

FOOD ILLNESS COMPLAINTS - DATA FROM INDIVIDUALS FOR HYPOTHESIS GENERATING

Complete on two well and 3-4 ill exposed persons for purposes of hypothesis generation.

Exposed Person #__: Name: _____ Age: _____ Sex: _____

Phone numbers: W: (____) ____-____ H: (____) ____-____

Address: _____

Did you have: Vomiting? __Yes __No If yes, how many times on worse day? ____

Diarrhea? __Yes __No If yes, how many times on worse day? ____

Was it bloody? __Yes __No

Fever? __Yes __No If yes, highest temperature measured: _____ degrees

Did you go to physician or ER? __Yes __No If yes, where: _____

Were any clinical specimens (blood, stool) collected by MD/ER? __Yes __No

When did you first vomit or have diarrhea? Day: _____ / _____ / _____ :_____ .m.

What do you think is the cause of your illness? _____

What foods were eaten and not eaten from suspected meal or site: _____

Exposed Person #__: Name: _____ Age: _____ Sex: _____

Phone numbers: W: (____) ____-____ H: (____) ____-____

Address: _____

Did you have: Vomiting? __Yes __No If yes, how many times on worse day? ____

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