

**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 cryptosporidiosis is 1-12 days, with an average of 7 days.

**Clinical and Lab Data**

Date stool specimen(s) collected: 1st specimen \_\_\_\_\_ Result \_\_\_\_\_  
 2nd specimen \_\_\_\_\_ Result \_\_\_\_\_

Duration of diarrhea\_\_\_\_(in days) (Diarrhea is defined as  $\geq$ 2 loose or watery bowel movements in a day)

**Additional Risk Factors**

**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