

Code no. TD\_\_\_\_\_

**Questionnaire (1<sup>st</sup> visit to clinic)**

**Incidence of traveler's diarrhea among adult foreign travelers in Thailand**

**Please fill in the information below**

**Part 1 General information**

1. Date visited the clinic\_\_\_\_\_

2. Date you reached Thailand \_\_\_\_\_

3. Gender

<sup>1</sup> Male                       <sup>2</sup> Female

4. Age \_\_\_\_\_(years)

5. Nationality by Continents

<sup>1</sup> Africa                       <sup>2</sup> Europe       <sup>3</sup> North America

<sup>4</sup> South America       <sup>5</sup> Asia               <sup>6</sup> Australia/Oceania

6. Education level (highest level received)

<sup>1</sup> Primary school

<sup>2</sup> High school graduate

<sup>3</sup> University graduate

7. Do you have any medical problem?

<sup>0</sup> No                               <sup>1</sup> Yes

If yes, please specify\_\_\_\_\_

8. Do you have any food allergy? (you can choose more than 1 answer)

<sup>1</sup> Milk

<sup>2</sup> Drug allergy

<sup>3</sup> Sea food

9. Have you searched for the travel-health information before this trip?

- <sup>0</sup> No                      <sup>1</sup> Yes

If yes, what is your source of information?

- <sup>1</sup> Travel clinic  
<sup>2</sup> Other, please specify .....

10. What medication are you currently taking? (you can choose more than one answer)

- <sup>1</sup> Anti-diarrhea    <sup>2</sup> Anti-malaria    <sup>3</sup> Anti-depressant  
<sup>4</sup> Antibiotics        <sup>5</sup> Antacid            <sup>6</sup> Laxative        <sup>7</sup> None

11. Have you traveled to other South East Asia before Thailand in this trip?

- <sup>0</sup> No    <sup>1</sup> Yes

If yes, please specify .....

## **Part 2 Travel characteristics and activities**

12. Travel characteristic [you can choose more than one answer]

- <sup>1</sup> City  
<sup>2</sup> Countryside  
<sup>3</sup> National parks

13. What is the main reason you visited the clinic?

- <sup>1</sup> Vaccine                      <sup>2</sup> Diarrhea                      <sup>3</sup> Other

14. What is your purpose of this trip?

- <sup>1</sup> Tourism                      <sup>2</sup> Visiting friend or relative                      <sup>3</sup> Volunteer  
<sup>4</sup> Business                      <sup>5</sup> Education                      <sup>6</sup> Other

15. Have you consulted doctor about traveler's diarrhea before this trip?

- <sup>0</sup> No    <sup>1</sup> Yes

16. Who are you traveling with?

- <sup>1</sup> Travel alone                       <sup>2</sup> Couple                       <sup>3</sup> With children or elderly  
 <sup>4</sup> Group /private tour                       <sup>5</sup> Other .....

17. In this trip, do you carry stand-by medication for diarrhea?

- <sup>0</sup> No  
 <sup>1</sup> Yes, please specify .....

Would you plan to see medical doctor if you have diarrhea (> 3 times/ day)?

- <sup>0</sup> No                       <sup>1</sup> Yes

Code no. TD\_\_\_\_\_

**Questionnaire (1<sup>st</sup> follow up Day 7)**

**Incidence of traveler's diarrhea among adult foreign travelers in Thailand  
Follow-up of participants 7 days from the index date after reaching Thailand**

Date you answer this questionnaire (today)\_\_\_\_\_

1. Did you travel to countries other than Thailand within last 7 days?

- No                       Yes

If yes, please specify.....

2. In this 7 days, what activities have you done? (you can choose more than one answer)

- Trekking in National park  
 Swimming other activities in water  
 None

3. Did you travel by cruise ship during this 7 days?

- Yes                       No

4. In this 7 days, what kind of food did you have? (you can choose more than one answer)

- |   |   |
|---|---|
| <input type="checkbox"/> Drinking tap water                       | <input type="checkbox"/> Drinking beverage with ice |
| <input type="checkbox"/> Drinking alcohol                         | <input type="checkbox"/> Eating street food         |
| <input type="checkbox"/> Eating raw food                          | <input type="checkbox"/> Eating sea food            |
| <input type="checkbox"/> Eating fruits                            | <input type="checkbox"/> Eating fresh vegetables    |
| <input type="checkbox"/> Eating / drinking herbal                 | <input type="checkbox"/> Eating insect              |
| <input type="checkbox"/> Eating left over food from previous meal | <input type="checkbox"/> Use bare hands to eat      |

5. How many number of meals per day do you eat in the hotel?

- 0    1    2    3    > 3

6. Please check the activities below which you have done in this 7 days

- Wash hand with soap or use alcohol > 60% every times before meal  
 Wash hand with soap every times after finished the toilet  
 Received any medication of vaccine, (please specify) .....

