



FOOD POISONING SURVEY FORM

SALMONELLA/SHIGELLA /VIRAL/ SUSPECTED FOOD POISONING: OTHER

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Investigating Officer:

Case Number:

PERSONAL DETAILS OF THE PERSON SUFFERING FROM FOOD POISONING

Surname: First Name:

Address:

Postcode:

Telephone numbers: Daytime: Evening:

Sex: Male/Female Date of Birth:

Occupation:

If an adult, the name and address of employer:

Do you work with food, the young, the elderly or in a hospital/nursing
or residential home?

YES/NO

If a child, the name and address of school/nursery/playgroup:

DETAILS OF ILLNESS

1. What date did the illness start?/...../.....
2. a. What date did you visit your GP?/...../.....
- b. Was a faecal sample taken? **YES/NO** (*delete as necessary*)
If YES, on what date?/...../.....
- c. Please complete the table below:-

Symptoms	Date Started	Time Started	Date Subsided
Diarrhoea			
Vomiting			
Nausea			
Abdominal Pain			
Fever			
Fainting			
Other			

- d. When you visited your GP, did he/she give you a copy of the booklet 'Suffering with diarrhoea/food poisoning'?
YES/NO/NOT SURE
(delete as necessary)
- e. Name and address of GP and surgery:

3. a. Did any one else in your household or other close contacts have similar symptoms in the 2 weeks before, or the week after you were ill?
YES/NO/NOT SURE
(delete as necessary)

If YES, please give names of persons and dates symptoms started.

Name	Date of Illness	Was a faecal specimen taken?	If YES, when?

- b. Were you taking any antibiotics before your symptoms started?
YES/NO/NOT SURE
(delete as necessary)

If YES, please give details _____

TRAVEL DETAILS

In the **2 weeks** before the start of your illness:-

4. a. Did you spend any time abroad or elsewhere in the UK?

YES/NO

(delete as necessary)

If **YES**, please fill in the table below.

Country and Region	Hotel/Complex/ Apartment, etc.	Tour Operator	WHEN	
			From	To

- b. Have you attended any organised events, e.g. concerts, festivals, etc.?

YES/NO

(delete as necessary)

If **YES**, please given details _____

DETAILS OF FOODS EATEN

Please complete the table below, giving as much detail as possible for the foods eaten for **7 DAYS BEFORE** your illness. **Please give details of any restaurants, take-aways, pubs, etc used in the spaces below the table.**

Food Details:

Date	Breakfast	Time	Lunch	Time	Dinner	Time	Snacks	Time

TAKE-AWAYS AND MEALS OUT

In the **five days** before the start of your illness (if you require more space, please use the back page).

5. Did you eat a take-away or eat out at a pub, restaurant or fast-food establishment?

YES/NO

(delete as necessary)

If **YES**, please given details below:-

- i) Date/...../..... Time: _____

Where: _____

What did you eat? _____

- ii) Date/...../..... Time: _____

Where: _____

What did you eat? _____

6. Did you eat at a barbecue in the **five days** before your illness?

YES/NO

(delete as necessary)

If **YES**, where? _____

Date/...../..... Time: _____

7. Please give the names and addresses of the shops/suppliers of the following foods:-

FOODS	NAME AND ADDRESSES OF SHOPS/SUPPLIERS
Meat and Meat Products	
Milk	
Other Foods	

8. a. Is the water supply in your house:-

Mains: (e.g. South West Water) **or;**

Private: (e.g. from a well, spring, etc.)? (*please circle*)

- b. Has there been any history of problems associated with the supply?

YES/NO

(delete as necessary)

If **YES**, please give details including details of any samples taken.

RECREATIONAL/ENVIRONMENTAL

In the **2 weeks** before the start of your illness:

9. Did you take part in any activity involving contact with water, e.g. paddling/swimming in rivers, canoeing, rafting, sailing, fishing, etc.)?

YES/NO

(delete as necessary)

If **YES**, what location? _____

What did you do? _____

Date:...../...../.....

(if you need more space, please use the back page)

10. Did you go swimming in any swimming pool?

YES/NO

(delete as necessary)

If **YES**, what location? _____

CONTACT WITH ANIMALS AND BIRDS

(Contact with animals refers to touching, feeding, being licked or other such close contact, and not to being in the same room or same house)

In the **2 weeks** before the start of your illness:-

11. Did you have any contact with farm/zoo animals, e.g. wildlife park, zoo, farm, on the moors, animal centre, etc?

YES/NO

(delete as necessary)

If **YES**, what location? _____

What animals? _____ Date:/...../.....

12. Did you have any contact with young animals at home?

YES/NO

(delete as necessary)

What animals? _____

Did this animal have diarrhoea?

YES/NO/NOT SURE

(delete as necessary)

Was this animal less than six months old?

YES/NO/NOT SURE

(delete as necessary)

GENERAL

Any general comments?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PLEASE GIVE TODAY'S DATE: _____

For further information, visit Torridge District Council's website at www.torridge.gov.uk and follow the links:

Environmental Health, Food Safety/Health Safety, Investigation and Control of Infectious Disease/Food Poisoning. There is also a link on this page for the Health Protection Unit.

How We Will Use Your Personal Information

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THANK YOU VERY MUCH FOR YOUR TIME AND HELP