Name: _____   Date: _____

Food Poisoning Lab

What two foods did you eat?

_____   _____

Let's collect some class data to determine what made some of us sick!

Food: _____

	Sick	Well	Total	AR
Exposed (ate the food)				
Not Exposed (did not eat the food)				
Totals				

Relative Risk (RR):

Food: _____

	Sick	Well	Total	AR
Exposed (ate the food)				
Not Exposed (did not eat the food)				
Totals				

Relative Risk (RR):

Food: _____

	Sick	Well	Total	AR
Exposed (ate the food)				
Not Exposed (did not eat the food)				
Totals				

Relative Risk (RR):

Food: _____

	Sick	Well	Total	AR
Exposed (ate the food)				
Not Exposed (did not eat the food)				
Totals				

Relative Risk (RR):

Food: _____

	Sick	Well	Total	AR
Exposed (ate the food)				
Not Exposed (did not eat the food)				
Totals				

Relative Risk (RR):

Food: _____

	Sick	Well	Total	AR
Exposed (ate the food)				
Not Exposed (did not eat the food)				
Totals				

Relative Risk (RR):