

# Foodborne/Waterborne Illness Investigation

## Form C-Clinical Data, Food History & Common Sources Report Form

### SECTION 1: CLINICAL DATA (Complete for all cases)

Reported By:	Date Reported:	Client's Phone Number: Work: _____ Home: _____
Client Name:	Age	Type of Identifier Used: MCP <input type="checkbox"/> Other <input type="checkbox"/> (Please identify) _____
Home Address:	Female <input type="checkbox"/> Male <input type="checkbox"/>	Next of Kin:

Disease Name, if Known: _____	Date specimen collected: (month/day/year)
Laboratory Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date lab confirmed: _____	Type of specimen obtained:
Hospital Lab <input type="checkbox"/> Public Health Lab <input type="checkbox"/> Other <input type="checkbox"/> (Please identify) _____	

Attending Physician Consulted:	Address:	Tel:
Family Physician :	Address:	Tel:

Case Ill: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital:
Case Notified of Illness: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Dates:	

Occupation: (Identify if case is a food handler, child care, adult care or health care worker)	Place of Work:
Date of Onset of Symptoms: (month/day/year)	Duration of Illness: <input type="checkbox"/> Ongoing (days)
Time of Onset of Symptoms: (include A.M. or P.M.)	Incubation Period: <input type="checkbox"/> Unknown (hours)

Medications Prescribed for Illness: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	Amount	Date Started:(month/day/year)	Duration: (Days)
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Known Allergies:	Special Dietary Habits, etc.:	Medication/Vaccine Prior to Illness:
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#### Signs and Symptoms: (check appropriate signs and symptoms and circle those that occur first)

Intoxication	Enteric Infections	Generalized Infections	Localized Infections	Neurological Illnesses
nausea	abdominal cramps	lack of appetite	ear	blurred vision
vomiting	diarrhea bloody <input type="checkbox"/> mucoid <input type="checkbox"/> greasy <input type="checkbox"/> water <input type="checkbox"/> No. / day:	headache	eye	dizziness
bloating		muscular aching	itching	numbness
dehydration		perspiration	mouth	tingling
weight loss	chills	malaise	rash	difficulty swallowing
other:	fever	weakness	skin lesion	difficulty breathing
	constipation	other:	describe:	other:

<b>EHO Comment: Any Attempted call(s) or visit(s)?</b> <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please list date(s) & time(s)
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**SECTION 2: OPEN-ENDED FOOD HISTORY**

**Instructions:** Please note that the detailed length of the food history will depend upon the maximum incubation period of the infectious agent. If infectious agent is unknown, please complete a 3 day food history. If you are unable to obtain at least 50 % or more of the meals for the required length of the food history then Section 3 must be completed

*Please try to remember what you may have eaten in the days before you started feeling sick. We'll start with the day you got sick and work backwards. (If a meal was eaten out, specify where.)*

**DAY OF ILLNESS- Date:** \_\_\_\_\_

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snacks/Water Ingested</b>
Place _____ Hour: _____ Items Consumed:	Place _____ Hour: _____ Items Consumed:	Place _____ Hour: _____ Items Consumed:	Place _____ Hour: _____ Items Consumed:
<input type="checkbox"/> Unable to Recall	<input type="checkbox"/> Unable to Recall	<input type="checkbox"/> Unable to Recall	<input type="checkbox"/> Unable to Recall
Companions at Meal (Ill & Well)	Companions at Meal (Ill & Well)	Companions at Meal (Ill & Well)	
Comments:			

**DAY BEFORE ILLNESS- Date:** \_\_\_\_\_

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snacks/Water Ingested</b>
Place _____ Hour: _____ Items Consumed:	Place _____ Hour: _____ Items Consumed:	Place _____ Hour: _____ Items Consumed:	Place _____ Hour: _____ Items Consumed:
<input type="checkbox"/> Unable to Recall	<input type="checkbox"/> Unable to Recall	<input type="checkbox"/> Unable to Recall	<input type="checkbox"/> Unable to Recall
Companions at Meal (Ill & Well)	Companions at Meal (Ill & Well)	Companions at Meal (Ill & Well)	
Comments:			

