☐ Sporadic case
☐ **Case part of outbreak: Outbreak ref**_____

STEC(VTEC)/HUS Case Questionnaire

☐ **STEC/VTEC** ☐ **HUS** ☐ **STEC/VTEC and HUS (please tick)**

Attempt	Date	Time	Outcome
1		_____ am / pm	_____
2		_____ am / pm	_____
3		_____ am / pm	_____
4		_____ am / pm	_____

Call Outcomes
OC1 – No Answer
OC2 – Subject not home, call back
OC3 – Appointment to call back
OC4 – Refusal
OC5 - Interviewed

Interviewer: _____
Date of notification ____/____/____
Date of interview: _____/____/____
State ID no.: _____
Lab number.: _____

***LOCAL PRIVACY MESSAGE* (States to enter their own message here)**
The information you provide in this questionnaire is for the purpose of attempting to determine the cause of your illness and to prevent further cases of illness within the community. The data you provide is kept confidential and identifying information will not be disclosed for any other purpose without your consent. If you would like further information about your illness, [STATE HEALTH AUTHORITY] can provide a fact sheet on STEC/VTEC/HUS.

Name of person interviewed (if not case):

Patient details

First Name: _____ Address: _____

Last Name: _____ _____

Telephone: _____ (Home) _____

_____ (Mobile) Post Code: _____

_____ (Work)

Occupation: (include part-time/casual/volunteer work): _____
High risk occupations include those involving childcare/preschool, educational/residential/healthcare facilities or food preparation.

Date of Birth: _____ / _____ / _____ Age: _____ Sex: Male / Female

Are you of Aboriginal or Torres Strait Islander origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal & Torres Strait Islander

Country of birth: _____ Language spoken at home: _____

Name of treating doctor: _____ Telephone No: _____

Admitted to Hospital: ☐ Yes ☐ No Name of Hospital: _____

Name of treating clinician: _____ Telephone No: _____

Date of admission: _____ / _____ / _____ Date of discharge: _____ / _____ / _____

Case deceased: ☐ Yes ☐ No Date of death: _____ / _____ / _____

Cause of death: ☐ HUS / STEC (circle) ☐ Other _____

** Please use questionnaire to interview patients with Haemolytic Uraemic Syndrome (HUS) if they have had a history of diarrhoea in the month prior to onset of HUS symptoms*

Diagnostic information

Date of specimen collection: _____/_____/_____ Specimen type: Faeces / Blood / Urine / Other

Diagnostic Method Used	Y	N	Pending	Laboratory name, date of referral and result
PCR: STEC gene detected	☐	☐	☐	Stx 1 ☐ Stx 2 ☐
EIA: STEC toxin detected	☐	☐	☐	
If EIA/PCR: specimen sent for culture?	☐	☐	☐	
Isolation of STEC: faeces	☐	☐	☐	
Isolate sent for serotyping	☐	☐	☐	
Isolate sent for PFGE typing*	☐	☐	☐	
Isolate sent for MLVA typing*	☐	☐	☐	

* in outbreak settings only

Clinical history

When did this illness start? _____ / _____ /_____ Time: _____ am/pm

What was the first symptom? _____ What other symptom(s) did [you/the case] have?

Symptom	**Y**	**N**	**DK**	**Onset date and time**
Diarrhoea	☐	☐	☐	
Bloody diarrhoea	☐	☐	☐	
Fever	☐	☐	☐	
Nausea	☐	☐	☐	
Vomiting	☐	☐	☐	
Abdominal pain	☐	☐	☐	
Other symptoms: (please specify)				
				Confirmation date
HUS confirmed*	☐	☐	☐	

***** Acute microangiopathic anaemia on peripheral blood smear AND acute renal impairment (haematuria, proteinuria or elevated creatinine level) OR thrombocytopaenia, particularly in the first seven days of illness

Duration of diarrhoea: _____ days/hours Total duration of illness: _____ days

Are [you/the case] still sick? (please tick) ☐ Yes ☐ No If yes: how many days ill? _____

Medical History

Do [you/the case] regularly take any of the following medications? (tick all that apply)

