|  |  |
| --- | --- |
| Case HP Zone number: | Click or tap here to enter text. |



Shiga toxin-producing *Escherichia coli* enhanced surveillance questionnaire

Section A: Questionnaire details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Interviewer name: | | Click or tap here to enter text. | Interview date: | | Click or tap to enter a date. |
| Interviewer office (please specify the EHO, HPT or other): | | Click or tap here to enter text. | Interviewer telephone: | | Click or tap here to enter text. |
| Local authority: | |  |  | |  |
| Person interviewed name (if not case): | | Click or tap here to enter text. | | | |
| Details from: | Case  Case’s parent  Other | | | If other, specify: Click or tap here to enter text. | |

Section B: Case classification – see guidance notes for definitions

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is this case: | | Primary  Co-primary  Secondary | | | | | | | Asymptomatic | | |
| If co-primary, name other co-primary case: | | | | | | Click or tap here to enter text. HP Zone number Click or tap here to enter text. | | | | | |
| If secondary, name primary case: | | | | | | Click or tap here to enter text. HP zone number Click or tap here to enter text. | | | | | |
| HP zone number of case: | | | | Click or tap here to enter text. | | | | | | | |
| Outbreak key word or number | | | |  | | | | | | | |
| Outcome: Select all that apply | Recovered | | Still ill | | HUS/TTP | | Died | If died, then 🡪 | | Date of death: | Click or tap to enter a date. |

Section C: Personal details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name: | | Click or tap here to enter text. | | | | | | | | Family name: | | | | Click or tap here to enter text. | | | | |
| Address: | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Postcode: | | Click or tap here to enter text. | | Tel (h): | Click or tap here to enter text. | | | | | | | | Tel (m): | | Click or tap here to enter text. | | | |
| Email: | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| Sex: | Click or tap here to enter text. | | | Date of birth (dd/mm/yyyy): | | | | | | | Click or tap to enter a date. | | | | | | Age (years): | Click or tap here to enter text. |
| NHS No: | | | Click or tap here to enter text. | | | GP name: | | | | | | Click or tap here to enter text. | | | | | | |
| GP address: Click or tap here to enter text. | | | | | | | | GP tel: Click or tap here to enter text. | | | | | | | | | | |
| Are there any children living in the household under 6 years? (other than the case)  Yes  No  Unknown | | | | | | | | | | | | | | | | | | |
| Occupation(s): | | |  | | | | | | | | Tick if any of the below risk groups apply: | | | | | | | |
|  | | | Food handler (for example handle food professionally) | | | | | | | | Work in/attend healthcare setting | | | | | | | |
|  | | | Work in/attend childcare setting | | | | | | | | Work in contact with faeces (for example lab, farm) | | | | | | | |
|  | | | Have difficulty maintaining personal hygiene | | | | | | | | Other risk category | | | | | | | |
|  | | | If yes to any of the above, details: Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Work/school/ nursery: | | | Click or tap here to enter text. | | | | | | Tel: Click or tap here to enter text. | | | | | | |  | | |
| Address: | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Postcode: | | | Click or tap here to enter text. | | | | Last date of attendance: Click or tap to enter a date. | | | | | | | | | | | |
| Was the case symptomatic while at work, school or nursery?  Yes  No | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| Ethnicity: Choose an item.  Other ethnicity, please specify: Click or tap here to enter text. |

