

CYCLOSPORIASIS SURVEILLANCE CASE REPORT FORM

Form Approved
OMB NO. 0920-0009

Demographic Data:

Patient's name: Last First

State of residence: County:

Sex: 9Male 9Female Age: Date of birth (mm/dd/yy):

Race/Ethnicity (select one or more):

- 9American Indian or Alaska Native 9Black or African American 9Native Hawaiian or Other Pacific Islander
9Asian 9Hispanic or Latino 9White
9Unknown

Physician's Name: Phone:

Physician's Email:

Clinical Data: (NOTE: for dates, be as specific as possible. However, approximations (e.g., mm/yy) are okay.)

Date of illness onset (mm/dd/yy): 9Unknown

Signs and symptoms:

Diarrhea: 9Yes 9No 9Unknown Fatigue: 9Yes 9No 9Unknown
Maximum number stools per day: (unknown = 999) Anorexia: 9Yes 9No 9Unknown
Nausea: 9Yes 9No 9Unknown
Weight loss: 9Yes 9No 9Unknown Vomiting: 9Yes 9No 9Unknown
Baseline weight: lbs. (unknown = 999) Abdominal cramps: 9Yes 9No 9Unknown
Number of pounds lost: Other symptoms (specify):
Fever: 9Yes 9No 9Unknown
Temperature (if measured): degrees F (unknown = 999)
Hospitalized (at least overnight): 9Yes 9No 9Unknown
If yes, list name of hospital: Date of admission:

Stool collection date: Results: 9Positive 9Negative 9Unknown

Confirmed by state lab? 9Yes 9No 9Unknown Confirmed by CDC lab? 9Yes 9No 9Unknown

Was the case-patient treated for cyclosporiasis? 9Yes 9No 9Unknown

If yes, what medication was provided? 9trimethoprim/sulfamethoxazole (e.g., Bactrim, Septra, Cotrim)
9Other (specify): 9Unknown

Is case-patient sulfa-allergic? 9Yes 9No 9Unknown

Epidemiologic Data: (NOTE: for dates, be as specific as possible. However, approximations (e.g., mm/yy) are okay.)

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, Georgia 30333; ATTN: PRA (0920-0009).

Name (person filling out form): _____

Title: _____

Phone: _____ - _____ - _____ FAX: _____ - _____ - _____

Email: _____

Name of investigating health department: _____

Date form completed: ____/____/____

Revised 9/3/02