Medications	Y	N	DK		Y	N	DK
Antacids (ie. Mylanta, Rennies)	☐	☐	☐	Oral steroids	☐	☐	☐
Antidiarrhoeal medications (ie. Lomotil)	☐	☐	☐	Antibiotics	☐	☐	☐
Laxatives	☐	☐	☐	Pain killers	☐	☐	☐

Do [you/the case] have any pre-existing medical conditions? (please tick) ☐ Yes ☐ No

If yes, specify:_____

Occupation/Facilities attended

Do you/the case, or anyone else in your household, work in, or regularly attend any of the following facilities: (tick all that apply, and note name of facility and if name of person, if not the case)

Facility	Y	N	DK	Name of Facility	Name of person (if not case)
Child care centre:	☐	☐	☐		
Preschool:	☐	☐	☐		
Hospital:	☐	☐	☐		
Commercial kitchen:	☐	☐	☐		
Playgroup:	☐	☐	☐		
School for special needs::	☐	☐	☐		
Educational facility:	☐	☐	☐		
Aged care facility:	☐	☐	☐		

Possible exposures

I'm going to ask some questions about what you did before [you/the case] got sick, including some questions that are specifically about the 10 days before the start of [your/the case's] illness. For [you/the case], your first day of illness was (day and date) _____. Ten days before this was (day and date) _____. It is often helpful to have a calendar or diary in front of you to help you remember what you did during this time.

Contact with persons:	Y	N	DK	Name/contact details:
Did anyone else in [your/the case's] household have diarrhoea in the ten days before the start of [your/the case's] illness?	☐	☐	☐	
Has anyone in [your/the case's] household have diarrhoea after the start of [your/the case's] illness	☐	☐	☐	
Did any children < 2 years live, stay overnight, or visit [your/the case's] home in the ten days before the start of illness?	☐	☐	☐	
Did [you/the case] change any nappies in the 10 days before the start of [your/the case's] illness	☐	☐	☐	
Were [you/the case] in contact with anyone outside the household who had diarrhea in the 10 days before [your/the case's] illness	☐	☐	☐	

Potential Food Sources

In the 10 days prior to illness (____ / ____ / ____ to ____ / ____ / ____) did [you/the case] consume any of the following?

Meat	Y	N	DK	How was it cooked? (tick if option applies)	Where purchased/ prepared and date(s) of consumption?
Beef (including steak, kebabs/shaslicks)	☐	☐	☐	☐ rare ☐ well done ☐ medium	
Beef mince	☐	☐	☐	☐ rare ☐ well done ☐ medium	
Beef burger/hamburger from home	☐	☐	☐	☐ rare ☐ well done ☐ medium	
Beef burger/hamburger from a food premises	☐	☐	☐	☐ rare ☐ well done ☐ medium	
Meat balls	☐	☐	☐	☐ rare ☐ well done ☐ medium	
Roast beef	☐	☐	☐	☐ rare ☐ well done ☐ medium	
Other products containing beef (beef filled pasta, lasagna, etc):	☐	☐	☐	☐ rare ☐ well done ☐ medium	
Fresh sausages (specify flavour/type of meat)	☐	☐	☐	☐ rare ☐ well done ☐ medium	
Lamb	☐	☐	☐	☐ rare ☐ well done ☐ medium	
Other mince (lamb, pork)	☐	☐	☐	☐ rare ☐ well done ☐ medium	
Pork	☐	☐	☐	☐ rare ☐ well done ☐ medium	
Offal	☐	☐	☐	☐ rare ☐ well done ☐ medium	
Poultry/Turkey	☐	☐	☐	☐ rare ☐ well done ☐ medium	