- **Instructions:** Please photocopy this page if the detailed length of the required food history is greater than three days before illness

\_\_\_\_\_ **DAYS BEFORE ILLNESS- Date:** \_\_\_\_\_

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snacks/Water Ingested</b>
Place _____ Hour: _____ Items Consumed:	Place _____ Hour: _____ Items Consumed:	Place _____ Hour: _____ Items Consumed:	Place _____ Hour: _____ Items Consumed:
<input type="checkbox"/> Unable to Recall	<input type="checkbox"/> Unable to Recall	<input type="checkbox"/> Unable to Recall	<input type="checkbox"/> Unable to Recall
Companions at Meal (Ill & Well)	Companions at Meal (Ill & Well)	Companions at Meal (Ill & Well)	
Comments:			

\_\_\_\_\_ **DAYS BEFORE ILLNESS- Date:** \_\_\_\_\_

<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snacks/Water Ingested</b>
Place _____ Hour: _____ Items Consumed:	Place _____ Hour: _____ Items Consumed:	Place _____ Hour: _____ Items Consumed:	Place _____ Hour: _____ Items Consumed:
<input type="checkbox"/> Unable to Recall	<input type="checkbox"/> Unable to Recall	<input type="checkbox"/> Unable to Recall	<input type="checkbox"/> Unable to Recall
Companions at Meal (Ill & Well)	Companions at Meal (Ill & Well)	Companions at Meal (Ill & Well)	
Comments:			

**SECTION 3: SPECIFIC FOOD ITEMS**

- Instructions:** Please complete this section, if you are unable to obtain a satisfactory detailed food history from Section 2 or directed by the Regional Medical Officer of Health. Please note that a satisfactory detailed food history is defined as obtaining information from at least 50 % or more of the meals for the required length of the food history

Now, I'd like to ask about specific food items. Did you eat any of the following during the week before your illness?

**Dairy Products**

*Comments (variety/brand, how prepared, where bought/eaten, etc.)*

Milk	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns (don't know/not specified)	_____
Ice Cream	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Yogurt	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Cheese	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Soft cheeses	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
• brie	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
• queso fresco	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
• cottage	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
• cream	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
• feta	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
• mozzarella	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
• ricotta	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
• other (soft)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns specify	_____
Other cheeses	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns specify	_____

*For Dairy Products, please indicate if the product is unpasteurized*

**Fish, Poultry, Eggs and Meats**

*Comments (variety/brand, how prepared, where bought/eaten, etc.)*

Fish	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Shellfish (such as shrimp, lobster, clams, etc.)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	specify _____
Chicken	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Turkey	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Eggs	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Pork	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Veal	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Lamb	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Moose	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Caribou	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Rabbit	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Other Venison	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	specify _____
Sausage	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____
Hot dog	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> dk/ns	_____

Beef jerky  yes  no  dk/ns \_\_\_\_\_  
 Dried salami  yes  no  dk/ns \_\_\_\_\_  
 Steak  yes  no  dk/ns \_\_\_\_\_  
 Roast beef  yes  no  dk/ns \_\_\_\_\_  
 Other beef  yes  no  dk/ns specify \_\_\_\_\_  
 Other products  yes  no  dk/ns specify \_\_\_\_\_

**Ground Meats**

➤ **Ground beef**  yes  no  dk/ns

If yes, was item eaten at home or out?  at home  out, where \_\_\_\_\_  both

How was the item cooked?  rare (red in middle)  medium (pink in middle)  well done (no pink)

For item eaten in the home, was it made from (*also ask where item was purchased from,, % fat, etc*):

- Fresh (never frozen) raw food item  yes  no  dk/ns \_\_\_\_\_
- Previously frozen raw food item  yes  no  dk/ns \_\_\_\_\_
- Pre-made uncooked patties  yes  no  dk/ns \_\_\_\_\_
- Pre-made, pre-cooked patties  yes  no  dk/ns \_\_\_\_\_

