**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Exposure window=* \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_

**Giardiasis Questionnaire**

*(Giardia intestinalis)*

**Illness History and Medical Care**

**Y N DK**

 Was patient ill with Giardia?



***\*If NO, please go to the Transmission/Preventions Section. Else, please continue with the sequence of questions.***

|  |  |
| --- | --- |
| **Y N DK** |  |
| Diarrhea | Date of onset of diarrhea: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Duration of diarrhea (days): \_\_\_\_\_ |

 Bloating or gas

 Abdominal cramps or pain



 Weight loss  Nausea



**Potential Sources of Exposure**

***During the 30 days prior to illness****: Exposure window=*\_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_

**Travel History**

**Y N DK**

 Did you travel or live outside of the United States during the **30 days** before the illness began?



Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure: \_\_\_ /\_\_\_ /\_\_\_ Return: \_\_\_ /\_\_\_ /\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure: \_\_\_ /\_\_\_ /\_\_\_ Return: \_\_\_ /\_\_\_ /\_\_\_

 Did you travel or live outside of New York State during the **30 days** before the illness began?



|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure: \_\_\_ /\_\_\_ /\_\_\_ | | | | | | | Return: \_\_\_ /\_\_\_ /\_\_\_ | |  |
| Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure: \_\_\_ /\_\_\_ /\_\_\_ | | | | | | | Return: \_\_\_ /\_\_\_ /\_\_\_ | |  |
|  | | | | |  | | | |  |
|  | Did you travel or live outside of the county during the **30 days** before the illness began? | | | | | | | |  |
| Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure: \_\_\_ /\_\_\_ /\_\_\_ | | | | | | | Return: \_\_\_ /\_\_\_ /\_\_\_ | |  |
| Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure: \_\_\_ /\_\_\_ /\_\_\_ | | | | | | | Return: \_\_\_ /\_\_\_ /\_\_\_ | |  |
| **Drinking Water** | |  |  |  |  |  |  |  |  |
| **Y N DK** | |  |  |  |  |  |  |  |  |
|  | Did you drink any untreated water? | | |  |  |  |  |  |  |
|  | | | | | | |  |  |  |
| What are your primary sources of drinking water | | | | | (check all that apply)? | |  |  |  |
| Private well: How is the water treated: | | | | Filtration | | Disinfection | | Not treated | Unknown |
| Municipal | | Bottled water | Pond/lake/river | | | Other | Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |



Giardiasis Questionnaire P a g e | **1** Last Reviewed 3/26/14

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | *Exposure window=* \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_ | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **Transmission/Prevention** | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Y N DK** | | | | | | | | | | | |  |  |  |
|  | Did you have contact with a person attending a daycare? | | | | | | | | | | | |  |  |
| Do you work/volunteer: | | | | | | | | | | | | **Name** | **Location** | **Last date attended** |
|  |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | Daycare/preschool | | | | | | |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
|  |  |  | |  |  |  |  | |  |  |  |  |  |  |
|  | Food service | |  |  |  |  |  | |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
|  |  |  | |  |  |  |  | | |  |  |  |  |  |
|  | Prepare food for an | | | | | | | |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
|  |  |  | |  |  |  | | | |  |  |  |  |  |
|  |  | event or gathering | | | | |  | | |  |  |  |  |  |
|  | Healthcare setting | | | | |  | | | |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
|  |  |  | | |  | | | | |  |  |  |  |  |
|  | Camp facility | | |  |  | | | | |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
|  | (day or overnight) | | | |  | | | | |  |  |  |  |  |
| Do you reside in or attend: | | | | | | | | | | | |  |  |  |
|  |  | | | | | | | | | |  |  |  |  |
|  |  | Long term care facility | | | | | | | |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
|  |  | | | | | | | | | | |  |  |  |
|  | Other residential facility | | | | | | | | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
|  |  | | | | | | | | | | |  |  |  |
|  | Daycare/preschool | | | | | | |  | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
|  |  | | | | | | | | | | |  |  |  |
|  | Camp facility | | |  | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
|  | (day or overnight) | | | |  | | | | | | |  |  |  |



**Y N DK**

 Do you know anyone else who has had similar symptoms in the **7 days** before or after your illness?