Processed meats	Y	N	DK	Where purchased and date(s) of consumption. If from a supermarket, note if purchased from deli or off the shelf in the refrigerated section
Salami, Mettwurst, Cabanossi	☐	☐	☐	
Devon, Fritz, Polony	☐	☐	☐	
Frankfurts/Savaloys	☐	☐	☐	
Ham, Corned beef/Silverside	☐	☐	☐	
Sliced roast beef	☐	☐	☐	
Dried meats (jerky,biltong)	☐	☐	☐	
Sliced/pressed chicken or turkey meat	☐	☐	☐	
Pate	☐	☐	☐	
Spreadable sausage (Teewurst, Braunschweiger)	☐	☐	☐	
Asian style sausage (Nham, Musom etc	☐	☐	☐	
Middle Eastern style sausage (Sucuk)	☐	☐	☐	
Home made sausage	☐	☐	☐	
Other continental sausage	☐	☐	☐	
Meat sample from a butcher/deli/supermarket	☐	☐	☐	
Pizza *If yes, specify toppings:*	☐	☐	☐	

Fruit and Vegetables, consumed raw	Y	N	DK	Packaging/type (please tick if option applies)	Where purchased/type (if applicable) and date of consumption(s)
Apple	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic ☐ Imported	
Pears	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic ☐ Imported	
Plums	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic ☐ Imported	
Peaches	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic ☐ Imported	
Nectarines	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic ☐ Imported	
Apricots	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic ☐ Imported	
Strawberries	☐	☐	☐	☐ Punnet ☐ Frozen ☐ Organic ☐ Imported	
Blueberries	☐	☐	☐	☐ Punnet ☐ Frozen ☐ Organic ☐ Imported	
Other berries (specify type)	☐	☐	☐	☐ Punnet ☐ Frozen ☐ Organic ☐ Imported	
Watermelon	☐	☐	☐	☐ Whole ☐ Precut ☐ Organic	
Rockmelon	☐	☐	☐	☐ Whole ☐ Precut ☐ Organic	
Other melons (specify type)	☐	☐	☐	☐ Whole ☐ Precut ☐ Organic	
Freshly squeezed juice made from fruit:	☐	☐	☐	***Specify ingredients:***	
Unpasteurised fruit cider	☐	☐	☐	***Specify fruit:***	
Lettuce (specify type)	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic	
Lettuce leaves (specify type)	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic	
Other bagged/self serve leafy greens ie. baby spinach, rocket	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic	
Cabbage	☐	☐	☐	☐ Whole ☐ Cut ☐ Organic	
Carrots	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic	
Spring onions/shallots	☐	☐	☐	☐ Organic ☐ Imported	
Radishes	☐	☐	☐	☐ Organic ☐ Imported	
Mushrooms (specify type)	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic ☐ Imported	
Cucumber (specify type)	☐	☐	☐	☐ Organic ☐ Imported	
Celery	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic ☐ Imported	
Capsicum (specify type)	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic ☐ Imported	
Tomatoes	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic	
Sprouts ie. alfalfa, mung bean, broccoli etc	☐	☐	☐	☐ Punnet ☐ Packaged ☐ Organic	
Fresh herbs (specify type and bought/ homegrown)	☐	☐	☐	☐ Loose ☐ Packaged ☐ Organic ☐ Imported	
Freshly squeezed juice made from raw vegetables	☐	☐	☐	***Specify ingredients:***	
Other raw fruit or vegetables:	☐	☐	☐	***Specify:***	

Dairy products	Y	N	DK	Where purchased/prepared and date of consumption?
Unpasteurised milk (cow, sheep, goat)	☐	☐	☐	
Products made from unpasteurised milk (cheese, yoghurt, cream, butter)	☐	☐	☐	

Handling raw meat

In the 10 days prior to illness (____ / ____ / ____ to ____ / ____ / ____) did [you/the case]:

Exposure	Y	N	DK	Details of exposure?
Handle any raw meat in the home?	☐	☐	☐	
Work in an occupation where raw meat is handled	☐	☐	☐	
Live with a person whose work involves the handling of raw meat outside the home eg. butcher, chef.	☐	☐	☐	
Slaughter, cut up, packed or wrapped any raw meat?	☐	☐	☐	If yes, where was the meat handled? ☐ Home ☐ Supermarket ☐ Abattoir ☐ Other ☐ Butcher Where was the meat purchased? ☐ Abattoir ☐ Supermarket ☐ Butcher ☐ Other

Environmental exposures

In the 10 days prior to illness (____ / ____ / ____ to ____ / ____ / ____) did [you/the case]?

