

## Foodborne Illness Questionnaire

Today's Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ AM / PM Store Number/Location: \_\_\_\_\_

### Customer Information

Customer Name: \_\_\_\_\_ Age: \_\_\_\_\_ Carry-Out/Take-Home: Y / N

Contact Name and Relationship to Customer: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Customer Visited Establishment: \_\_\_/\_\_\_/\_\_\_ Time of Visit: \_\_\_:\_\_\_ AM / PM

Symptoms: \_\_\_\_\_

Approximate Onset of Symptoms: \_\_\_/\_\_\_/\_\_\_ ~ \_\_\_:\_\_\_ AM / PM

Doctor's Diagnosis (if known): \_\_\_\_\_ Receipt Number and/or Total: \_\_\_\_\_

### Other Information

What did you eat when you visited our establishment (including condiments, dressings, etc.)? \_\_\_\_\_

\_\_\_\_\_

Did you have a dessert or appetizer? \_\_\_\_\_

What did you have to drink? \_\_\_\_\_ Ice: Y / N

Where else have you eaten in the last 24 hours? \_\_\_\_\_

Is anyone else from your party ill? Y / N If yes, enter names: \_\_\_\_\_

\_\_\_\_\_

What did the other members of your party have to eat at our establishment? \_\_\_\_\_

\_\_\_\_\_

Did your party share any meals? Y / N If yes, what meals? \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

#### FOR OFFICE USE ONLY

Employees on duty during time of incident: \_\_\_\_\_

\_\_\_\_\_

Complainant meal ingredients: \_\_\_\_\_

\_\_\_\_\_

