

Cyclospora Form for Case Interview

I. CASE IDENTIFICATION

(Fill out contact information for the patient)

For State Use ID # _____ -YR- _____

Name: _____
Last, First

County: _____

Address: _____
Street

City Zip Code

Occupation/Grade: _____

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 Asian Other → Please specify _____
Multiracial American Indian/Alaska Native Hawaiian/Pacific Islander
Ethnicity: Hispanic Non-Hispanic 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)

Diarrhea: YES NO Unknown
Fatigue: YES NO Unknown
Nausea: YES NO Unknown
Weight loss: YES NO Unknown ___lbs
Abd. Cramping: YES NO Unknown
Appetite Loss: YES NO Unknown

Other:

Specify: _____

Describe Severity: _____

Date recovered: _____

Physician Name: _____

Physician 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.A. Travel and Food History

1. Did you travel to a foreign country, such as Canada and Mexico, in the month before you became ill?

If yes, where and when. Please specify all sources of water and ice. List activities.

__/__/__ to __/__/__ _____

2. Did you travel outside of Georgia in the month before you became ill?

If yes, where and when. List activities. __/__/__ to __/__/__ _____

3. Did you travel outside of your normal circles within Georgia in the month before you became ill?

If yes, where and when. List activities. __/__/__ to __/__/__ _____

4A. Within the month before you became ill, where did you purchase your fruits and vegetables?

Circle:

Grocery Store (Name: _____ City: _____)

Farmer's Market (Name: _____ City: _____)

Fruit/Vegetable Stand (City: _____)

Farm: (Details: _____)

Other: (Details: _____)

**4B. Did you eat the following fruit in 2 weeks prior to illness?
CIRCLE THE FOLLOWING FRUITS IF YES, X IF NO.**

Cantaloupe	honeydew melon	watermelon	other melon	pineapple	red grapes	green grapes
Apples	pears	bananas	tangerines	oranges	nectarines	peaches
apricots	lemons	Limes	grapefruit	fresh figs	fresh dates	plums
mangoes	papayas	kiwi	cherries	blackberries	raspberries	strawberries
blueberries	boysenberries					

Any other fruit: _____

**5. Did you eat the following vegetables in the two weeks prior to illness?
CIRCLE THE FOLLOWING VEGETABLES IF YES, X IF NO.**

Tomatoes	Cucumbers	avocado	celery	fresh tarragon	fresh ginger
Radishes	bean sprouts	alfalfa sprouts	arugula	fresh watercrest	fresh lemon grass

Lettuce such as arugula, romaine, iceberg, butter, mesclun (a.k.a., spring mix, field greens, baby greens, and gourmet salad mix), boston bib, green leaf, red leaf

fresh spices such as mint, dill, cilantro, oregano, thyme, rosemary, basil (sweet, thai, purple, unk), parsley

**6. Did you eat the following uncooked vegetables in the 2 weeks prior to illness?
CIRCLE THE FOLLOWING VEGETABLES IF YES, X IF NO.**

carrots mushrooms broccolicauliflower green beans
snow peas (pods with tiny, tender, sweet peas; edible podded peas)
sugar snap peas (“cross” between snow peas)
green peas (common garden peas; English peas; always eaten shelled)
peas, other, specify _____) eggplant asparagus zucchini squash
yellow wax beans jicama garlic white onions red onions green onions (scallions)
chives kale fennel spinach green, red, yellow, or jalapeño peppers

Any other vegetables: _____

**7. Did you eat any of the following in the 2 weeks before illness onset?
CIRCLE IF YES, X IF NO.**

Frisse	escarole	uncooked swiss chard	endive	green mixed salad	Caesar salad
fruit salad	Pasta salad		cole slaw	potato salad	guacamole
fresh salsa	tomato pesto		Basil pesto	pesto in general	tabbouleh

**8. Do you normally wash your fruits and vegetables before eating?
Yes No Unknown Refused**

V. B. Other Potential Sources – refer 14 days prior to onset

(Ask the case if he/she had contact with the following in the 14 days prior to onset. Attach additional sheets if necessary.)

- 1. Y N DK Drank well water/ well on property? Details: _____
- 2. Y N DK Is water filtered?
Please specify what is normal drinking water for case / family: _____
- 3. Y N DK Consumption of untreated water? Details: _____
- 4. Y N DK Attend Large Gatherings? Location: _____ Date: ___ / ___ / ___
- 5. Y N DK Came in contact with someone with a similar illness?; _____
Names, dates, and contact info (household / day care, etc.) _____
- 6. Y N DK Swimming/Recreational water exposure (lake, pool, etc)?
If Y circle: lake, pond, river, stream, water park, swimming/wading pool, hot tub/spa, whirlpool
- 7. Y N DK Other; Specify _____

VI. Additional Questions for the Case

- 1. Y N DK Does case work as food handler, healthcare worker, daycare attendee?
Specify: _____
- 2. Y N DK 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 emphasize hand washing to case / family.

VII. REPORT COMPLETED

Case Report Completed by: _____ **Phone Number:** () _____

Date Report Completed: ___ / ___ / _____ **Date Sent to State:** ___ / ___ / _____

For State Use:

Date Received First Report: ___ / ___ / _____

Specimen to GPLH: Y N U MM# _____

Sent deidentified to CDC: Y N Date: ___ / ___ / ___

Case associated with an outbreak? Yes No Unk

Case associated with a known case? Yes No Unk