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| Page 1 |
| **Hampton Court Swim Survey** The Health Protection Agency (HPA) has been notified that several participants became ill following the Hampton Court Swim event on the River Thames on 7th October 2012. With the support of the event organisers at Human Race Limited, the HPA is conducting an investigation to find out how many participants became ill after the event and what factors may have made people more or less likely to become ill. If you swam in the Hampton Court Swim event on 7th October 2012 we would be very grateful if you could complete this survey to help us with our investigations.  |  |  |

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| --- | --- |
|    | Did you swim in the Hampton Court Swim event on 7th October 2012?\* |
|   | YesNo |

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| --- | --- |
|   | Page 2**Your details**This survey should take 10 minutes to complete. Your data will be kept confidential and any reports will be anonymised. If you have any queries about this survey then please contact us at LondonEpiUnit@hpa.org.uk. Please fill the questionnaire before Monday 19th November.  |
|   |   |
|    | Your first name |
|   |  |
|   |   |

|  |  |
| --- | --- |
|    | Your surname |
|   |  |
|   |   |

|  |  |
| --- | --- |
|    | Please state your age (in years) |
|   |  |
|   |   |

|  |  |
| --- | --- |
|    | Please select your gender |
|   |

|  |  |
| --- | --- |
|  | Female |
|  | Male |

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|   |   |

|  |  |
| --- | --- |
|    | Please provide your postcode |
|   |  |
|   |   |

|  |  |
| --- | --- |
|    | Have you been ill following the swim on 7th October 2012?\* |
|   | YesNo |

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| --- |
| Page 3 |
|  | **Illness details** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
|    | Have you experienced any of the following symptoms since you swam in the Hampton Court Swim event on 7th October 2012?  |
|   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |  | **Yes** |  | **No** |  |  |
| Nausea |   |  |   |  |  |  |
| Headaches |   |  |   |  |  |  |
| Fever |   |  |   |  |  |  |
| Sweats |   |  |   |  |  |  |
| Vomiting |   |  |   |  |  |  |
| Diarrhoea (3 or more loose stools in 24 hours) |   |  |   |  |  |  |
| Stomach cramps/abdominal pain |   |  |   |  |  |  |
| Eye infection/conjunctivitis |   |  |   |  |  |  |
| Skin rashes |   |  |   |  |  |  |
| Other (please describe below) |   |  |   |  |  |  |

 |
|   |   |

|  |  |
| --- | --- |
|    | Other symptoms: |
|   |  |
|   |   |

|  |  |
| --- | --- |
|    | What date did the first of these symptoms start? |

|  |  |
| --- | --- |
|    | What time did the first of these symptoms start? (e.g. 12:30) |

|  |  |
| --- | --- |
|    | Are you still ill? |
|   | YesNo |
|   |   |
|    | If you are no longer ill, how many days were you ill for? |
|   |   |

|  |  |
| --- | --- |
|    | Have you seen your GP for your symptoms? |
|   | YesNo |
|   |   |

|  |  |
| --- | --- |
|    | Did you go to A&E for your symptoms? |
|   | YesNo |
|   |   |

|  |  |
| --- | --- |
|    | Were you admitted overnight to hospital for your symptoms? |
|   | YesNo |
|   |   |

|  |  |
| --- | --- |
|    | If you were admitted to hospital overnight, please provide the name of the hospital: |

|  |  |
| --- | --- |
|    | Did you take any time off work because of your symptoms? |
|   | YesNo |
|   |   |

|  |  |
| --- | --- |
|    | How many days did you take off work because of your symptoms? |
|   |   |

|  |  |
| --- | --- |
|    | Have you submitted any of the following samples for testing? |
|   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |  | **Yes** |  | **No** |  |  |
| a) Blood |   |  |   |  |  |  |
| b) Stool |   |  |   |  |  |  |
| c) Other |   |  |   |  |  |  |

