

Form C2

CASE HISTORY: FOOD/WATER HISTORY AND COMMON SOURCES

ILL WELL

| Day of Illness/Outbreak ¹ | Date | Day Before Illness/Outbreak | Date | Two Days Before Illness | Date |
|--------------------------------------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|----------|
| Breakfast² | | Breakfast² | | Breakfast² | |
| Place | Hour | Place | Hour | Place | Hour |
| Items ¹ | | Items | | Items | |
| Companions ⁴ | | Companions ⁴ | | Companions ⁴ | |
| Lunch² | | Lunch² | | Lunch² | |
| Place | Hour | Place | Hour | Place | Hour |
| Items | | Items | | Items | |
| Companions ⁴ | | Companions ⁴ | | Companions ⁴ | |
| Dinner² | | Dinner² | | Dinner² | |
| Place | Hour | Place | Hour | Place | Hour |
| Items | | Items | | Items | |
| Companions ⁴ | | Companions ⁴ | | Companions ⁴ | |
| Non-meal snacks/water ingested² | | Non-meal snacks/water ingested² | | Non-meal snacks/water ingested² | |
| Place | Hour | Place | Hour | Place | Hour |
| Items | | Items | | Items | |
| Companions ⁴ | | Companions ⁴ | | Companions ⁴ | |
| History of ingesting suspect food or water or contact with water from suspect source | | | | | |
| Item: | | Time of eating, drinking or contact: Date Hour | | Source: | |
| | | | | Address: | |
| | | | | | |
| General Information | | | | | |
| Common events or gatherings: | | Date | Persons attending ⁴ | <input type="checkbox"/> ill | Address: |
| | | | | <input type="checkbox"/> well | Phone |
| Nonroutine travel past month (international or domestic locations) | | Water supply ⁵ | Sewage disposal ⁵ | Pet/animals (kind and number of each) | |
| | | Comments: | | | |
| Water contacted during recreation or work in last 2 weeks: | | | Unusual water supplies ingested in last 2 weeks: | | |
| Remarks: | | | | | |
| Investigator: | | Title: <input type="checkbox"/> Environmental Sanitarian <input type="checkbox"/> Nurse <input type="checkbox"/> Other - _____ | | Health Department ,MI ZIP | |
| | | | | Date | |

¹ If ill before all meals eaten, complete column for three days before illness and so indicate to obtain 72-hour history.

² If water suspected, number of glasses of water, number of cold beverages made with water, number of beverages with ice ingested per day.

³ Include all foods, ice, water, and other beverages.

⁴ Record names of persons eating same meal and whether or not ill.

⁵ Specify C for community, SP for semipublic, U for untreated, and B for bottled