

GIARDIASIS

Form For Case Interview

State Use Only:

ID# _____ -- GR -- _____

Section I: Case Identification

(Fill out contact information for the patient.)

Name: _____
Last First MI

Address: _____
Street

City State Zip Code

County: _____

Home Phone: () _____ - _____

Work Phone: () _____ - _____

Other Phone: () _____ - _____

Workplace/School/Childcare: _____

Occupation/Grade Level: _____

Section II: Case Demographics

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

Gender: Male Female

Date of Birth: ___/___/___

Age (years): _____

Race: White Black
 Asian Multiracial
 American Indian/Alaska Native
 Hawaiian/Pacific Islander
 Unknown Other _____

Ethnicity: Hispanic Non-Hispanic
 Unknown

Section III: Clinical Data

(Check all appropriate boxes; fill in blanks)

Symptomatic: Yes No Unknown

Date of Onset: ___/___/___

Date of diarrhea onset: ___/___/___

Date of Recovery: ___/___/___

Physician Name: _____

Physician Phone: () _____ - _____

Treatment prescribed: _____

Symptoms

Diarrhea Yes No Unknown

If yes, # loose stools in 24 hrs: _____

Abnormal stools Yes No Unknown

Bloating Yes No Unknown

Abdominal pain Yes No Unknown

Nausea Yes No Unknown

Vomiting Yes No Unknown

Weight loss Yes No Unknown

Fatigue Yes No Unknown

Hospitalized? Yes No Unknown

(If yes, list all hospitals, admit, and discharge dates; attach extra pages as needed)

Hospital 1: _____

Date of admission: ___/___/___ Date of discharge: ___/___/___

Hospital 2: _____

Date of admission: ___/___/___ Date of discharge: ___/___/___

Outcome: Alive Died Unknown Date of death: ___/___/___

Does patient have a history of immunosuppression from cancer, AIDS/HIV infection, organ transplants, IV drug use, long term steroid use, or illness from excessive use of alcohol? Yes No Unknown

Section IV: Laboratory Data

(Complete as much as possible. 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section Va. Suspect Foods and Water

Ask if the individual consumed the following foods or performed the following actions WITHIN THE PAST 10-14 DAYS.

Y N DK

Consumed fresh fruit or vegetables

If yes, were they washed in tap water from house? Yes No

Consumed raw or undercooked meat products

If yes, was any of the meat wild game (e.g. deer, wild turkey, rabbit)? Yes No

Consumed any other raw, uncooked, or unpasteurized foods (including homemade ice cream w/ raw eggs)

If yes to any of above, was any food eaten in a restaurant? Yes No If yes, please specify:

Name: _____ Location: _____ Date: _____

Name: _____ Location: _____ Date: _____

Consumed food samples at store

Ate at a group meal (potluck, reception, etc.)

Details: _____

Water source known

Individual Well Shared well Public water system Bottled water Other _____

If well: How far from septic system is well located? _____

Depth of well? _____ Recently drilled? Yes No

Is well water treated? Yes No Is well water tested? Yes No

Consumed filtered water

If yes: Filter on faucet (e.g. Brita) Filter pitcher for drinking water Whole house filter system

Boiled his/her water

Section Vb. Other Suspect Sources

Y N DK

Recreational water exposures

If yes, specify type: Natural freshwater Natural saltwater Pool/spa Water parks/fountains

Details: _____

Did person... Touch water? Y / N Wade in water? Y / N Swim in water? Y / N

Accidentally or intentionally swallow water? Y / N

Hiking/Camping/Backpacking

If yes: Location: _____

Did person drink stream or river water? Yes No Unknown

If yes: Was water treated or filtered? Yes No

Check all methods that apply: Boiled Filtered Chemically treated

Contact with wild animals

Location: _____ Animals encountered: _____

Zoo/farm/fair visit

Location: _____

Animals encountered: Cows Horses Pigs Goats Fowl Sheep Exotics

Other (please specify) _____

Pet shop visit

Location: _____

Animals encountered: Puppies Kittens Dogs Cats Birds Fish Reptiles

Other (please specify) _____

Contact with pets

Animal encountered: Puppy Kitten Dog Cat Birds Fish Reptiles

Other (please specify) _____

If yes, was animal recently adopted? Yes No Recently ill? Yes No

Farm or dairy residence or bordering residence

Animals on farm: Cows Horses Pigs Goats Fowl Sheep Exotics

Other (please specify) _____

Section Vb. Other Suspect Sources, continued

Y N DK

Work with animals (research, farm worker, veterinary medicine, slaughterhouse)
Animals encountered: Puppies Kittens Dogs Cats Birds Fish Reptiles
Cows Horses Pigs Goats Fowl Sheep Exotics
Other (please specify) _____

Exposure to human or animal feces (including fertilizer) Details: _____

Yard work or gardening

Travel outside community

Location: _____

Date of arrival: ___/___/_____ Date of departure: ___/___/_____

Employed at a child or day care center Where? _____

Household member in child or day care

Who? _____ Relationship to case? _____

Where? _____

Contact with diapered or incontinent adult or child Details: _____

Know other individual with similar symptoms

If yes: Who? _____ Age: _____

Relationship? _____

Contact with lab confirmed case

Household Casual Sexual Other _____

Epidemiologic link to a confirmed human case

Section VI. Public Health Issues/Action

Y N DK

Hand washing information provided/emphasized.

Does case work as a food handler, healthcare worker, caregiver?

If yes: Provide information about appropriate hygiene.

Section VII. Notes

Please include any additional notes you feel are relevant to this case/investigation below.

Section VIII. Investigation Information

Case report completed by: _____ Phone: () _____ - _____

Position/Title: _____ Office/Health District: _____

Date report completed: ___/___/_____ Date report sent to State Health Office: ___/___/_____

State Use Only:

Date Report First Received: ___/___/_____

Case associated with an outbreak? Y N U

Outbreak name: _____

Report Entered By: _____

Case associated with known case? Y N U

Date Report Entered: ___/___/_____

Specimen to GPHL? Y N U Lab # _____

PLEASE FAX ALL COMPLETED FORMS TO: GDPH NOTIFIABLE DISEASE SECTION

ATTN: MARSHALL VOGT, SUMMER INTERN/GIARDIA INVESTIGATOR

FAX: 404-657-7517

PHONE: 404-538-2588