

Date: \_\_\_\_\_ (mm/dd/yyyy) Name of Interviewee: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_ Relation to Case? \_\_\_\_\_

## GIARDIASIS CASE QUESTIONNAIRE

### SECTION I: CASE DEMOGRAPHIC DATA

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (W): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: M F

OCCUPATION\*: \_\_\_\_\_

DATE LAST ATTENDED WORK/ DAYCARE/ SCHOOL: \_\_\_\_\_ (mm/dd/yyyy)

\*High risk occupations are food handlers, health care workers, child care workers, children in child care, and residents of institutions

### SECTION II: TREATMENT INFORMATION

Did you visit an ER or Family Physician? (circle one) Y N

Name of physician or hospital: \_\_\_\_\_

Were you admitted to hospital? Y N Date of admit? \_\_\_\_\_ (mm/dd/yyyy)

Did you receive treatment? Y N Name of treatment? \_\_\_\_\_

Date treatment started: \_\_\_\_\_ (mm/dd/yyyy) Date treatment completed: \_\_\_\_\_ (mm/dd/yyyy)

### SECTION III: SYMPTOM INFORMATION

Date and time of onset: \_\_\_\_\_ (mm/dd/yyyy) am pm

Symptoms:

Fever	Y	N	Unknown
Nausea	Y	N	Unknown
Vomiting	Y	N	Unknown
Abdominal pain	Y	N	Unknown
Lethargy	Y	N	Unknown
Headache	Y	N	Unknown
Diarrhea	Y	N	Unknown

**OPH only:**

**Date of Report:** \_\_\_\_\_

**Reported through:**

**Laboratory**

**RDD/ IDRIS**

**Other** \_\_\_\_\_

Was diarrhea watery or bloody? \_\_\_\_\_

Duration of illness: \_\_\_\_\_ (hours/ days)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV: CONTACT INFORMATION**

In the two weeks prior to illness, has the case had contact with a family member/ friend/ colleague with similar illness?  
Y      N      Unknown

Name of contact	Telephone number

**SECTION V: ENVIRONMENTAL RISK FACTORS**

In the two weeks prior to illness did any of the following risk factors apply?

Travel Y      N      If yes, travel where? \_\_\_\_\_  
Dates of travel: \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy)

Close contact with farm animals (including petting zoos):      Y      N  
Location: \_\_\_\_\_ Date of visit: \_\_\_\_\_ (mm/dd/yyyy)

Any pets (including fish and reptiles) at home? Y      N      Specify: \_\_\_\_\_

Drink water from?      Tap      Bottled      If bottled, specify brand: \_\_\_\_\_

Do you garden?      Y      N      If yes, contact with potting mix or manure?      Y      N  
Specify brand of potting mix or/ and manure: \_\_\_\_\_

Did you participate in swimming or water sports?      Y      N  
Type of water body (eg. Pool, river, pond etc)? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_