**Ontario “Food Poisoning–All Causes”** **Investigation Tool**

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| **Legend** | **for interview with case ♦ System-Mandatory ❖ Required Personal Health information** |

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| **Cover Sheet***Note that this page can be autogenerated in iPHIS* |
| Date Printed: YYYY-MM-DD Bring Forward Date: YYYY-MM-DD iPHIS Client ID #:  Enter number **♦** Investigator:  **Enter name** **♦** Branch Office:  Enter office **♦** Reported Date: YYYY-MM-DD **❖**Diagnosing Health Unit:  Enter health unit **♦** Disease: FOOD POISONING- ALL CAUSES **♦** Is this an outbreak associated case?[ ]  Yes, *OB #* ####-####-### [ ]  No, *link to OB # 0000-2005-013 in iPHIS*Is the client in a high-risk occupation/ environment? [ ]  Yes, specify: Specify [ ]  No |  ♦ Client Name:  **Enter name \_ \_**Alias:  **Enter alias \_ \_** |
|  ♦ Gender: Select an option |  ♦ Age: **Age**  |
|  ♦ DOB: YYYY-MM-DD  Address:  **Enter address \_**  **Enter address \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** Tel. 1:  **###-###-####** Type: [ ]  Home [ ]  Mobile [ ]  Work [ ]  **Other, specify** Tel. 2:  **###-###-####** Type: [ ]  Home [ ]  Mobile [ ]  Work [ ]  **Other, specify** Email 1: **Enter email address \_ \_** Email 2:  **Enter email address \_ \_** |
| Is the client homeless? [ ]  Yes [ ]  No New Address:  **Enter address \_** **♦** Language:  **Specify \_ \_**Translation required*?* [ ]  Yes [ ]  No**Proxy respondent** Name:  **Enter name \_ \_**[ ]  Parent/Guardian [ ]  Spouse/Partner [ ]  Other  **Specify \_ \_** | **♦** Physician’s Name: **Enter name \_ \_****♦** Role**:** [ ]  Attending Physician [ ]  Family Physician [ ]  Specialist [ ]  Walk-In Physician [ ]  Other [ ]  Unknown**OPTIONAL**Additional Physician’s Name: **Enter name \_** Address:  **Enter address \_**  Tel:  **###-###-####**  Fax:  **###-###-####** Role:  **Enter role \_ \_** |

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| **Verification of Client’s Identity & Notice of Collection** |
| Client’s identity verified? [ ]  Yes, *specify*: [ ]  DOB [ ]  Postal Code [ ]  Physician  [ ]  No  |
| **Notice of Collection***Please consult with local privacy and legal counsel about PHU-specific Notice of Collection requirements under* *PHIPA s. 16*. *Insert Notice of Collection, as necessary.* |

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| **Record of File** |
| **♦ Responsible Health Unit** | **Date** | **♦ Investigator’s Name** | **Investigator’s Signature** | **Investigator’s Initials** | **Designation** |
| Specify | **❖**Investigation Start DateYYYY-MM-DD | Specify | Specify | Specify | [ ]  PHI [ ]  PHN[ ]  Other \_\_\_\_\_ |
| Specify | Assignment DateYYYY-MM-DD | Specify | Specify | Specify | [ ]  PHI [ ]  PHN[ ]  Other \_\_\_\_\_ |

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| **Call Log Details**  |
|  | **Date** | **Start Time** | **Type of Call** | **Call To/From** | **Outcome****(contact made, v/m, text, email, no answer, etc.)** | **Investigator’s initials** |
| Call 1 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 2 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 3 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 4 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 5 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 6 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Date letter sent: YYYY-MM-DD |

