

TRICHINOSIS SURVEILLANCE CASE REPORT

Form Approved
OMB NO. 0920-0009

PERSONAL DATA

State Reporting: State abbreviation _____	First four letters of last name: _____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth: _____ Mo _____ Day _____ Yr
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White				
County: _____		Physician's Name: _____		Physician's Phone: _____

DIAGNOSTIC DATA

DATE OF ONSET OF ILLNESS: _____ Mo _____ Day _____ Yr		OUTCOME: <input type="checkbox"/> Recovered <input type="checkbox"/> Died <input type="checkbox"/> Unknown			
SIGNS AND SYMPTOMS: Eosinophilia: <input type="checkbox"/> Yes <input type="checkbox"/> Not Done <input type="checkbox"/> No <input type="checkbox"/> Unknown Specify absolute number or percentage: (#) _____ or (%) _____		Fever: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No Specify temperature: _____		Periorbital edema: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No	
Myalgia: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No					
MUSCLE BIOPSY: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done		SEROLOGIC FINDINGS: Positive Negative Not Done Unknown Test type (specify): _____ Date of test: _____ Mo _____ Day _____ Yr Test results: Positive Negative Unequivocal Unknown Date of test: _____ Mo _____ Day _____ Yr Test results: Positive Negative Unequivocal Unknown			

EPIDEMIOLOGIC DATA

SUSPECT FOOD: Pork (specify type below): Store bought pork Pork from farm-raised pig Wild boar Other (specify): _____ Not specified			Non Pork (specify type below): Unknown Bear meat Hamburger (ground meat) Other (specify): _____ Not specified			DATE CONSUMED: _____ Mo _____ Day _____ Yr		
						LARVAE IN SUSPECT FOOD: <input type="checkbox"/> Not examined <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Unknown		
WHERE MEAT OBTAINED: Supermarket/grocery store Butcher shop Restaurant or other public eating establishment Direct from farm Hunted or trapped Other (specify): _____ Unknown			PREPARATION AFTER PURCHASE FURTHER PROCESSING: No further processing Ground (i.e., hamburger) Smoked Dried jerky Marinated Other (specify): _____ Unknown			METHOD OF COOKING: Uncooked Fried Open-fire roasting/BBQ Other cooking method (specify): _____ Unknown		
PATIENT'S OCCUPATION: _____				RELATED CASES: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				

COMMENTS AND ADDITIONAL DATA

Investigator name and title: _____

Date form completed: _____

Public reporting burden of this collection of information is estimated to average 20 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).