

FDA/CARPHA CIGUATERA FISH POISONING QUESTIONNAIRE

General Information

Interviewer: _____

Interview Date: _____

Case, Country of Residence: _____

Case, Local Health Jurisdiction: _____

Reporting source: _____

Case Gender: Male; Female Case, age at time of illness: _____

Respondent was: Self; Parent; Spouse; Other (specify): _____

Patient Interview Section

1. Illness onset day:

a. On what date/time did you become ill? (verify file): _____ AM PM

b. How long did your illness last? _____

2. Fish and consumption information:

a. Fish consumption Date: _____ Time: _____ AM PM

b. _____ Determine incubation period: _____

c. Was your illness attributed to consumption of a particular fish? Yes, No, Unknown

i. If yes, what type of fish? _____ ; OR Unknown

d. How was the fish obtained? Recreationally; Commercially; Unknown,

Other (specify): _____

i. If you caught the fish (or bought an entire fish), what was the estimated fish weight and/or size (please indicate standard or metric units)? _____

ii. If you caught the fish, do you know the location of the catch (e.g., GPS coordinates, general region, buoy, or landmark)? _____

e. Where did you consume the fish?

Home (self-caught/purchased to prepare at home);

Restaurant (i.e., dine in, fast food style);

Fair/Festival;

Other (specify): _____

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f. How much fish did you eat (i.e., estimated portion size consumed identifying standard or metric units of measure)? _____

g. How was the fish prepared (e.g., raw, marinated, cooked [boiled, fried, grilled])? _____

h. What portions of the fish did you consume (e.g., meat only; meat and organs; organs only; specify organs consumed)? _____

3. Consumption of left overs or uncooked portions of original fish:

a. Did you consume leftovers or uncooked portions of original fish after initial consumption?

Yes, No, Unknown

i. If yes, consumption Date: _____ Time: _____ AM PM

ii. If yes, how were the leftovers/uncooked portion prepared (e.g., same as the first meal or describe preparation)? _____

iii. What portions of the fish did you consume (e.g., meat only, meat and organs, organs only [specify organs])? _____

4. Dining companions:

a. Did any other individuals consume the same fish? Yes, No, Unknown, N/A

i. If yes, did anyone become ill? Yes, No, Unknown

b. Number of companions:

i. How many individuals consumed the fish? _____

ii. How many others became ill? _____

c. Did any of those persons seek medical attention? Yes, No, Unknown

5. Was leftover fish from the same fish consumed submitted to the local jurisdiction for testing?

Yes, No, Unknown, N/A (specify): _____

6. Consumption of other fish prior to the above identified fish:

a. Did you consume any other fish in the two (2) days before you became ill? Yes, No, Unknown

b. List other fish types and dates consumed: _____

7. Travel:

a. Did you travel outside of your member state or country during the two (2) days before you became ill?

Yes, No, Unknown

b. List places of travel/ dates? <note if place of exposure> _____

Clinical Information

1. Medical Attention:

- a. Did you seek medical attention? Yes, No, Unknown
- b. What type? Emergency Room, Primary Care Physician, Alternative medicine,
 Other (specify): _____
- c. Name of facility/location/date: _____

2. Hospitalization:

- a. Were you hospitalized? Yes, No, Unknown
 - i. If yes, name/location of hospital: _____
 - ii. If yes, what was the duration of the hospitalization: _____

3. Diagnosis:

- a. Did you receive a clinical diagnosis? Yes, No, Unknown
 - i. If yes, please specify diagnosis: _____

4. Treatment:

- a. Did you receive treatment? Yes, No, Unknown
 - i. If yes, Type of treatment: _____
- b. Did the treatment alleviate symptoms? Yes, No, Unknown

5. Blood Work:

- a. Did you have blood drawn? Yes, No, Unknown
 - i. If yes, laboratory/physician name and location: _____

6. Body Temperature:

- a. Was your body temperature taken? Yes, No, Unknown
 - i. If yes, was temperature elevated? Yes, No, Unknown

7. Heart Rate:

- a. Was your heart rate measured? Yes, No, Unknown
 - i. If yes, was heart rate elevated or decreased? Elevated, Decreased, Unknown

