Foodborne Illness Complaint Form

The Environmental Health Specialists Network (EHS-Net) designed this form for state and local environmental health specialists working in food safety programs to use to capture information from consumers about their foodborne illness complaints. The information collected with this form can be used to help determine whether a consumer foodborne illness complaint should be investigated as potentially linked to a foodborne illness outbreak.

Incident No. ________ **Contact No.** ________

Origin of Complaint

Date Received: _____________ **Receiving Agency**: ___________________ **Call Received By**: ________________________

Complainant Data

Name: __________________________________ **DOB**: ___________ **Gender**: M F

Phone: (Work) _______________ (Home) _______________ (Cell) _______________ (Email)______________________

Occupation(s): ______________________ **Previous Illness or Chronic Condition**: Y N **Existing Medications**: Y N

Comments: ____

Illness Data

Illness Onset: Date: __________ Time: ________ AM / PM **Illness Stopped**: Date: __________ Time: ________ AM / PM
❑ **Illness Ongoing**

Signs and Symptoms:

❑ Diarrhea ___ Watery ____ Bloody	❑ Headache	❑ Itching (location) ____________________
❑ Vomiting	❑ Myalgia (muscle ache)	❑ Numbness (location) _________________
❑ Nausea	❑ Dizziness	❑ Tingling (location) ___________________
❑ Abdominal Pain	❑ Double Vision	❑ Edema (location) ____________________
❑ Fever ______ °F	❑ Jaundice	❑ Rash
❑ Chills	❑ Weakness	❑ Other: ____________________________

Diarrhea Onset: Date: __________ Time: ________ AM / PM **Diarrhea Stopped**: Date: __________ Time: ________ AM / PM
❑ **Illness Ongoing**

Vomiting Onset: Date: __________ Time: ________ AM / PM **Vomiting Stopped**: Date: __________ Time: ________ AM / PM
❑ **Illness Ongoing**

Clinical Data

Was a doctor or other healthcare provider visited? Y N

Date Visited: _________ **Time**: ______ AM / PM **Admitted**: Y N **Length of Stay**: ________ (hrs)

Healthcare Facility: _____________________ **Physician Name**: _________________________ **Phone**: ________________

Were clinical specimens taken? Y N ❑ Blood ❑ Stool **Diagnosis**: ____

Would you be willing to provide a stool sample? Y N N/A – Samples no longer available

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Suspect Meal Data

Date: ____________ **Location**: ___________________________ **Suspect Meal**: ____________________________________

Time: _______ AM / PM

Number of people in party: _____ **Number of people reportedly ill**: _____ **Group Contact:** _________________________

(Use following page for additional contacts) **(Phone):**_________________________

List anything unusual about the meal (temperature, taste, color, etc.)? ____

Other Contacts

Name		Phone	Associated Meal and/or Location
	❑ Ill ❑ Well		
	❑ Ill ❑ Well		
	❑ Ill ❑ Well		
	❑ Ill ❑ Well		
	❑ Ill ❑ Well		
	❑ Ill ❑ Well		
	❑ Ill ❑ Well		
	❑ Ill ❑ Well		
	❑ Ill ❑ Well		

Other Exposures

Other Possible Non-food Exposures <u>within Past 2 Weeks</u>: (swimming pool, river, lake, etc.)

Travel outside the US: Y N **Location(s)**: ________________________________

Water consumed outside residence: Y N **Location(s)**: ________________________________

Well water consumed: Y N **Location(s)**: ________________________________

Exposure to recreational water: Y N **Location(s)**: ________________________________

Exposure to the following:

- ❑ Petting zoo
- ❑ Mass gatherings
- ❑ Daycare facility
- ❑ Ill person at home or outside of home
- ❑ Domestic animals or livestock
- ❑ Other ____
- ❑ Ill animal
- ❑ Birds or reptiles
- ❑ Diapered kids or adults
- ❑ Visit nursing home

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Notes:

72-hr Food History

Date:

This section is to be used to collect information about what the consumer ate and drank in the 72-hour period prior to the complaint.

Day of Illness Onset:

Breakfast: ______ **Location**: ______ **Time**: ______ AM / PM
______ ______ **Suspect Meal?** ❑ Yes ❑ No
______ **Contacts**: ______

Lunch: ______ **Location**: ______ **Time**: ______ AM / PM
______ ______ **Suspect Meal?** ❑ Yes ❑ No
______ **Contacts**: ______

Dinner: ______ **Location**: ______ **Time**: ______ AM / PM
______ ______ **Suspect Meal?** ❑ Yes ❑ No
______ **Contacts**: ______

Other Foods/Water*: ______ **Location**: ______ **Time**: ______ AM / PM
______ ______ **Suspect Meal?** ❑ Yes ❑ No

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72-hr Food History (Continued)

Date:

One Day Prior to Illness Onset:

Breakfast: ______________________ **Location**: ______________________ **Time**: ________ AM / PM
______________________ ______________________ **Suspect Meal?** ❑ Yes ❑ No
______________________ **Contacts**: ______________________

Lunch: ______________________ **Location**: ______________________ **Time**: ________ AM / PM
______________________ ______________________ **Suspect Meal?** ❑ Yes ❑ No
______________________ **Contacts**: ______________________

Dinner: ______________________ **Location**: ______________________ **Time**: ________ AM / PM
______________________ ______________________ **Suspect Meal?** ❑ Yes ❑ No
______________________ **Contacts**: ______________________

Other Foods/Water*: ______________________ **Location**: ______________________ **Time**: ________ AM / PM
______________________ ______________________ **Suspect Meal?** ❑ Yes ❑ No

Date: ________________

Two Days Prior to Illness Onset:

Breakfast: ______________________ **Location**: ______________________ **Time**: ________ AM / PM
______________________ ______________________ **Suspect Meal?** ❑ Yes ❑ No
______________________ **Contacts**: ______________________

Lunch: ______________________ **Location**: ______________________ **Time**: ________ AM / PM
______________________ ______________________ **Suspect Meal?** ❑ Yes ❑ No
______________________ **Contacts**: ______________________

Dinner: ______________________ **Location**: ______________________ **Time**: ________ AM / PM
______________________ ______________________ **Suspect Meal?** ❑ Yes ❑ No
______________________ **Contacts**: ______________________

Other Foods/Water*: ______________________ **Location**: ______________________ **Time**: ________ AM / PM
______________________ ______________________ **Suspect Meal?** ❑ Yes ❑ No

* This section is to be used to collect information on any food the complainant ate or drank at times other than breakfast, lunch, and dinner, and to ensure that the complainant is asked about the water he or she drank.