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Age** | **Onset Date** | **Diarrhea** | **Tested** |
|  |  |  |  | **Y N DK** | **Y N DK** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | |  |  |



**Laboratory Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Collection | Analysis | Specimen | Test Type | Result | Interpretation | Accession Number |
| Date | Date | Source |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Giardiasis Questionnaire P a g e | **2** Last Reviewed 3/26/14

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Exposure window=* \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_

**Education and Counseling**

* Wash hands with soap and running water for at least 20 seconds before eating, after going to the bathroom, handling soiled diapers, or touching animals or their manure.
* Do not use recreational water venues when ill with diarrhea (e.g: swimming in or entering the water at pools, spas, interactive fountains, lakes, rivers or oceans). People with diarrhea caused by giardiasis should not use recreational water venues for 2 weeks after symptoms resolve.
* People with diarrhea should be excluded from childcare, food handling and direct patient care, until their symptoms have resolved.
* Avoid drinking un-boiled or untreated water when hiking, traveling in developing countries or wherever the water quality is unknown. Bringing water to a full, rolling boil, for 1 minute is sufficient to kill giardiasis*.*
* Safer sex measures, such as the use of condoms and dental dams for oral/anal contact, may help prevent infection.
* Thoroughly wash all fresh fruits and vegetables prior to consumption.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Y N DK** |  |  |  |  |  |
| Any work or school restrictions | | | If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| Advised of appropriate precautions? | | |  |  |  |
| If yes, how: | Telephone | Mailed letter | Mailed fact sheet | In person | Internet |
| Investigated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date investigated: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | |  |
| Investigation status: | Pending | Ongoing | Completed |  |  |



**Additional Case Information**

**Y N DK**

 Did you swim in or swallow water from a pond, lake, stream or spring?



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Type** | **Name** | **Location** | **Dates** |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

In the **30 days** prior to illness did you eat:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Y N DK** | **Brand/Type** | **Where Purchased/Eaten** | **Purchase Date** | **Date Eaten** |
| Raw vegetables | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ |
| Prepackaged fresh vegetables/salads | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_/\_\_ | \_\_/\_\_/\_\_ |



Giardiasis Questionnaire P a g e | **3** Last Reviewed 3/26/14

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Exposure window=* \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_

In the **30 days** prior to illness did you eat:

|  |  |  |  |
| --- | --- | --- | --- |
| **Y N DK** | **Brand/Type** | **Where Purchased/Eaten** | **Purchase Date** |
| Raw fruits | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_/\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_/\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_/\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_/\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_/\_\_ |



**Date Eaten**

\_\_/\_\_/\_\_ \_\_/\_\_/\_\_ \_\_/\_\_/\_\_ \_\_/\_\_/\_\_ \_\_/\_\_/\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Grocery Shopping Locations:** *During the* ***30 days*** *prior to illness* | | |  |
| **Type** | **Name** | **Location** | **Member Card** |
|  |  |  | **Y N DK** |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 2. \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 4. \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 5. \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Food Eaten Outside the Home:** *During the* ***30 days*** *prior to illness* | | |  |
| **Type** | **Name** | **Location** | **Dining Dates** |



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_/\_\_ | |
| 2. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_/\_\_ | |
| 3. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_/\_\_ | |
| 4. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_/\_\_ |
| 5. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_/\_\_/\_\_ |

\_\_/\_\_/\_\_ \_\_/\_\_/\_\_ \_\_/\_\_/\_\_ \_\_/\_\_/\_\_ \_\_/\_\_/\_\_

*During the* ***30 days*** *prior to illness:*

**Y N DK**

Did you have direct contact with any farm animals?

If yes, Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_  Did you visit a farm, petting zoo and/or fair at which there were animals?



If yes, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_

Giardiasis Questionnaire P a g e | **4** Last Reviewed 3/26/14

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | *Exposure window=* \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/\_\_\_/\_\_\_\_ | | | | | |
|  |  |  |  |  | | | |  |  |
|  |  |  |  | **Case Completion Information** | | | |  |  |
|  | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Case report complete? |  | Yes No | | Unknown |  |  |  |  |  |
|  | | | | |  |  | | |  |
| Date case report complete: | | | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | |  | Person completing case report: | | | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Primary reason for missing data (please pick one): | | | | |  |  |  |  |  |
| Deceased/no proxy | |  | Incarcerated | Invalid contact information | | | | Lost to follow-up | |
| No provider for follow-up (i.e,. Red Cross, fertility, insurances, blood banks) | | | | | | | |  |  |
| No response from provider (DDL sent or provider called) | | | | | | | Patient refused | | |
| Physician/Doctor Letter/Medical Record | | | | | Proxy Interview | |  |  |  |



**Comments**

Giardiasis Questionnaire P a g e | **5** Last Reviewed 3/26/14