Section D: Symptoms of illness

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Onset date: | Click or tap to enter a date. | | | | Onset time (hh:mm am/ pm) | | Click or tap here to enter text. | | | | | | | | |  | |
| If onset date is not known specify why  (e.g. asymptomatic, chronic GI illness,  fail to recall): | | | | | Click or tap here to enter text. | | | | | | | | | | |  | |
| Still ill: | Yes No | | | If N, then 🡪 | Duration of illness (d): | |  | |  | |  | | | | | |  |
| **Symptoms experienced** | | | | | **Yes** | **No** | **Not sure** | | **Ongoing** | | **Duration (d)** | | | | | | **Date of onset** |
| Diarrhoea (3 or more loose stools in 24hrs) | | | | |  | | | |  | | Click or tap here to enter text. | | | | | | Click or tap to enter a date. |
| Bloody stools | | | | |  | | | |  | | Click or tap here to enter text. | | | | | | Click or tap to enter a date. |
| Nausea | | | | |  | | | |  | | Click or tap here to enter text. | | | | | | Click or tap to enter a date. |
| Vomiting | | | | |  | | | |  | | Click or tap here to enter text. | | | | | | Click or tap to enter a date. |
| Abdominal pain | | | | |  | | | |  | | Click or tap here to enter text. | | | | | | Click or tap to enter a date. |
| Fever | | | | |  | | | |  | | Click or tap here to enter text. | | | | | | Click or tap to enter a date. |
| Other (specify): | | | | | Click or tap here to enter text. | | | | | | | | | | | | |
| Sought healthcare: | | | NHS 111 | | GP visit | | | A&E | | Other (specify): | | | | | Click or tap here to enter text. | | |
| Submitted stool sample:  Lab where specimen submitted | | | | Click or tap here to enter text. | | | | | | Date of specimen  collection | | | Click or tap to enter a date. | | | | |
| Admitted to hospital for this illness: | | | | Yes  No | | | | | | Admission date: | | | | Click or tap to enter a date. | | | |
| Hospital name: | | Click or tap here to enter text. | | | | | | | | Duration of stay (d): | | | | Click or tap here to enter text. | | | |
| Has been given or taken antibiotics: | | | | | Yes  No | | | | | If Y, specify: | | Click or tap here to enter text. | | | | | |
| Has been given or taken antidiarrhoeals: | | | | | Yes  No | | | | | If Y, specify: | | Click or tap here to enter text. | | | | | |
| Detail any other health concerns: | | | | | Click or tap here to enter text. | | | | | | | | | | | | |

People in close contact with the case in the 7 days prior to case’s onset

# Please list people who live in case’s households and whether they have had similar symptoms in the week before or after case became ill

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name | Sex  M/F | Date of Birth | Relationship to case | Occupation / school / nursery | Risk Group  (A/B/C/D) | Symptoms?  (Y/N) | Symptoms  e.g. diarrhoea (D), bloody diarrhoea (BD), vomiting (V), abdo pain (P) | Onset Date | Sample collected?  (Y/N) | Date of sample |
| 1 | ……………………………… | …… | ……/…../……… | …………… | ………………….. | …… | …… | …………… | …/…../……… |  | …/…../……… |
| 2 | ……………………………… | …… | ……/…../……… | …………… | ………………….. | …… | …… | …………… | …/…../……… |  | …/…../……… |
| 3 | ……………………………… | …… | ……/…../……… | …………… | ………………….. | …… | …… | …………… | …/…../……… |  | …/…../……… |
| 4 | ……………………………… | …… | ……/…../……… | …………… | ………………….. | …… | …… | …………… | …/…../……… |  | …/…../……… |
| 5 | ……………………………… | …… | ……/…../……… | …………… | ………………….. | …… | …… | …………… | …/…../……… |  | …/…../……… |

# Please list any other people with a similar illness that the case was in close contact with in the 7 days prior to case’s onset date

**NB. If a case lives between >1 household (e.g. children who stay overnight at different parents’ houses) please include contacts in both households**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name | Sex  M/F | Date of Birth  (if not known, age) | Relationship to case e.g. friend, school / work mate | Symptoms  e.g. diarrhoea (D), bloody diarrhoea (BD), vomiting (V), abdo pain (P) | Onset date | Sample collected?  Yes/No | Date of sample | Address if known |
| 1 | ……………………………… | … | …/…./… | ……………… | …………… | …../…../……… | …… | ..…/…../……… | ……………………………… |
| 2 | ……………………………… | … | …/…./… | ………………… | …………… | ..…/…../……… | …… | …../…../……… | ……………………………… |
| 3 | ……………………………… | … | …/…./… | ………………… | …………… | ..…/…../……… | …… | …../…../……… | ……………………………… |

