WRHA Campylobacter Questionnaire

- This questionnaire has been developed as a tool to guide Campylobacter case investigations.
- It is intended to help to identify possible sources of exposure and detect outbreaks in a timely fashion.
- This questionnaire is to be used in addition to the regular communicable disease investigation that is documented in iPHIS.
- The PHN is to complete the questionnaire with the client, ideally in a face to face interview.

PLEASE FAX COMPLETED QUESTIONNAIRE TO CD COORDINATOR AT 940-2690

First Name: ________________ Last name:________________________ PHIN: ______________________

Respondent is: ☐ self ☐ parent ☐ caretaker ☐ other: specify____________________

Interviewed by ___________________ on *(DD/MM/YYYY)* ____/___/__________

Age _____ Sex ☐ M ☐ F City/CA_________________________________

Date of onset of first symptoms *(DD/MM/YYYY)* ____/___/_____

Date of first vomiting or diarrhea: *(DD/MM/YYYY)* ____/___ /______

Diarrhea: ☐ Yes ☐ No

Maximum number of loose stools: ________ in 24 hrs

Blood in stool: ☐ Yes ☐ No

Nausea: ☐ Yes ☐ No

Vomiting: ☐ Yes ☐ No

Fever: ☐ Yes ☐ No

Other: ☐ Yes ☐ No

Specify: _______________________________________

Admitted to Hospital? ☐ Yes ☐ No Name of hospital ____________

ER visit? ☐ Yes ☐ No If yes, name of ER_______________________

Date of admission: _______________ *(DD/MM/YYYY)* Date of discharge:__________________ *(DD/MM/YYYY)*

How long were you ill for? _________________________________

Occupation: _____________________________________Employer/ School:____________________________

At risk occupation: ☐ Food handler ☐ Health care worker ☐ Day care worker ☐ other

If yes, and remains symptomatic: contact CD Coordinator

Time away from work/school/day care ☐ Yes ☐ No number of days: ___________

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Household Contacts: Family members ill? ☐Yes ☐ No ☐ Unsure ☐ Lives alone

Person:	Age	Gender	Symptoms: (onset date :)

In the 1-10 days before illness, did you know anyone else with a diarrhoeal illness?(other than household contacts) ☐Yes ☐ No ☐ Unsure

If yes, who: Date:

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Open-ended Food History - The incubation period for Campylobacter is 1-10 days

Please try to remember what you may have eaten in the period before you started feeling sick. We'll start with the 1 day (more than 24 hrs before your first symptoms started) before you got sick and work backwards to 10 days before. If a meal was eaten out, specify where they ate and what was eaten. **Shaded areas are most common exposure days.**

Day 1 ________________, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
Home or out	Home or out	Home or out	
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________

Day 2 ______________, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
Home or out	Home or out	Home or out	
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
	______________________	______________________	____________

Day 3 ______________, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
Home or out	Home or out	Home or out	
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________

Day 4 ________________, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
Home or out	Home or out	Home or out	
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________
______________________	______________________	______________________	____________

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Day 5 ________________, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
Home or out	Home or out	Home or out	

Day 6 ______________, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
Home or out	Home or out	Home or out	

Day 7______________, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
Home or out	Home or out	Home or out	

Day 8 ________________, **(dd/mm/yyyy)** ____/____/____

Breakfast	*Lunch*	*Dinner*	*Other/snacks*
Home or out	Home or out	Home or out	

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Day 9 ________________, **(dd/mm/yyyy)** ____/____/____

Breakfast Home or out	*Lunch* Home or out	*Dinner* Home or out	*Other/snacks*

Risk Foods/Activities

Part A: Questions about your drinking water:

In the 1-10 days before illness, which of the following was a source of drinking water for you? Please indicate the main source.

