

Questionnaire gastrointestinal disease/cryptosporidium child

Section 1: Disease information regarding the outbreak of Cryptosporidium

Which date do you respond to this questionnaire? Month: Day:

1a. Have the child, since the first of January 2011 had stomach problems? Yes No Do not know

If the child did not have any stomach problems, continue with question 8.

1b. Which type of stomach problems have the child had since first of January?

- diarrhoea with 3 or more loose stools per day Yes No Do not know

- watery diarrhoea Yes No Do not know

- bloody diarrhea Yes No Do not know

- abdominal pain/stomach cramps Yes No Do not know

- upset stomach (e.g. flatulence) Yes No Do not know

- vomiting Yes No Do not know

- nausea Yes No Do not know

1c. Have the child in connection to recent stomach symptoms had the below

- fever, above 38 degrees Yes No Do not know

- headache Yes No Do not know

- joint pain Yes No Do not know

- pain in eyes Yes No Do not know

- fatigue Yes No Do not know

2. If the child have had any of the symptoms in question 1b, state the approximate date for the first onset of disease. Month: Day:

3. Have the child fallen ill more than once after he/she felt recovered for more than 2 days?

No

Yes, at 1 additional occasion

Yes, at 2 additional occasions

Yes, at 3 or more additional occasions

4a. How many days have the child in total had gastrointestinal symptoms (according to question 1a)?
(Please feel free to use a calender or similar) ___ (number of days)

4b. Is the child ill at present? Yes No

5. Did you seek health care with your child for the present gastrointestinal disease?

Yes, primary care

Yes, hospital

No

6. Did you call for medical advice for your child regarding the present gastrointestinal disease?

No

Yes, health advice line

Yes, primary care

Yes, hospital

7a. How many days have you been at home due to children with gastrointestinal disease since first of January 2011? (Please feel free to use a calendar or similar) ___ (number of days)

Section 2: History of disease before first of January 2011

8. Did your child have any of the following problems or diseases during 2010:

- | | | | |
|---|-----|----|-------------|
| - gastric ulcer | Yes | No | Do not know |
| - irritable bowel syndrome (IBS) | Yes | No | Do not know |
| - inflammatory intestinal disease (Ulcerative colitis or Chron's disease) | Yes | No | Do not know |
| - celiac disease | Yes | No | Do not know |
| - lactose intolerance | Yes | No | Do not know |
| -- other longterm intestinal problems | Yes | No | Do not know |
| - diabetes | Yes | No | Do not know |
| - immunodeficiency | Yes | No | Do not know |
| - chronic obstructive pulmonary disease (COPD)/asthma | Yes | No | Do not know |
| - congestive heart failure | Yes | No | Do not know |
| - rheumatic disease | Yes | No | Do not know |
| - cancer | Yes | No | Do not know |

9. Was your child treated with any of the following pharmaceuticals during the month before 1 January, 2011:

- | | | |
|---|-----|----|
| - medicine for gastric ulcer/acid reflux (e.g. Omeprazol, Losec, Nexium) | Yes | No |
| - cortison pills | Yes | No |
| - cytostatics ("cell toxins") or other pharmaceutical that suppresses the immune system | Yes | No |

Section 3. General questions

10. How many people are there in your household? ___ (number of people)

11. How many of these have had gastrointestinal symptoms? (according to question 1a)
— (number of people)

12. What type of household water supply do you have?

Municipal water

Own well

Other joint facility

Do not know

13. If you have used tap water for drinking or tooth brushing, have you in your household followed the recommendation from the municipality to boil the water since the nineteenth of April?

Yes, always

Yes, sometimes

No

14. When did you start to boil the water?

Month: Day:

15. State how many glasses of tap water your child usually drink per day on average (do not forget squash, gruel etc. that is made from tap water)? (1 glass is approximately 2 dl)

< 1 glass

1 glass

2-5 glasses

>5 glasses

Do not know

16. Did you answer the web-based questionnaire from the municipality? Yes No

18. A follow-up questionnaire will arrive in September. If we can contact you as a guardian by e-mail, please state your e-mail address below.

19. Do you want to add anything regarding other problems you have had since first of January 2011 that you think may be due to Cryptosporidium?

In order to remember an incident it may sometimes be easier to obtain some dates that one can relate to. For example I got sick before or after a certain event. Here we give some events and dates that hopefully can help. The first audition to the national song contest in Luleå was on the fifth of February. The first quarter final against Linköping was on the eighth of Mars and Skellefteå AIK went to the final in ice-hockey on the first of April.

Thank you for taking the time to answer the questions!