December 23, 2002

Foodborne Illness Worksheet (Citizen's report)

South Dakota Department of Health

Please complete this form and send to the address at the bottom of the page.

Name…… **Age**…… **Sex**…… **Race**……

Guardian's Name (if applicable)…… **Phone** ( ) ……..

Address…… .. **City**…… **Zip**……

ILLNESS INFORMATION

Date and Time you became ill: **Date**____ /____ /____ **Time**_____ **AM / PM**

Duration of your illness_____(hrs) (*the number of hours between your first and last episode of diarrhea or vomiting)*

Circle the symptoms you experienced

Diarrhea- (3 loose stools in 24 hours)	Yes	No		Nausea	Yes	No		Headache	Yes	No
Watery Diarrhea	Yes	No		Vomiting	Yes	No		Fever	Yes	No
Bloody Diarrhea	Yes	No		Weakness	Yes	No		Constipation	Yes	No
Abdominal Cramps	Yes	No		Chills	Yes	No		Other		

Did you seek medical attention from a physician or physician's assistant? Yes No

Physician's name and clinic name……

Were lab tests performed? Yes No If yes, what were the results? ……

If no, would you be willing to submit a stool sample? Yes No

Have any household members or close personal contacts been ill in the past week ***before*** your onset of illness? Yes No

Have any household members or close personal contacts become ill in the past week ***after*** your onset of illness? Yes No

Describe the incident that you believe caused your illness below (write on back of form as necessary).

THREE DAY FOOD & BEVERAGE HISTORY (Attach menu if available)

Day Illness Began - Date ____ /____ /____

Breakfast	Lunch	Supper	Other Snacks
Please circle*: H R O	Please circle*: H R O	Please circle*: H R O	Circle*: H R O

One Day Before Illness - Date ____ /____ /____

Breakfast	Lunch	Supper	Other Snacks
Please circle*: H R O	Please circle*: H R O	Please circle*: H R O	Circle*: H R O

Two Days Before Illness - Date ____ /____ /____

Breakfast	Lunch	Supper	Other Snacks
Please circle*: H R O	Please circle*: H R O	Please circle*: H R O	Circle*: H R O

* (H) = Home
(R) = Restaurant
(O) = Other

Please mail or fax to:
Office of Disease Prevention, South Dakota Department of Heath
615 E 4th Street
Pierre, SD 57501 Phone: 605-773-3737 Fax: 605-773-5509