**Case Number: HPZ**\_\_\_\_\_\_

**Please write clearly for accurate transcription**

**INVESTIGATION OF SPORADIC CASES OF CRYPTOSPORIDIOSIS IN THE THAMES VALLEY AREA**

NB: If you are answering on behalf of a child please remember that the questions relate to the child and not to you. Please answer all questions; in YES/NO questions, please circle the appropriate answer.

1. **First name** .....................................**Surname** ..................................................

2. **Address** ..........................................................................................................

3 .**Postcode**............................................ **Telephone** ..........................................

4 .**Sex**: Male/Female **Date of Birth**.......................................................

5. **Please state occupation** (parents/guardians if case is a child)

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6. **Date of onset of illness**...................................................................................

(Only answer the following section if answering on behalf of a child who had Cryptosporidiosis)

7. **Schooling**

7a. If case is at school/preschool group, give name & address of school/ nursery

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7b. Did your child attend while having diarrhoea and/ or vomiting?

……………………………………………………………………………………….

7c. How soon after recovering from diarrhoea and/ or vomiting did your child return to school?

………………………………………………………………………………………

7d. Do you have other children at home with similar symptoms?

Yes/No

8. **Did you exclude from work while you were having diarrhoea?**

Yes/No

If yes, when did you go back to work?.....................................................................

9. **Did anyone in your household have diarrhoea (three or more loose stools in 24 hours) in the two weeks before your/ your child’s illness started?**

If yes, give details

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Dates of Illness (from – to) | Diagnosis (if tested) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

10. **Travel away from home**

In the two weeks before the onset of illness did you/your child spend one or more nights away from home?

Yes/No/Not sure

|  |  |  |
| --- | --- | --- |
| Place visited | Date of arrival | Date of return |
|  |  |  |
|  |  |  |
|  |  |  |

11. **Food and drink**

In the two weeks before the onset of illness did you/your child drink:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Not sure | If yes -name of shop or supplier |
| Unpasteurised cows milk |  |  |  |  |
| Goats/sheep milk |  |  |  |  |
| Cold pasteurised milk (exclude hot milk, include cold milk on cereal) |  |  |  |  |
| Unpasteurised fruit juice |  |  |  |  |

11a. From which supermarkets / shops do you buy most of your food and drink?

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12. **What is the source of your drinking water?**

Mains:  Yes/No (if yes, specify water company)............................................   
Private: Yes/No   
Both:    Yes/No   
Other:   Yes/No (if yes, specify)...........................................................................

12a. **How much tap water do you/your child consume per day (number of 200 ml glasses)?**

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12 b. Was there any disruption or other incident affecting your water supply in the 3 weeks before onset of diarrhoea?

Yes/No/Not sure (Please specify if yes)

13. **Recreational water exposure**

In the two weeks before the onset of illness did you/your child swim in a pool or paddling pool?

Yes/No/Not sure

If yes, please name pools and locations, when, and if children’s section or main pool

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13a. **Did you/your child swim in a pool while symptomatic or during the two weeks following symptoms?**

Yes/No/Not sure

14. **In the two weeks prior to illness, did you/your child take part in any activity involving contact with water (eg swimming, or playing in a river or pond)?**

Yes/No/Not sure

If yes, please specify name and location

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………………………………………….............................

15. **Do you have a pet/animal that has been ill in the last two weeks?**

Yes/No

15a. **Did you and/or your child have any contact with farm or zoo animals in the month prior to the onset of illness?**

Yes/No/Not sure

If yes, please give name and address of farm or zoo

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15b. **Do you have or have you been in contact with a pet/animal that has had diarrhoea in the last two weeks?**

Yes/No

Comments:.......................................................................................................................

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**Office use only: please do not write in this space**

Form completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_