**The primary interview – the first contact with an informant**

Name of interviewer: ...................................................................... Date of interview: .............................................

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| **■ Personal data about the informant** | |
| Name: |  |
| Age: |  |
| Occupation: |  |
| Address: |  |
| Telephone, email: |  |

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| **■ Information about the disease** |

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| When did you become ill? | Date / time |
| For how long time were you ill? | Days / hours No. of sick-leave days: |

**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)

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| Symptoms | Yes | No | Unsure | When did the symptoms start? Duration? |
| Nausea | 🗆 | 🗆 | 🗆 |  |
| Vomiting | 🗆 | 🗆 | 🗆 |  |
| Abdominal pain | 🗆 | 🗆 | 🗆 |  |
| Diarrhea (no. of loose stools / day?) | 🗆 | 🗆 | 🗆 |  |
| Bloody stool | 🗆 | 🗆 | 🗆 |  |
| Fever (subjective or measured?) | 🗆 | 🗆 | 🗆 | Temperature? |
| Other symptoms, incl. neurological | 🗆 | 🗆 | 🗆 |  |

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| --- | --- | --- | --- | --- |
| Did you contact a doctor? | 🗆 | 🗆 | 🗆 | Name of doctor? |
| Was a stool sample collected? | 🗆 | 🗆 | 🗆 | Diagnosis? |

Refer to the patient’s health care provider regarding treatment and other medical issues.

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| **■ Information about other ill persons** |

**Do you know other persons who became ill with similar symptoms?**

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| Yes 🗆 No 🗆 Unsure 🗆 | If yes, record their name(s), age, telephone - and when their illness stared: |
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| Are any of these persons a member of your household? Yes 🗆 No 🗆 |
| Did they eat food at the same place as you? Yes 🗆 No 🗆 |
| If yes, where? |
| Did any of these persons contact a doctor? Was a stool sample collected? |

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| **■ Information about the possible source of infection** |

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| **What do you believe is the cause of your illness? Do you suspect a particular meal, dish, foodstuff, drinking water or animal? Why? Do you know how the suspected food was prepared?** |

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| Are there any leftovers of the suspected food? Yes 🗆 No 🗆 What kind? | |
| Arrange delivery or pickup of samples: | When? How? Ask the patient to keep wrappings or packages! |

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| **Other information** | Yes | No |  |
| Do you work with production, preparation or serving of foods? | 🗆 | 🗆 |  |
| Do you work in a hospital, nursery home, daycare or kindergarten? | 🗆 | 🗆 |  |
| Did you travel abroad prior to your illness onset? Where? When? | 🗆 | 🗆 |  |
| Did you eat at a restaurant or other catering enterprise? Where/when? | 🗆 | 🗆 |  |
| Did you drink untreated drinking water? | 🗆 | 🗆 |  |
| Were you in contact with animals? \* | 🗆 | 🗆 |  |
| Do you have a food allergy or intolerance? | 🗆 | 🗆 |  |
| Do you suffer from a chronical bowel disorder? | 🗆 | 🗆 |  |

\* If direct transmission from animals is suspected, ask what kind of animals the patient was in contact with, where, and when.

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| **■ Information about foods eaten prior to illness onset** |

If the informant does not suspect a particular food, meal or dish, which you think is a reasonable explanation of the illness, it may be relevant to request a list of everything the person remember having consumed prior to the illness onset. Keep in mind that many persons, often wrongly, suspect the last meal consumed before they became ill, or products that have received negative publicity in the media.

Record all foods and beverages the informant remembers having consumed in the period before the illness started. If the symptoms indicate an infection: the last 3-4 days prior to illness onset; if microbial intoxication is suggested: the last 24 hours. If the diagnosis is known, use the incubation period for the disease in question.

If more than one person reportedly has been ill with similar symptoms, make a record of which meals or foods they shared, as well as where and when the food was consumed.

(Continued on next page)

| **Date** | **Breakfast** | **Lunch** | **Dinner** | **Other** |
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How can I contact you later?

**Thank you for calling me!**