

Your answers help us understand how and when people are affected by swimming, surfing or playing at the ocean. Please answer all the questions on this form. A completed form helps us understand the issues much better than an incomplete form. Thank you.

## Ocean Illness Survey

Today's Date:

Location:

### Respondent Information (Personal Information will be kept confidential)

Name \_\_\_\_\_ Address \_\_\_\_\_

Age \_\_\_\_\_ City/Zip \_\_\_\_\_

Race/Ethnicity:

**American Indian**   **Black**   **Asian/Pacific Islander**   **White**   **Hispanic/Latino**   **Other** \_\_\_\_\_

Approximate annual household income:

\_\_\_\_\_ <\$25,000   \_\_\_\_\_ \$25,000-\$39,999   \_\_\_\_\_ \$39,999-\$50,000   \_\_\_\_\_ \$50,000-\$75,000  
\_\_\_\_\_ >\$75,000

**1. On average, how many days per year do you go into the water?** (circle one)

Infrequent: Less than 2  
Occasional: 2-12 (Once every 1-6 months)  
Moderate: 12-24 (1-2 times per month)  
Frequent: 24-48(2-4 times per month)  
Very Frequent: Greater than 48 (once per week)  
Routinely (more than once per week)

**2. What is your primary means of water contact?** (circle one)

Surfing  
Swimming  
Jet ski/ Ocean Craft  
Scuba/Snorkeling  
Sail boarding  
Mixed (Variety of uses)  
Other (Specify)  
Fishing

**3. Do you typically get:**

- a. water in your face
- b. put head under water
- c. get water in your mouth
- d. swallow water
- e. N/A

**4. Do you wear any of the following:**

- a. ear plugs
- b. nose plugs
- c. eye goggles or face mask
- d. wet suits
- e. N/A

**5. Do you, or any family members, do any of the following?**

- a. collect sea shells, rocks or other materials
- b. dig in the sand or build sand castles
- c. bury someone in the sand
- d. go crabbing or fishing

**6. What times of the year are you typically in the water?**

Year-round   Summer only   Winter Only

**7. Do you usually go in the water with other family members?**

Yes   No

**Is so, what are the ages?** \_\_\_\_\_

Your answers help us understand how and when people are affected by swimming, surfing or playing at the ocean. Please answer all the questions on this form. A completed form helps us understand the issues much better than an incomplete form. Thank you.

**8. In the past year, do you believe that you have become ill from ocean water contact in San Diego County?**

Yes    No

**If you believe you have become sick from ocean water contact in San Diego County, please fill out the following information. Please fill out a separate form for each time it happened.**

**Exposure information**

**9. Date of water contact**

(Please be specific)

\_\_\_\_\_

**10. What is the location of the beach that**

**(beach name or break) you usually visit?**

\_\_\_\_\_

**Illness information.** (Circle all that apply)

**11. What types of symptoms did you experience?**

Respiratory/ sinus (congestion, coughing, etc)

Sore Throat/Swollen Glands

Diarrhea

Upset Stomach/abdominal pains/nausea

Vomiting

Headache

Fever

Ear (discharge, pressure, etc.)

Eyes (discharge, pink eye, etc.)

Skin (rash, etc.)

General malaise or fatigue (excessively tired, etc.)

Other, (specify)

Cuts or scrapes that became infected

**12. How long after you were in the ocean did you start experiencing these symptoms?**

\_\_\_\_\_

**13. Did you see a doctor?** Yes    No

**If you went to the doctor, what was the diagnosis?**

\_\_\_\_\_

Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_