8. Blood Pressure:

- a. Was your blood pressure measured? Yes, No, Unknown
 - i. If yes, was your blood pressure elevated or decreased? Elevated, Decreased, Unknown

9. Females of childbearing age (between 18 and 45 years of age):

- a. Were you breastfeeding at the time of initial illness? Yes, No
 - i. If yes, did breastfed infant show signs or symptoms of illness? Yes, No, Unknown

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SYMPTOM REVIEW: *I'm going to ask whether you experienced the following symptoms during your illness and, if you did, how long each lasted:*

Symptoms	Response (Yes, No, Don't Know [DK])			Duration	Did you routinely experience this symptom prior to your illness?		
	Y	N	DK		Y	N	DK
Burning, numbness or tingling in mouth	Y	N	DK		Y	N	DK
Pins and needles sensation	Y	N	DK		Y	N	DK
Skin rash	Y	N	DK		Y	N	DK
Itching skin	Y	N	DK		Y	N	DK
Toothache	Y	N	DK		Y	N	DK
Muscle pain	Y	N	DK		Y	N	DK
Joint pain	Y	N	DK		Y	N	DK
Fatigue	Y	N	DK		Y	N	DK
Dizziness	Y	N	DK		Y	N	DK
Diarrhea	Y	N	DK	Duration: If YES, max number of stools/day:	Y	N	DK
Stomach cramps	Y	N	DK		Y	N	DK
Abdominal pain	Y	N	DK		Y	N	DK
Nausea	Y	N	DK		Y	N	DK
Vomiting	Y	N	DK		Y	N	DK
Headache	Y	N	DK		Y	N	DK
Breathing difficulties	Y	N	DK		Y	N	DK
Facial swelling <control question>	Y	N	DK		Y	N	DK
Burning with urination	Y	N	DK		Y	N	DK
Visual changes or disturbances	Y	N	DK		Y	N	DK
Slowed heart rate	Y	N	DK		Y	N	DK
Rapid heart rate	Y	N	DK		Y	N	DK
Hot/cold temperature reversal	Y	N	DK		Y	N	DK

OTHER SYMPTOMS (specify): _____

Long Term Effects

1. Symptom Recurrence:
 - a. Have you experienced any of the above symptoms since initial illness? Yes, No, Unknown
 - b. Please describe: _____
 - c. Are these symptoms consistent or intermittent since initial illness? Consistent, Intermittent

2. CFP episodes:
 - a. Since your initial CFP illness, we've been discussing, have you experienced any additional episodes of CFP tied with fish consumption? Yes, No, Unknown
 - b. Please describe: _____
 - c. Diagnosed in medical setting? Yes, No, Unknown

3. Have you consumed _____ since initial illness? Yes, No, Unknown

4. Consumption of food other than vehicle and/or additional activities:
 - a. Have you experienced ill effects following consumption of any other foods and/or after undertaking particular activities since initial illness? Yes, No, Unknown
 - b. Please describe including the food(s) and/or activity(ies): _____

5. Absence from work:
 - a. Did you miss work as a result of your illness? Yes, No, N/A
 - i. If yes, how many days of work were missed as a result of your CFP illness? _____

6. Is there any additional information not previously captured that should be included?

References/Resources

1. CFP knowledge:
 - a. Prior to your CFP diagnosis, had you heard of CFP? Yes, No, Unknown
 - b. Please describe your familiarity: _____

2. Internet Research prior to diagnosis:
 - a. Did you consult the internet prior to your CFP diagnosis after feeling ill? Yes, No, Unknown

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b. Please describe: _____

c. What sites/sources did you find most helpful? _____

3. Internet Research post diagnosis:

a. Since your initial CFP diagnosis, have you researched your illness on the internet? Yes, No, Unknown

b. Has this changed your perception of the symptoms you experienced? Yes, No, Unknown

c. Please explain: _____

d. Were you able to learn about others diagnosed with CFP? Yes, No, Unknown

4. Prior diagnosis of CFP:

a. Have you ever experienced CFP before: Yes, No, Unknown

i. If yes, when: _____

ii. If yes, what fish was involved? _____

iii. If yes, what was the portion size consumed (estimated portion size consumed identifying standard or metric units of measure)? _____

iv. If yes, what parts of the fish were consumed (e.g., meat only; meat and organs; organs only [specific organs])? _____