E. Appendix 1: Foodborne illness complaint form developed by EHSNET

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 **Exisiting 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
❑ Vomiting
❑ Nausea
❑ Abdominal Pain
❑ Fever _____˚F
❑ Chills
❑ Headache
❑ Myalgia (muscle ache)
❑ Dizziness
❑ Double Vision
❑ Jaundice
❑ Weakness
❑ Itching (location)_____
❑ Numbness (location)_____
❑ Tingling (location)_____
❑ Edema (location)_____
❑ Rash
❑ Other _____

Diarrhea Onset: Date:_____ Time:_____AM/PM **Diarrhea Stopped:** Date:_____ Time:_____AM/PM
❑ **Illness Ongoing**

Vomitting Onset: Date:_____ Time:_____AM/PM **Vomitting 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

SUSPECT MEAL DATA

Date:_____ **Location:**_____ **Suspect Meal:**_____

Time:_____AM/PM _____ _____

_____ _____

_____ _____

Number of people in party:_____ **Number of people reportedly ill:**_____

Group Contact:_____ **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 ❑ Ill person at home or outside of home ❑ Birds or reptiles

❑ Mass gatherings ❑ Domestic animals or livestock ❑ Diapered kids or adults

❑ Daycare facility ❑ Ill animal ❑ Visit nursing home

❑ Other _____

Notes:

_____

_____

_____

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_____

72-HR FOOD HISTORY

DATE:

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

Day of Illness Onset:

Breakfast:_____ **Location**_____ **Time:**_____AM/PM

_____ _____ **Suspect Meal?** Y N

_____ **Contacts** _____

Lunch: _____ **Location**_____ **Time:**_____AM/PM

_____ _____ **Suspect Meal?** Y N

_____ **Contacts** _____

Dinner: _____ **Location**_____ **Time:**_____AM/PM

_____ _____ **Suspect Meal?** Y N

_____ **Contacts** _____

Other: _____ **Location**_____ **Time:**_____AM/PM

Food or _____ _____ **Suspect Meal?** Y N

Water _____ **Contacts** _____

72-HR FOOD HISTORY

DATE:

One Day Prior to Illness Onset:

Breakfast:_____ **Location**_____ **Time:**_____AM/PM

_____ _____ **Suspect Meal?** Y N

_____ **Contacts** _____

Lunch: _____ **Location**_____ **Time:**_____AM/PM

_____ _____ **Suspect Meal?** Y N

_____ **Contacts** _____

Dinner: _____ **Location**_____ **Time:**_____AM/PM

_____ _____ **Suspect Meal?** Y N

_____ **Contacts** _____

Other: _____ **Location**_____ **Time:**_____AM/PM

Food or _____ _____ **Suspect Meal?** Y N

Water _____ **Contacts** _____

72-HR FOOD HISTORY

DATE:

Two Days Prior to Illness Onset:

Breakfast:_____ **Location**_____ **Time:**_____AM/PM

_____ _____ **Suspect Meal?** Y N

_____ **Contacts** _____

Lunch: _____ **Location**_____ **Time:**_____AM/PM

_____ _____ **Suspect Meal?** Y N

_____ **Contacts** _____

Dinner: _____ **Location**_____ **Time:**_____AM/PM

_____ _____ **Suspect Meal?** Y N

_____ **Contacts** _____

Other: _____ **Location**_____ **Time:**_____AM/PM

Food or _____ _____ **Suspect Meal?** Y N

Water _____ **Contacts** _____