Other ground item such as in a taco, meatloaf, etc.  yes  no  dk/ns \_\_\_\_\_

If yes, specify dish \_\_\_\_\_, eaten at home or out, where \_\_\_\_\_

➤ **Ground Chicken/Turkey**  yes  no  dk/ns

If yes, was item eaten at home or out?  at home  out, where \_\_\_\_\_  both

How was the item cooked?  rare (red in middle)  medium (pink in middle)  well done (no pink)

For item eaten in the home, was it made from (*also ask where item was purchased from,, % fat, etc*):

- Fresh (never frozen) raw food item  yes  no  dk/ns \_\_\_\_\_
- Previously frozen raw food item  yes  no  dk/ns \_\_\_\_\_
- Pre-made uncooked patties  yes  no  dk/ns \_\_\_\_\_
- Pre-made, pre-cooked patties  yes  no  dk/ns \_\_\_\_\_

Other ground item such as in a taco, meatloaf, etc.  yes  no  dk/ns \_\_\_\_\_

If yes, specify dish \_\_\_\_\_, eaten at home or out, where \_\_\_\_\_

➤ **Ground Pork**  yes  no  dk/ns

If yes, was item eaten at home or out?  at home  out, where \_\_\_\_\_  both

How was the item cooked?  rare (red in middle)  medium (pink in middle)  well done (no pink)

For item eaten in the home, was it made from (*also ask where item was purchased from,, % fat, etc*):

- Fresh (never frozen) raw food item  yes  no  dk/ns \_\_\_\_\_
- Previously frozen raw food item  yes  no  dk/ns \_\_\_\_\_
- Pre-made uncooked patties  yes  no  dk/ns \_\_\_\_\_

• Pre-made, pre-cooked patties  yes  no  dk/ns \_\_\_\_\_

Other ground item such as in a taco, meatloaf, etc.  yes  no  dk/ns \_\_\_\_\_

If yes, specify dish \_\_\_\_\_, eaten at home or out, where \_\_\_\_\_

➤ **Other Ground Meats:**  yes  no  dk/ns *If yes, please specify type* \_\_\_\_\_

If yes, was item eaten at home or out?  at home  out, where \_\_\_\_\_  both

How was the item cooked?  rare (red in middle)  medium (pink in middle)  well done (no pink)

For item eaten in the home, was it made from (*also ask where item was purchased from, % fat, etc*):

• Fresh (never frozen) raw food item  yes  no  dk/ns \_\_\_\_\_

• Previously frozen raw food item  yes  no  dk/ns \_\_\_\_\_

• Pre-made uncooked patties  yes  no  dk/ns \_\_\_\_\_

• Pre-made, pre-cooked patties  yes  no  dk/ns \_\_\_\_\_

Other ground item such as in a taco, meatloaf, etc.  yes  no  dk/ns \_\_\_\_\_

If yes, specify dish \_\_\_\_\_, eaten at home or out, where \_\_\_\_\_

### Salads and Vegetables

*Comments (variety/brand, how prepared where bought/eaten, etc.)*

Cole slaw  yes  no  dk/ns \_\_\_\_\_

Pasta salad  yes  no  dk/ns \_\_\_\_\_

Potato salad  yes  no  dk/ns \_\_\_\_\_

Pre-packaged/ Pre-bagged salad or lettuce  
 yes  no  dk/ns *specify type/brand* \_\_\_\_\_