Section e: Travel in the week prior to illness

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Travelled outside the UK: Y/ N/ Unknown | | | | | | | | | | | | |
| Specify countries visited (from most recent to least recent) | | | | | | | | | | | | |
| **Country/region** | | **Date arrived** | | | | | **Date departed** | | | | | **Details** |
| Click or tap here to enter text. | | Click or tap to enter a date. | | | | | Click or tap to enter a date. | | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | Click or tap to enter a date. | | | | | Click or tap to enter a date. | | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | Click or tap to enter a date. | | | | | Click or tap to enter a date. | | | | | Click or tap here to enter text. |
| If yes, please describe the type of accommodation used: | | | | | | | | | | | | |
| **Hotel** | | **Bed & Breakfast** | | | | | **Guesthouse** | | | | | **Friends/Family** |
| **Tourist campsite** | | **Holiday dwelling** | | | | | **Other (specify): ……………………………………** | | | | | |
| Name of accommodation: | | Click or tap here to enter text. | | | | | | | | | | |
| Travelled within the UK: | | Y/ N/ Unknown | | | | | | | | | | |
| If yes, specify towns/resorts visited (from most recent to least recent) | | | | | | | | | | | | |
| **Town/resort** | | **Date arrived** | | | | | **Date departed** | | | | | **Details** |
| Click or tap here to enter text. | | Click or tap to enter a date. | | | | | Click or tap to enter a date. | | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | Click or tap to enter a date. | | | | | Click or tap to enter a date. | | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | Click or tap to enter a date. | | | | | Click or tap to enter a date. | | | | | Click or tap here to enter text. |
| If yes, please describe the type of accommodation used: | | | | | | | |  | |  |  | |
| **Hotel** | **Bed & Breakfast** | | | | **Guesthouse** | | | | **Friends/Family** | | | |
| **Tourist campsite** | **Holiday dwelling** | | | | **Other (specify): ……………………………………** | | | | | | | |
|  | | | |  | | | | | | | | |
|  | | | | | |  | | | | | | |
| Name of accommodation: | | | Click or tap here to enter text. | | | | | | | | | |