Exposure	Y	N	DK	Details of exposure?
Live/visit a rural property:	☐	☐	☐	
Have any contact with farm animals:	☐	☐	☐	
Have any contact with pets (including reptiles/fish): *If yes, had the pets been ill?*	☐	☐	☐	
Handle any raw pet food:	☐	☐	☐	
Handle animal manure:	☐	☐	☐	
Have any contact with native animals:	☐	☐	☐	
Have any contact with potting mix/manure whilst gardening:	☐	☐	☐	
Have any problems with sewage disposal:	☐	☐	☐	
Did you swim in/paddle in any pool/waterway:	☐	☐	☐	
Participate in any water sports:	☐	☐	☐	
See/visit any animals from a zoo/petting zoo/agricultural display: (note whether there was direct contact with animals or enclosures)	☐	☐	☐	

Travel

In the 10 days prior to illness (____ / ____ / ____ to ____ / ____ / ____) did [you/the case] travel?

Travel	Y	N	DK	Details of travel?
Overseas:	☐	☐	☐	Destination/s (include stopovers):
Interstate:	☐	☐	☐	
Intrastate:	☐	☐	☐	Date of departure:
				Date of arrival:
				Mode of transport:
				(bus/plane/train: provide travel numbers):
Camped (tents/huts):	☐	☐	☐	Destination:
				Dates: from: to:
				Water supply:
Bushwalked:	☐	☐	☐	Destination:
				Dates: from: to:
				Water supply:

Potential Water Sources

In the 10 days prior to illness (____ / ____ / ____ to ____ / ____ / ____) did [you/the case] drink water from the following?

Drinking Water	Y	N	DK	Details of water source
Untreated water (ie. from a bore, rainwater tank, underground tank, dam, creek, river etc)	☐	☐	☐	
Treated water from a public water supply	☐	☐	☐	
Bottled water	☐	☐	☐	

Eating outside the home

In the 10 days prior to [your/the case's] illness, did you [you/the case] attend any of the following?

	Y	N	DK	Dates	Name/address of premises and foods consumed
Restaurants	☐	☐	☐		
Cafés	☐	☐	☐		
Bakery	☐	☐	☐		
Fast food chains	☐	☐	☐		
Canteen	☐	☐	☐		
Milk bars/corner stores/other takeaway	☐	☐	☐		
Other functions/gatherings	☐	☐	☐		

Please provide additional comments in the space provided if required:

Thanks for your time today: If we have any further questions, could we contact you again?

☐ **Yes** ☐ **No**

Food history (optional)

Day of onset of illness: Day: of onset: am/pm	Date:	Time
Breakfast:	**Brand**	**Purchased/eaten from**
Lunch:		
Dinner:		
Other snacks and drinks		
1 day prior to onset: Day:	**Date:**	
Breakfast:	**Brand**	**Purchased/eaten from**
Lunch:		
Dinner:		
Other snacks and drinks		
2 days prior to onset: Day:	**Date:**	
Breakfast:	**Brand**	**Purchased/eaten from**
Lunch:		
Dinner:		
Other snacks and drinks:		
3 days prior to onset: Day:	**Date:**	
Breakfast:	**Brand**	**Purchased/eaten from**
Lunch:		
Dinner:		
Other snacks and drinks:		

4 days prior to onset: Day:	Date:	
Breakfast:	**Brand**	**Purchased/eaten from**
Lunch:		
Dinner:		
Other snacks and drinks:		
5 days prior to onset: Day:	**Date:**	
Breakfast:	**Brand**	**Purchased/eaten from**
Lunch:		
Dinner:		
Other snacks and drinks:		
6 days prior to onset: Day:	**Date:**	
Breakfast:	**Brand**	**Purchased/eaten from**
Lunch:		
Dinner:		
Other snacks and drinks:		
7 days prior to onset: Day:	**Date:**	
Breakfast:	**Brand**	**Purchased/eaten from**
Lunch:		
Dinner:		
Other snacks and drinks:		