

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Interviewer: \_\_\_\_\_

Tennessee ☐

## CRYPTOSPORIDIOSIS DISEASE WORKSHEET

Patient's Name (last, first): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name (if child): \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

### SYMPTOM HISTORY:

Nausea	Y	N	Fever	Y	N
Vomiting	Y	N	Temp	_____	
Diarrhea	Y	N	Chills	Y	N
Stools/24 hours	_____		Headache	Y	N
Bloody	Y	N	Loss of appetite	Y	N
Duration (days)	_____		Weight loss	Y	N
Cramps	Y	N	Pounds lost	_____	
Other: _____					

First symptom? \_\_\_\_\_

Date of onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of onset of diarrhea: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of onset of diarrhea: \_\_\_\_\_

Date of recovery: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have any medical conditions that may suppress your immune system (e.g., diabetes, renal failure, Crohn's disease, cancer, HIV infection or lupus)? ☐ Y ☐ N ☐ Unk List: \_\_\_\_\_

Do you take any medication that may suppress your immune system (e.g., corticosteroids or cancer chemotherapy)? ☐ Y ☐ N ☐ Unk List: \_\_\_\_\_

Were you taking antacids in the 2 weeks prior to your illness? ☐ Y ☐ N ☐ Unk  
If yes, what? \_\_\_\_\_

Were you on any other medications in the 2 weeks prior to your illness? ☐ Y ☐ N ☐ Unk  
If yes, what? \_\_\_\_\_

Were you treated with antibiotics/antiparasitics after the onset of this illness? ☐ Y ☐ N ☐ Unk  
If yes, what medication? \_\_\_\_\_

What date did you start taking your medications? \_\_\_\_/\_\_\_\_/\_\_\_\_

What date did you finish taking your medications? \_\_\_\_/\_\_\_\_/\_\_\_\_

### The following questions refer to the 2 weeks before the onset of symptoms:

1. Did you drink water from any of the following sources?

Municipal or city water (directly from tap) ☐ Y ☐ N ☐ Unk

Well water ☐ Y ☐ N ☐ Unk

- Where? (eg. home, cabin) \_\_\_\_\_
- Address of well \_\_\_\_\_
- Describe well (eg. single home, multiple home) \_\_\_\_\_

Bottled Water Brand: \_\_\_\_\_ ☐ Y ☐ N ☐ Unk

Other (such as from a stream while camping) ☐ Y ☐ N ☐ Unk

- Specify \_\_\_\_\_

2. Did you drink any unpasteurized/raw milk? ☐ Y ☐ N ☐ Unk

--- If yes, where consumed: \_\_\_\_\_ When? \_\_\_\_/\_\_\_\_/\_\_\_\_

--- If yes, where purchased: \_\_\_\_\_

3. Did you drink any unpasteurized apple cider? ☐ Y ☐ N ☐ Unk

--- If yes, where consumed: \_\_\_\_\_

--- If yes, where purchased: \_\_\_\_\_

4. Did you go swimming in the **2 weeks prior** to your illness? ☐ Y ☐ N ☐ Unk

---If yes, **when** and **where** (name and location):

☐ Fresh Water (lake, river, stream) \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

☐ Ocean \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

☐ Swimming pool \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

☐ Wading pool \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

☐ Splash pad \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

5. Have you gone swimming since your symptoms started? ☐ Y ☐ N ☐ Unk

---If yes, **when** and **where** (name and location):

☐ Fresh Water (lake, river, stream) \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

☐ Swimming pool \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

☐ Wading pool \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

☐ Splash pad \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

6. Did you consume meat from any place other than the grocery store (butcher shop, hunting)? ☐ Y ☐ N ☐ Unk

Source: \_\_\_\_\_

7. Did you garden? ☐ Y ☐ N ☐ Unk

--- If yes, did you apply animal manure or compost to your garden? ☐ Y ☐ N ☐ Unk

☐ Compost When? \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Manure When? \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of manure (cow, sheep, etc.) \_\_\_\_\_