| **Case Details** |
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| **♦ Aetiologic Agent** | [ ]  *Bacillus cereus* 2b[ ]  Ciguatera Fish Poisoning 3[ ]  *Clostridium perfringens* 2a,b[ ]  Enterobacter Cloacae[ ]  Food Poisoning Unknown/Unspecified [ ]  Food Poisoning Other (Specify) Specify | [ ]  Norovirus[ ]  Adenovirus[ ]  Rotavirus[ ]  Scombroid Fish Poisoning 3[ ]  Food Poisoning *Staphylococcus aureus* 2b[ ]  Vibrio parahaemolyticus |
| Note:1. Paralytic Shellfish Poisoning, Salmonella, and any other reportable pathogens should be reported under their respective Reportable Disease.
2. Public Health Ontario Laboratories test the following:
3. Stool for *C. perfringens* enterotoxin detection.
4. Food for culture/enumeration of *S. aureus* (and enterotoxin detection), *C. perfringens*, and *B. cereus*.
5. Stool for norovirus should be submitted in a sterile container with no preservative.
6. Contact your local CFIA office and/or the Ontario Area Recall Coordinator to discuss submission of fish or seafood for possible analysis.
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| **Subtype** |  Specify | **Further Differentiation** | Specify |
| **♦ Classification** | [ ]  Confirmed [ ]  Person Under Investigation [ ]  Probable [ ]  Does Not Meet Definition [ ]  Suspect *Do not close case as PUI*  | **♦ Classification Date**  | YYYY-MM-DD |
| **♦ Outbreak Case Classification** | [ ]  Confirmed [ ]  Person Under Investigation [ ]  Probable [ ]  Does Not Meet Definition [ ]  Suspect *Do not close case as PUI*  | **♦ Outbreak Classification Date** | YYYY-MM-DD |
| **♦ Disposition** | [ ]  Complete [ ]  Closed- Duplicate-Do Not Use [ ]  Entered In Error [ ]  Lost to Follow Up [ ]  Does Not Meet Definition [ ]  Untraceable  | **♦ Disposition Date**  | YYYY-MM-DD |
| **♦ Status** | [ ]  Closed  | Initial here | **♦ Status Date** | YYYY-MM-DD |
| [ ]  Open (re-opened)  | Initial here | **♦ Status Date** | YYYY-MM-DD |
| [ ]  Closed  | Initial here | **♦ Status Date** | YYYY-MM-DD |
| **♦ Priority** | [ ]  High | [ ]  Medium [ ]  Low |  *(At health unit’s discretion)* |
| **Lab specimens** | Is the client willing to submit a fecal specimen/food sample? Yes [ ]  No [ ] Enter notes here |
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| Specimen Typee.g., faeces, food | Collection Date | Result Date | Result | Comments |
| Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | Comments] |
| Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | Comments] |
| Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | Comments] |
| Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | Comments] |

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| **Symptoms** |
| *Incubation period varies depending on the causative agent. Typically short, 30 minutes to 48 hours, but may be longer, depending on the agent.**Communicability varies depending on the agent.* |
| **♦ Symptom***Ensure that symptoms in* ***bold font*** *are asked* | **♦ Response**  | **❖ Use as Onset***(choose one)* | **❖ Onset Date**YYYY-MM-DD | **Onset Time**24-HR ClockHH:MM*(discretionary)* | **❖ Recovery Date**YYYY-MM-DD*(one date is sufficient)* |
| **Yes** | **No** | **Don’t Know** | **Not Asked** | **Refused** |
| Abdominal Pain | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| **Diarrhea** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| Nausea | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| **Vomiting** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| Other symptoms:Specify  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| ***Note: This list is not comprehensive. There are additional symptoms listed in iPHIS.*** |

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| **Incubation Period** |
| *Enter onset date and time, using this as day 0, then count back to determine the incubation period if the agent is known.* *Note: the incubation period varies depending on the agent. The incubation listed below covers most of the agents listed in iPHIS except for Vibrio.*  |
|   - 2 days - 1 hour onset Select a date & timeSelect a date & timeSelect a date & time  |