Section f: Food history in the week prior to illness

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Food diary (7 days before onset)** | | | | | | | | | | | | | | | | | | | | | |
| **Days before onset** | **Date** | | | **Breakfast** | | | | | **Lunch** | | | | | **Dinner** | | | | **Snacks/ supper** | | | |
| 1 | / / | | |  | | | | |  | | | | |  | | | |  | | | |
| 2 | / / | | |  | | | | |  | | | | |  | | | |  | | | |
| 3 | / / | | |  | | | | |  | | | | |  | | | |  | | | |
| 4 | / / | | |  | | | | |  | | | | |  | | | |  | | | |
| 5 | / / | | |  | | | | |  | | | | |  | | | |  | | | |
| 6 | / / | | |  | | | | |  | | | | |  | | | |  | | | |
| 7 | / / | | |  | | | | |  | | | | |  | | | |  | | | |
|  |  | | |  | | | | |  | | | | |  | | | |  | | | |
|  | | | Did you eat outside your home? Yes No  *Prompt: include friend’s house, school home* | | | | | | | | | | | | | | | | | | |
| **Venues** | | | | | **Yes** | | **No** | | | **Name and place of venue** | | | **Postcode** | | | **Dates:** |  | | | **Details of food eaten** | |
| Restaurant 1 | | | | |  | |  | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |  | | | Click or tap here to enter text. | |
| Restaurant 2 | | | | |  | |  | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |  | | | Click or tap here to enter text. | |
| Takeaway 1 (including sandwich shop burger van) | | | | |  | |  | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |  | | | Click or tap here to enter text. | |
| Takeaway 2 | | | | |  | |  | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |  | | | Click or tap here to enter text. | |
| Café/canteen | | | | |  | |  | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |  | | | Click or tap here to enter text. | |
| Party/BBQ/function | | | | |  | |  | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |  | | | Click or tap here to enter text. | |
| Other 1 | | | | |  | |  | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |  | | | Click or tap here to enter text. | |
| Other 2 | | | | |  | |  | | | Click or tap here to enter text. | | | Click or tap here to enter text. | | | Click or tap here to enter text. |  | | | Click or tap here to enter text. | |
| Do you handle/prepare most of the food within the household: | | | | | | | | | | | | Always  Mostly  Occasionally  Never | | | | | | | | |
| 5. Where do you usually shop most of your food in the 7 days before becoming ill:  [Prompt: bread, chicken; meat; milk; vegetables, processed foods etc]   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Shop name** | **Raw meat** | **Cooked meat** | **Dairy** | **Other** | **Branch (address etc.)** | | Aldi |  |  |  |  | …………………………………………………………… | | Asda |  |  |  |  | …………………………………………………………… | | Co-op |  |  |  |  | …………………………………………………………… | | Iceland |  |  |  |  | …………………………………………………………… | | Lidl |  |  |  |  | …………………………………………………………… | | Morrisons |  |  |  |  | …………………………………………………………… | | M&S |  |  |  |  |  | | Sainsbury |  |  |  |  | …………………………………………………………… | | Tesco |  |  |  |  | …………………………………………………………… | | Other supermarkets |  |  |  |  | …………………………………………………………… | | Local butchers |  |  |  |  | …………………………………………………………… | | Local bakers |  |  |  |  | …………………………………………………………… | | Local greengrocers |  |  |  |  | …………………………………………………………… | | Local fishmongers |  |  |  |  | …………………………………………………………… | | Cornershop/minimart |  |  |  |  | …………………………………………………………… | | Delicatessen |  |  |  |  | …………………………………………………………… | | Market stall |  |  |  |  | …………………………………………………………… | | Mobile van |  |  |  |  | …………………………………………………………… | | Other(s) |  |  |  |  | …………………………………………………………… |   6. Ate or handled any of the following: | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | **Yes** | | **No** | | | **Product (for example boneless, skinless chicken breast)** | | | | **Where purchased**  **(for example Asda Acton, London)** | | | | **Date handled/ consumed** | |
| **Handled** | | | | | | | | | | | | | | | | | | |  | |
|  | | Raw beef (including mince, burgers and sausages) | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Raw poultry | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Raw lamb | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Raw pork/gammon (including mince, sausage) | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Other raw meat (for example game, goat, ostrich) | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Raw vegetables | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Pet/animal feed | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| If yes, indicate below: | | | | | | | | | | | | | | | | |  | |
| Raw meat pet feed | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| **Consumed** | | | | | | | | | | | | | | | | | | | | |
|  | | Any meat | | | |  | | | | | If yes, indicate below: | | | | | | | |  | |
| Cooked Beef (including mince, burgers and sausages) | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Cooked poultry | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Cooked lamb | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Cooked pork/ gammon (including ham, mince) | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Other cooked meat (for example game, goat, ostrich) | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Cured meats (e.g. ham, bacon, salami) | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Other processed meat (including pate, pies) | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Fish (raw cooked, tinned) | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Shellfish | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Pasteurised milk | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Unpasteurised milk | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Hard cheese | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Soft cheese | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Yoghurt/ fromage frais | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Cream | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Ice cream | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
|  | | Unpasteurised dairy products (such as cheese, milk) | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
|  | | Iceberg lettuce | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
|  | | Baby gem lettuce | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Romaine lettuce | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Other lettuce | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Rocket | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Spinach/baby spinach | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Watercress | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Baby/mixed leaves | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Lamb’s lettuce | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Mustard cress | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Other salad | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Tomatoes | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Raw vegetables | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Raw fruit (eg apples / oranges / bananas/ melon) | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Soft fruit/berries | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Pre-cut fruits | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Sprouted seeds/  beansprouts | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Fresh herbs | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Sandwiches – prepacked, ready-make or made to order | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |
| Other foods  (for example nuts, confectionery, protein shakes) | | | |  | | | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |  | |

