Please complete this questionnaire as best you can. If you have questions, please contact Dr William Keene at Oregon Public Health Services (503-731-4024). Questionnaires can be returned to Dr Keene by fax (503-731-4798) or mail (800 NE Oregon St, #772, Portland OR 97232-2162). Thank you for your assistance.

LIGHTHOUSE CENTER (2005-106)

Name ___________________________________ **Age** _____ **Sex** ❒ M ❒ F

Country of Residence ❒ USA ❒ Canada ❒ Mexico ❒ ______________________

Home State or Province ____________ **Home County of Residence** _________________

On what date did you arrive at the Retreat? ❒ ___ June ❒ ___ July ❒ ___ August ❒ lives there

On what date did you leave the Retreat? ❒ ___ June ❒ ___ July ❒ ___ August ❒ lives there

The next questions refer only to the 5-day period between Saturday 23 July and Wed 27 July. [i]

Where were you sleeping? *A* ❒ small tent *B* ❒ dorm *C* ❒ special housing tent *D* ❒ RV *E* ❒ off site *F* ❒ _______
G ❒ one of the permanent houses

***If a small tent*, where was your tent located?** *H* ❒ lower campground *I* ❒ upper campground *J* ❒ old orchard
K ❒ vineyard by Satsang *L* ❒ _______________

Which shower(s) did you use during those 4 days? *M* ❒ dorm *N* ❒ any other shower or bath house

What kinds of Seva activities were you involved in? *Q* ❒ knapweed control *R* ❒ dishes and kitchen cleanup
S ❒ first aid/medical care *T* ❒ irrigation system *U* ❒ food preparation *V* ❒ child care *W* ❒ any other

Please indicate any of the regular meals that you MISSED during those 5 days. Check only the meals that you did NOT eat.

Saturday 23 July	**Sunday 24 July**	**Monday 25 July**	**Tuesday 26 July**	**Wed 27 July**
A ❒ Saturday breakfast	*D* ❒ Sunday breakfast	*G* ❒ Monday breakfast	*J* ❒ Tuesday breakfast	*M* ❒ Wed breakfast
B ❒ Saturday lunch	*E* ❒ Sunday lunch	*H* ❒ Monday lunch	*K* ❒ Tuesday lunch	*N* ❒ Wed lunch
C ❒ Saturday dinner	*F* ❒ Sunday dinner	*I* ❒ Monday dinner	*L* ❒ Tuesday dinner	*O* ❒ Wed dinner

YES **During those same 5 days (Saturday through Wednesday)... (*Mark "?" if they're not sure*)** [iii]

A ❒ Did you drink any water from the sinks or taps down by the Satsang tent?
B ❒ Did you drink anything from the juice house?
C ❒ Did you eat any snacks from the Retreat store?
D ❒ Did you drink or brush your teeth with any of the water marked "NOT FOR DRINKING" or "POND WATER"?
E ❒ Did you swim or wade in any of the ponds?
F ❒ Did you swallow any water from any of the showers?
G ❒ Did you change or handle the clothing or bedding of someone who was sick?
H ❒ Did you help clean any bathrooms after people began getting sick?
How many people (including yourself) share your tent or dorm room? ______ people
J ❒ Did any of these people become sick?
L ❒ Did you eat raw foods only when you were there?
M ❒ Did you see or hear of any people swimming in any of the ponds?

YES	**NO**	
❒	❒	**Were you sick in the week before you arrived at the Retreat?**
❒	❒	**Did you get sick at all after you arrived at the Retreat or within 7 days of leaving it?**

If you have not been sick, you are finished. If you have been ill, please CONTINUE to the other side of the form.

This side is only for people who have been sick.

Please check the symptoms you have felt since last weekend.

	YES	SIGNS AND SYMPTOMS		YES	
H	❐	headache	*F*	❐	fever (*if yes*, ❐ subjective or _______ ° (max.)
N	❐	nausea	*L*	❐	shaking chills
V	❐	vomiting	*D*	❐	any diarrhea or loose stools
M	❐	myalgia (muscle aches)	*3*	❐	*if yes to diarrhea*, did you have 3 or more loose stools in any 24-hour period?
C	❐	abdominal (stomach, belly) cramps	*B*	❐	any blood in stools
T	❐	unusual fatigue (feeling tired)			

ONSET AND DURATION

July 2005

S	M	Tu	W	Th	F	S
26	*27*	*28*	*29*	*30*	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	*1*	*2*	*3*	*4*	*5*	*6*

August 2005

S	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

On what day did you start feeling sick? ❐ _____ July ❐ _____ August

On what day did you start having any vomiting or diarrhea (whichever came first)?

❐ _____ July ❐ _____ August

How long did the vomiting or diarrhea last? ___ hours ___ days ❐ I'm still sick

	YES	NO	MEDICAL CARE [iv]
A	❐	❐	**Was your illness reported to the medical or first aid staff at the Retreat center?**
B	❐	❐	**Did you spend more than 1 hour getting medical care at the station set up by the office?**
C	❐	❐	**Were you at the medical care station for more than 24 hours?**
D	❐	❐	**Did you go to any hospital away from the Retreat Center?**
			If yes, which one? ❐ Mercy Hospital, Roseburg ❐ _____________________
E	❐	❐	**Was a stool specimen collected from you for testing?**
F	❐	❐	**Did you already fill out any of the health department questionnaires at the Retreat Center?**
G	❐	❐	**Did you see any clinician other than those at the Retreat Center?**
H	❐	❐	**Were you treated with any antibiotics?** If yes, which one(s)?
			K ❐ cipro *L* ❐ amoxicillin *M* ❐ ampicillin *N* ❐ Bactrim or Septra (trimethoprim)
			O ❐ levoquin *P* ❐ azithromycin *Q* ❐ not sure *R* ❐ __________________

What is your date of birth? month ______ day ______ year ______

Back home, are you involved in any of these kinds of work? ❐ food service ❐ patient care ❐ child care

What phone numbers can be used to reach you? Home ______________ Cell ______________ Other ______________

What is your complete mailing address? ____

____

____