

# ***H.U.S.H.***

## **Members' Questionnaire**

The aim of this questionnaire is to obtain information from victims affected by E.coli 0157 to enable us to monitor any ongoing health problems resulting from infection and to ascertain what areas you wish us to highlight to Government departments on your behalf, so that these areas of concern can be addressed.

If you or any member of your family has been affected by the bacterium or developed Haemolytic Uraemic Syndrome or Thrombotic Thrombocytopenic Purpura we would be grateful for your assistance. All information will naturally be treated with the strictest confidence.

One form should be completed for each person affected (parents/guardians should complete form on behalf of under 18's) and returned to HUSH at PO Box 159, Hayes, UB4 8XE. Additional forms can be obtained from me by telephoning 01261 842314 or can be supplied electronically by e-mailing [Ishbel.Mackinnon@btinternet.com](mailto:Ishbel.Mackinnon@btinternet.com).

**(a) Personal Details of the Infected Person:**

(please indicate if the infection was fatal and this form is being completed on behalf of someone else)

Name: .....

Address: .....

..... Post Code: .....

Telephone: ..... Date of Birth: .....

E-mail Address: .....

Name of person completing this form and relationship to infected person: .....

.....

Address (if different to above): .....

Telephone (if different to above): .....

**(b) Medical History of the Infected Person:**

Were you in good health prior to contamination: YES/NO\*

If "NO" then please provide brief details: .....

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**(c) Diagnosis Details:**

Date of diagnosis ..... Age at diagnosis: .....

Describe the symptoms: .....  
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.....  
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Was medical attention first sought? YES/NO\*

If "YES" please advise where (eg chemist, GP, hospital): .....

Were you prescribed antibiotics or anti-diarrhoea medication: .....  
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Was a stool sample taken on first visit to GP: YES/NO\*

If "NO", when was a sample taken: .....

Were any other family members affected:.....  
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Are you aware of any others infected within your community at the same time: .....  
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How long did diagnosis take: .....

Did E.coli 0157 develop into H.U.S. or T.T.P.: .....

Was the source of your infection confirmed by the authorities: YES/NO\*

Please provide as much detail as possible regarding the investigation conducted by the Public/Environmental Health Departments into the source of contamination: .....  
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If the source was not confirmed, do you have any suspicions yourself (eg environmental or from a food source): .....  
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**(d) Treatment Details:**

How long did the illness last: .....

Was hospital admission required (if YES, for how long) .....

Was intensive care treatment needed (if YES, for how long) .....

Was any aftercare needed (eg blood tests, dialysis, educational support): .....

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Is the treatment ongoing (if YES please indicate if you have been advised how long this will continue): .....

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Please detail any long-term effects .....

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Have you suffered any other illnesses since contracting E.coli 0157 .....

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How much time did you require to take off school/work: .....

Were you happy with the advice/information/treatment you received from your GP/hospital: .....

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**(e) General**

What improvements (if any) would you like the charity to raise with Government departments on your behalf: .....

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What did you know about E.coli 0157 prior to your illness: .....

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*\* Please delete as appropriate*