**Foodborne Illness Complaint Form Guidance Document**

**Welcome**

Thank you for your interest in using the new foodborne illness complaint form. This tool is available to all health departments to use. Collecting information reported during foodborne illness complaint calls is vital to detecting and investigating foodborne outbreaks. The public are often the first to report information about foodborne outbreaks and this form will assist all health departments in capturing the important information they share. A couple reminders about foodborne illness complaints:

* Multiple reports about a common facility, or common food item at multiple facilities, could indicate an outbreak.
* All suspected outbreaks should be investigated.

**Purpose**

The purpose of these foodborne illness complaint tools is to offer a standard way for health departments to collect information about foodborne illness complaints in a manner that assists in the detection and investigation of foodborne illness outbreaks.

**Options**

A variety of options of the foodborne illness complaint form have been created so users can pick the form they are most comfortable with using. We recommend that your health department chooses one format to use to ensure all information is collected and stored in the same way. The options you may choose from are as follows:

* **A printable Microsoft Word Paper Form**
	+ This form is for people who prefer to hand write information when they get it.
	+ This form should be or can be used with the matching Microsoft Excel Spreadsheet to enter the information collected. Excel allows you to search for common exposures, but only one person can be in excel spreadsheet at a time.
	+ This version can also be used with EpiInfo7, a free downloadable software from the CDC (<http://wwwn.cdc.gov/Epiinfo/7/index.htm> ). If this style is of interest to you there is also an EpiInfo training to gain familiarity or increase your level of comfort with using the software.
	+ This version can also be used with Microsoft Access to input and store information collected using the form.
* **EpiInfo**
	+ As mentioned above EpiInfo7 is a free downloadable software from the CDC.
	+ This version looks exactly like the paper based version of the form.
	+ By using this version you will be able to collect the information electronically on the computer as you interview the complainant.
	+ Multiple users can enter information at the same time.
	+ All information from the form is saved in a table in Microsoft Access where you can sort data and perform queries to analyze the data.

* **Microsoft Access**
	+ This version of the form also mirrors the paper based version, with the exception that checkboxes are replaced with yes/no/unknown drop down menus.
	+ Multiples users can enter information at the same time.
	+ All data entered into the form will be stored in a Microsoft Access table where you can sort the data and perform queries to analyze the data.

**Instructions**

1. Select a data collection option that meets your agency’s needs.
2. Every form contains instructions/scripting for the interviewer to follow.
	1. Ensure that anyone who will be collecting complaint information is clear about the interpretation of the fields and how to fill out the form.
	2. If necessary, reference the data dictionary below for clarification.
3. Fill out the form as completely as possible for each complaint received and store in a centralized location.
4. If using the **paper** form for interviews:
	1. Consider inputting data into Excel, EpiInfo, or Access. This will ensure that the information is centralized and not lost.
5. If using the **EpiInfo** form:
	1. Open EpiInfo
		1. Select Enter Data, this will take you to a blank page
		2. Select open form which will open a dialog box
			1. In the dialog box select the button with 3 dots in the right hand corner, and then select the Foodborne Illness Complaint form file.
		3. You may then begin to tab through and enter data.
		4. Once at the end you may either tab if you have another entry to enter or select new record.
		5. Make sure you save every so often while entering
	2. Search and analyze data in the accompanying Access file.
6. If using the **Access** form:
	1. Open the Access database file
		1. Select the forms on the left hand side to open the forms and input information
		2. You can then tab through and fill in the form
		3. For a new record either click the new button under records or click the arrow with a yellow star under record at the bottom left of the page
	2. To access the information entered
		1. Select the table from the left hand side of the form
		2. This will show you all the information you entered in the form
	3. If you so wish you can sort and perform queries with the information
7. If you need clarification please reference the data dictionary which provides descriptions and instructions and information regarding the various variables. If further clarification is needed please contact us and we will do our best to answer your questions.

