XII. Appendix

A. Questionnaire used in paper 3 and 4

Questionnaire translated from Norwegian

Response form			P	ersonal ID:			
Giardia epidemic 1 ½ year after		Name:					
Previous abdominal problems							
Did you have abdominal problems	s BEFORE Sept	ember 2004 leading	to the following a	actions (you may	y mark multiple answers)?		
377 177 1 4	TT 20 12 02						
Visiting doctor Sick leave	Hospitalisation Use of medication						
Abdominal problems without s							
Did not have abdominal proble							
Describe the problems:							
Describe the problems:							
Symptoms during Giardia infection	on						
Did you have any of the following	g symptoms whe	n you got the diagn	osis <i>Giardia</i> ? (yo	u may mark mul	tiple answers)		
T C 1	E 1 11.6						
Loose or frequent stools	Foul smell fro						
Malaise	Bloating						
Abdominal pain Nausea		Weight loss					
Nausea	None of these	None of these					
Sick leave or lost study progression	on						
Were you on sick leave because o		fection?					
Yes	No		Did not work at the	e time			
If yes: How long were you on sich							
Less than 1 week	1-2 weeks	I	nore than 2 weeks	3			
B.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ca: I	0					
Did you lose study progression be			Was not student at	41 41			
Yes	No	,	was not student at	the time			
If yes: How much did you lose?							
Less than one semester	One semester	1	More than one sen	nester			
The time it took to get well. Num							
Are you NOW well from abdomin							
Yes	No	τ	Jnsure				
TO THE PURCH SEC		. 1 116 1.1					
If yes: How long did it take before Well after less than 4 weeks	e you got comple Well after 1-3		ominai problems? Well after 4-6 mor	V	Vell after 7-18 months		
well after less than 4 weeks	well after 1-3	months	well after 4-6 mor	itiis v	veil after /-18 months		
If yes: Did it coincide with tablet	course?						
3							
Well without tablet course	Well after 1 tab	olet course	Well after 2 or mo	re tablet courses			
Well during tablet course, but s	ymptoms came	back after					
Symptoms now	MONTA	111 .1		0			
Do you have abdominal symptom	is NOW that you No		to the <i>Giardia</i> info Insure	ection?			
Yes	No	(Jnsure				
If yes, try to grade your symptom:	s last month in th	he table beneath:					
, , , , , g y syp.co							
Write on a scale from 1 to 10: 0 =	no symptoms a	and 10 = severe sym	ptoms		•		
Question					Answer		
Nausea							
Bloating							
Abdominal pain							
Constipation							
Diarrhoea							
Reduced appetite							
				-			
		Less than usual	Same as usual	More than usua	d Much more than usual		
			. Junio as usual	viv man usua			

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

Do you have problems with fatigue?