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| **Medical Risk Factors** | **❖ Response** | **Details***iPHIS character limit: 50* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Immunocompromised(specify)(e.g., by medication or by disease such as cancer, diabetes, etc.) | [ ]  | [ ]  | [ ]  | [ ]  | If yes, specify |
| **❖** Other (specify)(e.g., use of antacid, surgery, etc.) | [ ]  | [ ]  | [ ]  | [ ]  | If yes, specify |
| **❖** Unknown | [ ]  | [ ]  | *→ For iPHIS data entry – check Yes for Unknown if all other Medical Risk Factors are No or Unknown.* |

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| **Hospitalization & Treatment** *Mandatory in iPHIS only if admitted to hospital* |
| Did you go to an emergency room?  | [ ]  Yes [ ]  No  | If yes, Name of hospital: Enter nameDate(s): YYYY-MM-DD |
| **♦** Were you admitted to hospital as a result of your illness (not including stay in the emergency room)? | [ ]  Yes [ ]  No [ ]  Don’t recall  | If yes, Name of hospital: Enter name ♦ Date of admission: YYYY-MM-DD ❖ Date of discharge: YYYY-MM-DD[ ]  Unknown discharge date |
| *→ For iPHIS data entry – if the case is hospitalized enter information under Interventions.*  |
| Were you prescribed antibiotics or medication for your illness?  | [ ]  Yes [ ]  No[ ]  Don’t recall  | If yes, Medication: Enter name Start date: YYYY-MM-DDEnd date: YYYY-MM-DDRoute of administration: Enter route Dosage: Enter dosage  |
| Did you take over-the-counter medication?  | [ ]  Yes [ ]  No[ ]  Don’t recall  | If yes, specify |
| *Treatment information can be entered in iPHIS under* ***Cases > Case > Rx/Treatments>Treatment*** *as per current iPHIS User Guide* |

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| **Date of Onset, Age and Gender** *Complete this section if submission of pages 6-8 and 13-14 to Public Health Ontario is required* |
| Date of Onset: | YYYY-MM-DD | Age: | **Age**  | Gender: | Select an option |

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| **Preliminary Questions**  | **Response** | **Details** |
| **Yes** | **No** | **Unsure** |
| Do you have any idea how you became sick? | [ ]  | [ ]  | [ ]  | If yes, specify |
| Were you on any specific diet(s) in the 2 days prior to the onset of your illness (e.g., vegetarian, vegan, gluten-free, kosher, halal, etc.)? | [ ]  | [ ]  | [ ]  | If yes, specify  |
| Did you attend any special functions such as weddings, parties, showers, family gatherings or group meals in the 2 days prior to the onset of your illness? | [ ]  | [ ]  | [ ]  | If yes, specify (e.g., location, number attended, any ill):  |

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| **Behavioural Social Risk Factors in the 2 days prior to onset of illness****Travel** | **❖ Response** | **Details***iPHIS character limit: 50* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Travel outside province in the 2 days prior to illness | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Within Canada  | [ ]  | [ ]  | [ ]  | [ ]  | From: YYYY-MM-DD To: YYYY-MM-DDWhere: Specify |
| Outside of Canada  | [ ]  | [ ]  | [ ]  | [ ]  | From: YYYY-MM-DD To: YYYY-MM-DDWhere: SpecifyHotel/Resort: Specify |

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| **Food History** |
| **Please try to remember what you ate in the last 2 days before you started feeling sick. We’ll start with the day you got sick and work backwards. If a meal was eaten out, specify where you ate and what was eaten, including garnishes and beverages.** |
| **Day** | **Meal AM/ PM** | **Place**(Include name, address, city/town) | **Food Consumed** |

