Document and Version:





Guidance for the investigation of Cryptosporidium linked to swimming pools

Appendix 5: Example enhanced questionnaire for the investigation of cases linked to a swimming pool

Agencies: Public Health Wales, UKHSA, Local Authorities, the Chartered Institute of Environmental Health, the Pool Water Treatment Advisory Group and the Chartered Institute for the Management of Sport and Physical Activity.

Authors: see main guidance document **Approved by:** HPA GI programme board Approval date: 24/01/11

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Publication/ Distribution:

- Public (Internet: Cryptosporidium Reference Unit website)
- Links from Public Health Wales (Intranet), UKHSA (Internet) and websites of partner organisations

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Purpose of Document:

This is Appendix 5 of a document that has been drawn up by a task and finish group to provide guidance to public health professionals on the prevention and investigation of cases of cryptosporidiosis linked to swimming pools in England and Wales.

Summary of document:

This Appendix provides an example of a questionnaire designed specifically to collect information about exposures at swimming pool premises. It can be conducted face-to-face or over the telephone, for which an introductory script is also provided.

Work Plan reference: Cryptosporidium Reference Unit 2010/11

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Telephone Interview: Example Of Introductory Script

Hello. Can I speak with? Hi. My name is Dr and I am calling from the in in
We have been working with environmental health team investigating illness in people who have swam at
We are particularly interested in an illness called Cryptosporidium, and the reasons why some people become unwell and others don't.
I understand that you attended a [swimming lesson / pool party etc] at the [leisure centre / health club etc] towards the [end of e.g. August], and wondered whether you would be willing to spare a few minutes to go through a quick questionnaire with me now? It asks about the types of activities that you (and your family) took part in whilst at the swimming pool party. It should take no more than ten minutes, and your replies will be annonymised.
Would you be willing to help us with this investigation? [If they initially say "no", add: Or perhaps we could arrange a time for me to call you back when it's more convenient?]
Case No: Date of interview: / / Interviewer:
Personal Details
Forename(s) Surname
Address
Post Code
Home Telephone NºMobile Telephone Nº
Sex: Male Female Date of Birth://
Occupation (or retired / unemployed / student / school pupil / pre-school etc)
School or work name and address (or college / nursery / childminder etc)

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Swimming pool related activities								
Did you/your child take part in a swimming pool party (or swimming lessons / aquarobics / mother and baby class etc) in [NAME OF PREMISES]?								
No □ Yes □ Date:	// Time:							
Did you notice anything unusual/different about the pool at the time?								
No □ Yes □ If yes, plea	If yes, please specify:							
Did you notice any faeces/diarrhoea during the pool visit?								
No □ Yes □	. S are processing							
NO LIES L								
If yes, was it solid? \square or was it diarrhoea? \square								
what was the response	of the parent and pool staff?							
Which changing rooms/lockers did you us	se?							
Male □ Female □ Family area	Female □ Family area □ Locker/waiting area □							
Did you use the toilet facilities whilst at t	he premises?							
No □ Yes □								
If yes, which toilet(s)? Male \Box Female \Box								
Location:								
Location:								
Did you use the shower facilities whilst at the premises?								
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No Yes, before swin	nming 🗆	Yes, after swimming \square							
If yes, which shower?									
In investigations concerning young children, these additional questions may be beneficial:									
If you changed your child's nappy during the visit, where was it changed?									
Did you notice leakage of faeces from your baby when you got out of the pool?									
No □ Yes □	Date: _	/ Time:							
Did you notice leakage of faeces from another baby when you got out of the pool?									
No □ Yes □	Date: _	/ Time:							
Did you/your child swim in NAME OF PREMISES during the two weeks before the party (or lesson / class etc)?									
No □ Yes □	When:	//							
Did you/your child bathe/play during the party (or lesson / class):									
In main swimming pool	No □ Ye	'es $□$ <0.5h $□$ 0.5-1h $□$ >1h $□$							
In leisure pool	No □ Ye	'es \Box <0.5h \Box 0.5-1h \Box >1h \Box							
In learner pool	No □ Ye	'es $□$ <0.5h $□$ 0.5-1h $□$ >1h $□$							
Under mushroom fountain	No □ Y	'es □ <0.5h □ 0.5-1h □ >1h □							
On the toddler slide	No □	Yes \square Number of times $__$							
On the flume slide	No □	Yes \square Number of times $__$							
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In the spa pool N	o □ Yes I	□ <0.5h □	0.5-	1.0h □	>1h □		
Close to the water pipe (this was a site-specific feature – noted at a site visit - where water from the flume slide re-entered the swimming pool)							
No □ Ye	es □	<0.5h □ 0	.5-1.0h	□ >1I	n 🗆		
During the party (or lesson / class), did you/your child:							
Have water splash on your/you	r child's f	face?					
No □	Yes □	Once or tw	ice □	More tim	es 🗆		
Was your/your child's head immersed beneath the water?							
No □	Yes □	Once or tw	ice □	More time	es 🗆		
Accidentally swallow water?							
No □	Yes □	Once or tw	ice □	More time	es 🗆		
Swim?							
No □	Yes □	Once or tw	ice □	More time	es 🗆		
Did you/your child swim in any other location(s) during the two weeks before the party (or lesson / class)? No \Box Yes \Box							
If yes, where?							
Data Protection							
The information you have provided will be treated in confidence and only used in the investigation of your/your child illness							
Faecal sample test result (if tested)							
Result	Date _	//					