Environmental Health Questionnaire

Establishment: _____Date of Suspected Meal: ____/____/____ Log#: _____

Foodborne Illness Investigation: Food Worker Interview

The Department of Health is investigating an outbreak of gastrointestinal illness among persons who that had food prepared Restaurant X. We are interviewing all food workers who helped prepare/serve the food. We understand that some people did not become ill, but it is important that we talk with everyone in order to determine what caused the illness. The questionnaire will take about 5-10 minutes to complete. All information will remain strictly confidential.

Date of Interview: _____/_____/_____

Food worker name: _____ Position: _____

Address: _____ Phone: _____

Work History:

- How long have you worked at this establishment? _____ Years _____Months _____Days

- Do you work as a food worker anywhere else? □ Yes □ No
  If Yes, where? _____

Time period of concern: (usually 10 days prior to suspect meal)

- When did you work during this time period? (Indicate hours worked)
  Sun_____ Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____
  Sun_____ Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____
  Sun_____ Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____

Illness History:

- Did you have any of the following symptoms during this time period? (Check all that apply) □ Yes □ No

  □ Nausea □ Vomiting □ Abdominal cramps □ Fever
  □ Chills □ Muscle ache □ Headache
  □ Diarrhea: # of episodes/day_____

  If any of the above symptoms experienced:

  - When did the symptoms begin? Date and time: ____/_____/____ ____:____ AM/PM
  - When did the symptoms end? Date and time: ____/_____/____ ____:____ AM/PM

- Did you see a doctor or go to the hospital? □ Yes □ No
  If Yes, who was your healthcare provider? _____
  Diagnosis?_____

- When did you return to work after being ill? _____

- Has anyone in your household been ill during this same time period? □ Yes □ No

  If Yes, which symptoms did the person experience?

  □ Nausea □ Vomiting □ Abdominal cramps □ Fever
  □ Chills □ Muscle ache □ Headache
  □ Diarrhea: # of episodes/day_____

  If any of the above symptoms experienced by household member:

  - When did the symptoms begin? Date and time: ____/_____/____ ____:____ AM/PM
  - When did the symptoms end? Date and time: ____/_____/____ ____:____ AM/PM
  - What is the occupation of the ill household member?_____

- Do you know of anyone else (co-workers, friends, etc.) with a similar illness during the same time period?

  □ Yes □ No

  If yes, who? _____ Telephone: _____

- Did you eat any foods prepared on the date of the suspected meal(s)? □ Yes □ No

  If yes, indicate foods eaten: _____

- What foods do you prepare/serve? _____

  _____

  _____

Epidemiology Questionnaire

Patient's Name (last, first):	Respondent is... □self □parent □spouse
Pt's phone #s – Home: **Cell:**	
Age: **Sex:** □ **Male** □ **Female**	**Ethnicity:** □ **Hispanic** □ **Not Hispanic**
Race: □ **Caucasian** □ **African-American** □ **Asian** □ **Other: _____**	
Home Address: **City:** **State & Zip:**	

Lead-In Questions (Ask of Everyone)

Did/Do you …

a. **Travel anywhere (different from your normal routine) from 6/6/17 to 6/13/17?**
   □ **Yes** □ **No** □ **Don't Know**
   ***If yes*, give place(s) that you traveled to: _____**
   When: ___ /___ /___ thru ___ /___ /___

b. **Participate in group gatherings, parties, field trips or other group activities (e.g., local sporting events) from 6/6/17 to 6/13/17?**
   □ **Yes** □ **No** □ **Don't Know**
   ***If yes*, list activities: _____**
   Where? _____ When? _____

c. **Know anyone who has been ill with diarrhea or vomiting since 6/4/17?**
   □ **Yes** □ **No** □ **Don't Know**
   ***If yes*, who (relationship and name)? _____**
   When did they get sick? ___ /___ /___

Food Exposures

d. **Did you eat at Restaurant X between 6/6/17 and 6/9/17?** □ **Yes** □ **No**
   ***If yes*, when? ___ /___ /___**

e. **At Restaurant X, did you eat any of the following?**

Item	**Y**	**N**	**D/K**
Fried Chicken	□	□	□
BBQ Pork	□	□	□
Vegetable Soup	□	□	□
Herbed Potato	□	□	□
Corn on the Cob	□	□	□
Dessert – Specify:	□	□	□
Condiments/Dips – Specify: **(Ketchup, Honey Mustard, BBQ Sauce, Butter, etc.)**	□	□	□

f. **What did you have to drink? _____**
g. **Did you have ice in your drink? □ Yes □ No □ Don't Know**
h. **Did you have any garnishes in your drink? (lemon, lime, etc.) □ Yes (specify) _____ □ No □ D/K**

Symptom History

Now I want to ask you some questions about recent stomach illness you may have experienced.

i. **Have you been sick at all with diarrhea since 6/6/2017?**
By diarrhea, I mean three or more loose stools in a 24-hour period. □ Yes □ No □ Don't Know

Since 6/6/17, did you have any...

Y	N	D/K		Y	N	D/K	
□	□	□	Nausea	□	□	□	Chills
□	□	□	Vomiting	□	□	□	Headache
□	□	□	Diarrhea	□	□	□	Backache
□	□	□	Blood in stool	□	□	□	Muscle aches
□	□	□	Cramps	□	□	□	Unusual fatigue (feeling tired)
□	□	□	Constipation	□	□	□	Other (*if other, specify* _____)
□	□	□	Fever				("Did you feel sick any other way?")
			(*if yes*, □ subjective or _____˚)				

***If this person has NOT had either diarrhea or vomiting*, STOP HERE (Go to Ending Statement).**
***If they have had these symptoms*, CONTINUE.**

Onset and Duration

Get precise answers for onset time. If you don't get a date and time, it can't be placed on an epi curve. Estimates are OK. Prompt as needed: "What is your best guess of the time?" Don't accept vague responses like "morning" or "after midnight." Be careful with times such as "midnight" or early morning hours—which day do they mean? By "2am Friday night," for example, do they mean Saturday morning? Keep probing until it is unambiguous.

j. **On what date did you first feel sick? ___ /___ /___**
k. **At what time did you first feel sick? □ _____ am □ noon □ _____ pm □ midnight (end of day)**
l. **What was your first symptom? _____**
m. ***[If applicable]* On what day did you start having the diarrhea? ___ /___ /___**
n. ***[If applicable]* At what time did the diarrhea begin?**
□ _____ am □ noon □ _____ pm □ midnight (end of day)
o. **Are you still having any diarrhea now? □ Yes □ No**
***If Yes,* Are you willing to submit a stool specimen? □ Yes □ No**

***If No,* How long did the diarrhea last? _____ minutes _____ hours _____ days**

p. **Did you have contact with anyone else who was sick with vomiting and/or diarrhea during the 7 days prior to becoming ill?**
***If Yes*, who and when? _____**

Ending Statement

Thank you very much for your time. These interviews are extremely valuable in helping us solve the mystery of why people are getting sick. Depending on what we find out when we put these interviews together, we may need to follow up about a few details. Would it be okay if I contacted you again if we have additional questions?