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A2.3. Field investigation questionnaire that could be adapted to any outbreak of unknown etiology

This questionnaire should be completed by all individuals who meet the definition of an outbreak case or who form part of a definable group.

Interviewer's name and code:

Date and time of interview: Date time

Location of interview:

Person interviewed: Suspected case

Next of kin (specify relationship)

Health care worker (specify)

Interview ID number:

Section 1. Personal details

(a) Family name:

(b) Given name:

(c) Sex:

(d) Age:

(e) Date of birth:

(f) Home address (e.g. village, barrio or commune):

(g) Telephone number (if applicable):

(h) Height:

(i) Weight:

(j) Main occupation (own):

(k) Main occupation (spouse or partner):

(l) Main occupation (parents):

(m) Workplace or educational institution contact (specify):

(n) Other contact (specify):

Section 2. Clinical details (related to current disease outbreak):

(a) Since (insert date from case definition), have you had an illness (insert illness description from case definition)

(b) When did your symptoms start? Date time

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(c) How long did they last? Hours, days, months or years

(d) Did you have any of the following symptoms?

Symptom Yes No Don't know

List symptoms

Other symptoms (please describe)

(e) Were you off work or school because of the illness?

(f) Did you contact your doctor or hospital because of this illness?

a. When did you contact the doctor or hospital?

(g) Were you admitted to hospital because of the illness?

a. When were you admitted?

b. What hospital were you admitted to?

c. How long were you in hospital for?

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(h) Have you experienced these symptoms before?

a. When?

b. For how long?

c. What did you do at that time?

(i) Has any member of your family or any people you live with (household member) been ill with the same or similar

symptoms since (insert date from case definition)?

a. Who are the affected members of your family?

b. What are the ages of the affected members of your family?

c. When did the symptoms start?

d. How long did the symptoms last?

(j) Do the affected member(s) of your family consume the same food and drink?

(k) Did the affected member(s) of your family consume food and drink at the same time as you did?

(l) Do any of the affected member(s) of your family take the same medicines?

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(m) Have any members of your family or any people you live with not been ill with the same or similar symptoms since

(insert date from case definition)?

a. Who are the unaffected members of your family?

b. What are the ages of the unaffected members of your family?

(n) Do the unaffected member(s) of your family consume the same food and drink?

(o) Did the unaffected member(s) of your family consume food and drink at the same time as you did?

(p) Do any of the unaffected member(s) of your family take the same medicines?

(q) In general:

a. Has a doctor or nurse ever told you that your child has any illness(es)?

b. Do you take any medication regularly (include local remedies)?

c. Please list all medication you take

Section 3. Risk factor history (dietary and environmental)

Food history

(a) What do you usually eat for breakfast? (please list)

i. Where do you usually get the food from?

(b) What do you usually eat for lunch?

i. Where do you usually get the food from?

(c) What do you usually eat for dinner?

i. Where do you usually get the food from?

(d) Do you eat food between meals?

i. Please list the food items eaten between meals.

ii. Where do you usually get the food from?

In relation to the current disease outbreak:

(e) What meals did you eat in the period between (insert relevant dates from case definitions) (if different from your

normal diet)?

(f) When did you eat these meals?

(g) Was there anything unusual about the taste, appearance or smell of the meal?

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(h) What was unusual?

How long after the meal did your symptoms start?

(i) List all food items contained in the meal (e.g. meat, grains, fish)

(j) List all ingredients of the meal (e.g. salt, pepper, spices)

(k) Where (or from whom) were these food items and ingredients purchased?

(l) When were these food items and ingredients purchased or received?

(m) How were the food items and ingredients packaged?

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(n) How was the meal prepared before consumption (e.g. stove, oven)?

(o) What type of fuel was used to heat the device used in preparing the meal (e.g. kerosene, wood, paper)?

(p) Have you eaten any of the food items listed below since (insert the date from the case definition)?

(q) Are there any food samples available for analysis?

Drink history

(a) What kinds of drinks do you take regularly (e.g. tea, fruit juice, bottled or tinned soft drink, beer, spirits)?

(b) What drinks did you take before the onset of symptoms?

(c) Where did you obtain this/these drinks (e.g. bought from a shop, café, bar; taken at a social event)?

Water history

(a) When did you last drink water before the onset of the symptoms?

(b) Where was the water from (e.g. mains tap, bottled water, river, stream)?

(c) When was the drinking-water collected or bought?

(d) What quantity did you drink before the onset of symptoms (in litres)?

(e) Do you store drinking-water?

i. How do you store drinking-water?

ii. How long was the drinking-water stored in the container?

(f) How was the drinking-water treated?

(g) Do you use the same water for cooking?

(h) Has there been any change in the way you collect, treat or store drinking-water?

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(i) Have you noticed any unusual taste, appearance or smell of your drinking-water?

Residential (environmental) history

(a) How long have you lived at your current address?

(b) Where did you live before that and for how long?

(c) What type of housing are you living in, and what material is it made of?

(d) Did you use empty chemical containers or other non-traditional material to build the house?

(e) Are there any chemical-related businesses nearby (e.g. industries, waste sites, tanneries)?

(f) Do you have neighbours of the same age and sex who have not experienced the same or similar symptoms?

General comments