7. In this 7 days, did you suffer from diarrhea? (passing loose stool more than 3 times per day or 1 mucous bloody stool)

- No       Yes

If yes, please answer the question 8-12 and mention date diarrhea started.....

8. Which of these symptoms did you have within 7 days? (you can choose more than one answer)

- Nausea /Vomiting     Constant urge to pass stool     Bloody diarrhea  
 Fever     Abdominal cramps     Fatigue     None

9. Do you treat yourself with any medications for diarrhea at this time?

- No  
 Yes, please specify .....

10. Do you have to change the travel plan due to diarrhea?

- No       Yes

11. Did you visit a medical doctor in last 7 days?

- No       Yes

If yes, how many times did you visit the medical doctor?

- 1 time     2 times       > 2 times

12. Did you have to admit in the hospital due to diarrhea in last 7 days?

- No       Yes

If yes, how many days did you admit at the hospital?

- 1 day       2 days       3 days       4- 7 days       > 7 days

**Questionnaire (2<sup>nd</sup> follow up Day 14)**

**Incidence of traveler's diarrhea among adult foreign travelers in Thailand  
Follow-up of participants 14 days from the index date after reaching Thailand  
Please fill in the information below**

**Part 1 behaviors and activities**

Date you answer this questionnaire (today)\_\_\_\_\_

1. Did you travel to countries other than Thailand within last 14 days?

- No                       Yes

If yes, please specify.....

2. In this 14 days, what activities have you done? (you can choose more than one answer)

- Trekking in National park  
 Swimming other activities in water  
 None

3. Did you travel by cruise ship during this 14 days?

- No                       Yes

4. In this 14 days, what kind of food did you have? (you can choose more than one answer)

- |   |   |
|---|---|
| <input type="checkbox"/> Drinking tap water                       | <input type="checkbox"/> Drinking beverage with ice |
| <input type="checkbox"/> Drinking alcohol                         | <input type="checkbox"/> Eating street food         |
| <input type="checkbox"/> Eating raw food                          | <input type="checkbox"/> Eating sea food            |
| <input type="checkbox"/> Eating fruits                            | <input type="checkbox"/> Eating fresh vegetables    |
| <input type="checkbox"/> Eating / drinking herbal                 | <input type="checkbox"/> Eating insect              |
| <input type="checkbox"/> Eating left over food from previous meal | <input type="checkbox"/> Use bare hands to eat      |

5. How many number of meals per day do you eat in the hotel?

- 0    1    2    3    >3

6. Please check the activities below which you have done in this 14 days

- Wash hand with soap or use alcohol gel > 60% every times before meal  
 Wash hand with soap every times after finished the toilet  
 Received any medication of vaccine,

If yes, please specify.....

7. In this 14 days, did you suffer from diarrhea? (passing loose stool more than 3 times per day or 1 mucous bloody stool)

- No                       Yes

If yes, please answer the question 8-12 and mention date diarrhea started.....

8. Which of these symptoms did you have within 14 days? (you can choose more than one answer)

- Nausea /Vomiting    Constant urge to pass stool    Bloody diarrhea  
 Fever                       Abdominal cramps            Fatigue            None

9. Do you treat yourself with any medications for diarrhea at this time?

- No                               Yes, please specify .....

10. Do you have to change the travel plan due to diarrhea?  No    Yes

11. Did you visit a medical doctor in last 14 days?

- No                       Yes

If yes, how many times did you visit the medical doctor?

- 1 time            2 times                       > 2 times

12. Did you have to admit in the hospital due to diarrhea in last 14 days?

- No                       Yes

If yes, how many days did you admit at the hospital?

- 1 day            2 days                       3 days    4- 7 days            > 7 days



**Questionnaire (3<sup>rd</sup> follow up Day 28)**

**Incidence of traveler's diarrhea among adult foreign travelers in Thailand  
Follow-up of participants 28 days from the index date after reaching Thailand  
Please fill in the information below**

**Part 1 behaviors and activities**

Date you answer this questionnaire (today)\_\_\_\_\_

1. Did you travel to countries other than Thailand within last 14 days?

- No                       Yes

If yes, please specify.....

2. In this 14 days, what activities have you done? (you can choose more than one answer)

- Trekking in National park  
 Swimming other activities in water  
 None

3. Did you travel by cruise ship during this 14 days?

- No                       Yes

4. In this 14 days, what kind of food did you have? (you can choose more than one answer)

- Drinking tap water    Drinking beverage with ice  
 Drinking alcohol       Eating street food  
 Eating raw food         Eating sea food  
 Eating fruits             Eating fresh vegetables  
 Eating / drinking herbal    Eating insect  
 Eating left over food from previous meal    Use bare hands to eat



12. Did you have to admit in the hospital due to diarrhea in last 14 days?

- No                       Yes

If yes, how many days did you admit at the hospital?

- 1 day             2 days             3 days     4- 7 days     > 7 days