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? ______________
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 __________________
Type of event (Wedding, party, fair, meeting) __________________ Date of event ___________ Location ___________
If ate/drank at event, list __________________
Type of event (Wedding, party, fair, meeting) __________________ Date of event ___________ Location ___________
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 to 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___