

# 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 \_\_\_\_\_

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