Lettuce(*loose leaf, whole heads, not bagged*)  
 yes  no  dk/ns \_\_\_\_\_

• Iceberg  yes  no  dk/ns \_\_\_\_\_

• Green leaf  yes  no  dk/ns \_\_\_\_\_

• Red leaf  yes  no  dk/ns \_\_\_\_\_

• Romaine  yes  no  dk/ns \_\_\_\_\_

• Mesclun  yes  no  dk/ns \_\_\_\_\_

• Other  yes  no  dk/ns *specify type* \_\_\_\_\_

Alfalfa sprouts  yes  no  dk/ns \_\_\_\_\_

Bean sprouts  yes  no  dk/ns \_\_\_\_\_

Other sprouts  yes  no  dk/ns *specify type* \_\_\_\_\_

Asparagus  yes  no  dk/ns \_\_\_\_\_

Carrots  yes  no  dk/ns *specify type (large, baby)* \_\_\_\_\_

Cabbage  yes  no  dk/ns \_\_\_\_\_

Celery  yes  no  dk/ns \_\_\_\_\_

Spinach  yes  no  dk/ns \_\_\_\_\_

Tomatoes  yes  no  dk/ns *specify type (large, plum, cherry)* \_\_\_\_\_

- Onions  yes  no  dk/ns \_\_\_\_\_
- Radishes  yes  no  dk/ns \_\_\_\_\_
- Green onions  yes  no  dk/ns \_\_\_\_\_
- Parsley  yes  no  dk/ns \_\_\_\_\_
- Cilantro  yes  no  dk/ns \_\_\_\_\_
- Basil  yes  no  dk/ns \_\_\_\_\_
- Other  yes  no  dk/ns specify \_\_\_\_\_

**Fresh Fruits**

*Comments (variety/brand, how prepared where bought/eaten, etc.)*

- Watermelon  yes  no  dk/ns whole or precut? \_\_\_\_\_
- Cantaloupe  yes  no  dk/ns whole or precut? \_\_\_\_\_
- Honeydew melon  yes  no  dk/ns whole or precut? \_\_\_\_\_
- Apples  yes  no  dk/ns \_\_\_\_\_
- Grapes  yes  no  dk/ns red or green? \_\_\_\_\_
- Strawberries  yes  no  dk/ns \_\_\_\_\_
- Kiwi  yes  no  dk/ns \_\_\_\_\_
- Mango  yes  no  dk/ns \_\_\_\_\_
- Pineapple  yes  no  dk/ns \_\_\_\_\_
- Avocado  yes  no  dk/ns \_\_\_\_\_
- Other  yes  no  dk/ns specify \_\_\_\_\_

**Juices**

*Comments (variety/brand, where bought/eaten, etc.)*

- Apple juice/cider  yes  no  dk/ns \_\_\_\_\_
- Orange juice  yes  no  dk/ns \_\_\_\_\_
- Smoothie  yes  no  dk/ns specify type/ingredients \_\_\_\_\_
- Other juices  yes  no  dk/ns specify type/ingredients \_\_\_\_\_
- Other  yes  no  dk/ns specify \_\_\_\_\_

*For Juices, please indicate if the product is unpasteurized*

**Cross Contamination/Handling Potential**

*INDIRECT EXPOSURE TO GROUND MEAT IN THE HOME SETTING*

*If client answered no to eating some type of ground meat, ask the following.*

**Was there any ground meat in your refrigerator (not freezer) in the 7 days before your illness?**

- yes  no  dk/ns

If yes, where was meat stored in the refrigerator? \_\_\_\_\_

**Did you or someone in your household prepare a meal for others that contained ground meat?**

- yes  no  dk/ns

**Did you handle any raw meat/fish at home or anywhere else in the 7 days before your illness?**

- yes  no  dk/ns

If yes, what kind of meat(s)/fish was it?

\_\_\_\_\_

**SECTION 4: RESTAURANTS, GROCERY STORES, EVENTS (Complete for all cases)**

Now, I would like to ask you about events in the week before your illness.

