**ALLEGED FOOD POISONING QUESTIONNAIRE**

**(A) GENERAL**

Premises Visited: Reference No:

Date visited: Time of meal: ……………………………………….

Number of persons in party: Number of persons ill\*:

(*\* Each person who was ill will need to complete a separate questionnaire)*

Your name and address:

Your email address: ………………………………………………………………………………………..

**(B) FOOD HISTORY**

What food did you eat at the premises?

…………………………………………………………………………………….………………….....

Please list (as far as you can remember) all foods eaten by you 3 days before you became ill, and indicate where they were consumed. (Please continue on a separate page if necessary).

|  |  |  |  |
| --- | --- | --- | --- |
| **Day on which symptoms started (0)** | | **1 day before symptoms started (-1)** | |
| **Date:** | What did you eat and drink and where? | **Date:** | What did you eat and drink and where? |
| Breakfast  Approx. time: |  | Breakfast  Approx. time: |  |
| Lunch  Approx. time: |  | Lunch  Approx. time: |  |
| Dinner  Approx. time: |  | Dinner  Approx. time: |  |
| **2 days before symptoms started (-2)** | | **3 days before symptoms started (-3)** | |
| **Date:** | What did you eat and drink and where? | **Date:** | What did you eat and drink and where? |
| Breakfast  Approx. time: |  | Breakfast  Approx. time: |  |
| Lunch  Approx. time: |  | Lunch  Approx. time: |  |
| Dinner  Approx. time: |  | Dinner  Approx. time: |  |

**(C) SYMPTOMS EXPERIENCED**

*(\* 1 = slight, 2 = moderate/frequent, 3= severe)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Symptom** | **Date symptoms started** | **Time symptoms started** | **Severity\* of symptoms during illness** | **If symptoms have stopped, record the date they stopped** |
| Nausea (feeling sick) |  |  |  |  |
| Vomiting |  |  |  |  |
| Stomach ache |  |  |  |  |
| Diarrhoea |  |  |  |  |
| Blood in diarrhoea |  |  |  |  |
| Fever |  |  |  |  |
| Headache |  |  |  |  |
| Muscle pains |  |  |  |  |
| Other |  |  |  |  |

**(D) OTHER INFORMATION**

Have you been abroad recently? YES / NO

Where? ………………………………………………………………………………………………….

Dates: From: To:

Have you recently attended any outings or events such as those listed below? YES/NO

|  |  |
| --- | --- |
| 1. Weddings or other similar gatherings | 1. Barbecue |
| 1. Farm visit | 1. Camping |

*If yes give details (including address and date)*

Have you been in contact with rivers, canals, lakes or participated in any recreational activities such as swimming or water sports recently? YES / NO

When? Where?

What type of water activity did you take part in?

Have you had contact with animals, including household pets recently? YES / NO

What type? When?

Has anyone in your household been ill with similar symptoms recently? YES / NO

Who? When?

**(E)** **MEDICAL DETAILS**

Did you contact your GP or hospital? YES / NO

Did you submit a stool sample\* or blood test? YES / NO

What was the diagnosis and/or result of the stool sample or blood test?

*(\* please be advised that a stool sample is often required to determine the cause of illness)*

(F) DO YOU HAVE ANY OTHER INFORMATION YOU THINK COULD BE RELEVANT, IF SO PLEASE DETAIL BELOW?

Signed: …………………………………….......…. Print Name:

Date: ………………………………………….......