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| **Day 0** (the day of onset) | Breakfast  | [ ]  AM | [ ]  PM | Specify | Specify |
| Lunch | [ ]  AM | [ ]  PM | Specify  | Specify |
| Dinner | [ ]  AM | [ ]  PM | Specify | Specify |
| Snack | [ ]  AM | [ ]  PM | Specify | Specify |
| **Day 1** (1 day before onset) | Breakfast  | [ ]  AM | [ ]  PM | Specify | Specify |
| Lunch | [ ]  AM | [ ]  PM | Specify | Specify |
| Dinner | [ ]  AM | [ ]  PM | Specify | Specify |
| Snack | [ ]  AM | [ ]  PM | Specify | Specify |
| **Day 2** (2 days before onset) | Breakfast  | [ ]  AM | [ ]  PM | Specify | Specify |
| Lunch | [ ]  AM | [ ]  PM | Specify | Specify |
| Dinner | [ ]  AM | [ ]  PM | Specify | Specify |
| Snack | [ ]  AM | [ ]  PM | Specify | Specify |

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| **Behavioural Social Risk Factors in the 2 days prior to onset of illness****Foodborne** | **❖ Response** | **Details**(e.g., Brand name, purchase/consumption location, product details, date of exposure)*iPHIS character limit: 50.*  |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Consumption of fish *(raw or cooked; for scombroid, ciguatera, and Vibrio only)* | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| [ ] Consumption of raw/undercooked shellfish *(for Vibrio and norovirus only)* | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of shellfish  | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of other seafood | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Hazardous food items held above 4oC and below 60oC for more than two hours. | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **Other Modes of Transmission** |
| **❖** Ill foodhandler | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Other (specify) | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **❖** Unknown | [ ]  | [ ]  | *→ For iPHIS data entry – check Yes for Unknown if all other Behavioural Risk Factors are No or Unknown.* |
| **♦** CreateExposures*Identify Exposures to be entered in iPHIS.* *→ For iPHIS data entry – record details of exposure(s) in iPHIS Case Exposure Form as required.* |
| Has a food premises been identified as a possible source?  | [ ]  Yes  [ ]  No  | *If yes, refer premises to the Food Safety Program and create an exposure as appropriate.* |
| If fish (e.g., for scombroid and ciguatera fish poisoning) or a federally regulated food item is identified as the source of the illness, notify the CFIA. If a provincially regulated food item (e.g., Ontario produced fish or meat) are identified as the source of illness, notify the OMAFRA. | [ ]  Yes  [ ]  No  |  |

| **High Risk Occupation/High Risk Environment** *Not required Ciguatera Fish Poisoning or Scombroid Fish Poisoning* |
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| Are you/ your child in a high risk occupation or high risk environment (including paid and unpaid/volunteer position)?  | [ ]  Yes [ ]  No  | [ ]  Child care/kindergarten staff or attendees [ ]  Food handler [ ]  Health care provider [ ]  Other (specify) Occupation: Specify |
| Name of Child care/Kindergarten/Employer | Enter name |
| Child care/Kindergarten/Employer Contact Information (name, phone number, etc.) | Enter contact information |
| Address | **Enter address** |
| Are you/ your child currently experiencing diarrhea? | [ ]  Yes [ ]  No  | Last day case attended child care/kindergarten/work: | YYYY-MM-DD |
| Exclusion required from child care/kindergarten/work?  | [ ]  Yes [ ]  No  | Case/Parent/Guardian advised that public health unit will contact child care/ kindergarten/work?  | [ ]  Yes [ ]  No  |
| Could we have your permission to release your/ your child’s diagnosis to child care/kindergarten/work?  | [ ]  Yes Enter name of individual permission granted by[ ]  No  |
| *Refer to the current Infectious Diseases Protocol, Food Poisoning - All Causes, Appendix A, Management of Cases section for exclusion pertaining to child care staff and attendees, food handlers, and health care providers.* *→**For iPHIS data entry – if the case is excluded from work or child care/kindergarten enter information under Interventions.*  |

