Questionnaire 1. generating a hypothesis

This type of questionnaire is useful if there is a cluster of illnesses and there appears to be no common event linking the ill people. The questionnaire is broad to help generate hypotheses about the possible source of the illness.

Interviewer's name:	
Date and time of interview:	
Location of interview:	
Person interviewed:	☐ **Suspected case** ☐ **Next of kin: specify relationship**

Section 1. Demographic information

Surname:	
First name:	
Address:	
Phone number:	
Sex:	☐ **Male** ☐ **Female**
Date of birth:	**DD/MM/YYYY**
Age:	
Occupation: *(discuss exclusions, if the case is a food-handler or health care worker)*	

Section 2. Clinical information

When did your symptoms begin?	**DD/MM/YYYY** **Time:**	
Did you have any of the following symptom s:		
Diarrhoea	☐ **Yes** ☐ **No** ☐	**Don't know**
Blood in stool	☐ **Yes** ☐ **No** ☐	**Don't know**

World Health Organization. (2017). Strengthening surveillance of and response to foodborne diseases: a practical manual. Stage 1: investigating foodborne disease outbreaks. World Health Organization. https://apps.who.int/iris/handle/10665/259475.

Nausea (feeling sick)	☐ **Yes** ☐ **No** ☐ **Don't know**
Vomiting (being sick)	☐ **Yes** ☐ **No** ☐ **Don't know**
Fever	☐ **Yes** ☐ **No** ☐ **Don't know**
Body aches and pain	☐ **Yes** ☐ **No** ☐ **Don't know**
Other symptoms Please describe:	☐ **Yes** ☐ **No** ☐ **Don't know**
Are you still unwell?	☐ **Yes** ☐ **No** ☐ **Don't know**
Duration of diarrhoea	**Days:**
Did you see a doctor about this illness?	☐ **Yes** ☐ **No** ☐ **Don't know** **If yes, record name and location of doctor:**
Were you admitted to hospital because of this illness?	☐ **Yes** ☐ **No** ☐ **Don't know If yes, record:** **Location of hospital:** **Date of admission to hospital: DD/MM/YYYY** **Date of discharge from hospital: DD/MM/YYYY**
Were you given any treatment?	☐ **Yes** ☐ **No** ☐ **Don't know** **If yes, please describe the medication given:**

Section 3. Exposure information

In the *x* days (*x* will depend on the incubation period for the agent involved) before the beginning of your illness, did you:

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Have contact with a family member with a similar illness?	☐ **Yes** ☐ **No** ☐ **Don't know** **If yes, please give name, contact information and relationship to the case:**
Have contact with a friend or work colleague with a similar illness?	☐ **Yes** ☐ **No** ☐ **Don't know** **If yes, please give name, contact information and relationship to the case:**
Travel	☐ **Yes** ☐ **No** ☐ **Don't know If yes:** **Destination of travel: Dates of travel:** **Where did you stay?**
Have contact with any animals? (this includes farm animals and pets)	☐ **Yes** ☐ **No** ☐ **Don't know** **If yes, please list the animals you were in contact with:**

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Section 4. Food history

Complete the x-day food history on the following pages. If a detailed food history cannot be recalled, request information on what is usually eaten at each meal.

Collect as much detail as possible for each meal (e.g. for a salad, list all the ingredients; for a meal cooked at home, list everything eaten).

For food eaten outside of the home, obtain information about what food was eaten and where (name and address of place where the person ate).

Day of onset of illness: day 0 **Date: DD/MM/YYYY** **Day of the week:**

Meal	List all food eaten with as much detail as possible, including ingredients and brands (if applicable)
Breakfast	☐ **Yes** **No** ☐ **Don't know** ☐ ☐
Snack between breakfast and lunch	☐ **Yes** **No** ☐ **Don't know** ☐ ☐
Lunch	☐ **Yes** **No** ☐ **Don't know** ☐ ☐
Snack between lunch and dinner	☐ **Yes** **No** ☐ **Don't know** ☐ ☐
Dinner	☐ **Yes** **No** ☐ **Don't know** ☐ ☐

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Any food after dinner	☐ **Yes** ☐ **No** ☐ **Don't know**

Day before onset of illness: day –1	**Date: DD/MM/YYYY**	**Day of the week:**
Meal	**List all food eaten with as much detail as possible, including ingredients and brands (if applicable)**	
Breakfast	☐ **Yes** ☐ **No** ☐ **Don't know**	
Snack between breakfast and lunch	☐ **Yes** ☐ **No** ☐ **Don't know**	
Lunch	☐ **Yes** ☐ **No** ☐ **Don't know**	
Snack between lunch and dinner	☐ **Yes** ☐ **No** ☐ **Don't know**	
Dinner	☐ **Yes** ☐ **No** ☐ **Don't know**	

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Any food after dinner	☐ **Yes** ☐ **No** ☐ **Don't know**

Day before onset of illness: day –2 **Date: DD/MM/YYYY** **Day of the week:**

Meal	**List all food eaten with as much detail as possible, including ingredients and brands (if applicable)**
Breakfast	☐ **Yes** **No** **Don't know** ☐ ☐
Snack between breakfast and lunch	☐ **Yes** **No** **Don't know** ☐ ☐
Lunch	☐ **Yes** **No** **Don't know** ☐ ☐
Snack between lunch and dinner	☐ **Yes** **No** **Don't know** ☐ ☐
Dinner	☐ **Yes** **No** **Don't know** ☐ ☐
Any food after dinner	☐ **Yes** ☐ **No** ☐ **Don't know**

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Continue for as many days as are relevant, based on the incubation period of the suspected pathogen. Generally, 5–7 days would be the maximum expected level of recall to obtain good quality information in this format

Section 5. Source of food

Where does the household normally obtain the following food items?

Food item	Name and address of where the food item came from
Meat	
Chicken and other poultry	
Fruit and vegetables	
Fish and seafood	
Eggs	
General groceries (e.g. spices, cooking oil, etc.)	

Section 6. Eating outside the home

Did you eat any food from the following?		
	Name and address	**Food eaten**
Restaurant ☐ Yes ☐ No ☐ Don't know		
Cafeteria (e.g. at school or work) ☐ Yes ☐ No ☐ Don't know		
Party or function ☐ Yes ☐ No ☐ Don't know		
Street stall ☐ Yes ☐ No ☐ Don't know		

If you ate food outside the home, was there anyone else who was unwell with similar symptoms to you?		
	Name of person and relationship to the case	**Name and address of common eating place**
☐ Yes ☐ No ☐ Don't know		

Thank you for your time. Do you have any questions?

NOTES:

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