

CYCLOSPOROSIS CASE INVESTIGATION - Page 2 of 4

Indiana State Department of Health
State Form 49688 (R2/1-05)

Section 2. Clinical Information (continued)

Physician/Hospital that Collected Specimen

Physician/Hospital Address

City State ZIP Code

Physician/Hospital Phone

Was the patient hospitalized?
 Yes No

If Yes, admission date: / /

Discharge date: / /

Hospital:

Was the patient treated with antimicrobials for this illness? Yes No Unknown

If Yes, antimicrobial

Date started / / Date ended / /

Did the patient die? Yes No

Section 3. Epidemiologic Information

List all commercial food establishments serving ready-to-eat food that the patient patronized during the 2 weeks prior to illness onset.

1. Establishment Name

Address

Foods Eaten (list) Date / /

2. Establishment Name

Address

Foods Eaten (list) Date / /

3. Establishment Name

Address

Foods Eaten (list) Date / /

CYCLOSPOROSIS CASE INVESTIGATION - Page 3 of 4

Indiana State Department of Health
State Form 49688 (R2/1-05)

Section 3. Epidemiologic Information (continued)

4. _____
Establishment Name

Address

Foods Eaten (list) _____/_____/_____
Date

List all group gatherings where food was served that the patient attended during the 2 weeks prior to illness onset.

1. _____
Type of Gathering

Responsible Person

_____-_____-_____
Phone Number **No. of Persons** **Date** ____/____/____

2. _____
Type of Gathering

Responsible Person

_____-_____-_____
Phone Number **No. of Persons** **Date** ____/____/____

List all stores where patient bought groceries that were consumed during the 2 weeks prior to illness onset.

Store Name:	Street Address:	Date:
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Indicate whether the patient consumed the following foods or beverages during the 2 weeks prior to illness onset.

Food Item:	Date Consumed:	Brand Name:	Name of Place Purchased:
<input type="radio"/> Raspberries	____/____/____	_____	_____
<input type="radio"/> Blackberries	____/____/____	_____	_____
<input type="radio"/> Strawberries	____/____/____	_____	_____
<input type="radio"/> Blueberries	____/____/____	_____	_____
<input type="radio"/> Unpasteurized juice	____/____/____	_____	_____
<input type="radio"/> Raw vegetables	____/____/____	_____	_____
<input type="radio"/> Lettuce	____/____/____	_____	_____
<input type="radio"/> Basil (herb)	____/____/____	_____	_____

CYCLOSPOROSIS CASE INVESTIGATION - Page 4 of 4

Indiana State Department of Health
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Section 4. Risk Factors

During the two weeks prior to illness onset, did the patient:

Travel outside of Indiana?

- Yes No Unknown

If Yes, where

____/____/____ ____/____/____
Date of departure Date of return

Go swimming?

- Yes No Unknown

If Yes, date: ____/____/____

Location: _____

Drink untreated surface water?

- Yes No Unknown

If Yes, date: ____/____/____

Location: _____

Does the patient know of anyone else who has recently had an illness characterized by diarrhea, fever, or abdominal pain?

- Yes No Unknown

If Yes, name

Relationship

____-____-____ ____/____/____
Phone number Onset date

Was this person exposed to any of the commercial food establishments or group gatherings listed on this worksheet?

- Yes No Unknown

If Yes, describe

Section 5. Comments/Follow-up

Comments:

Investigator Name

Agency

____-____-____ ____/____/____
Phone Number Date