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| **Symptomatic Contact Information**  |
| **Are you aware of anyone who experienced similar symptoms before, during, or after you (or your child) became ill? This includes those in your family, household, child care or kindergarten class, sexual partner(s), friends or coworkers.**  | [ ]  Yes [ ]  No [ ]  N/A  |
| Contact 1 |
|  Name | Enter name | Relation to case | Specify |
|  Contact information(phone, address, email)  | Enter contact information |
| Notes | Enter notes |
| Recommend contact seek medical attention/testing?  | [ ]  Yes [ ]  No [ ]  N/A  |
| Contact 2 |
|  Name | Enter name | Relation to case | Specify |
|  Contact information(phone, address, email)  | Enter contact information |
| Notes | Enter notes |
| Recommend contact seek medical attention/testing?  | [ ]  Yes [ ]  No [ ]  N/A  |

| **Education/Counselling** *Discuss the relevant sections with case* |
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| **Hand Hygiene** | [ ]  | Wash hands with soap and water after using the bathroom, after changing diapers, handling animals or pet food, and before preparing meals or eating meals is shown to be an effective measure to reduce transmission of diseases.  |
| **Recovery** | [ ]  | If you continue to feel unwell, or new symptoms appear, or symptoms change – seek medical attention. |
| **Food Safety** | [ ]  | Avoid preparing or serving food while ill with diarrhea or vomiting. Consider reassignment of duties. |
| [ ]  | Hazardous food items should only be held above 4oC and below 60oC for a time period no longer than two hours. |
| [ ]  |

| **Food** | **Temperature** |
| --- | --- |
| **Pork** (pieces and whole cuts)  | 71°C (160°F) |
| **Poultry** (pieces) - chicken, turkey, duck  | 74°C (165°F) |
| **Poultry** (whole) - chicken, turkey, duck  | 82°C (180°F) |
| **Ground meat and meat mixtures** (burgers, sausages, meatballs, meatloaf, casseroles) - beef, veal, lamb and pork  | 71°C (160°F) |
| **Ground meat and meat mixtures** - poultry  | 74°C (165°F) |
| **Fish** | 70°C (158°F) |
| **Others** (stuffing and leftovers)  | 74°C (165°F) |

Proper cooking temperatures for all food from animal sources, especially ground beef. * Cook ground beef and meat that has been mechanically tenderized to a temperature of at least 71°C (160°F).
* Cook food to a safe internal temperature:
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| [ ]  | Use a probe thermometer to verify cooking temperatures as color is not a very reliable indicator of how thoroughly meat has been cooked. |

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| **Education/Counselling** *Discuss the relevant sections with case* |
| **Food Safety** | [ ]  | Prevent cross contamination when preparing/handling food:* Clean raw vegetables and fruit including those used as garnishes,
* Keep raw meats away from cooked/ready-to-eat foods,
* Refrigerate foods (including leftover cooked foods) as soon as possible.
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| [ ]  | Wash all produce before consumption, especially those eaten uncooked, such as leafy greens and lettuce. |
| [ ]  | Cook/prepare packaged foods according to package instructions. |