**Considerations for Data Review and Database Maintenance**

Before implementing this foodborne illness complaint toolkit in your jurisdiction, consider with your team the following questions:

* Who will review the data collected?
	+ (i.e., local nurse, epidemiologist, environmentalist, other?)
* How frequently will the collected data be reviewed?
	+ (e.g., weekly, monthly)
* What time period will be evaluated?
	+ (e.g., previous 30 days)
* With whom will the findings be shared and by what means?
	+ (i.e., who are the members of your response team? Will all members need to be notified if there is a finding of concern? Will team members “meet” by e-mail to consider the next steps or are defined roles and actions already in place?)
* In what format are team members most comfortable receiving the information?
	+ (i.e., will you use the included reports or do you have the capability to export the data and analyze it separately? This will likely depend on who is performing the data review.)
* Where will the database be housed?
	+ (e.g., a shared drive, shared computer, or a single user’s computer?)
* What type of security or access restrictions need to be put in place to protect sensitive data?
* Who will perform data entry?
* Does your team have the capacity to address any physical database maintenance likely to be required?
	+ (i.e., if there are technical difficulties, who will be charged with providing assistance? Will the team members be able to continue data collection and review if the selected database is not performing properly?)
* How often does your jurisdiction anticipate creating a new database?
	+ (i.e., will you begin to enter new data each calendar year or fiscal year, or will you maintain a single ongoing database for the foreseeable future? If you choose to create a new database for each year, who will create the new empty database? How will previous years’ databases be closed out and maintained for historical reference?)

