

DATE OF REPORT
 [] [] [] [] [] [] [] [] []
 Month Day Year

FORM APPROVED
 OMB NO. 0920-0008

CDC CASE REPORT NUMBER
 [] [] [] [] [] [] [] [] [] []

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PUBLIC HEALTH SERVICE
 CENTERS FOR DISEASE CONTROL
 ATLANTA, GEORGIA 30333

STATUS OF THIS REPORT
 New case Update report

STATE/LOCAL CASE REPORT NUMBER
 [] [] [] [] [] [] [] [] [] []

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)
 CASE REPORT

I. BASIC PATIENT INFORMATION

PATIENT'S NAME _____
 Last First Middle Maiden/Other

DATE OF BIRTH _____ AGE AT DIAGNOSIS AIDS _____ SEX _____
 Month Day Year Years Male Female

RACE/ETHNIC ORIGIN _____
 White Asian/Pacific Islander
 Black American Indian/Alaskan Native
 Is patient of Hispanic (Latin American) origin? Yes No

RESIDENCE AT ONSET OF ILLNESS SUGGESTIVE OF AIDS

 City County State/(Country) Zip Code

CURRENT CONDITION/PROGNOSIS
 Outpatient/ambulatory
 Hospitalized, not critical
 Hospitalized, critical
 Dead

IF DEAD, DATE OF DEATH _____
 Month Day Year

AUTOPSY PERFORMED?
 Yes No

II. SPECIFIC CONDITIONS AND OPPORTUNISTIC INFECTIONS MOST FREQUENTLY ASSOCIATED WITH AIDS

Has the patient had any of the conditions/opportunistic infections listed below most frequently associated with AIDS? Check all that apply, indicate anatomic site if appropriate, and give date of diagnosis or specimen collection and the most specific or reliable method of diagnosis used (write in code number from list at bottom of page).

	DATE OF SPECIMEN OR DIAGNOSIS		METHOD OF DIAGNOSIS
	Month	Year	
<input type="checkbox"/> Kaposi's Sarcoma (check all anatomical sites that apply) <input type="checkbox"/> Lymph Nodes <input type="checkbox"/> Mouth/Pharynx <input type="checkbox"/> Skin <input type="checkbox"/> Anus/Rectum <input type="checkbox"/> Internal Organs* <input type="checkbox"/> Other* *Specify site _____	[] []	[] []	[]
<input type="checkbox"/> Pneumocystis carinii pneumonia	[] []	[] []	[]
<input type="checkbox"/> Toxoplasmosis, encephalitis or brain abscess	[] []	[] []	[]
<input type="checkbox"/> Atypical (non-tuberculous) Mycobacterial infection (severe/disseminated, e.g. bone marrow or multiple organ involvement) <input type="checkbox"/> M. avium-intracellulare <input type="checkbox"/> Other species* *Specify species _____	[] []	[] []	[]
<input type="checkbox"/> Candida esophagitis (Candida infections at others sites may be reported on Page 2)	[] []	[] []	[]
<input type="checkbox"/> Cryptosporidiosis with chronic diarrhea (persisting > 1 month)	[] []	[] []	[]
<input type="checkbox"/> Cytomegalovirus infection* (symptomatic, disseminated, especially with documented pathology of lungs, intestine; exclude mononucleosis syndrome) *Specify site(s) _____	[] []	[] []	[]
<input type="checkbox"/> Cryptococcal infection: <input type="checkbox"/> Meningitis <input type="checkbox"/> Other* *Specify site(s) _____	[] []	[] []	[]
<input type="checkbox"/> Progressive multifocal leukoencephalopathy (Papovavirus infection, brain)	[] []	[] []	[]

CDC USE

City [] []

County [] []

State [] []

Sites [] [] [] []

Species [] []

Sites [] [] [] []

Sites [] [] [] []

OTHER OPPORTUNISTIC INFECTIONS AND CANCERS THAT MAY BE ASSOCIATED WITH AIDS ARE LISTED ON THE NEXT PAGE.

METHODS OF DIAGNOSIS: (Not all methods are appropriate or acceptable for all diseases)
 1 = Microscopy: cytology, histology 4 = Serology: Antibody titer 7 = X-ray, fluoroscopy, etc.
 2 = Culture/microbiologic techniques 5 = Antigen detection, any technique 8 = Ultrasound, CAT scan, etc.
 3 = Endoscopy: bronchoscopy, sigmoidoscopy, etc. 6 = Physical examination 9 = Unknown

This report is authorized by law (Public Health Service Act, 42 USC 241). While your response is voluntary, your cooperation is necessary for the understanding and control of this disease.

