

## Hypothesis Generating Questionnaire for Gastroenteritis Complaints

Patient name: \_\_\_\_\_ Sex: M F DOB: \_\_\_ / \_\_\_ / \_\_\_

Race/Ethnicity:       White, non-Hispanic       Black, non-Hispanic  
                          Asian/Pacific Islander       American Indian/Alaska native  
                          Hispanic       Unknown

Phone #: ( \_\_\_ ) \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

If patient was a child:

Mother's Name: \_\_\_\_\_ Maternal Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Paternal Occupation: \_\_\_\_\_

Has the patient had nausea, vomiting or diarrhea in the last 10 days?  Yes  No

If yes: Symptom Onset Date: \_\_\_ / \_\_\_ / \_\_\_ Duration of symptoms: \_\_\_\_\_

Symptoms: Check all that apply.

Fever (Highest temp \_\_\_\_\_)       Vomiting       Poor feeding       Irritable

Bloody diarrhea       Non-bloody diarrhea       Watery diarrhea

Chills       Headache       Abdominal cramps       Nausea

If patient had diarrhea, how many loose stools per day?

1-3 per day       4-6 per day       7-10 per day       10+ per day

Was the patient ill enough to require a doctor visit?  Yes  No Physician visit date: \_\_\_\_\_

Name of physician seen: \_\_\_\_\_ MD phone: \_\_\_\_\_

Was the patient hospitalized?  Yes  No Hospital admission date: \_\_\_\_\_

Was the patient treated with antibiotics?  Yes  No If yes, which Rx: \_\_\_\_\_

Rx start date: \_\_\_\_\_

### Lab Specimens

Stool sample submitted for enteric culture?  Yes  No Collection date: \_\_\_\_\_

Lab: \_\_\_\_\_ Results: \_\_\_\_\_

Stool sample submitted for Ova and Parasite (O&P)?  Yes  No Collection date: \_\_\_\_\_

Lab: \_\_\_\_\_ Results: \_\_\_\_\_

## Exposure History

Has the patient traveled anywhere outside the area in the past two weeks?       Yes       No

If yes, where? \_\_\_\_\_

\_\_\_\_\_

Has the patient been exposed to any pets or livestock in the past two weeks?       Yes       No

If yes, describe? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the patient attended any unusual events (weddings, banquets, potlucks, chili cook-offs, etc.) where food was served or catered in the past two weeks?       Yes       No

If yes, describe? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the patient been swimming or had other recreational water exposures (fishing, skiing, rafting, etc.) in the two weeks prior to onset?       Yes       No

If yes, describe? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 5 Day Food History

Please determine where and what the patient ate during the 5 days prior to onset, beginning with the day illness symptoms began.

Day 1 - Illness Onset Date

Meal

Location?

What did they eat?

Breakfast \_\_\_\_\_

---

---

---

Lunch \_\_\_\_\_

---

---

---

Supper \_\_\_\_\_

---

---

---

Day 2 - day before Illness Onset Date

Meal

Location?

What did they eat?

Breakfast \_\_\_\_\_

---

---

---

Lunch \_\_\_\_\_

---

---

---

Supper \_\_\_\_\_

---

---

---

Day 3  
Meal

Location?

What did they eat?

Breakfast \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lunch \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supper \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Day 4  
Meal

Location?

What did they eat?

Breakfast \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lunch \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supper \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Day 5  
Meal

Location?

What did they eat?

Breakfast \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lunch \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supper \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Exposures**

Where does the patient usually shop for groceries? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the patient's usual/favorite beverages? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the patient know anyone else who is ill?      **9** Yes      **9** No  
If yes, who? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the water supply source for the patient's home or residence?  
 Municipal water       Private well