

Supplementary File S1. Questionnaire for Stool Sample Collection

Case code:

Information provider:

(1) patient (2) family members or insiders (relationship:)

1. General information

1.1 Patient name:

1.2 Gender (1) male (2) female

If female, whether pregnant (1) yes, _____ week(s) (2) no

1.3 Age (year)

1.4 Occupation

1.4.1 Employee in the catering industry (1) yes (2) no

1.4.2 Medical staff (1) doctors (2) nurses (3) care workers (4) Laboratory staff (5) administrative staff

(6) others _____ (please elaborate)

1.4.3 Other Occupation

(1) farmers (2) migrant worker (3) Industry blue collar Migrant worker (4) Cadre (5) teachers (6) students

(7) Children in the kindergarten (8) Children not in the kindergarten (9) Housework or unemployed

(10) Fisherman (11) herdsman (13) business services (16) others _____ (please elaborate)

1.5 Current study or work place:

1.6 Address: _____ Province _____ City _____ County (district) Township (street) _____ Village (building)
_____ Team (unit)

1.7 Household registration: _____ Province _____ City _____ County (district) Township (street)
_____ Village (building) _____ Team (unit)

1.8 Nationality: (1) China (2) others

1.9 ID card or passport number:

1.10 Phone number:

2. Clinical manifestations

2.1 Date of onset: yy mm dd

2.2 Location of onset:

(1) China: _____ Province _____ City _____ County

(2) Outside of China:

(3) On the transport: aircraft train ship car other

2.3 Clinical Symptoms:

Definition of dehydration: The physical sign include decreased skin elasticity, dry skin mucous membrane, accelerated or weakened pulse, collapsed superficial vein, frosty limbs, decreased urine volume, etc.

2.4 Outpatient/emergency treatment

2.4.1 Date of treatment:

2.4.2 Hospitals/departments:

2.4.3 whether used antibiotics in 3 days

If used, the name of the drugs:

2.5 Hospitalization and treatment

2.5.1 Whether hospitalization:

(1) yes (2) no (go to the part 3)

2.5.2 Date of admission: year month date

2.5.3 Admission hospital name:

2.5.4 Admission number:

2.5.5 Admission diagnosis: (1) diarrhea cases (2) fever cases (3) Other clinical diagnosis:

2.5.6 Treatment:

2.5.6.1 Drug treatment: (1) antibiotics (2) hormones (3) antiviral drugs (4) others:

2.5.6.2 Whether to stay in ICU:

(1) yes (Check in date: year month date) (2) no

3. Epidemiological information

3.1 daily diet 5 days before the onset

Food category:

(1) fruit and vegetables (2) meats and related products (3) grain and related products (4) eggs and related products (5) milk and related products (6) bean and related products (7) aquatic and related products (8) water, beverages and herbs (9) unknown

4. Specimen collection

Specimen Type:

(1) watery-stools (2) loose-stools (3) mucus-stools (4) bloody-stools (5) other (please elaborate):

Investigation units:

Investigation period:

Signature