

Establishment: \_\_\_\_\_

Date of Suspect Meal: \_\_\_\_\_

### Foodborne Illness Investigation: Food Worker Interview

Interview conducted by: \_\_\_\_\_ 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 suspect meal)

When did you work during this time period? (indicate date and hours worked)

Sun\_\_\_\_\_ Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_ Sat\_\_\_\_\_

Sun\_\_\_\_\_ Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_ Sat\_\_\_\_\_

Sun\_\_\_\_\_ Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_ Sat\_\_\_\_\_

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

If Yes, list foods on the reverse side

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

If Yes, indicate foods eaten: \_\_\_\_\_

#### Illness History:

Did you have any of the following symptoms between \_\_\_\_\_ and the present? (usually ask about symptoms from 2 weeks prior to suspect meal) (Circle all that apply)

Nausea	Vomiting	Abdominal cramps	Fever	Chills
Muscle aches	Headaches	Diarrhea: # of episodes/day _____		

If any of the above symptoms experienced,

- When did the symptoms start? Date and time: \_\_\_\_\_
- When did the symptoms end: Date and time: \_\_\_\_\_
- Did you see a doctor or go to the hospital? Yes No.
  - o If Yes, who was healthcare provider? \_\_\_\_\_
  - Diagnosis? \_\_\_\_\_
- When did the you return to work after being ill? \_\_\_\_\_

Has anyone in your household been ill during this same time period? Yes No

If Yes, which symptoms did the person experience? \_\_\_\_\_

When did the symptoms begin? \_\_\_\_\_

When did the symptoms end? \_\_\_\_\_

What is the occupation of the ill household member? \_\_\_\_\_

Do you receive sick-leave pay? Yes No

Are you required to tell your employer when you are ill with diarrhea or vomiting? Yes No

#### Stool Specimen:

Provide food worker with stool kit: Date kit distributed: \_\_\_\_\_

- Instruct 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

Establishment: \_\_\_\_\_

Date of Suspect Meal: \_\_\_\_\_

Food Item	Date Prepared	Role in preparation/Tasks performed related to the food item