

Foodborne Illness Investigation: Food Worker Interview

Interviewer:	Date of Interview:
Food Worker Name:	Position:
Address:	Phone:

WORK HISTORY

How long have you worked at this establishment?

Do you work as a food worker anywhere else? Yes No If yes, where?

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

When did you work during this time period?

Su	M	T	W	Th	F	Sa
Su	M	T	W	Th	F	Sa
Su	M	T	W	Th	F	Sa

Did you handle/prepare any of the suspect foods? (Provide a list of foods.) Yes No

If yes, list the foods on the reverse side of this page.

Did you eat any foods prepared on the date of the suspect meal? Yes No

If yes, indicate the foods eaten:

ILLNESS HISTORY

Did you have any of the following symptoms between _____ and today?

(Usually ask about symptoms from two weeks prior to suspect meal.)

CHECK ALL THAT APPLY:

Nausea <input type="checkbox"/>	Vomiting <input type="checkbox"/>		Diarrhea <input type="checkbox"/>	# of episodes/day:
Muscle aches <input type="checkbox"/>	Headaches <input type="checkbox"/>	Fever <input type="checkbox"/>	Chills <input type="checkbox"/>	Abdominal cramps <input type="checkbox"/>

If any symptoms, ask:

When did the symptoms begin? (Date/time)

When did the symptoms end? (Date/time)

See a doctor / go to the hospital? Yes No If yes, Name of HCP:

Diagnosis? Date you returned to work:

Sick leave pay? Yes No

Must you tell your employer/manager when you are ill with diarrhea or vomiting? Yes No

Has anyone else in your household been ill during the same period? Yes No

(If more than one person was ill, list all information on the reverse side of this page.)

If yes, which symptoms did they experience?

When did the symptoms begin?

When did the symptoms end?

Occupation of this household member:

STOOL SPECIMEN

Provide food worker with a stool kit. Date kit given:

- **Instruct ill food worker that he/she may not work until cleared by Public Health.**
- **Instruct well food worker that the stool must be submitted within 48 hours or the worker may be excluded from work.**
- **Employee's name must be on the specimen vial and on the paperwork inside the kit.**

