

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

Phone number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**WALKERTON *E. Coli* O157:H7 OUTBREAK**  
***Individual level questions***

**May 2000****(FOR ADMINISTRATIVE USE ONLY)**

Interviewer's name \_\_\_\_\_ Date of interview (DD/MM): \_\_\_\_/\_\_\_\_/

Interviewee name (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
*(Interviewee - the person you're collecting information about)*

If child, Proxy name: \_\_\_\_\_ Relationship to interviewee \_\_\_\_\_

Street Address \_\_\_\_\_

**Section I: Clinical history**

Now we would like to ask you questions that pertain to you / your child only.

1. Since Monday, May 1 have you been ill with diarrhea? Yes No DK

*If no, skip to Section 2*2. *If yes:* On what date did you first have diarrhea? (DD/MM) \_\_\_\_/\_\_\_\_3. What was the maximum number of loose stools you had during any 24-hr period?  
\_\_\_\_\_ (number of stools) DK

4. Did you have blood in your stool at any time? Yes No DK

5. Do you still have diarrhea? Yes No DK

*If no:* For how many days did the diarrhea last? \_\_\_\_\_ DK6. Since May 1<sup>st</sup> have you had any of the following symptoms?

Abdominal cramps Yes No DK

Fever Yes No DK

Vomiting Yes No DK

7. During your illness, did you ...

make a phone call to a health care professional? Yes No DK

visit a doctor's office? Yes No DK

visit the emergency room? Yes No DK

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8. Were you admitted to the hospital for this illness? Yes No DK

*If yes, for how many days* \_\_\_\_\_

9. Was a stool sample submitted? Yes No DK

*If Yes, was the sample positive for:* E.coli Yes No DK

Campylobacter Yes No DK

Other Yes No DK

*If other, please specify:* \_\_\_\_\_

10. Did you take any antibiotics for this illness? Yes No DK

*If yes, specify* \_\_\_\_\_

11. Did you take any of the following medications for your diarrheal illness?

Medication				Date started (DD/MM)	Date finished (DD/MM)
Pepto Bismol	Y	N	DK		
Kaopectate	Y	N	DK		
Immodium	Y	N	DK		
Lomotil	Y	N	DK		
Tylenol 3	Y	N	DK		
Other Specify _____	Y	N	DK		

12. Since April 1, did you take antibiotics for any other reason than for diarrhea?

Yes No DK

*If yes:*

What day did you start taking the antibiotic(s)? (DD/MM)\_\_\_\_/\_\_\_\_

What day did you stop taking the antibiotic(s)? (DD/MM)\_\_\_\_/\_\_\_\_

What was the name of the antibiotic(s)? \_\_\_\_\_

13. How many days were you unable to carry out your regular activities as a result of your illness? \_\_\_\_\_

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## Section II: Exposure information

### NON-WATER EXPOSURES

*If ill:* Now I am going to ask you questions about food items and other exposures you might have had in the 10 days before you developed diarrhea. *Please refer to time period every three questions.*

*If not ill:* Now I am going to ask you questions about food items and other exposures you might have had between Monday, May 8 and Thursday, May 18. This includes the week prior to, and the week following, the Mother's Day weekend. *Please refer to time period every three questions.*

14. Did you eat hamburger or ground beef? Yes No DK

*If yes:* Was any of it served pink in the middle? Yes No DK

15. Did you eat chicken? Yes No DK

*If yes:* Was any of it served pink in the middle? Yes No DK

16. Did you eat alfalfa sprouts? (*prompt: thin, hair-like, green and white*) Yes No DK

17. Did you eat salami? Yes No DK

18. Did you drink fresh unpasteurized juice? Yes No DK

19. Did you have any contact with livestock? Yes No DK

*If yes,* please specify type \_\_\_\_\_

20. Did you work in an abattoir, slaughter house, or butcher shop? Yes No DK

21. Did you travel outside of Canada? Yes No DK

*If yes,* specify the country (ies) \_\_\_\_\_

22. Were you in contact with individuals outside your household who were ill with diarrhea? Yes No DK

### LONG-TERM EXPOSURE

23. Since January 1, 2000 have you worked on a livestock farm or had regular contact with livestock?

Yes No DK

*If yes,* please specify type \_\_\_\_\_

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**WATER EXPOSURE**

*If ill:* Now I am going to ask you questions about water exposures you might have had in the 10 days before you developed diarrhea. *Please refer to time period every three questions.*

*If not ill:* Now I am going to ask you questions about water exposures you might have had between Monday, May 8 and Thursday, May 18. This includes the week prior to, and the week following, the Mother's Day weekend. *Please refer to time period every three questions.*

24. First of all, were you away from Walkerton for more than 24 hours? Yes No DK

*If yes, please specify the time periods you were NOT in Walkerton*

Date left (DD/MM)\_\_\_\_\_/\_\_\_\_\_ Date returned (DD/MM)\_\_\_\_\_/\_\_\_\_\_

Date left (DD/MM)\_\_\_\_\_/\_\_\_\_\_ Date returned (DD/MM)\_\_\_\_\_/\_\_\_\_\_