- **Did you eat out at any restaurants (including take-outs, street vendors, home delivery meals) during the week before your illness?**       yes     no     don't know/not specified (dk/ns)

Name \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_ Location \_\_\_\_\_

Foods eaten: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_ Location \_\_\_\_\_

Foods eaten: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_ Location \_\_\_\_\_

Foods eaten: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_ Location \_\_\_\_\_

Foods eaten: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_ Location \_\_\_\_\_

Foods eaten: \_\_\_\_\_

- **Where did you purchase groceries that were eaten during the week before your illness (including specialty stores, produce/fruit stands, dairy marts, butcher shop, etc.)?**

Name \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

- **Did you attend any large gatherings (parties, festivals, fairs, etc.)?**       yes     no     dk/ns

If yes, when \_\_\_/\_\_\_/\_\_\_ where/type function \_\_\_\_\_

Foods eaten \_\_\_\_\_

**SECTION 5: DRINKING AND RECREATIONAL WATER EXPOSURES (Complete for all cases)**

- **Where does your household water supply come from?**

Private well     Municipal/city     Other: (specify) \_\_\_\_\_



- **Is your drinking water treated in any special way (e.g. softened, boiled, filtered)?**  
 yes  no  dk/ns  
 If yes, *check all that apply*:  Softened  Boiled  Filtered, type of filter \_\_\_\_\_  
 \_\_\_\_\_
  - **Do you have a cottage or recreational vehicle?**  
 yes  no  dk/ns  
 If yes, specify the source of your recreational drinking water?  
 \_\_\_\_\_
  - **Did you drink any bottled water in the last two weeks before your illness?**  yes  no  dk/ns  
 If yes, what brand? \_\_\_\_\_
  - **Did you drink any untreated water in the last two weeks before your illness (e.g. water from pond, lake, river)?**  
 yes  no  dk/ns  
 If yes, where \_\_\_\_\_
  - **Did you drink any water from roadside springs in the last two weeks before your illness ?**  
 yes  no  dk/ns  
 If yes, where \_\_\_\_\_
  - **Did you do any swimming or wading in the last two weeks before your illness?**  
 yes  no  dk/ns  
 If yes, what type of swimming area was it? (*check all that apply*)
    - Wading or kiddie pool where \_\_\_\_\_
    - Outdoor swimming pool where \_\_\_\_\_
    - Indoor swimming pool where \_\_\_\_\_
    - Hot tub, jacuzzi or spa where \_\_\_\_\_
    - Pond, lake, river or stream where \_\_\_\_\_
    - Other (*specify*) \_\_\_\_\_ where \_\_\_\_\_
- Did you submerge your head under water?  yes  no  dk/ns  
 Did you swallow any water?  yes  no  dk/ns

**SECTION 6: TRAVEL (Complete for all cases)**

- **Any routine travel (i.e. staying at a cottage) in the last two weeks before your illness?**  yes  no  dk/ns  
 If yes, where? \_\_\_\_\_ When? from \_\_\_\_\_ to \_\_\_\_\_
- **Any non routine travel in the last two weeks before your illness?**  yes  no  dk/ns  
 If yes, where? \_\_\_\_\_ When? from \_\_\_\_\_ to \_\_\_\_\_
- **If airline travel, what airline?** \_\_\_\_\_  
 Outgoing flight no. \_\_\_\_\_ Return flight no. \_\_\_\_\_  
 Foods eaten on plane going there: \_\_\_\_\_ return: \_\_\_\_\_
- **If you stayed at a resort, please provide resort name:** \_\_\_\_\_
- **If cruise ship, name of ship** \_\_\_\_\_ **Destinations** \_\_\_\_\_

**SECTION 7: FARM AND ANIMAL EXPOSURES (Complete for all cases)**

- **Did you visit a farm or petting zoo at which there were animals?**      yes    no    dk/ns  
 If yes, where \_\_\_\_\_ What kind of animals were there? \_\_\_\_\_
  
- **Did you have direct contact with any farm animals?**    yes      no      dk/ns  
 If yes, what kind of animal(s)? \_\_\_\_\_ Where \_\_\_\_\_
  
- **Did you do any gardening?**                     yes    no    dk/ns
  
- **Did you have contact with animal manure (as might occur during farming or gardening)?**  
 yes    no    dk/ns  
 If yes, what kind of activity were you involved in? \_\_\_\_\_
  
