XII. Appendix

A. Questionnaire used in paper 3 and 4

Questionnaire translated from Norwegian

<table>
<thead>
<tr>
<th>Response form</th>
<th>Personal ID:</th>
<th>Name:</th>
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<tbody>
<tr>
<td><strong>Giardia epidemic 1 ½ year after</strong></td>
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</table>

**Previous abdominal problems**

Did you have abdominal problems BEFORE September 2004 leading to the following actions (you may mark multiple answers)?

- Visiting doctor
- Hospitalisation
- Sick leave
- Use of medication
- Abdominal problems without seeking health care
- Did not have abdominal problems before September 2004

Describe the problems: …………………………………………………………………………

**Symptoms during *Giardia* infection**

Did you have any of the following symptoms when you got the diagnosis *Giardia*? (you may mark multiple answers)

- Loose or frequent stools
- Foul smell from rectum or when burping
- Malaise
- Bloating
- Abdominal pain
- Weight loss
- Nausea
- None of these

**Sick leave or lost study progression**

Were you on sick leave because of the *Giardia*-infection?

Yes No Did not work at the time

If yes: How long were you on sick leave?

- Less than 1 week
- 1-2 weeks
- more than 2 weeks

Did you lose study progression because of *Giardia*?

Yes No Was not student at the time

If yes: How much did you lose?

- Less than one semester
- One semester
- More than one semester

The time it took to get well. Number of tablet courses.

Are you NOW well from abdominal problems after the *Giardia*-infection?

Yes No Unsure

If yes: How long did it take before you got completely well from abdominal problems?

- Well after less than 4 weeks
- Well after 1-3 months
- Well after 4-6 months
- Well after 7-18 months

If yes: Did it coincide with tablet course?

- Well without tablet course
- Well after 1 tablet course
- Well after 2 or more tablet courses
- Well during tablet course, but symptoms came back after

**Symptoms now**

Do you have abdominal symptoms NOW that you did not have prior to the *Giardia* infection?

Yes No Unsure

If yes, try to grade your symptoms last month in the table beneath:

Write on a scale from 1 to 10: 0 = no symptoms and 10 = severe symptoms

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Nausea</td>
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<tr>
<td>Bloating</td>
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<tr>
<td>Abdominal pain</td>
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<tr>
<td>Constipation</td>
<td></td>
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<tr>
<td>Diarrhoea</td>
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<td>Reduced appetite</td>
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</table>

<table>
<thead>
<tr>
<th>Less than usual</th>
<th>Same as usual</th>
<th>More than usual</th>
<th>Much more than usual</th>
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<td></td>
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Do you have problems with fatigue?

I do not want to take part in the study, and do not answer the questions above