Food & Water Illness Complaint Form

Interviewer:____________________
Date of Interview:________________

Name:____
Street ______________________ County __________________ Health District ________
City/State/Zip ________________ Occupation/Grade ____________________________
Phone # _____________________ Work/Childcare/School___________________________

Date of Illness Onset:

__ __ /__ __ / _________

Mo **Day** **Year**

Numbers of:	0-10 yrs	11-18yrs	19-65yrs	>65yrs
Persons ill:				
Visits to Doctor:				
Hospitalizations:				

Illness History (Check symptoms that apply):

Diarrhea (≥3 stools/day): ☐ Nausea: ☐ Fever: ☐ Vomiting: ☐
Visible blood in stools: ☐ Cramps: ☐ Rash: ☐ Eye Infections: ☐
Ear Infections: ☐ Respiratory Symptoms: ☐
Other, specify: ____
Was a stool/blood sample taken by a doctor at the time of the illness? Y ☐ N ☐
If yes, was a specific illness/pathogen identified? ______________________
Physician Contact Name: __________________ Physician Phone #: ________________

Background Information (Circle Yes or No)

Contact with someone with a similar illness? Y ☐ N ☐ DK ☐
Names & Details: ____
Attended Large Gatherings or group meals? Y ☐ N ☐ DK ☐
Location & Details: ____
Travel outside community? Location____________ Y ☐ N ☐ DK ☐
Date Departed Home ___/___/___ **Date Returned home** ___/___/___
Drinking Water Source: Public Water ☐ **Well Water** ☐ **Bottled Water** ☐
Eat out/ take out at restaurant in last 72 hours? Y ☐ N ☐ DK ☐
Location & Details: ____
Recreational swimming in last 72 hours? Y ☐ N ☐ DK ☐
Location & Details: ____

STATE USE ONLY: Complaint # _____ Date received first report: ___/___/___ Date Sent to State ___/___/___
Associated with Outbreak? Y N DK Outbreak # ___________ Completed by _______________Tel# ________