- **Did you have contact with household pets (including reptiles)?**      yes          no      dk/ns  
 If yes, what kind of animal(s) \_\_\_\_\_  
  
 Were the animal(s) sick with diarrhea?      yes    no    dk/ns

**SECTION 8: OCCUPATION/DAYCARE, HOUSEHOLD & OTHER CONTACT INFORMATION (Complete for all cases)**

- **If you have children or if case is a child:**  
 Do your child/children attend daycare?    yes              no  
 If yes, name of daycare \_\_\_\_\_ Location \_\_\_\_\_  
  
 Did your child/children attend daycare while sick with diarrhea and/or vomiting, etc?    yes    no  
 If yes,  
     Dates attended \_\_\_\_\_  
     Type(s) of symptoms \_\_\_\_\_  
  
 Do your child/children need assisting with toileting?    yes    no
  
- **Do you have any member of your household who require home care, elder care, etc?**    yes    no  
 If yes, specify the member of your household? \_\_\_\_\_
  
- **Can you tell us about other household members, coworkers or/and others contacts who have been ill with a similar illness:**

Name	Relationship	Age	Occupation	Onset & symptoms

**SECTION 9: EHO COMMENTS, ACTIONS & SIGNATURE (Complete for all cases)**

**Control Measures Discussed:**

**Besides Control Measures Discussed, List any Recommendation(s) made to the Person Interviewed:**

**Comments:**

**Person Interviewed:**

case  someone else, specify name & relationship to case \_\_\_\_\_

**Probable Source of Infection** \_\_\_\_\_  **Unknown**

**Environmental Health Officer (EHO) Signature:**

**Agency**

**Date Completed:**

## **GUIDANCE INSTRUCTIONS FOR COMPLETION OF FORM C:**

*In order to determine the cause of the enteric infection, it is paramount that the following be met:*

- *Form must be completed & returned as soon as possible after receiving it from the regional health authority*
- *All details in each appropriate section of this form must be completed. Please note that the form may be sent back for completion by the regional health authority if it is deemed that the information is incomplete*

### **SECTION 1: CLINICAL DATA**

- Complete for all cases
- Any attempted call(s) or visit(s) must be recorded with date(s) & time(s) in the EHO Comment Table located on the bottom of page

### **SECTION 2: OPEN-ENDED FOOD HISTORY**

- Detailed length of the food history for this section will depend upon the maximum incubation period of the infectious agent. If infectious agent is unknown, please complete a 3 day food history.
- Please photocopy page # 3 if the detailed length of the required food history is greater than three days before illness

### **SECTION 3: SPECIFIC FOOD ITEMS**

- Complete this section, if you are unable to obtain a satisfactory detailed food history from Section 2 or directed by the Regional Medical Officer of Health. Please note that a satisfactory detailed food history is defined as obtaining information from at least 50 % or more of the meals for the required length of the food history

### **SECTION 4: RESTAURANTS, GROCERY STORES, EVENTS**

- Complete for all cases

### **SECTION 5: DRINKING AND RECREATIONAL WATER EXPOSURES**

- Complete for all cases

### **SECTION 6: TRAVEL**

- Complete for all cases

### **SECTION 7: FARM AND ANIMAL EXPOSURES**

- Complete for all cases

### **SECTION 8: OCCUPATION/DAYCARE, HOUSEHOLD & OTHER CONTACT INFORMATION**

- Complete for all cases

### **SECTION 9: EHO COMMENTS, ACTIONS & SIGNATURE**

- Complete for all cases. If interview was completed by an EHO Trainee, the supervising EHO must review & also sign this document.

**For waterborne disease cases such as giardiasis where a food history may not be necessary, the requirements is reduced to the completion of sections 1, 4, 5, 6, 7, 8 & 9. However, Sections 2 or 3 may be needed to be completed if it is determined during the interview there is a disease food link**