Maryland Department of Health and Mental Hygiene
CRYPTOSPORIDIOSIS CASE INVESTIGATION SUPPLEMENT

For confirmed and suspected cases of cryptosporidiosis, complete this form in addition to the Gastroenteritis Case Report Form. Note that the incubation period for cryptosposidiosis is 1-12 days, with an average of 7 days.

<u>**Clinical and Lab Data**</u>

Date stool specimen(s) collected: 1st specimen _____   Result_____

2nd specimen _____   Result_____

Duration of diarrhea____(in days) (Diarrhea is defined as ≥2 loose or watery bowel movements in a day)

<u>**Additional Risk Factors**</u>

In the 2 weeks prior to the onset of your symptoms:

Did you have close contact with anyone with diarrhea--**other than household members** listed on the back of the Gastroenteritis Case Report Form)? Consider children, residents of nursing homes or long-term care facilities, hospital or clinic patients, sexual partners, or other contacts.

Name	Age	Relationship to case	Symptoms Y/N?	Onset of symptoms	Lab testing (date collected, results)	Occupation/Employer, School/Grade, Day Care

Did you eat:

Unpasteurized foods or drinks? (e.g. milk, apple cider, etc.)   Y   N   U

Unwashed fruits or vegetables?   Y   N   U

Uncooked or unheated foods such as cole slaw, salads (e.g. lettuce,

potato, chicken, egg, tuna), or other?   Y   N   U

How many times a week did you eat outside of your home in the 2 weeks before onset of symptoms? Include carryout and meals ordered into your home.

Never   1-3   4-6   >6   unknown

What restaurants or commercial food services did you use?

_____

Did you swim or bathe in a stream, lake, ocean, river, swimming pool, jacuzzi, or hot tub?   Y   N   Location?_____

Did you drink from a stream, lake, river, or spring?   Y   N   Location?_____

Estimate the percent of time you use each source of **drinking water** (consider consumption both at home and away from home, including work and recreation; consider only **unboiled** water but include ice, juices made with unboiled water, instant iced tea, etc.)

Source	Never	Some	Most	All	Unknown
Municipal water from the tap	_____	_____	_____	_____	_____
Filtered tap water	_____	_____	_____	_____	_____
Boiled water	_____	_____	_____	_____	_____
Commercially bottled water	_____	_____	_____	_____	_____
Private well water	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
(Explain _____)					

In the **4 weeks prior** to the onset of your symptoms, did you have any of the following medical therapies: steroids, radiation, cancer chemotherapy?   Y   N   Unk Refuse

Do you have any disease or condition that weakens your immune system (e.g. HIV/AIDS, insulin dependent diabetes mellitus, kidney disease, Crohn's disease, ulcerative colitis, lupus, cancer, organ transplant, or other)? Y N Unk   Refuse