Date left (DD/MM)\_\_\_\_\_/\_\_\_\_\_ Date returned (DD/MM)\_\_\_\_\_/\_\_\_\_\_

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25. *If ill:* Now I am going to ask you questions about drinking water exposures that you might have had in your home in the 10 days before you developed diarrhea. *Please refer to time period every three questions.*

*If not ill:* Now I am going to ask you questions about drinking water exposures that you might have had in your home between Monday, May 8 and Thursday, May 18. This includes the week prior to, and the week following, the Mother's Day weekend. *Please refer to time period every three questions.*

*e.g. When you drank water, did you draw it directly from the tap? Was it filtered or treated? How many 8 ounce glasses did you consume, on average per day? Please enter zero in the sections where water consumption was zero.*

<i>Home Water Use</i>	Direct from tap	Filtered tap water (eg. Brita filter)	Tap water treated with under the sink UV or Reverse osmosis unit	Bottled water	Water collected from another town
Drinking water ( average # of 8 ounce glasses/day)					
For use in other beverages (ave. # of 8 ounce glasses/day)					
Reconstituted juice					
Crystal drink mixes					
Coffee					
Tea					
Alcoholic beverage mixed with water					
For use in ice ( <i>check</i> )					
Brushing teeth ( <i>check</i> )					
Washing fruit or vegetables ( <i>check</i> )					
Washing hands ( <i>check</i> )					
(For children only) Recreational water use ( <i>check</i> )					
Wading pool					
Sprinkler					
Water balloon					
Squirt gun					

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**Other Drinking Water Exposures**

*If ill:* Now I am going to ask you questions about other water exposures you might have had in the 10 days before you developed diarrhea. *Please refer to time period every three questions.*

*If not ill:* Now I am going to ask you questions about other water exposures you might have had between Monday, May 8 and Thursday, May 18. This includes the week prior to, and the week following, the Mother's Day weekend. *Please refer to time period every three questions.*

26. Did you drink Walkerton tap water, or beverages mixed with Walkerton tap water at work or school?  
Yes No DK

*If yes, please specify the average number of 8 oz. glasses per day \_\_\_\_\_*

27. Did you miss any days from work or school? Yes No DK

*If yes, indicate the dates you were not at work or school*

Date left (DD/MM)\_\_\_\_\_/\_\_\_\_\_  
Date returned (DD/MM)\_\_\_\_\_/\_\_\_\_\_

Date left (DD/MM)\_\_\_\_\_/\_\_\_\_\_  
Date returned (DD/MM)\_\_\_\_\_/\_\_\_\_\_

Date left (DD/MM)\_\_\_\_\_/\_\_\_\_\_  
Date returned (DD/MM)\_\_\_\_\_/\_\_\_\_\_

28. Did you drink from a water fountain in the town of Walkerton?  
Yes No DK

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29. Did you drink any unbottled water, or beverages made with water at any Walkerton restaurants?

Yes No DK

*If yes, please specify*

Date (DD/MM) Number of 8 ounce glasses consumed

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

31. Did you drink any tap water, or other beverages mixed with water, at any private Walkerton homes other than your own?

Yes No DK

*If yes, please specify*

Date (DD/MM) Number of 8 ounce glasses consumed per day

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### BOIL WATER ADVISORY

32. When did you first find out about the boil water advisory?

(DD/MM)\_\_\_\_\_/\_\_\_\_\_  
DK

Time, 24 hour clock: \_\_\_\_\_ DK

How did you first hear about the boil water advisory? Was it from the...

Newspaper?	Yes	No
Television news?	Yes	No
Radio?	Yes	No
Friend/acquaintance/neighbor/family member?	Yes	No
Phone call from Health Unit?	Yes	No
Other?	Yes	No

*If other, please specify* \_\_\_\_\_

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33. Please answer always, usually, sometimes, or never to the following questions.

After you became aware of the boil water advisory, did you use boiled, bottled, or water that was not from Walkerton for the purposes of...

(a) Drinking?

Please circle: Always                  Usually                  Sometimes                  Never          DK

(b) Making coffee, or drinks such as fruit juice, crystal drink mixes, or mixed alcoholic beverages?

Please circle: Always                  Usually                  Sometimes                  Never          DK

(c) Brushing your teeth?

Please circle: Always                  Usually                  Sometimes                  Never          DK

(d) Washing fruits and vegetables?

Please circle: Always                  Usually                  Sometimes                  Never          DK

After you became aware of the boil water advisory, did you use chlorine treated water to wash your hands?

Please circle: Always                  Usually                  Sometimes                  Never          DK

Those are all the questions I have for you at this time.

*If there are no children under the age of 15*

May I speak with the next person in your household?

*If there are children under the age of 15*

May I speak with the person who could best answer questions regarding your child(ren)?

*After collecting information from all household members;*

Thank you very much for your time completing the questionnaire(s). If you have additional questions you may contact us at the Bruce-Grey-Owen Sound Health Unit at 519-376-9420 during regular business hours.