# 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
❑ Vomiting
❑ Nausea
❑ Abdominal Pain
❑ Fever _____ $^{o}$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**

**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 | ❑ Ill person at home or outside of home | ❑ Ill animal | ❑ Diapered kids or adults |
| ❑ Mass gatherings | ❑ Domestic animals or livestock | ❑ Birds or reptiles | ❑ Visit nursing home |
| ❑ Daycare facility | ❑ Other _____ | | |

# Foodborne Illness Complaint Form

**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 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

# Foodborne Illness Complaint Form

**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.