

ICMR FoodNet Questionnaire for Outbreak investigation

Case ID	Date	Time		
Personal details	Name	Gender	Age	
	Occupation			
	Home address and contact details			
Clinical Details	Date & time of onset of symptoms/illness:			
	Symptoms (Diarrhea, Blood in stool, Nausea, vomiting, dizziness, fever, aches and abdominal pain, other symptoms) and frequency (time/day) & duration (in days)	Symptoms	frequency	Duration
	Treatment seeking behavior	Doctor consulted/ Hospital attended/consulted with traditional healers/ self medication/home based or traditional treatment (<i>if yes, provide name and details</i>)		
		Medication: <i>if yes, provide details including dose and duration</i>		
	Hand hygiene/ hand washing practices : Use of soap- Only water- Frequency-	ORS (yes/no; if yes provide duration and volume/day)		
		Yes/No (if yes provide details)		
	Suspected exposure (e.g. Home made, Wedding, Religious gathering, Canteen, Mid-Day Meal, Restaurant/Hotel/Dhaba, Any Other, please specify): <i>(if event, Please describe activity, place, date, type of food)</i>	Type of food consumed with date and time		
Number of persons who attended the event and suspect food consumed or any family member experiencing same or similar symptoms?	Name	Symptomatic/ asymptomatic	Address/contact details	
Food History	If the food prepared at the place of incidence or food supplied from some other place, provide details			
	Nature of the food (suspected)	Cooked		Raw
		Ready To Eat		Frozen

		Others (please specify)		
	Food source	Fish/Meat/Vegetable/ Other (please specify) Etc		
	Water source	Tap water/ Pipe water/ Stored water Stored in tank/ pots (mud/metal) (Covered/uncovered)		
	Cooking practice	Washed/ Unwashed prior to preparation		
		Preparation mode/Cooking practice		
		Covered/uncovered		
		Hand hygiene practice of cooking staff/food handlers		
		General health condition of cooking staff/ food handlers (suffering from any communicable diseases or not etc)		
	General Cleanliness of cooking surface and utensils	Yes/ No		
Sample Collection	Date of Sample Collection	Sample ID: (use different ID numbers if there are more samples)		
	Sample type	Clinical	Stool/Vomitus/rectal swab/food handler nail bed swab	
		Suspected food/water source	Name of the Food Products	
		Environmental	Surface swab	
		Solid	Semi-solid	Liquid
	Temperature (of food and environmental) at the time of sample collection			
	Storage condition			
	Transportation	SOP followed (yes/no)		
For Laboratory use: Identificatio n of pathogens from Clinical/envi ronmental samples or both	Bacteria- Virus- Parasites- Others-	Antibiotic sensitivity results		