

CYCLOSPORIASIS SURVEILLANCE CASE REPORT FORM

Demographic data:

Patient's name (first 4 letters of last name): _____ Sex: Male Female
State of residence: _____ County: _____ Age: _____ Date of birth (mm/yyyy): _____

Ethnic origin: _____ Race (check all that apply):
Hispanic or Latino White American Indian or Alaska Native
Not Hispanic or Latino Black or African American Native Hawaiian or other Pacific Islander
Unknown Asian Unknown

Physician's name: _____
Phone: _____ FAX: _____ Email: _____

Clinical data: (For dates, be as specific as possible. However, approximations [e.g., mm/yyyy] are okay.)

Date of onset of illness / symptoms: _____ (Unknown date; unable to approximate)

Signs and symptoms: Diarrhea: Yes No Unknown If yes, maximum number stools per day: _____ (unknown = 999) Weight loss: Yes No Unknown If yes, baseline weight: _____ lbs. (unknown = 999) Number of pounds lost: _____ Fever (or felt feverish): Yes No Unknown If yes, temperature: _____ degrees F (unknown or not measured = 999) Other symptoms (specify): _____	Fatigue: Yes No Unknown Anorexia: Yes No Unknown Nausea: Yes No Unknown Vomiting: Yes No Unknown Abdominal cramps: Yes No Unknown
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Hospitalized (at least overnight): Yes No Unknown
If yes, name of hospital: _____ Date of admission: _____

Date stool collected for Cyclospora testing: _____ (If multiple stools, specify below or on p. 2.) Test results: Positive Negative Unknown (or pending) If known, specify testing methods and laboratories, including, if applicable, testing done by state or CDC labs: _____ Results from state lab (not applicable:): Positive Negative Unknown (or pending) Results from CDC lab (not applicable:): Positive Negative Unknown (or pending)

Has the case-patient been treated (or is he/she being treated) for cyclosporiasis? Yes No Unknown
If yes, what medication(s)? Trimethoprim/sulfamethoxazole (e.g., Bactrim, Septra, Cotrim)
Other (specify): _____
Unknown

Is case-patient allergic to (or intolerant of) sulfa drugs? Yes No Unknown

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-0728).

Exposures during 2 weeks before onset of illness:

(For dates, be as specific as possible. However, approximations [e.g., mm/yyyy] are okay.)

History of travel (during 2 weeks before onset of illness):	Yes	No	Unknown
International travel (country): (Unknown dates of travel and unable to approximate)			
(1) _____	Departure date: _____	Return date: _____	
(2) _____	Departure date: _____	Return date: _____	
(3) _____	Departure date: _____	Return date: _____	
U.S. travel (state): (Unknown dates of travel and unable to approximate)			
(1) _____	Departure date: _____	Return date: _____	
(2) _____	Departure date: _____	Return date: _____	
(3) _____	Departure date: _____	Return date: _____	

Fresh produce exposures (produce eaten or tasted during 2 weeks before onset of illness):

Fresh berries: Yes (If yes, specify types; check all that apply) No Unknown

Strawberries Blackberries Blueberries
Raspberries Black raspberries Golden raspberries Unknown type of berry
Other types of berries (specify): _____

Fresh herbs: Yes (If yes, specify types; check all that apply) No Unknown

Cilantro Oregano Thyme Mint Dill Parsley Rosemary
Basil (specify types): Sweet basil Thai basil (i.e., green leaves and purple stems)
Purple basil (i.e., purple leaves and stems)
Other types of herbs (specify): _____
Unknown type of herb

Lettuce: Yes (If yes, specify types; check all that apply) No Unknown

Mesclun (a.k.a., spring mix, field greens, baby greens, & gourmet salad mix)
Arugula
Other types of lettuce (specify): _____
Unknown type of lettuce

Other types of fresh produce: Yes (If yes, specify types; check all that apply) No Unknown

Fruit, other than berries (specify types): _____
Snow peas (flat, shiny pea pods containing tiny peas)
Other types of fresh produce (specify): _____
Unknown type of fresh produce

Did the case-patient attend any events (e.g., wedding reception) (during **2 weeks** before onset of illness)?

Yes No Unknown

If yes, specify type of social or other event: _____ Event date: _____

Does the case-patient know of other ill persons? Yes No Unknown

If yes, did health department obtain contact information and investigate further (provide comments below)?

Yes No Under consideration (or pending) Unknown

Comments and additional data:

Name (person filling out form): _____ **Title:** _____

Phone: _____ **FAX:** _____ **Email:** _____

Name of investigating health department: _____ **Date form submitted:** _____