DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

FOOD-BORNE ILLNESS QUESTIONNAIRE

Name (Last, First, MI)	Grade/Rate	EMPLID	Age	Sex

Residential Address	City	State	Zip Code	Residential Phone

Duty Station/Street Address	City	State	Zip Code	Station Phone

Questions to ask.	YES	NO
Did the individual eat the suspected meal?	☐	☐

If YES, date and time food eaten: Date: _____ Time: _____ AM ☐ PM ☐

Did the individual become ill?	☐	☐

If YES, date and time of onset symptoms: Date: _____ Time: _____

List of food and beverages served at the suspected meal.

MEAL	FOOD ITEM	LOCATION
BREAKFAST		
LUNCH		
DINNER		

Name (Last, First, MI)	EMPLID

Indicate symptoms the individual has and how long in hours did they last? (Experienced Symptoms only.)

Nausea	☐	Fever	☐ Temp: _____
Vomiting	☐	Cramps	☐
Diarrhea	☐	Other (Specify):	
Prostrations	☐		

	YES	NO
Did individual seek medical care?	☐	☐

If YES, indicate: Medical Officer: ☐ Physician: ☐ Hospital Name: _____

Street Address	City	State	Zip Code	Phone

Investigator Information

Printed Name:	Signature:	Date:

PRIVACY ACT STATEMENT

Authority: The authority for collection of information including social security number (SSN) is found in the Privacy Act of 1974, 5 U.S.C. § 552a.

Purpose: The Coast Guard will use this information to collect information related to a food-borne illness outbreak among U.S. Coast Guard personnel.

Routine Uses: The information will be used by and disclosed only to authorized Coast Guard Health Services personnel to assist in activities related to discovering the source of the outbreak and taking appropriate action to prevent the continuation of the outbreak and future such outbreaks. Additionally, the Coast Guard may share the information with authorized Coast Guard facility operators, or other government agencies as necessary to resolve the outbreak.

Disclosure: Furnishing this information (including your EMPLID) is voluntary; however, failure to furnish the requested information may delay or prevent the resolution of the outbreak.