

FOOD HISTORY (Geauga County Health District)

Please fax completed reports to (440) 285-4305

Questions? Call (440) 279-1950

EPI Database#	ODRS#	<input type="checkbox"/> NA	HDIS#	<input type="checkbox"/> NA
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Last Name:	First Name	M.I.
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Instructions: Complete a THREE DAY food history unless the illness/complaint warrants further history. Consult ODH manual for further details. **This report must accompany the “Illness/Complaint General Questionnaire”.**

FOOD HISTORY (24-192 hours prior to time/date of illness onset)

24 hours (Day 1)			
Date:	Time	Location (Name/Full Address)	Foods Consumed
Breakfast			
Lunch			
Dinner			
Snack			
If food was prepared at home, where food was purchased (Please give store name and address)			
48 hours (Day 2)			
Date:	Time	Location (Name/Full Address)	Foods Consumed
Breakfast			
Lunch			
Dinner			
Snack			
If food was prepared at home, where food was purchased (Please give store name and address)			
72 Hours (Day 3)			
Date:	Time	Location (Name/Full Address)	Foods Consumed
Breakfast			
Lunch			
Dinner			
Snack			
If food was prepared at home, where food was purchased (Please give store name and address)			

SEE BACK FOR DAYS 4-8 IF APPLICABLE

Investigator's Name (print) _____ Initials _____ Date _____

96 Hours (Day 4)			
Date:	Time	Location (Name/Full Address)	Foods Consumed
Breakfast			
Lunch			
Dinner			
Snack			
If food was prepared at home, where food was purchased (Please give store name and address)			
120 Hours (Day 5)			
Date:	Time	Location (Name/Full Address)	Foods Consumed
Breakfast			
Lunch			
Dinner			
If food was prepared at home, where food was purchased (Please give store name and address)			
144 Hours (Day 6)			
Date:	Time	Location (Name/Full Address)	Foods Consumed
Breakfast			
Lunch			
Dinner			
Snack			
If food was prepared at home, where food was purchased (Please give store name and address)			
168 Hours (Day 7)			
Date:	Time	Location (Name/Full Address)	Foods Consumed
Breakfast			
Lunch			
Dinner			
Snack			
If food was prepared at home, where food was purchased (Please give store name and address)			
192 Hours (Day 8)			
Date:	Time	Location (Name/Full Address)	Foods Consumed
Breakfast			
Lunch			
Dinner			
Snack			
If food was prepared at home, where food was purchased (Please give store name and address)			