Section g: Water exposure in the week prior to illness

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Drank unboiled water from any of the following: | | | | | | | | | |
|  | **Water supply** | | | | **Yes** | | **No** | **Details** | |
|  | Mains (municipal) water | | | |  | | | Click or tap here to enter text. | |
| Private water supply (spring/well/borehole) | | | | |  | | | Click or tap here to enter text. | |
|  | Bottled water | | | |  | | | Click or tap here to enter text. | |
|  | Unboiled river/stream/lake water | | | |  | | | Click or tap here to enter text. | |
|  | | | | |  | | | | |
| Exposed to floodwater: | | | | | Yes  No  Not sure | | | | |
| If yes, details: Click or tap here to enter text. | | | | | | | | | |
| Experienced any household drainage/plumbing problems: Yes  No  Not sure | | | | | | | | | |
| If yes, details: Click or tap here to enter text. | | | | | | | | | |
| Participated in any of the following activities – either recreationally or for occupation: | | | | | | | | | |
| **Activity** | | **Fresh water** | **Sea Water** | **No** | | **Details** | | | |
| Swimming/paddling | |  |  |  | | Click or tap here to enter text. | | | |
| Other (for example canoeing, fishing, sailing, sufing) | |  |  |  | | Click or tap here to enter text. | | | |
| Is it possible that water was accidentally swallowed during any of the above: | | | | | | | | | Yes  No  Not sure |
| If yes, details: | | Click or tap here to enter text. | | | | | | | |

Section h: Animal contact in the week prior to illness

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact with domestic animals/pets: | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | |
| If yes, indicate which animals below: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Dogs | Cats | | | Rabbits | | | Rodents | | | | | Reptiles | | | | | Birds | | | Fish | | | | | | Other: Click or tap here to enter text. | | |
| Did any of the above animals have diarrhoea: | | | | | | | | | | | Yes  No  Not sure | | | | | | | | | | | | | | | | | | | |
| If yes, specify: | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was there a veterinary investigation? | | | | | | | | | | | Yes  No  Not sure | | | | | | | | | | | | | | | | | | | |
| Contact with non-domestic animals: | | | | | | | | | | | Yes  No  Not sure | | | | | | | | | | | | | | | | | | | |
| Cattle | | Calves | | | Sheep | | | | | Lambs | | | | | Goats | | | | Horses | | | | | | Pigs | | | Reptiles | | |
| Poultry | | Rabbits | | | Deer | | | | Birds | | | | | Fish | | | | Rodents | | | | | | Other: Click or tap here to enter text. | | | | | | |
| Lives on, works at or access to a private farm: | | | | | | | | | | | Yes  No  Not sure | | | | | | | | | | | | | | | | | | | |
| Attended an agricultural event for example horse show | | | | | | | | | | | Yes  No  Not sure | | | | | | | | | | | Attended date: Click or tap to enter a date. | | | | | | | | |
| Visited a farm/petting zoo/bird reserve or such: | | | | | | | | | | | Yes  No  Not sure | | | | | | | | | | Visit date: | | | | | | Click or tap to enter a date. | | |
| If yes, specify: | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, handled the animals: | | | | | | | | | | | Yes  No  Not sure | | | | | | | | | | | |  | | | | | | |
| If yes, specify: | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bottle fed any of the animals: | | | | | | | | | | | | Yes  No  Not sure | | | | | | | | | | | | | | | | | |
| Washed hands before eating food or before leaving: | | | | | | | | | | | | Yes  No  Not sure | | | | | | | | | | | | | | | | | | |
| If yes, specify: | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consumed any food whilst there: | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| If yes, specify: | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was the food (tick all that apply): | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Purchased on premises | | | | | | or | Brought from home/elsewhere | | | | | | | | | | | | | | | | | | | | | |
| Eaten in a separate area | | | | | | or | Eaten whilst in contact with the animals | | | | | | | | | | | | | | | | | | | | | |
| Eaten at a picnic table | | | | | | or | Eaten while sat on the grass/soil | | | | | | | | | | | | | | | | | | | | | |

Section i: Environmental exposure in the week prior to illness

|  |  |  |
| --- | --- | --- |
| Walked in a paddock/field where farm animals graze: | | Yes  No  Not sure |
| If yes, specify: | Click or tap here to enter text. | |
| Taken any day trips (beach, countryside and so on): | | Yes  No  Not sure |
| If yes, specify: | Click or tap here to enter text. | |
| In contact with wildlife species or their droppings: | | Yes  No  Not sure |
| If yes, specify: | Click or tap here to enter text. | |
| Had contact with soil, manure or sewage: | | Yes  No  Not sure |
| If yes, specify: | Click or tap here to enter text. | |