**Foodborne Illness Data Dictionary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Variable** | **Variable Description** | **Response** | **Instructions and Information** |
| ID | Unique ID | 2015-xxx |  |
| Date Filed | Date | MM/DD/YYYY | This is the date the complaint was made, Not the date you got around to entering it. |
| Time filed | Time | 00:00 | This is the time that the complaint was received, not the time you got around to entering it.  |
| Receiving Agency | Agency who received the call | Text | This is the name of the agency who received the call |
| Taken By | Staff member who took the call | Text | This is the name of the staff who took the call at the agency |
| Reporting Individual (RI) Name | Name of individual who made the call | Text | First and last initial |
| RI Sex | sex | M, F | M= Male, F= Female |
| RI date of birth (D.O.B) | Date of birth | MM/DD/YYYY |  |
| RI phone # | Phone number | (xxx)-xxx-xxxx |  |
| RI city | Name of the city individual lives | Text |  |
| RI county | Name of the county the individual lives | Text |  |
| Suspected site type | The type of site suspected to have caused illness | Restaurant, Residence, Other | Please only use the three options. If other please be sure to specify. |
| Suspected site name |  Name of the suspected site | text |  |
| Address of Suspect site | Address of suspected site | text | Fill this in as completely as you can. If necessary look at restaurant website or online maps after the call. |
| Date and time visited | Date and time site was visited | MM/DD/YYYY00:00 |  |
| Phone number of suspected site | Phone number | (xxx)-xxx-xxxx |  |
| Group? | Did the individual eat in a group at the suspected site? | Y N | Y=Yes, N=No |
| # in group | How many individuals were in the party | numeric | This is the number of individuals who were in the group at the suspected site |
| Suspected food items | Food items individual believes made them ill | text | Food item suspected if unknown=Unk |
| Leftovers of food/beverage | Does the individual have leftovers of the suspected food/beverage? | Y N Unk | Y=Yes, N=No, Unk=Unknown |
| Brand name/ product identity (if product complaint) | The name of the commercially manufactured product | text | Note that this is only for commercially manufactured products. Do not complete for non commercial products. |
| Product description (If product complaint) | Description of the commercially manufactured product suspected | text | Gather as much information as possible. If necessary visit product website |
| Date and place of purchase (If product complaint) | Date and location where product was purchased | MM/DD/YYYYtext |  |
| Product in possession | Is the product in the possession of the individual? | Y N  | Y=Yes, N= No |
| Product still available and where? | If the product in not in the possession of the individual is it still available and where is it still available? | Text | If needed get address and other information from website. |
| Complainant Ill? | Is the individual reporting ill or just reporting? | checkbox |  |
| Date of Illness onset | The day that the individual became ill | MM/DD/YYYY |  |
| Time of illness onset | Time the individual became ill | 00:00 |  |
| Duration of symptoms | The number of days the person was ill | numeric | Number and unit (ex 7 hours, 7 days) or text (still ill) If unknown=Unk |
| Diarrhea | Did the person have any diarrhea? (≥3 loose stools in a 24 hr period) | Y N | Y=Yes, N=No |
| Bloody Diarrhea | Did the person have any bloody diarrhea? | Y N | Y=Yes, N=No |
| Number of stools in a 24hr period | The number of stools the individual had in a 24hr period. | numeric | If unknown=U |
| Nausea | Did the person have any nausea? | Y N | Y=Yes, N=No |
| Vomiting | Did the person have any vomiting? | Y N | Y=Yes, N=No |
| Fever | Did the person have any fever? | Y NText | Y=Yes, N=NoProvide temperature in °F |
| Muscle Aches | Did the person have any muscle aches? | Y N | Y=Yes, N=No |
| Headache | Did the person have a headache? | Y N | Y=Yes, N=No |
| Cramps | Did the person have any cramps? | Y N | Y=Yes, N=No |
| Chills | Did the person have chills | Y N | Y=Yes, N=No |
| Other symptoms | Did the person have any other symptoms? | Y Ntext | Y=Yes, N=NoList other symptoms ill may have had |
| Individuals with similar symptoms | Does the individual know anyone with similar symptoms? | Y N | Y=Yes, N=No |
| Number with similar symptoms | Number of individuals the individual know with similar symptoms | numeric |  |
| Contact information for others ill? | Is the complainant willing to provide contact information for other ill persons? | Y N  | Y=Yes, N=No |
| Underlying conditions? | Does the reporting individual have any underlying conditions? | Y N | Y=Yes, N=No |
| Current Medications? | ID the individual taking any medications? | Y N | Y=Yes, N=No |
| Sought medical care? | Did the individual seek medical care for illness? | Y N | Y=Yes, N=No |
| Facility name | Name of the facility where individual sought medical care | text |  |
| Date of care | Date that individual sought care | MM/DD/YYYY |  |
| Facility Phone | Phone number of the facility at which the individual sought care | (xxx)-xxx-xxxx | If necessary use website to find phone number |
| Hospitalized? | Was the individual hospitalized due to illness? | Y N | Y=Yes, N=No |
| Length of stay | If the individual was hospitalized, how long were they in the hospital? | numeric | Number and unit (ex 7 hours, 7 days) or text (still ill) If unknown=Unk |
| Clinical specimens collected? | Were blood, stool, or other clinical specimen collected? | Y N UnkCheck Box: Blood, Stool, Other | Y=Yes, N=No, Unk=UnknownFor other specify what other specimens were collected |
| Diagnosis/Lab result | What was the diagnosis/lab result? | text | If Unknown=Unk |
| Submit stool sample? | Is the individual willing to submit a stool sample? | Y N | Y=Yes, N=No |
| Animal/Pet exposure | Was the individual exposed to animals/pets? | Y N | Y=Yes, N=No |
| Location of exposure | Where was the individual exposed to an Animal/Pet? | text |  |
| Date of Exposure | When was the individual exposed to an animal/pet? | MM/DD/YYYY |  |
| Diaper Changing Exposure | Was the individual exposed to diaper changing? | Y N | Y=Yes, N=No |
| Location of exposure | Where was the individual exposed? | text |  |
| Date of Exposure | When was the individual exposed? | MM/DD/YYYY |  |
| Recent Travel | Did the individual travel recently? | Y N | Y=Yes, N=No |
| Location of exposure | Where was the individual exposed? | text |  |
| Date of Exposure | When was the individual exposed? | MM/DD/YYYY |  |
| Drinking water exposure | Did the individual have a drinking water exposure? | Y NTap. Bottled, Well | Y=Yes, N=NoProvide bottled water brand if possible |
| Recreational water exposure | Did the individual have a recreational water exposure? | Y N | Y=Yes, N=No |
| Location of exposure | Where was the individual exposed? | text |  |
| Date of Exposure | When was the individual exposed? | MM/DD/YYYY |  |
| Occupation | Does the individual work in a daycare, childcare, healthcare, or food handler? | Check box |  |
| Food history day of symptom onset | Food eaten on day of symptom onset (Breakfast, Lunch, Dinner, and Snack food) | text | Try to get as complete of a food history as possible if Unknown=Unk |
| Food history one day before symptoms | Food eaten one day before symptom onset (Breakfast, Lunch, Dinner, and Snack food) | text | Try to get as complete of a food history as possible if Unknown=Unk |
| Food history two days before symptoms | Food eaten two days before symptom onset (Breakfast, Lunch, Dinner, and Snack food) | text | Try to get as complete of a food history as possible if Unknown=Uuk |
| Food history three days before symptoms | Food eaten three days before symptom onset (Breakfast, Lunch, Dinner, and Snack food) | text | Try to get as complete of a food history as possible if Unknown=Unk |
| Group/Catered Events Week prior to symptoms | Did the individual eat at any group/catered events prior to symptom onset? | Y N | Y=Yes, N=No |
| Location  | Where was the individual exposed? | text |  |
| Date  | When was the individual exposed? | MM/DD/YYYY |  |