

CASE # _____
FOR OFFICE USE ONLY

MISSOULA CITY-COUNTY HEALTH DEPARTMENT
301 WEST ALDER MISSOULA, MONTANA 59802

INVESTIGATION OF **FOODBORNE ILLNESS OUTBREAK**

CASE HISTORY QUESTIONNAIRE

NAME OF PERSON	OCCUPATION
ADDRESS	AGE SEX PHONE

Did individual partake of the suspected meal? yes () no ()

If yes, date and hour food eaten: _____

Below list all of the foods and beverages consumed at the suspect meal and 72 hours prior to onset of symptoms.

DATE:	DATE:	DATE:
FOOD ITEM	FOOD ITEM	FOOD ITEM
BREAKFAST*		
LUNCH*		
DINNER*		

When did the individual begin to experience symptoms? Date & Time _____

Which of the following symptoms did the individual have, and how long (in hours) did they last?

Nausea or Vomiting _____ Diarrhea _____ Fever _____

Abdominal Cramps & Pain _____ Paralysis _____ Bloody Stools _____

Other _____

Was a Physician consulted? yes () no () Diagnosis: _____

If yes, physician's name and address: _____

Name of hospital, if hospitalized: _____

Names of other persons who partook of the suspect meal: _____

Date: _____ Investigator: _____