



**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:		
<b>Was medical treatment sought?</b> Yes (see below) No Unknown	<b>Were antibiotics administered?</b> Yes No Unknown	<b>Foodborne illness determined by:</b> (Check all that apply) Health Department Health Care Professional <b>Lab test:</b> Blood test Stool culture Other  Can't remember Personal opinion, not medically diagnosed
<b>If yes, please check all that apply:</b>  Primary Care Physician Emergency Room Pharmacist Hospital Admission Other, please explain:	<b>Please list:</b>	



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



Submit your story to: [srutledge@stopfoodborneillness.org](mailto: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><b>Via email:</b> <a href="mailto:srutledge@stopfoodborneillness.org">srutledge@stopfoodborneillness.org</a></p>	<p><b>Via STOP's website:</b>  <a href="http://www.stopfoodborneillness.org/take-action/share-your-foodborne-illness-story/">www.stopfoodborneillness.org/take-action/share-your-foodborne-illness-story/</a></p>
<p><b>Via postal service:</b>          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/](http://www.stopfoodborneillness.org/awareness/consumer-information-fact-sheets-2/)