



**Alaska Section of Epidemiology Enteric Illness Questionnaire**

**Section 1 Interviewer Information**

Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Date of Interview \_\_\_/\_\_\_/\_\_\_\_\_

**Section 2 Demographic Data**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_ Guardian \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Sex M  F

Race White  Black/African American  American Indian/Alaska Native   
 Asian  Native Hawaiian/PI  Other/specify \_\_\_\_\_

**Section 3 Clinical Information**

Onset of illness \_\_\_/\_\_\_/\_\_\_\_\_ Duration of illness \_\_\_\_\_ hours  days

Patient treated Y  N  Where \_\_\_\_\_

Specimen submitted Y  N  Date of collection \_\_\_/\_\_\_/\_\_\_

Specimen Source \_\_\_\_\_ Submitting Physician \_\_\_\_\_

Symptom	Y	N	Onset		Incubation	Duration
			Date	Time		
Fever ( max °F)						
Diarrhea						
Bloody Diarrhea						
Nausea						
Vomiting						
Bloating or Excess Gas						
Abdominal Cramps						
Chills						
Headache						
Myalgias						
Other						

**Section 4 Exposures**

In the week prior to your illness have you?	Y	N	U
Cared for diapered children			
Had house guests from out of town			
Traveled			
Where / Dates			
Attended social gatherings			
Where / Dates			
Anyone else with similar symptoms?			
<b>Information on others that were/are ill</b>			
Name _____ Relationship _____ Phone number _____			
Name _____ Relationship _____ Phone number _____			

Is anyone in household employed in?	Y	N	Name	Age	Where Employed	Ill?
Daycare						
Patient Care						
Food Service						

Animal Exposures Y  N

Type	Setting	Any ill?

Water Sources	Location	Y	N	U
Public Municipality				
Private well				
Community well				
River or Stream				
Lake				
Spring				
Bottled				
Unknown				
Other (describe)				

Swimming? Y  N  Where \_\_\_\_\_ Dates \_\_\_\_\_

Who prepares your meals? Self  Others  \_\_\_\_\_

Where do you buy your groceries? \_\_\_\_\_  
 \_\_\_\_\_

**In the week before your onset of symptoms did you eat at any?**

Fast food restaurant Y  N  Where / Date \_\_\_\_\_

Sit-down restaurant Y  N  Where / Date \_\_\_\_\_

**In the week before your illness did you eat any?**

	Y	N	U	Describe
Chicken or poultry				
Beef				
Pork, lamb				
Other meats				
Seafood				
Eggs, cheese, dairy				
Fruit				
Vegetables				
Tomatoes, leafy greens				
Herbs, sprouts				
Frozen foods				
PB, nuts, seeds				
Cereal				
Snack foods				
Outbreak food of interest				
Other foods not mentioned				

**Patient Subjective Information**