Main	Other	☐ Did not know
☐	☐	*Private well----Type of well: ☐ Dug ☐ Drilled (deep) ☐ Drilled (shallow<100ft) ☐ Other:
☐	☐	Municipal/ City Water
☐	☐	Bottled Water
☐	☐	Other water source:

*Approximate date of last water test: ☐ Did not know

Do you use an in-home treatment system for your drinking water ☐Yes ☐ No ☐ Unsure

If yes, is it: ☐ Reverse Osmosis ☐ Ultraviolet Light ☐ On-tap Filter ☐ Water Pitcher Filter (such as Brita) ☐ Other:

In the 1-10 days before illness, did you drink untreated/raw water (other than your home)? ☐Yes ☐ No ☐ Unsure

If yes, where?

Part B: In the 1-10 days before illness, did you do any of the following activities?

Activity			Yes, No, Unsure	If Yes - Details
Swim in/go into:	Ocean		☐Yes ☐ No ☐ Unsure	
	Lake		☐Yes ☐ No ☐ Unsure	
	River		☐Yes ☐ No ☐ Unsure	
	Pool	Private	☐Yes ☐ No ☐ Unsure	
		Public	☐Yes ☐ No ☐ Unsure	
	Hot Tub		☐Yes ☐ No ☐ Unsure	
	Other, specify		☐Yes ☐ No ☐ Unsure	
Go canoeing, kayaking, hiking, or camping			☐Yes ☐ No ☐ Unsure	
Attend a barbeque			☐Yes ☐ No ☐ Unsure	

Attend any social gatherings, such as wedding, receptions, showers, parties, festivals, fairs, etc.		☐Yes ☐ No ☐ Unsure	
Live on a farm or country property		☐Yes ☐ No ☐ Unsure	If yes, type(s) of animal(s) in contact with: A) B) C)
Visit a farm, petting zoo, or fair		☐Yes ☐ No ☐ Unsure	
Do gardening		☐Yes ☐ No ☐ Unsure	

Part C: In the 1-10 days before illness, did you have any contact with household pets (including reptiles and hedgehogs)? ☐Yes ☐ No ☐ Unsure

If yes, type of animal:	*Was the animal ill?*	*Did you have contact with its feces?*
☐ Bird	☐Yes ☐ No ☐ Unsure	☐Yes ☐ No ☐ Unsure
☐ Cat	☐Yes ☐ No ☐ Unsure	☐Yes ☐ No ☐ Unsure
☐ Dog	☐Yes ☐ No ☐ Unsure	☐Yes ☐ No ☐ Unsure
☐ Reptile	☐Yes ☐ No ☐ Unsure	☐Yes ☐ No ☐ Unsure
☐ Rodent	☐Yes ☐ No ☐ Unsure	☐Yes ☐ No ☐ Unsure
☐ Other, specify:	☐Yes ☐ No ☐ Unsure	☐Yes ☐ No ☐ Unsure

Part D: Specific High Risk Activities

Activity	Performed	Details
Contact with symptomatic pets, especially puppies and kittens?	☐Yes ☐ No ☐ Unsure	
Contact with farm animals?	☐Yes ☐ No ☐ Unsure	

Part E: Details

Activity Performed	
Consumption of raw or undercooked poultry?	☐Yes ☐ No ☐ Unsure
Consumption of unpasteurized milk?	☐Yes ☐ No ☐ Unsure
Contact with other people with diarrhoea?	☐Yes ☐ No ☐ Unsure
Butcher Shop::	☐Yes ☐ No ☐ Unsure
Farm :	☐Yes ☐ No ☐ Unsure
Other:	☐Yes ☐ No ☐ Unsure

Part F: In the 1-10 days before your illness, did you travel? ☐Yes ☐ No ☐ Unsure

If yes, where:	Dates: to

Type of travel: ☐ Cruise ☐ Airline, specify:
☐ Train ☐ Bus ☐ Car ☐ Other, specify:

Did you stay at a resort? ☐Yes ☐ No ☐ Unsure

If yes, name of resort:

Part G: In the 1-10 days before your illness, did you eat food from a restaurant (dine in or take out)

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Name of establishment	Date	Details

Notes: