Contact Information

List all contact with persons having concurrent or similar illness (list additional information in comments section) OR other people who may have been present at an implicated event or meal. Please mark if they were ill.

Name of Contact	Ill?	Onset	Address & Phone	Relationship	High Risk Factor
	☐				
	☐				
	☐				
	☐				

Food Purchase Information

List all places where the patient **purchased grocery items in the 2 weeks prior to illness onset**: (Include: Grocery Stores, Markets, Produce Stands, Convenience Stores, Home Delivery

Date of Purchase *mm/dd/yyyy*	**Name of Facility**	**Location or address**	**Foods purchased-**be specific, (e.g. Brand X cereal, Brand Y milk, 'ground beef' rather than 'meat', 'apples' rather than 'fruit')

Non-Home Consumption History

List any other food and beverages consumed **OUTSIDE the home** in the **2 weeks prior** to illness onset- (Include: Carry Out, Events, Fast Foods, Parties, Restaurants, Travel or Work-Related Meals)

Date of Consumption *mm/dd/yyyy*	**Name of Facility/Event**	**Food/beverages consumed**	**Address of facility/event**

72-hour Food History **Date of Onset (see pg. 1) _____ Time of Onset (see pg. 1) _____☐am ☐pm**

List all foods/beverages consumed 3 days prior to illness onset: (prompt for typical foods if unable to recall) **If illness onset started before 12 Noon on Day One, begin by recordingthe food history from day before illness onset**

Day One (food consumed within 24 hours prior to onset) / Date

Meal/Time	Food/Beverages Consumed	Facility Name & Location	Meal Companions
Breakfast Time ☐am ☐pm			
Lunch Time ☐am ☐pm			
Dinner Time ☐am ☐pm			
Other/Snacks Time ☐am ☐pm			

Day Two prior to Onset / Date _____

Meal/Time	Food/Beverages Consumed	Facility Name & Location	Meal Companions
Breakfast Time ☐am ☐pm			
Lunch Time ☐am ☐pm			
Dinner Time ☐am ☐pm			
Other/Snacks Time ☐am ☐pm			

Day Three prior to Onset / Date _____

Meal/Time	Food/Beverages Consumed	Facility Name & Location	Meal Companions
Breakfast Time ☐am ☐pm			
Lunch Time ☐am ☐pm			
Dinner Time ☐am ☐pm			
Other/Snacks Time ☐am ☐pm			