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| **Water** | [ ]  | Avoid swimming or using a pool/spa, hot tub or splash pad if ill with diarrhea or vomiting.* For Norovirus, avoid these activities for 3 days after diarrhea stops.
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| **Fomites** | [ ]   | Environmental cleaning: Clean and disinfect surfaces, particularly areas or items contaminated by diarrhea or vomit. Before disinfecting, thorough cleaning should be done. As well, ensure disinfectant is compatible with materials and finishes. When in doubt about product compatibility, review the product’s label. * If norovirus infection is suspected, a bleach solution is recommended as a disinfectant for non-porous, hard surfaces.
	+ For surfaces that do not come in contact with food, a 1000 ppm bleach (sodium hypochlorite) solution is recommended.
		- Mix 1 part bleach into 49 parts water (or 1 teaspoon with 1 cup of water).
	+ For food contact surfaces, use a diluted bleached solution of 200 ppm concentration.
		- Mix 1 part bleach into 249 parts water (or 1 teaspoon with 4 cups of water).
	+ For a chlorine dilution calculator, visit Public Health Ontario’s website: <http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Dilution-Calculator.aspx>
	+ For items that can be laundered, they should be washed with detergent and hot water.
	+ For porous surfaces such as carpets or sofas, steam cleaning may be an option.
* If norovirus is not suspected, another appropriate disinfectant may be recommended.
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| **Travel-related Illness** | [ ]  | Refer to the Government of Canada’s Travel Health and Safety Page: [www.phac-aspc.gc.ca/tmp-pmv/info/index-eng.php](http://www.phac-aspc.gc.ca/tmp-pmv/info/index-eng.php).  |
| [ ]  | In areas where hygiene and sanitation are inadequate:* Bottled water from a trusted source is recommended instead of tap water. Use bottled water for drinking, preparing food and beverages, making ice, cooking, and brushing teeth.
* Avoid salads, already peeled or pre-cut fresh fruit, uncooked vegetables, and unpasteurized milk and milk products, such as cheese.
* Eat only food that has been fully cooked and is still hot, and fruit that has been washed in clean water and then peeled by the traveler. Avoid buying ready to eat foods from a street vendor.
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| [ ]  | Accidental ingestion or contact with recreational water from lakes, rivers, oceans, and inadequately treated swimming pools can cause many enteric illnesses. |

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| **Outcome** *Mandatory in iPHIS only if Outcome is Fatal* |
| [ ]  Unknown [ ]  ♦ Fatal [ ]  Ill [ ]  Pending [ ]  Residual effects [ ]  Recovered *If fatal, please complete additional required fields in iPHIS* |

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| **Thank you** |
| Thank you for your time. This information will be used to help prevent future illnesses caused by Food Poisoning. Please note that another investigator may contact you again to ask additional questions if it is identified that there is a possibility that you are included in an outbreak. |

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| **Interventions** |
| **❖ Intervention Type** | **Intervention implemented (check all that apply)** | **Investigator’s initials** | ♦ **Start Date****YYYY-MM-DD** | **❖ End Date****YYYY-MM-DD** |
| Counselling | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| Education (e.g., disease fact sheet, general food safety chart/cooking temperature chart, hand washing information) | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| ER visit  | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| Exclusion | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| Food Recall | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| Hospitalization | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| Letter - Client | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| Letter - Physician | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| Other (i.e., contacts assessed, PHI/PHN contact information) | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| *→**For iPHIS data entry – enter information under* ***Cases > Case > Interventions.*** |

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| **Progress Notes** |
| **Enter notes** |
| **Shopping Venues** *Optional for sporadic cases* |
| **Where do you usually purchase food for home consumption (include grocery stores, farmers markets, specialty stores, ethnic markets, food banks, etc.)?** |
| **Types of food premises** | **Response** | **Name(s), Address(es) and Date(s) of purchase** |
| **Yes** | **No** | **Don’t know**  |
| Grocery store/supermarkets/food warehouse (e.g., Costco) If yes, do you use any loyalty cards at the grocery stores identified (e.g., Costco membership, PC points,, etc.)? ☐ Yes ☐ No ☐ Don’t know | [ ]  | [ ]  | [ ]  | Specify |
| Mini mart (e.g., 7-11) | [ ]  | [ ]  | [ ]  | Specify |
| Ethnic specialty markets | [ ]  | [ ]  | [ ]  | Specify |
| Delicatessens/bakeries | [ ]  | [ ]  | [ ]  | Specify |
| Fish shop, meat shop, butcher’s shop | [ ]  | [ ]  | [ ]  | Specify |
| Farmer’s market | [ ]  | [ ]  | [ ]  | Specify |
| Home delivery services (e.g., Grocery Gateway, Schwan’s, Meals on Wheels, etc.) | [ ]  | [ ]  | [ ]  | Specify |
| Other (e.g., farm gate, hunting, private kill, other private household)  | [ ]  | [ ]  | [ ]  | Specify |

If you have any comments or feedback regarding this Investigation Tool, please email us at ezvbd@oahpp.ca.