein powder    ……………………………………………………….

Quiche    ……………………………………………………….

Omelette    ……………………………………………………….

French toast    ……………………………………………………….

Fresh/homemade Mayonnaise   ……………………………………………………….

Egg fried rice    ……………………………………………………….

Salad with egg    ……………………………………………………….

(eg Nicoise)

Mousse    ……………………………………………………….

Souffles    ……………………………………………………….

Fondant cakes    ………………………………………………………

Tiramisu    ……………………………………………………….

Custard    ……………………………………………………….

Custard tarts    ……………………………………………………….

Egg tarts    ……………………………………………………….

Meringue    ………………………………………………………

Pastries    ……………………………………………………….

Other cakes/deserts    ……………………………………………………….

**If yes to consuming fresh/shell eggs, where were the eggs puchased?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | BRAND | NAME OF SHOP | LOCATION |
| Supermarket | Test text here  jsdklf;ajsfkal;sd  sdjfkl;asdjfkla;s  sdjfkl;asdjfkl  sdfjkl;fjsdkalf;  dskfljaksdlf; |  |  |
| Minimarket |  |  |  |
| Butchers shop |  |  |  |
| Greengrocers |  |  |  |
| Milkman |  |  |  |
| Local farm |  |  |  |
| Newsagent / corner-shop |  |  |  |
| Mobile shop |  |  |  |
| Allotment / smallholding |  |  |  |
| Other e.g. from a neighbor |  |  |  |

Were the eggs Lion marked? Yes 🞎 No 🞎

**IF EGGS PURCHASED FROM A NON-SUPERMARKET SOURCE (OR THIS IS UNKNOWN):**

Do you have any eggs / egg boxes in your house at the moment?

Yes  No

If **YES** where were the eggs purchased? : ……………………………

Egg stamp number (producer code – a set of letters and numbers which is stamped on the shell of each egg) …………………………………………….

Egg packer code and/or batch numbers on the egg box ( a set of numbers and a set of letters and numbers usually on a sticker on the outside of the egg box) …………………………………………….

**Did you eat any of the following types of food in the WEEK/ 7 days before you became ill?**

Chicken dishes

**At home Away from home No Details/Where purchased/consumed**

Chicken wings (fresh)    ……………………………………………………….

Minced chicken    ……………………………………………………….

Chicken pie    ……………………………………………………….

Chicken sausage    ……………………………………………………….

Chicken burger    ……………………………………………………….

Battered/crumbed chicken    ……………………………………………………….

(eg. chicken kiev, chicken goujons etc)

Fresh chicken    ……………………………………………………….

(eg. whole roast chicken or chicken pieces)

Frozen chicken    ……………………………………………………….

Chicken stir fry    ……………………………………………………….

Chicken fried rice    ……………………………………………………….

Chicken curry    ……………………………………………………….

Chicken salad    ……………………………………………………….

Chicken liver/liver pate    ……………………………………………………….

Chicken slices/sandwich meat    ……………………………………………………….

Ready to eat cold chicken pieces    ……………………………………………………….  
(eg. chicken snacks such as chilli chicken pieces, etc)

Pre-prepared chicken dishes    ……………………………………………………….

(eg. chicken mayo, coronation chicken, chicken tikka, etc)

Other chicken dishes    ………………………………………………………

Other processed chicken    ………………………………………………………

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| **6: OTHER EXPOSURES** | | | |
| Have you fed your pet (e.g. dog or cat) raw meat pet food in the last 14 days | Yes / No | If so, what kind?  (type and brand) |  |

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| **7. FOOD SHOPPING** |
| Could you tell me which of these shops you buy food from, this may be as part of your main food shop, picking up just a few items during the week or picking up something at lunch time  **Location/branch of the supermarkets and other stores you buy from food**   |  |  | | --- | --- | | **Store** | **Branch / location** | | Aldi |  | | Asda |  | | Co-op |  | | Lidl |  | | Iceland |  | | Marks & Spencer |  | | Morrisons |  | | Sainsbury |  | | Spar |  | | Tesco |  | | Waitrose |  | | Local butchers |  | | Local bakers |  | | Local green grocers |  | | Local fish mongers |  | | Corner shop |  | | Polish/ East European grocer |  | | Indian grocers |  | | Greek grocers |  | | Other ethnic grocer (eg Polish) |  | | Farmers market |  | | Market stalls |  | | Specialist food shop/  Delicatessan\* |  | | Other |  | |

*\*Prompt: eg shops selling imported or speciality food from other countries eg African, Asian, East and Central European foods etc ]*

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| **8: ADDITIONAL INFORMATION** | | |
| Do you know where you might have acquired this illness? | | **Yes / No** (Please circle) |
| If yes, where and when? |  | |
| Any additional information |  | |
| Any other comments? |  | |
| May we contact you again if we have any further questions? | | **Yes / No** (Please circle) |
| Please indicate your preferred mode of communication  i.e. email, mobile, landline, post | |  |