

GASTROINTESTINAL ILLNESS QUESTIONNAIRE

(For use at medical aid posts during gatherings,
to be used in addition to any patient information intake form.)

Date: _____ / _____ / _____ Officer assigned: _____

Name: _____

Address: _____

Phone number: _____

What symptoms have you had?

Diarrhea YES / NO

Nausea YES / NO

Vomiting YES / NO

Abdominal cramps YES / NO

Headache YES / NO

Fever YES / NO

Blood in feces YES / NO

Joint or muscle aches YES / NO

Other: _____

When did the symptoms first start?

Date: ____/____/____

Time: _____ a.m./p.m.

Do you know of others who have been ill with similar symptoms? YES / NO

(Include names and contact details for others on the reverse side of this form for further followup.)

What have you eaten since being at this event and where was it purchased or obtained?

(List the food history on the reverse side of this form. Include all food, drinks, and any other snacks. It is important to list where the food was obtained.) YES / NO

GASTROINTESTINAL ILLNESS QUESTIONNAIRE (CONTINUED)

Have you been swimming since being at this event?

Pool YES / NO

Spa YES / NO

River YES / NO

Lake YES / NO

Other: _____

Do you suspect anything that may have caused your illness? YES / NO

Explain: _____

NOTE: Keep this form for review or collection by the supervisor or public health official. Report anything suspicious or, if there are several cases, similar illness within a short period of time. Provide a report to local emergency rooms and those in surrounding communities for statistical analysis and distribution.