Please complete this questionnaire as best you can. If you have questions, please contact Karen Vian or Carol Fenton at the Douglas County Health Department (800-234-0985) or Dr William Keene at the Oregon state health department (971-673-). Questionnaires can be returned to Dr Keene by fax (503-731-4798) or mail (800 NE Oregon St, #772; Portland OR 97232). Thank you for your assistance with our investigation.

(*short Q for late arrivers only*)

LIGHTHOUSE CENTER (2005-106)

Name _____ **Age** _____ **Sex** ❒ Male ❒ Female

On what dates were you at the Retreat? arrived on _____ and left on _____

Were you involved in any Seva activities? *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

Yes	No	**When you were at the Lighthouse Center.....** [i]
G ❒	❒	Did you change or handle the clothing or bedding of anyone who was sick?
H ❒	❒	Did you help clean any bathrooms after people began getting sick?
M ❒	❒	Have you been sick at all since you arrived at the Retreat (either there or within 7 days of leaving)?

If you have *not* been sick, this is the end of the questionnaire. If you have been ill, please CONTINUE.
****

Please check the symptoms you have experience since you arrived at the Retreat (or after you left).

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		
T ❒	unusual fatigue (feeling tired)	*B* ❒	any blood in stools

ONSET AND DURATION

July 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						

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? Please give us your best recollection of the date.

❒ ____ July ❒ ____ Aug

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

❒ ____ July ❒ ____ Aug

How long did the vomiting or diarrhea last? ___ hours ___ days ❒ still sick

Did you/Are you... (*check all that apply; provide details [names, dates, phone numbers, etc.] at right.)*

Yes	No	**MISCELLANY**
P ❒	❒	Did you see any clinician? *if yes*, whom?
E ❒	❒	Did you visit an ER? *if yes*, specify
S ❒	❒	Did give a stool specimen? *if yes*, when/to whom
C ❒	❒	Were you admitted to hospital overnight? *if yes*, where?
H ❒	❒	Were you treated with antibiotics? *if yes*, what?

K ❒ cipro *L* ❒ amoxicillin *M* ❒ ampicillin *N* ❒ Bactrim or Septra (trimethoprim)
O ❒ levoquin *Q* ❒ azithromycin *R* ❒ not sure *Z* ❒ _____

Date of birth (m/d/yy) _____ Do you do any of these kinds of work? ❒ food service ❒ patient care ❒ child care