

CYCLOSPORIASIS SURVEILLANCE CASE REPORT FORM

Form Approved
OMB NO. 0920-0009

Demographic Data:

Patient's name: _____

State of residence: _____ Last _____ First _____
County: _____

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

Race/Ethnicity (select one or more):

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

Physician's Name: _____ **Phone:** _____

Physician's Email: _____

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

Date of illness onset (mm/dd/yyyy): _____ Unknown

Signs and symptoms:

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

Stool collection date: _____ **Results:** Positive Negative Unknown

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

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

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

Is case-patient sulfa-allergic? Yes No Unknown

Epidemiologic Data: (NOTE: for dates, be as specific as possible. However, approximations (e.g., mm/yyyy) 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-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0009).