Section j: Any other comments relevant to this case

Can the case be contacted again if further details are required:

**Has the case / parent been offered hygiene advice (including STEC leaflet)?  Yes  No**

**Has the case and contacts been advised about exclusion and screening (if required? )?  Yes  No**

|  |
| --- |
| **Other comments:** |
|  |
|  |
|  |
|  |
|  |

\***Note to person completing questionnaire\*:**

**The question below is only applicable to parents or carers of children under the age of 6 who have been excluded from childcare due to a confirmed STEC infection.**

Researchers at the University of Liverpool, University of Warwick and the UK Health Security Agency are conducting a study which is looking to better understand the impact of young children being kept away from childcare due to Shiga-Toxin Producing *E.coli*. If you participate, the researchers will ask you to describe the experience for your child, you and the family. This would be once after agreeing to participate and once after your child has been cleared for return to childcare.

Do you consent for a member of the research team at Liverpool to contact you and provide you with more information about this study? By registering your interest, you agree to the research team accessing your name, contact details, address, type of STEC infection, and the dates of your child’s exclusion period. Your personal details will be stored securely at the University of Liverpool, will only be used for the purposes of this study, will not be shared with any third party and will be destroyed after 2 months unless you have agreed to participate further. Please note, not everyone who registers interest will be contacted by the research team:

UKHSA centre staff: Please email this form to [vtec@ukhsa.gov.uk](mailto:vtec@ukhsa.gov.uk)

**Instructions for completion of the STEC questionnaire**

The following are descriptions for questions throughout the questionnaire, in case of any perceived ambiguity. Where possible, the question to which the instruction refers is in **bold**.

If in doubt, please contact STEC Surveillance on 0208 327 7925 or email

Date fields other than DOB are dd/mm/yy

**Section A: Questionnaire details**

Indicate whether details are from the case or a parent or guardian of that case, and ensure your telephone number is included in case there are questions about that case later.

Please specify which office you are from, for example SE London UKHSA centre staff or Lambeth Regulatory Services.

**Section B: Case classification**

**Primary case**: The individual who introduces the disease into a group or the population (not necessarily the index case or the first case diagnosed)

**Co-primary case**: Case whose date of onset is within one incubation period (4d) of the primary case, that is a case thought to have been exposed to the same risk factor(s) as the primary case

**Secondary case**: Case whose date of onset is more than one incubation period (4d) after the primary case or whose risk factor is believed to be ‘exposure to a primary case’

**Travel-related case**: Case whose date of onset is within one exposure period (7d) of having been outside of the UK.

**Asymptomatic case**: a person identified through contact screening procedures, who has not had any symptoms consistent with VTEC infection within one exposure period (7d) of the symptomatic contact. They are still a case (as they are shedding bacteria). It is expected that an asymptomatic case does not have an onset date at all.

If the case is believed to be part of a cluster with a name or an outbreak with an ILOG number, please include these in the **keyword/number field**

**Section C: Personal details**

**DOB** is dd/mm/yyyy

If **NHS number** is known, please include it for cross-referencing

Please indicate whether any children aged under 16 are living within the same household as the case.

Please include the **occupation**, regardless of whether it fits into the risk groups, then if it does fit into the risk groups, indicate which ones, and add more details if necessary.

A **food handler** is any person whose work involves preparing or serving unwrapped foods not subjected to further heating. It does not include supermarket checkout operators or those employed exclusively in the handling of packaged goods, delivery and the wholesale/retail sale of fruit or vegetables.

**Childcare setting** includes nurseries, day-schools, childcare, kindergartens, pre-school tutoring, also nannies.

A person who **has difficulty maintaining personal hygiene** is any person of doubtful personal hygiene or with unsatisfactory toilet, hand-washing or hand drying facilities at home, work or school.