8. Did you have contact with household pets, either in your home or elsewhere? ☐ Y ☐ N ☐ Unk

Pets and description of contact: \_\_\_\_\_

9. During the 2 weeks prior to your illness, did you live on, work on, or visit a farm? ☐ Y ☐ N ☐ Unk

--- If yes, name, location, and dates at farm (other than home farm):

☐ Live on farm

☐ Work on farm: \_\_\_\_\_ When? \_\_\_\_\_

☐ Visit farm: \_\_\_\_\_ When? \_\_\_\_\_

10. Did you visit a petting zoo, educational exhibit, fair, or other venue with animals? ☐ Y ☐ N ☐ Unk  
 --- If yes, name/location: \_\_\_\_\_ When? \_\_\_\_\_

11. If yes to questions 9 or 10: Were any of the following animals present? If yes, did you have any contact with them?

	Home			Work			Other Farm			Petting Zoo/Exhibit		
	Present – No Contact	Contact	Describe Contact	Present – No Contact	Contact	Describe Contact	Present – No Contact	Contact	Describe Contact	Present – No Contact	Contact	Describe Contact
<b>Cow</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Goat</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sheep</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pig</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

12. Did you travel anywhere during the 2 weeks prior to your illness? ☐ Y ☐ N ☐ Unk  
 --- If yes, where? \_\_\_\_\_  
 --- If yes, what dates did you travel? Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

13. Did you attend any large gatherings (weddings, showers, parties, festivals, fairs, etc.)? ☐ Y ☐ N ☐ Unk  
 --- If yes, what type of event? \_\_\_\_\_  
 --- Where? \_\_\_\_\_ When? \_\_\_\_/\_\_\_\_/\_\_\_\_

14. Do you know of anyone else with a diarrheal illness prior to or following your illness? ☐ Y ☐ N ☐ Unk  
 Who? \_\_\_\_\_ When? \_\_\_\_\_

15. Did you have contact with young children in a daycare setting in the 2 weeks prior to your illness? ☐ Y ☐ N

--- If yes, when: \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_

--- Name of Daycare: \_\_\_\_\_

Name of Daycare Director: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

--- Did your child attend daycare (or did you work at a daycare) with a diarrheal illness? ☐ Y ☐ N ☐ Unk

If yes, what dates? \_\_\_\_\_

--- Are you aware of any other illness in the daycare? ☐ Y ☐ N ☐ Unk

**For children that attend daycare or daycare employees:**

Daycare providers are contacted to determine if any other children may be ill and to provide information and recommendations to prevent further spread of this illness. Our use of the data from this interview may include disclosing your/your child's name to the extent necessary to do our investigation and control the spread of disease. For example, it may be necessary to disclose the name to the daycare center. Do you have any concerns about disclosing your/your child's name to the daycare, if it is necessary?

☐ Yes, I do have concerns

☐ No, I do not have concerns

**Tennessen read** ☐ Y ☐ N

Did you eat in any restaurants during the 2 weeks prior to your illness? ☐ Y ☐ N

1. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

City (state): \_\_\_\_\_ Foods eaten: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

City (state): \_\_\_\_\_ Foods eaten: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

City (state): \_\_\_\_\_ Foods eaten: \_\_\_\_\_

**If Adult Case:**

What is your occupation? \_\_\_\_\_

Name of employer? \_\_\_\_\_

Address/city of employer? \_\_\_\_\_

Work phone: \_\_\_\_\_

**If Child Case:**

Child's school name/address: \_\_\_\_\_

Parent 1 occupation: \_\_\_\_\_

Parent 2 occupation: \_\_\_\_\_

**Food and Aquatics Workers:**

Work restrictions may apply to people with *Cryptosporidium* infections who work in food service or the aquatics industry. You will be contacted by an epidemiologist if restrictions apply to you.

**Statement read:** ☐ Y ☐ N

**Please remember that because *Cryptosporidium* can spread so easily through water, people who have cryptosporidiosis should not go swimming while they have diarrhea and for 2 weeks following the resolution of symptoms.**