

**Form E**



**Gastroenteritis Outbreak Questionnaire**

**Premises Name:**

**Room No at Hotel:**

<b>Surname:</b>	<b>First name:</b>	<b>Sex:</b> Male / Female
<b>Address:</b>		<b>Date of Birth:</b>
<b>Postcode:</b>		
<b>Telephone Number:</b>		

	Yes	No	Don't know
<b>When did you become ill? (what was the date of onset of your symptoms?)</b>			
<b>What was the time of onset of your symptoms? (Please specify am or pm)</b>			
<b>Did you ask for medical assistance?</b>			
<b>Were you admitted to hospital?</b>			
<b>If yes, when?</b>			
<b>Did you provide a faecal specimen?</b>			
<b>If yes, when?</b>			
<b>How long did your symptoms last?</b>			

**What were your symptoms?**

Symptoms	Yes	No	Don't know	Symptoms	Yes	No	Don't know
Vomiting				Stomach Cramps			
Diarrhoea				Headache			
Fever				Other - specify			

<b>Did you have any similar illness in the 7 days prior to travelling to Eastbourne?</b>			
<b>If yes, what were the symptoms?</b>			
<b>Date:</b>	<b>Time:</b>		
<b>Has anyone in your family had a similar illness in the 7 days prior to your travel?</b>			
<b>If yes, what were the symptoms?</b>			
<b>Date of onset:</b>	<b>Time:</b>		
<b>Has anyone in your family subsequently become ill?</b>			
<b>If yes, what were the symptoms?</b>			
<b>Date of onset:</b>	<b>Time:</b>		

<b>Additional Information</b>	
<b>How did you travel to the hotel?</b>	<b>Coach/Self Drive/Train</b>
<b>Have you been on any coach trips since your arrival? When and Where?</b>	

<b>Have you been aware of anyone else vomiting whilst you have been here? When and Where?</b>
<b>Do you share your room? Who with?</b>

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for your help.