**Work in contact with faeces** includes farm workers, other people working with animals, sewage workers, specimen collection and so on. The **ethnicity** question is divided into the level 1 sections represented on the census: White (British or Irish), Mixed (White and Black Caribbean, White and Black African, White and Asian), Asian or Asian British (Indian, Pakistani, Bangladeshi), Black or Black British (Caribbean, African), Chinese or Other. The level 2 sections are not necessary to specify.

**Section D: Symptoms of illness**

If **still ill** = no, then a duration of illness is expected.

Please note the **onset date** at which each symptom was experienced.

Please indicate whether the case has submitted a stool sample, and include the **sample reference number** (where known) for cross-referencing.

If the case was **medicated with antibiotics** (that is ciprofloxacin and so on) after the onset of symptoms, please indicate which one was used.

If the case was **medicated with antidiarrhoeals** (that is loperamide and so on) after the onset of symptoms, please indicate which one was used.

If the case has other health concerns, for example co-infection with another pathogen, pneumonia or are immunocompromised, then please specify these.

**Section e: Travel in the week prior to illness**

If additional **countries/regions** have been visited (other than 2) they could be listed in the free text area at the end of the form. The same should be done for **towns/resorts** within the UK.

**Section f: Food history in the week prior to illness**

When leaving **details** about the restaurant or function and so on include the dates at which people visited and address if chain restaurant.

Please indicate the cases involvement in **food handling** in the household including shopping and preparing food.

**Include foods consumed in restaurant meals**

**Product** that is ‘boneless, skinless chicken breast’.

**Where purchased** that is ‘Sainsbury’s Camden’, ‘EatNatural – doorstep delivery’ and so on. Please ensure **locations** are provided.

It may be useful to specify whether something was loose sliced meat from a deli counter vs. pre-packaged branded product in the **Cooked meats** sections.

Meats can have been eaten hot or cold – consider specifying.

**Beef** includes hamburger, the details of which should be specified.

**Cured meats** includes ham, Parma ham, bacon, salami and so on.

**Other processed meats** include: pate, pies, sausage rolls and so on.

The **fish** category includes smoked fish, raw fish, pre-packaged fish, fish from frozen and so on.

**Shellfish** includes raw shellfish, cooked shellfish, smoked shellfish, tinned shellfish and so on which can be outlined in the ‘product box’.

Please consider including details of the type of **dairy products**, for example goats cheese vs. cows milk.

Self-grown, and unwashed produce such as lettuce, tomatoes and so on can be included in the **other salad** category.

**Raw fruits** include: fruits picked from hedgerows, PYO fruits harvested, and other unwashed, uncooked and untreated fruit.

Food items such as: sushi, salads from sandwich bars, bean curd, tofu and so on can be included in the field **other foods**.

**Supermarkets** include their smaller subsidiaries, that is Tesco includes Tesco Metro or Express or those at petrol stations.

**Section g: Water exposure in the week prior to illness**

**Details** of water supplies include addresses or names of private water supplies – consider including dates of contact.

**Details** of water activities include addresses or areas and so on and consider including dates.

Please bear in mind occupational as well as recreational exposure (though this should have been recorded on page 1).

**Details** of exposure to floodwater include location and dates.

**Details** of drainage/plumbing problems include a description and dates.

**Section h: animal contact in the week prior to illness**

**Contact with animals** refers to **any** contact with animals – either at home, someone else’s home or land connected with the case.

**Walked in a paddock or field where farm animals graze** includes walking the dog, recreationally, through farm land.

**Agricultural events** include county shows, horse shoes, fairs and any event where there were animals. Dates should be provided.

**Farm/petting zoo** includes open farms, studs, and so on as well as closed farms.

**Handling** refers to leading around on a rope, corralling and so on.

**Details for washing hands** include whether it was a bucket of standing water, the temperature, whether there was soap, drying facilities (paper vs. fabric towels) and so on.

Please specify whether **consumption of food whilst there** occurred before or after contact with the animals.

**Section i: Environmental exposure in the week prior to illness**

**Day trips** refer to: beach, countryside, parks and so on – consider including dates.

**Wildlife species** include: mice, deer, rabbits, foxes and so on – consider including dates.

**Contact with manure** may occur through activities such as gardening, DIY, and so on – includes attendance at agricultural shows and so on – consider including dates.