Questionnaire 2. Testing the hypothesis

Cohort study

If there was a common event that was attended by multiple cases (e.g a wedding party), it is possible to consider a cohort study design to identify the possible food item associated with illness. If a cohort study design is appropriate, then a menu of the food served at the event should be obtained. Replace "Food item 1", "Food item 2", etc. with each of the food items on the menu. In this example all people who attended the event are considered part of the cohort. Regardless of whether they were sick or not, all of the people in the cohort should be interviewed using the questionnaire below.

Interviewer's name:	
Date and time of interview:	
Location of interview:	
Person interviewed:	☐ **Person who attended the wedding party** ☐ **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: Preliminary exposure information

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.

Did you attend event *x* on [date]?	☐ **Yes** ☐ **No** ☐ **Don't know** ***If no, end questionnaire and thank the person for their time*.**
In the week before event x, did you attend any parties or functions?	☐ **Yes** ☐ **No** ☐ **Don't know If yes, describe:**
Did you experience any gastrointestinal illness in the week BEFORE event *x* on [date]?	☐ **Yes** ☐ **No** ☐ **Don't know** **If yes, please indicate when the illness began and its duration:**
Did you experience any gastrointestinal illness AFTER event *x* on [date]?	**Yes [continue to Section 3: Clinical information]** **No [skip to Section 5: Food history]**

Section 3. 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**
Nausea (feeling sick)	☐ **Yes**	☐ **No**	**Don't know**
Vomiting (being sick)	☐ **Yes**	☐ **No**	**Don't know**
Fever	☐ **Yes**	☐ **No**	**Don't know**

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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 4. 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:	
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:**

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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:**

Section 5. Food history

Complete this section for testing the hypothesis.

During event *x* held on [date] did you eat any of the following food items? *This includes eating just one mouthful, or tasting food from a friend's plate*			
Food item 1	☐ **Yes**	**No** ☐	**Don't know**
Food item 2	☐ **Yes**	**No** ☐	**Don't know**
Food item 3	☐ **Yes**	**No** ☐	**Don't know**
Food item 4	☐ **Yes**	**No** ☐	**Don't know**
Food item 5	☐ **Yes**	**No** ☐	**Don't know**
Continue adding food items, until all of the f od on the nenu has been included			
Were there any other foods from event *x* that you ate that I have not mentioned?	☐ **Yes** ☐ **No** ☐ **Don't know** **If yes, please describe:**		

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

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NOTES:

Case-control study

If certain food items were found, in the preliminary hypothesis-generating interviews, to have been frequently consumed by cases, they should be included in section 4 of this questionnaire. Replace “Food item 1”, “Food item 2”, etc. by the suspected food items.

Interviewer’s name:	
Date and time of interview:	
Location of interview:	
Person interviewed:	☐ **Case** ☐ **Next of kin of a case : specify relationship** ☐ **Control** ☐ **Next of kin of a control: specify relationship**

Section 1. Demographic information

Surname:	
First name:	
Address:	
Phone number:	

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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: Preliminary exposure information

Have you experienced any gastrointestinal illness since [date-insert the beginning of the exposure period you are interested in]?	☐ **Yes [continue to Section 3: Clinical information]** **No [skip to Section 4: Exposure information]** ☐

Section 3. 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**
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**

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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 4. Exposure information

For cases: In the *x* days (*x* will depend on the incubation period for the agent involved) before the beginning of your illness, did you: **For controls: In the *x* days before today, did you:**	
Have contact with a family member with diarrhoea?	☐ **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 diarrhoea?	☐ **Yes** ☐ **No** ☐ **Don't know** **If yes, please give name, contact information and relationship to the case:**

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Section 5. Food history

Complete this section for testing the hypothesis.

For cases: In the x days (x will depend on the incubation period for the agent involved) before the beginning of your illness, did you eat any of the following food items?
For controls: In the x days before today, did you eat any of the following food items?

		Place of purchase
Food item 1	☐ **Yes** ☐ **No** ☐ **Don't know**	
Food item 2	☐ **Yes** ☐ **No** ☐ **Don't know**	
Food item 3	☐ **Yes** ☐ **No** ☐ **Don't know**	
Food item 4	☐ **Yes** ☐ **No** ☐ **Don't know**	
Food item 5	☐ **Yes** ☐ **No** ☐ **Don't know**	

Continue adding food items, until all of the frequently eaten food items mentioned in the hypothesis-generating interviews have been included.

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

NOTES:

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