MDH Minnesota Department of Health
SUSPNORO

Date of Interview: ____/____/____
Interviewer: _____

FACILITY NAME
FACILITY LOCATION
Employee Interview Form

The Minnesota Department of Health (MDH) and [LOCAL PUBLIC HEALTH] are working on a foodborne illness outbreak investigation that may be associated with the facility where you work. The purpose of the investigation is to learn the source of the outbreak and stop transmission. We want to ask you questions about your work duties in food service and any recent illness you have had.

PRIVACY: Any information you give to us about yourself (including test results) is considered private data. Only public health officials involved in this outbreak investigation will have access to the private data. Do we have your permission to also share this information with management staff at the facility where you work? ☐ **YES** ☐ **NO**

VOLUNTARY: You are not required to answer questions. However, your answers will help us understand how this outbreak happened and prevent further transmission. If you don't answer questions, you will be excluded from work because we won't know if you could spread illness to others.
Will you answer some brief questions? ☐ **YES** ☐ **NO (exclusions apply – contact epi)**

STOOL SAMPLE: We may ask you to provide a stool specimen. Stools will be tested for bacterial and viral pathogens at MDH. Stool kits and testing are free of charge. You will be given results when they are available.

Name (last, first):_____ **Age:** _____ **Male Female Other**

Signature: _____ or **Phone Interview (verbal consent):** ☐

Address: _____ **City:** _____

Zip: _____ **Phone:** _____

Job Title/Description: _____

- Have you had any of the following symptoms since **DATE?**

Nausea	☐Y ☐N	
Vomiting	☐Y ☐N	Onset date/time: ____/____/_____ _____ Recovery: ____/____/_____ _____
Cramps	☐Y ☐N	
Diarrhea	☐Y ☐N	Onset date/time: ____/____/_____ _____ Recovery: ____/____/_____ _____
# stools/24 hrs	_____	Duration of diarrhea: _____ days/hours *(if unsure of dates/times)*
Bloody stools	☐Y ☐N	
Fever	☐Y ☐N	Temperature: _____ ° F
First symptom: _____		Onset date/time: ____/____/_____ _____
Other symptoms: _____		
When did you feel completed recovered? ____/____/____ _____ *or* ☐ still feeling sick		

ILL EMPLOYEES

- Are you willing to provide a stool sample for testing? ☐ **YES (contact epi)** ☐ **NO**
- Did you visit a health care provider for the illness? ☐ **YES** ☐ **NO** | Hospitalized overnight? ☐ **YES** ☐ **NO**
  If yes, when? ____/____/_____ Where?_____ | Submit a stool sample? ☐ **YES** ☐ **NO**
- Did you work while having diarrhea and/or vomiting? ☐ **YES** ☐ **NO**
  If yes, when? _____ If no, when did you return to work? _____

MDH Minnesota Department *of* Health

Employee Name: _____

ALL EMPLOYEES

- Do you work at any other food service facilities? ☐ **YES** ☐ **NO**

  If yes, where? _____ How often? _____

- Have any members of your household been ill with diarrhea and/or vomiting since **DATE**? ☐ **YES** ☐ **NO**

  Vomiting (onset: ____ /____) ☐Y ☐N Cramps ☐Y ☐N Fever ☐Y ☐N Blood in stool ☐Y ☐N

  Diarrhea (onset: ____ /____) ☐Y ☐N (# stools/24 hrs: ____)

- Do you remember any vomiting incidents at the facility? ☐ **YES** ☐ **NO**

  Describe (who, where, when): _____

  If yes, did you help clean up the incident? ☐ **YES** ☐ **NO**

- Have any of your co-workers been ill with vomiting and/or diarrhea? ☐ **YES** ☐ **NO**

  Describe (who, when): _____

During DATE 1 – DATE 2:

- Which of these dates did you work?

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N
☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N	☐Y ☐N

During DATE 1 – DATE 2:

- Did you do any food prep? ☐ **YES** ☐ **NO**

  Describe: _____

- Did you make or serve any drinks, including adding garnish or ice? ☐ **YES** ☐ **NO**

  Describe: _____

- Did you prepare any ready-to-eat foods, like salads, breads, or chips (including garnishing plates and packaging to-go food)? ☐ **YES** ☐ **NO**

  Describe: _____

- What were your other job duties?

  Describe: _____

If you are ill with vomiting or diarrhea, it is important that you not return to work in food service for at least 72 hours after your recovery.