**COHORT INVESTIGATION OF A FOODBORNE OUTBREAK**

**Date the questionnaire was completed:**

|  |
| --- |
| **■ Information about the respondent** |
| Name: |  |
| Date of birth: |  |
| Address: |  |
| Telephone, e-mail: |  |

|  |  |
| --- | --- |
|  Yes 🗆 No 🗆  |  |

**Did you attend [insert name of party, meal etc. and date]?**

*If the answer is NO, you need NOT answer the remaining questions, but please submit the questionnaire.*

**During the week after the [insert name of party, meeting, meal] did you develop vomiting, diarrhea, abdominal pain or other stomach symptoms?**

|  |  |
| --- | --- |
|  Yes 🗆 No 🗆 Unsure 🗆 Comments: |  |

*If the answer is NO, skip the remaining questions on this page, but please answer the questions on the following two pages.*

|  |
| --- |
| **■ Questions to be answered by those who became ill, only** |

**What kind of symptoms did you have?**

Please specify when the symptoms started (date, time) and how long they lasted (no. of days or hours)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Yes | No | Unsure | When did the symptoms start? Duration? |
| Nausea | 🗆 | 🗆 | 🗆 |  |
| Vomiting | 🗆 | 🗆 | 🗆 |  |
| Abdominal pain | 🗆 | 🗆 | 🗆 |  |
| Diarrhea  | 🗆 | 🗆 | 🗆 |  |
| Bloody stools | 🗆 | 🗆 | 🗆 |  |
| Fever | 🗆 | 🗆 | 🗆 | Temperature? |
| Other symptoms | 🗆 | 🗆 | 🗆 |  |

|  |  |
| --- | --- |
| When did you become ill? Date and time: |  |
| Are you still sick? | Yes 🗆 No 🗆 Unsure 🗆 |
| If no, how long lasted your disease? No. of days or hours: |  |
| Did you contact a doctor?  | Yes 🗆 No 🗆  |
| Was a stool sample collected? | Yes 🗆 No 🗆  |

|  |
| --- |
| **■ Questions to be answered by everyone, regardless of whether you became ill or not** |

|  |
| --- |
| **Below is a list of all food items that was served.****Please answer ALL questions:** **Tick «yes» if you most likely ate the food, check «no» for the dishes you most likely did not eat.** **If in doubt, check the «unsure».**  |

**Did you eat any of the warm dishes?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [Fill in dishes from the menu] | Yes | No | Unsure | Comments: |
| Dish 1 | 🗆 | 🗆 | 🗆 |  |
| Dish 2 | 🗆 | 🗆 | 🗆 |  |
| Dish 3 | 🗆 | 🗆 | 🗆 |  |
| Dish 4 | 🗆 | 🗆 | 🗆 |  |
| Dish 5 | 🗆 | 🗆 | 🗆 |  |
| Dish 6 | 🗆 | 🗆 | 🗆 |  |

**Did you eat any of the cold meat dishes?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Unsure | Comments: |
| Dish 1 | 🗆 | 🗆 | 🗆 |  |
| Dish 2 | 🗆 | 🗆 | 🗆 |  |
| Dish 3 | 🗆 | 🗆 | 🗆 |  |
| Dish 4 | 🗆 | 🗆 | 🗆 |  |
| Dish 5 | 🗆 | 🗆 | 🗆 |  |
| Dish 6 | 🗆 | 🗆 | 🗆 |  |

**Did you eat any of the cold dishes with fish or shellfish?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Unsure | Comments: |
| Dish 1 | 🗆 | 🗆 | 🗆 |  |
| Dish 2 | 🗆 | 🗆 | 🗆 |  |
| Dish 3 | 🗆 | 🗆 | 🗆 |  |
| Dish 4 | 🗆 | 🗆 | 🗆 |  |
| Dish 5 | 🗆 | 🗆 | 🗆 |  |
| DIsh 6 | 🗆 | 🗆 | 🗆 |  |

**Did you eat any of the vegetable salads or other salads?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Unsure | Comments: |
| Dish 1 | 🗆 | 🗆 | 🗆 |  |
| Dish 2 | 🗆 | 🗆 | 🗆 |  |
| Dish 3 | 🗆 | 🗆 | 🗆 |  |
| Dish 4 | 🗆 | 🗆 | 🗆 |  |
| Dish 5 | 🗆 | 🗆 | 🗆 |  |
| Dish 6 | 🗆 | 🗆 | 🗆 |  |

**Did you eat any desserts, cheeses or fruits?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Unsure | Comments: |
| Item 1 | 🗆 | 🗆 | 🗆 |  |
| Item 2 | 🗆 | 🗆 | 🗆 |  |
| Item 3 | 🗆 | 🗆 | 🗆 |  |
| Item 4 | 🗆 | 🗆 | 🗆 |  |
| Item 5 | 🗆 | 🗆 | 🗆 |  |
| Item 6 | 🗆 | 🗆 | 🗆 |  |

**Which beverages did you drink?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Unsure | Comments: |
| Item 1 | 🗆 | 🗆 | 🗆 |  |
| Item 2 | 🗆 | 🗆 | 🗆 |  |
| Item 3 | 🗆 | 🗆 | 🗆 |  |
| Item 4 | 🗆 | 🗆 | 🗆 |  |
| Item 5 | 🗆 | 🗆 | 🗆 |  |
| Item 6 | 🗆 | 🗆 | 🗆 |  |

**Thank you for your help!**