Washington State Department of Health

FOODBORNE ILLNESS CASE INVESTIGATION WORKSHEET

COMPLAINT INFORMATION

Date of complaint ____/____/____	Complainant name	Address	(H) Phone (C) Phone

SUSPECTED MEAL OR ACTIVITY

# persons ill: _____	If > 1 person ill: Do all ill persons live together? ☐Y ☐N Do all ill persons work together? ☐Y ☐N # meals in common: _____	If only 1 person ill: Any recent travel: ☐Y ☐N Any animal exposures: ☐Y ☐N Type: _____

Suspected place of exposure including address	Date of meal: ___/___/___ Time of meal: _____	# ill persons who ate suspect meal: _____ Total # persons who ate suspect meal: _____

CLINICAL DATA

Name				
Phone				
Address				
Date interviewed				
Date of birth or Age				
Sex	☐M ☐F ☐Unk ☐Other	☐M ☐F ☐Unk ☐Other	☐M ☐F ☐Unk ☐Other	☐M ☐F ☐Unk ☐Other
Date and time ate	Date Time	Date Time	Date Time	Date Time
First symptom	☐Vomiting ☐Diarrhea ☐Not Ill	☐Vomiting ☐Diarrhea ☐Not Ill	☐Vomiting ☐Diarrhea ☐Not Ill	☐Vomiting ☐Diarrhea ☐Not Ill
Date & time of first episode of vomiting or diarrhea	Date Time	Date Time	Date Time	Date Time
Incubation (hours)				
Date & time of last episode of vomiting or diarrhea	Date Time	Date Time	Date Time	Date Time
Duration (hours or days)				
SIGNS OR SYMPTOMS – (+) if person experienced symptom, (-) if person did not experience symptom				
Vomiting				
Diarrhea				
Avg # stools/24 hrs				
Bloody diarrhea				
Fever				
Abdominal cramps				
Body ache				
Other (list)				
HEALTHCARE VISITS AND LABORATORY - (+) if Yes, (-) if No				
HCP visit (if yes, name)				
ER visit (if yes, name)				
Hospitalization (if yes, name)				
Stool submitted				
Lab results				

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FOOD HISTORY – SINGLE CASE

Record all food and drinks consumed in the incubation period of suspected agent/organism. If there is not enough information to categorize the suspect agent, record food and drinks consumed in the 72 hours prior to illness.

Date: _____/_____/_____ Brk: _____ _____ Lun: _____ _____ Din: _____ _____ Oth: _____ _____	Date: _____/_____/_____ Brk: _____ _____ Lun: _____ _____ Din: _____ _____ Oth: _____ _____	Date: _____/_____/_____ Brk: _____ _____ Lun: _____ _____ Din: _____ _____ Oth: _____ _____

FOOD HISTORY – 2 OR MORE CASES

Record common meals and food items in 72 hours before onset of symptoms or in the appropriate time period based on the suspect agent.

	List persons in the same order as on previous page			
Food item	Person name:	Person name:	Person name:	Person name:

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.