

Foodborne and Waterborne Illness Reporting
Case History and Questionnaire

Name _____ Age _____ yrs or mos Date of Birth _____ Sex M F

Person completing form & relationship _____ Date of report _____

Address _____ City, State, Zip _____ County _____

Occupation _____ Employer _____ Address _____

If child, does child attend a daycare/school/before or after school program? Y / N If Yes to any, location of all:

General Illness:

Onset date: _____ Onset time _____

Are you still having symptoms now? Y N If no, resolved date/time? _____

Nausea? ___ Diarrhea? ___ Diarrhea with Blood? ___ Abdominal cramps? ___ Vomiting? ___

Highest fever _____ Body ache ___ Headache _____

Did you see a physician? Y N If yes, name & ph # of physician _____

Hospitalized? Y N If yes, date of admission: _____ Discharge: _____ Hospital: _____

Were stool cultures done? Y N Were other laboratory tests done? _____

Food, Drink and Activity History:

1. Did anyone in your household become ill? Yes No Unknown
2. Did anyone else you know have similar symptoms? Yes No Unknown
3. Water is your water source at home & work/school/daycare? Private Well Municipal Bottled
4. Did you swim in chlorinated water in 7 days prior to symptoms? Yes No Non-chlorinated? Yes No
5. Did you attend any events in 3 days before the onset of your illness? Yes No

Type of event (Wedding, party, fair, meeting) _____ Date of event _____ Location _____

If ate/drank at event, list _____

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If ate/drank at event, list _____

6. Did you travel within or outside of Illinois in the 3 days prior to onset of your illness? Yes No

Place _____ Dates _____ Mode of travel _____

Place _____ Dates _____ Mode of travel _____

Place _____ Dates _____ Mode of travel _____

7. Did you have contact with animals 3 days prior to symptoms? Yes No Date _____

Animal type: dog cat cattle rodent reptile(type _____) Exposure location/address _____

Was animal ill? Y N If yes, symptoms _____

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8. Did you eat outside of the home (restaurant, cafeteria, food truck, festival, fair, work, vending machine, other homes) in the 3 days prior symptoms?

Name _____ Location _____ Date _____ Food/drink intake _____

Name _____ Location _____ Date _____ Food/drink intake _____

Name _____ Location _____ Date _____ Food/drink intake _____

9. Where did you purchase your food you consume in your home in the 3 days prior to symptoms? (grocery, market, deli, convenience store, home delivery, carry out, food pantries)

Name _____ Location _____ Date _____ Food/drink purchased _____

Name _____ Location _____ Date _____ Food/drink purchased _____

Name _____ Location _____ Date _____ Food/drink purchased _____

10. What did you eat in the 3 days prior to symptoms? Include all drinks, ice, condiments.

Day 1 (day of illness)

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Day 2 (day before illness)

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Day 3 (2 days before illness)

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

11. Are there any other things that you did or ate before your illness that you think may be important to note?

Thank you for completing this survey to the best of your knowledge and memory. This will assist us in our investigation.

If we need additional information, may we contact you? Yes No