



Louisville Metro Public Health and Wellness
Environmental Health and Protection
400 E. Gray Street
Louisville KY, 40202

Food Borne Illness Interview Form

Date of interview: ____ / ____ / ____ Time of interview: _____ AM/PM

Interviewer: _____

Complainant information

Complainant's Name: _____ Gender: DOB: ____ / ____ / ____

Complainant's Address: _____

Complainant's contact number: (_____) _____ - _____

Additional contact information: _____

Occupation: Daycare worker/attende Healthcare worker Food service worker
 other _____

Facility name and Address: _____

Did you work while sick? Yes No Unsure

If different from complainant, person interviewed: _____

Phone: (_____) _____ - _____

Relationship to complainant: _____

If child(ren) case: Parents occupation: _____

Child's school/daycare name and address: _____

SECTION 1: Clinical Information

- 1. Date of symptom(s) onset: ____ / ____ / ____
- 2. Time of symptom(s) onset: _____ AM/PM
- 3. Still ill at time of interview: Yes No If no, duration of illness: _____ hours/days

4. Symptoms:

| | | | |
|-----------------------|----------------|----------------|--------------------|
| Nausea | Vomiting | Diarrhea | Bloody Diarrhea |
| Abdominal Cramps | Fever/Chills | Headache | Dizziness/fainting |
| Rash/Hives | Weakness | Blurred Vision | Constipation |
| Difficulty swallowing | Slurred Speech | Other: | |

- 5. Have you sought any medical attention Yes No

SECTION 2: Food and Beverage History (refer to the 72 hours preceding illness onset)

- 5. Did you drink untreated/ raw water during the seven days before your illness? (Ex: well, cistern, pond)
 Yes No Unsure if yes, what is the source of water? _____
- 6. What type of sewage system does your home have? (Ex: sewer, septic tank) _____
- 7. Have you had any problems with the water or sewage system at home? _____
- 8. Have you baked any goods that use raw eggs in the preparation? Yes No Unsure
If yes, what? (ex: cookie dough) _____
- 9. Did you drink any unpasteurized/raw milk or juices in the seven days before onset of illness?
 Yes No Unsure If yes, complete the information below:
Product name: _____
Location purchased: _____
Date purchased: _____ Date consumed: _____
Sell by/use by date: _____

10. Prepackaged suspect items (i.e. canned goods, prepackaged meats, etc.)

| | |
|--------------------------------|--|
| Product/Brand Name(s): | |
| Code/Lot Numbers: | |
| Expiration Date(s): | |
| Size/Weight: | |
| Manufacturer Name and Address: | |
| Distributor Name and Address: | |

| | |
|--------------------------------|--|
| Product/Brand Name(s): | |
| Code/Lot Numbers: | |
| Expiration Date(s): | |
| Size/Weight: | |
| Manufacturer Name and Address: | |
| Distributor Name and Address: | |

Comments: _____

11. What groceries and/or food marts do you shop at frequently? (*List below*)

12. Comments on food (*taste, appearance, smell, preparation, etc*)

SECTION 3: General Exposures

13. Recent social events attended (parties, weddings, etc):

Yes No Unsure If Yes, When: ____/____/____

Event: _____ Location: _____

14. Family, friends, or co-workers with similar symptom(s)/illness:

Yes (*advise others to report illness*) No Unsure

Symptom(s): _____

15. Recent (one month prior to onset) recreational water activities (swimming, water-skiing, boating, Water Park): Yes (*refer to Public Facilities and complete 13b.*) No Unsure

13 b. Circle all that apply:

| | | |
|----------|-------------------|--------------|
| Spa | Wading Pool | Therapy Pool |
| Lap Pool | Recreational Pool | Other: |

Location(s) and date(s): _____

16. Did you garden in the seven days prior to your illness? Yes No Unsure

17. Household pets/animal exposure (Circle all that apply):

| | | | |
|------------------------|------------------------|-------------------------|----------------------|
| Dogs/Cats Type: | Reptiles Type: | Poultry/Cattle Type: | Swine/Sheep Type: |
| Rodents/Birds Type: | Fish/Aquarium Type: | Other: | |

18. What type of pet food do you use? _____

19. Who is responsible for cleaning the animal's area? _____

20. Any pets ill? Yes No Unsure if yes, describe symptom(s): _____

21. Visited farm or petting zoo in month preceding illness? Yes No Unsure

Location: _____ Date: ____/____/____

Type of animal(s): _____

22. Travel (*considered out of Louisville Metro area*) in month preceding illness: Yes No Unsure

Travel in the U.S., Location: _____ Date: ____/____/____

Travel outside the U.S., Location: _____ Date: ____/____/____

Mode of Travel: Airplane Bus Car Cruise Ship Train Other

Comments:

Foods eaten PRIOR to FIRST symptoms

Date: ____/____/____

| Meal | Time | Food(s)/Beverage(s) consumed | Location prepared | Eaten | Int. Contamination |
|------------------|------|------------------------------|----------------------------|---------------------------|------------------------------|
| Dinner | | | Facility Name: Address: | Home Facility Other | Yes <input type="checkbox"/> |
| Lunch | | | Facility Name: Address: | Home Facility Other | Yes <input type="checkbox"/> |
| Breakfast | | | Facility Name: Address: | Home Facility Other | Yes <input type="checkbox"/> |
| Snacks/ other | | | Facility Name: Address: | Home Facility Other | Yes <input type="checkbox"/> |

Notes:

Date: ____/____/____

| Meal | Time | Food(s)/Beverage(s) consumed | Location prepared | Eaten | Int. Contamination |
|------------------|------|------------------------------|----------------------------|---------------------------|------------------------------|
| Dinner | | | Facility Name: Address: | Home Facility Other | Yes <input type="checkbox"/> |
| Lunch | | | Facility Name: Address: | Home Facility Other | Yes <input type="checkbox"/> |
| Breakfast | | | Facility Name: Address: | Home Facility Other | Yes <input type="checkbox"/> |
| Snacks/ other | | | Facility Name: Address: | Home Facility Other | Yes <input type="checkbox"/> |

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| Breakfast | | | Facility Name: Address: | Home Facility Other | Yes <input type="checkbox"/> |
| Snacks/ other | | | Facility Name: Address: | Home Facility | Yes <input type="checkbox"/> |