

Demographic data:

NBSID _____

Patient's name: _____ Sex: Male Female

State of residence: _____ County: _____ Age: _____ Date of birth (mm/dd/yyyy): _____

Ethnic origin:

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

Race (check all that apply):

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- 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

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 (0920-0009).

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):

- (1) _____
- (2) _____
- (3) _____

(**Unknown dates of travel and unable to approximate**)

- Departure date: _____ Return date: _____
- Departure date: _____ Return date: _____
- Departure date: _____ Return date: _____

U.S. travel (state):

- (1) _____
- (2) _____
- (3) _____

(**Unknown dates of travel and unable to approximate**)

- Departure date: _____ Return date: _____
- Departure date: _____ Return date: _____
- Departure date: _____ Return date: _____

Texas travel* (city):

- (1) _____
- (2) _____
- (3) _____

(**Unknown dates of travel and unable to approximate**)

- Departure date: _____ Return date: _____
- Departure date: _____ Return date: _____
- Departure date: _____ Return date: _____

**this includes travel for vacation, work, and/or any travel outside of usual area*

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

Fresh berries:

Strawberries Y N Maybe Don't Know

- *Note to interviewer: ask about berry garnishes on other foods*

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Raspberries Y N Maybe Don't Know

- *Note to interviewer: ask about berry garnishes on other foods*

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Black Raspberries Y N Maybe Don't Know

- *Note to interviewer: ask about berry garnishes on other foods*

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Blueberries Y N Maybe Don't Know

- *Note to interviewer: ask about berry garnishes on other foods*

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Blackberries Y N Maybe Don't Know

- *Note to interviewer: ask about berry garnishes on other foods*

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Other fresh berries Y N Maybe Don't Know

- *Note to interviewer: ask about berry garnishes on other foods*

If yes, please list:

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Fresh herbs:

Fresh basil or pesto (at home or away) Y N Maybe Don't Know

Type: Sweet Basil Thai Basil Purple Basil Other, specify: _____

Brand:

Store Purchased or Restaurants Where Ate:

Fresh parsley (this may be served as a garnish in a dish or drink) Y N Maybe Don't Know

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Fresh cilantro (this may be served as a garnish in a dish or drink) Y N Maybe Don't Know

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Other fresh herbs (this may be served as a garnish in a dish or drink) Y N Maybe Don't Know

Type: Oregano Thyme Dill Mint Rosemary Other, specify: _____

Brand:

Store Purchased or Restaurants Where Ate:

Leafy greens:

Pre-packaged or bagged, pre-washed lettuce or salad mix Y N Maybe Don't Know

How was it packaged? Bagged Clamshell Unknown

What types of lettuce were included? Iceberg Romaine Spinach/Baby Spinach Butter Leaf/Bib

Red Leaf Spring Mix/Mesclun Other: _____

Brand:

Store Purchased or Restaurants Where Ate:

Bagged, pre-washed spinach or spinach mix Y N Maybe Don't Know

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Other iceberg lettuce Y N Maybe Don't Know

- *Note to interviewer: ask about lettuce on sandwiches and in salads*

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Romaine lettuce Y N Maybe Don't Know

- *Note to interviewer: ask about lettuce on sandwiches and in salads*

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Arugula Y N Maybe Don't Know

- *Note to interviewer: ask about lettuce on sandwiches and in salads*

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Other leafy lettuce (red, green, butter, radicchio) Y N Maybe Don't Know

- *Note to interviewer: ask about lettuce on sandwiches and in salads*

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Mesclun, "spring mix", or "baby" salad items Y N Maybe Don't Know

- *Note to interviewer: ask about lettuce on sandwiches and in salads*

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Fresh spinach ("loose"; not frozen) Y N Maybe Don't Know

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Other types of fresh produce:

Any other types of fresh produce: Y N Maybe Don't Know

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Type:

Brand:

Store Purchased or Restaurants Where Ate:

Where does the case-patient usually shop for groceries?

Store/source name	Location (street address/intersection/ neighborhood/other identifiers, city)

Is this where the case-patient normally purchases fresh produce? Yes No Unknown

Did the case-patient purchase any fresh produce from any of the following:

Farmer's markets road side stands open-air/flea markets, other (specify) _____

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:* _____

Describe any foods you ate _____

Did the case patient eat at any restaurants? *(during 2 weeks before onset of illness)?*

Yes No Unknown

Name	Location (street address/intersection/neighborhood/other identifiers, city)	Date	Describe foods you ate

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:** _____

Please fax completed case forms to DSHS Central Office @ 512-776-7616