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|   |   |

|  |  |
| --- | --- |
|    | What was the result of the testing (eg. Salmonella, Campylobacter, etc)? |

|  |  |
| --- | --- |
|    | Please provide details of where you gave your sample (e.g. GP name and address, hospital name and address) |
|    | If you do not know the test results on your sample, do you give us your permission to try and find out the results? |
|   | YesNo |
|   |   |

|  |  |
| --- | --- |
|    | If you are happy for us to find out your test results, please can you provide the following contact details to enable us to do this: |
|   |

|  |  |
| --- | --- |
| Date of birth (dd/mm/yyyy) |   |
| E-mail address |   |

 |
|   |   |

|  |  |
| --- | --- |
|    | In the seven days before the race, has anyone else in your household had similar symptoms? |
|   | YesNo |
|   |   |

|  |  |
| --- | --- |
|    | In the seven days before the race, did you travel outside the UK? |
|   | YesNo |
|   |   |

|  |  |
| --- | --- |
|    | If you went swimming in the seven days before the race, please state where you swam |
|   |  |
|   |   |

|  |  |
| --- | --- |
|    | Are you happy for someone from the Health Protection Agency to contact you about this survey again if necessary? |
|   | YesNo |

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| --- |
| Page 4 |
|  | **Information on your swim** |  |
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|  |

|  |  |
| --- | --- |
|    | What time did you get in the water? |
|   |   |

|  |  |
| --- | --- |
|    | How long (in minutes) were you in the water? |
|  |   |

|  |  |
| --- | --- |
|    | What stroke(s) did you swim? (please tick all that apply) |
|   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |  | **Yes** |  | **No** |  |  |
| a) Front crawl |   |  |   |  |  |  |
| b) Breaststroke (head underwater) |   |  |   |  |  |  |
| c) Breaststroke (head above water) |   |  |   |  |  |  |
| d) Butterfly |   |  |   |  |  |  |
| e) Backstroke |   |  |   |  |  |  |

 |
|   |   |

|  |  |
| --- | --- |
|    | Do you remember getting any water in your mouth whilst you swam? |
|   | YesNo |
|   |   |

|  |  |
| --- | --- |
|    | Approximately how many mouthfuls of water did you swallow during your swim? |
|   |  |
|   |   |

|  |  |
| --- | --- |
|    | Did you wear a wetsuit during your swim? |
|   | YesNo |
|   |   |

|  |  |
| --- | --- |
|    | Approximately how many hours after the swim did you first shower? |

|  |  |
| --- | --- |
|    | Approximately how long after your swim did you first wash your hands? |

|  |  |
| --- | --- |
|    | Did you use hand sanitiser/antibacterial gel within 30 minutes of leaving the water? |
|   | YesNo |
|   |   |

|  |  |
| --- | --- |
|    | Did you eat any food (including sweets, gels and energy bars) after the race before washing your hands? |
|   | YesNo |
|   |   |

|  |  |
| --- | --- |
|    | Did you drink anything after the race before washing your hands? |
|   | YesNo |
|   |   |

|  |  |
| --- | --- |
|    | Did you smoke after the race? |

|  |  |
| --- | --- |
|    | Are you aware of the risks of infection associated with open water swimming? |
|   | YesNo |
|   |   |
|    | Excluding the event on 7th October, please provide the following information on your experience of other open water swimming events in the past 24 months:(for example, you may have swum in 4 other open swim events in lakes in the last 24 months and been ill following one of these swims) |
|   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |  | **Number of events participated in** |  | **Number of new episodes of illness in the 7 days following an event** |  |  |
| Events in the River Thames |   |  |   |  |  |  |
| Events in other rivers |   |  |   |  |  |  |
| Events in lakes |   |  |   |  |  |  |
| Events in the sea |   |  |   |  |  |  |

 |

|  |  |
| --- | --- |
|    | How experienced are you with open water swimming? |

|  |  |
| --- | --- |
|    | Do you have any further comments about this incident? |
|  |   |

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| --- | --- |
|  | **Thank you for taking the time to complete this survey. Please click on "Done" to finish.** |
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