

Cryptosporidiosis Form for Case Interview

For State Use ID # _____ -CR- _____

I. CASE IDENTIFICATION

(Fill out contact information for the patient)

Name: _____
Last, First

County: _____

Address: _____
Street

Occupation/Grade: _____

City Zip Code

Work/School/Childcare: _____

Home Phone:() _____ **Work Phone:** () _____ **Other:** () _____

II. CASE DEMOGRAPHICS

(Check the appropriate boxes; fill out date of birth and age in years)

Sex: Female Male **Race:** White Black Other → Please specify _____
 Multiracial American Indian/Alaska Native Asian
Ethnicity: Hispanic Non-Hispanic Hawaiian/Pacific Islander Unknown

Date of Birth: ____ / ____ / ____
Age: ____ years

III. CLINICAL DATA (Check all appropriate boxes)

Symptomatic: YES NO Unknown
 If yes, **Date of onset:** ____ / ____ / ____
Date of Diarrhea onset: ____ / ____ / ____

Symptoms (circle answer)

Diarrhea:	YES	NO	Unknown
Duration	_____		
Vomiting	YES	NO	Unknown
Appetite loss	YES	NO	Unknown
Abdominal pain:	YES	NO	Unknown
Nausea	YES	NO	Unknown
Fever (____°)	YES	NO	Unknown
Other	YES	NO	Unknown

Specify: _____

Physician Name: _____
Phone: _____

Hospitalized: YES NO Unknown
 (list all hospitals, admit and discharge dates; attach extra page)

Hospital 1: _____
 Date of admission: ____ / ____ / ____
 Date of Discharge: ____ / ____ / ____
Hospital 2: _____
 Date of admission: ____ / ____ / ____
 Date of discharge: ____ / ____ / ____
Outcome: ALIVE DIED Unknown
 Date of death: ____ / ____ / ____

IV. LABORATORY INFORMATION

(List specimen collection date, test performed, specimen tested, laboratory name, and species. If available, please attach a copy of the lab report)

COLLECTION DATE	TEST NAME (culture, serology, etc.)	SPECIMEN (blood, stool, urine, etc.)	LABORATORY NAME	SPECIES

V. POSSIBLE SOURCES OF INFECTION – 15 days prior to onset

(Circle correct response and provide details to the right. Attach additional sheets if necessary.)

1. Please **circle** all sources of drinking water and ice (including water used to wash produce):
Bottled water Municipal/city water Well water
2. Of these, what is your primary source of drinking water? _____
3. Y N DK Is water filtered?
4. Y N DK Well on property? Details (deep well, tested lately?): _____
Y N DK If yes, is there cattle within ½ mile of well?
5. Y N DK Have you consumed water from a lake, pond, river, or stream?
6. Y N DK Swimming/ Recreation water exposure (lake, pool, etc) before onset of illness? If yes, go to pg. 3.
7. Y N DK Swimming/ Recreation water exposure (lake, pool, etc) after onset of illness? If yes, go to pg. 3.
8. Y N DK Eaten or handled undercooked / raw meat? Store: _____
Date Eaten: ___ / ___ / ___ Date Purchased: ___ / ___ / ___ Item: _____
9. Y N DK Eaten oysters? **Circle** how prepared: *Steamed Raw Other* (Specify: _____)
Date Eaten: ___ / ___ / ___ Date Purchased: ___ / ___ / ___
10. Y N DK Eaten raw fruit or vegetables (including items like salads or sprouts)?
Item: _____
11. Y N DK Eaten unpasteurized dairy products, such as raw milk or cheese made from raw milk?
Item: _____
12. Y N DK Eaten unpasteurized non-dairy products or juice?
Date Eaten: ___ / ___ / ___ Date Purchased: ___ / ___ / ___ Store: _____
13. Y N DK Eaten in a Restaurant? Date: ___ / ___ / ___ Name/Location _____
Date: ___ / ___ / ___ Name/Location _____
14. Y N DK Contact with diapered children or bedridden patients? Details: _____
15. Y N DK Exposure to animal feces? Details: _____
16. Y N DK Contact with any animals (specifically cats, cattle, or animals less than 6 months of age)? List animals and type of contact: _____
17. Y N DK Visited a farm or petting zoo? When? ___/___/___ - ___/___/___ Where? _____
18. Y N DK Work with soil/gardening. Details: _____
19. Y N DK Travel outside community?; Location: _____
Date Arrived Destination: ___/___/___ Date Left Destination: ___/___/___
20. Y N DK Attend Large Gatherings? Location: _____ Date: ___ / ___ / ___
21. Y N DK Came in contact with someone with a similar illness?; _____
Names, dates, and contact info (household / day care, etc.) _____
22. Y N DK Other; Specify _____

VI. Additional Questions for the Case

1. Does case work as food handler, healthcare worker, daycare attendee? Specify: _____
2. Does case have any of the following conditions: cancer or chemotherapy for cancer, recently had or are planning to have an organ transplant, AIDS or HIV infection, IV drug use, long-term steroid use, or illness from excessive use of alcohol? (***Please Do Not Specify**) (Please circle the correct response) YES NO REFUSED UNKNOWN

VI. SUPPLEMENTARY SWIMMING POOL QUESTIONNAIRE – 15 days prior to onset through 15 days after onset

If case swam or participated in water activities within 15 days before onset (#6):

Setting: (lake, pool, ocean, etc)	Location:	Date:	Water in face or mouth:		
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK

If case swam or participated in water activities within 15 days after onset (#7):

Setting: (lake, pool, ocean, etc)	Location:	Date:	Water in face or mouth:		
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK
_____	_____	___/___/___	Y	N	DK

VII. REPORT COMPLETED **Please fax completed form to the Notifiable Disease Section: 404-657-7517**

Case Report Completed by: _____	Phone Number: () _____
Date Report Completed: ___/___/_____	Date Sent to State: ___/___/_____

For State Use:				
Date Received First Report: ___ / ___ / _____	Case associated with an outbreak?	Yes	No	Unk
Specimen to GPLH: Y N U MM# _____	Case associated with a known case?	Yes	No	Unk