

# Foodborne Illness Survey Report for Consumer/Patron

Incident Description:

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Date		Time	
Person's Full Name		Calling on Behalf:	
Address		City, Street, Zip	
Preferred Phone		Best Time to Call	
Store Location Where Product was Purchased or Consumed			
Date of Purchase			
How was product handled and stored?			
Date(s) Consumed			
Time Consumed (Bfast/Lunch/Dinner/Snack a/p)			
Others Who Consumed the Product			
What Else was Served with the Product including Beverages			
How was meal prepared? Steps in preparation?			
Who Became Ill			
How Long After Consuming the Meal Did Symptoms Begin			
Did Anyone Experiencing Symptoms See a Doctor			
If so, what is the Doctor's Name?			

Doctor's Office Address	
What Was the Date of the Visit	
Did the Doctor Make a Written Diagnosis	

### Illness Symptoms

Symptom	Onset Date/Time	Duration	Additional Notes
Headache			
Nausea			
Stomach Cramps			
Vomiting			
Diarrhea			
Jaundice			
Fever			
Other:			
Other:			
Other:			

### Meal History Report Including Beverages

Meal	Date of Illness	Day Prior(24hrs)	2 Days Prior (48hrs)	3 Days Prior (72hrs)
Breakfast				
Morning Snack				
Lunch				

Afternoon Snack				
Evening Meal				
Evening Snack				

Is there any other information you would like to share at this time?

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Thank you for your time.

Person completing  
report \_\_\_\_\_ Date \_\_\_\_\_

Notes by person completing report if needed

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