



PART I: PERSONAL INFORMATION:


(Information provided is confidential and will not be shared without your permission.)

First name:		
Last name:		
Current address:		
City:	State:	Zip:
Mobile phone:	How did you first learn about STOP?	
Other phone:		
Best time to contact:		
Best method of contact:		
Email:		
Spouse or Significant Other Name:		
Email:		
Phone:		

PART II: INFORMATION ABOUT THE PERSON WITH A FOODBORNE ILLNESS

Name of the ill person:		
Did the ill person survive?	Date of passing:	
Relationship to you:	Year of illness:	
Birthdate (mm-dd-yy):		
Age of victim at time of illness:		
Date range of illness:		
Was medical treatment sought? Yes (see below) No Unknown	Were antibiotics administered? Yes No Unknown	Foodborne illness determined by: (Check all that apply) Health Department Health Care Professional Lab test: Blood test Stool culture Other Can't remember Personal opinion, not medically diagnosed
If yes, please check all that apply: Primary Care Physician Emergency Room Pharmacist Hospital Admission Other, please explain:	Please list:	



																	
Name of organism or foodborne pathogen: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Campylobacter</td> <td style="width: 50%;">Hepatitis A</td> </tr> <tr> <td>Clostridium botulinum</td> <td>Listeria</td> </tr> <tr> <td>Cryptosporidium</td> <td>Norovirus</td> </tr> <tr> <td>Cyclospora</td> <td>Salmonella</td> </tr> <tr> <td>E. coli O157:H7</td> <td>Shigella</td> </tr> <tr> <td>E.coli (other)</td> <td>Vibrio</td> </tr> <tr> <td></td> <td>Yersinia</td> </tr> <tr> <td></td> <td>Unknown</td> </tr> </table>	Campylobacter	Hepatitis A	Clostridium botulinum	Listeria	Cryptosporidium	Norovirus	Cyclospora	Salmonella	E. coli O157:H7	Shigella	E.coli (other)	Vibrio		Yersinia		Unknown	Specific strain/type: (If applicable)
	Campylobacter	Hepatitis A															
Clostridium botulinum	Listeria																
Cryptosporidium	Norovirus																
Cyclospora	Salmonella																
E. coli O157:H7	Shigella																
E.coli (other)	Vibrio																
	Yersinia																
	Unknown																
	Source of illness: Food: Water Person-to-person Petting zoo Unknown Other:																
Symptoms experienced during illness: (Check all that apply) <ul style="list-style-type: none"> Fever Vomiting Diarrhea Bloody diarrhea Severe abdominal cramping Other 	Using a best estimate, how much has this illness cost in dollar figures?																
Complications: (Check all that apply) <ul style="list-style-type: none"> Reactive Arthritis (ReA) Hemolytic Uremic Syndrome (HUS) Guillain Barré Syndrome (GBS) Thrombotic Thrombocytopenic Purpura (TTP) Other 	Outcomes: (For long-term consequences, use the write-in section below) <ul style="list-style-type: none"> Premature birth Stillborn birth Miscarriage Death Other 																
Long-term health consequences experienced by the person who was ill:																	



Submit your story to: srutledge@stopfoodborneillness.org | Questions: 773-269-6555

Was this foodborne illness part of an outbreak identified by a public health agency?

No, it was an isolated case
Yes, it was part of an identified outbreak (See below)

Other
Unknown

Was the outbreak or case investigated by a public health agency?

Yes No Unknown

If yes, check all that apply: Local State CDC FDA USDA

If part of an outbreak, please provide a more detailed explanation including dates, location, food type, organism that affected people, etc. Include any printed documentation regarding the outbreak that you care to share.

If a food source, where did it come from?

Restaurant	Home	Potluck/BBQ	Grocery store	School lunch
Cafeteria	Farmers Market	Farm	Unknown	Other

More details of the food source (such as name of restaurant, event, store, etc.) if available:



To gain support in their mission to prevent illness and death from foodborne pathogens, STOP Foodborne Illness is authorized to share my story and/or photos:

On their website, in their printed materials, and in their social media
 In print & online magazines, blogs, newspapers, and partner organization's publications
 In PowerPoint and video presentations, in lectures, talks, and webinars

Please alert me to its use with:

- an email
- a phone call

Please alert me **prior to use**

Please use at your discretion, no need to contact me when it is used

**Our general policy is to omit last names, companies' names, health care providers and agencies, and any mention of lawsuits, pending or settled.*

When sharing my story or photos as directed above, please omit the following details:

- my name
- my family members' names
- suspected source of illness
- my hometown
- do not tag me in social media
- other _____

Permission to share is NOT given. I do not want to share it publicly.

**Send stories, photos or other materials you would like to share with us.
 Please keep a copy for your records.**

<p>Via email: srutledge@stopfoodborneillness.org</p>	<p>Via STOP's website: www.stopfoodborneillness.org/take-action/share-your-foodborne-illness-story/</p>
<p>Via postal service: STOP Foodborne Illness 4809 N Ravenswood, #214 Chicago, IL 60640</p>	<p>Contact me so a STOP member can help me write my story.</p>

Do you have any questions, suggestions or information you would like to share with STOP?



Why are you interested in food safety? (Check all that apply)

- I have had a foodborne illness.
- I am a relative/friend of someone who became ill from a foodborne illness.
- I am interested as a consumer.
- I am or have been employed in the food industry.
- I am or have been employed in the public health.
- I am or have been employed in the media.
- I am or have been employed in an advocacy organization.

Extra room for additional details:

Consumer information and food safety fact sheets can be found at: www.stopfoodborneillness.org/awareness/consumer-information-fact-sheets-2/