



INVESTIGATION WORKSHEET

Confirmed Probable Not a Case

Entered in DRSi?

Cyclosporiasis

Reported to health dept?

<https://drsi.health.mil/ADRSi>

POC: _____

Please see the 2022 Armed Forces Reportable Medical Events Guidelines and Case Definitions for reference

(____) - ____ - _____

Outbreak investigations must be reported immediately to DRSi through the outbreak module.

DEMOGRAPHICS

NAME: (Last) _____ (First) _____ (MI) _____ PARENT/GUARDIAN: _____

DOB: ____/____/____ AGE: _____ FMP: _____ SEX: M F Unk RACE: _____

UNIT: _____ SERVICE: _____ RANK: _____ DUTY STATUS: _____

ADDRESS: (Street) _____ DoD ID: _____

(City) _____ (State) _____ (Zip) _____ (____) - _____ - _____ (h)

(County) _____ (Country) _____ PHONE: _____ (____) - _____ - _____ (c)

CLINICAL INFORMATION

Provider: _____ Clinic/hospital: _____

Y N

Hospitalized Admit date: ____/____/____ Discharge date: ____/____/____

Deceased Date of death: ____/____/____ Cause of death: _____

Y N

Symptomatic Onset date: ____/____/____ Clinic date: ____/____/____ Diagnosis date: ____/____/____

Fever Max Temp: _____ °F/°C (unk)

Watery diarrhea

Loss of appetite

Weight Loss

Abdominal cramps

Nausea

Body aches

Fatigue

Vomiting

Other (describe)

Describe any other relevant symptoms or clinical information below:

Y N

Is this case epidemiologically linked to a confirmed case of cyclosporiasis?

Laboratory results:

Antibiotic Treatment

Test type: Culture PCR Antibody Other

Collection Date: ____/____/____ Result date: ____/____/____

Result: Positive Negative Details: _____

Treated with antibiotics? Y N Unk

Details: _____

Travel History (Deployment history) - Details (start with most recent travel/deployment)

Location (City, State, Country)	# In Group (if applicable)	Principal reason for trip	Date Travel Started	Date Travel Ended

CONTACTS

List all household contacts, ill or not ill, and any close contacts regardless of where they live (i.e., caregivers, partners, etc). Indicate for all contacts if high risk; if symptomatic give onset date and testing information. List additional contacts on the last page of this form if needed.

Name/Contact	Age	Relationship to case	Symptoms		Onset Date	Lab testing	High Risk		
			Yes	No		Y/N, coll. date, result	Day care	Health care	Food Svc.

ENVIRONMENTAL EXPOSURES

In the 7 days before illness onset, from ____/____/____ to ____/____/____ did [you/your child]:

<i>WATER-RELATED EXPOSURES</i>	YES	NO	UNK	<i>If yes, details:</i>
1. Stay in a home with a septic system?				
2. Primarily use water from a well for drinking water?				<i>Treatment:</i>
3. Primarily drink bottled water?				<i>Brand(s):</i>
4. Drink any untreated water (pond, lake, etc)?				
5. Swim or wade in untreated water?				<i>Where?</i>
6. Swim or wade in treated water (pool, hot tub, etc)?				<i>Where?</i>
<i>ANIMAL CONTACT</i>	YES	NO	UNK	<i>If yes, details:</i>
1. Have contact with an animal?				
<i>If yes, did [you/your child] have contact with a:</i>				
a. Dog				
b. Cat				
c. Other pet mammal				<i>Specify:</i>
d. Reptile or amphibian				<i>Specify:</i>
e. Live poultry				
f. Pet bird				
g. Cattle, goat, or sheep				<i>Specify:</i>
h. Pig				
i. Other animal				<i>Specify:</i>
j. Pet with diarrhea				
2. Visit, work, or live on a farm, ranch, or petting zoo?				<i>Specify:</i>
3. Have exposure to a daycare or nursery?				<i>Where?</i>
4. Have a household or close contact with diarrhea?				<i>Who?</i>
5. Work in a restaurant or prepare food for others?				<i>Specify:</i>

FOOD HISTORIES

(For all cases, complete for the 7 days before illness. If case was asymptomatic or the onset is unknown, complete for the 7 days before collection. List ALL ingredients in each meal.)

Start with most recent date and move back

Date							
Morning/breakfast							
Afternoon/lunch							
Evening/dinner							
Snacks/other							

FOOD SOURCES

In the 7 days before illness, from ____/____/____ to ____/____/____, did [you/your child]:

YES	NO	UNK
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1. Attend any events where food was served? (if yes, list below)

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Event	Date	Location	Foods Eaten
a.			
b.			
c.			

2. Eat at any restaurants? (if yes, list below)

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Name	Date	Location	Foods Eaten
a.			
b.			
c.			
d.			

3. Eat food purchased from a farm or farm stand? (if yes, list below)

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Name	Date	Location	Foods Eaten
a.			
b.			
c.			

4. List all stores where food eaten in the days prior to illness were purchased (e.g. grocery stores, ethnic markets).

Name	Date	Location	Foods Eaten
a.			
b.			
c.			
d.			

Notes and Summary of Investigation

List actions taken on cases and contacts and outcome:

FOOD EXPOSURES

[Instructions: For all questions, ask for the 7 day period prior to onset of illness or, if unknown or asymptomatic, in the 7 days prior to collection date. For questions answered YES, use the space on the right to provide additional details, such as the specific type of food and where the food was purchased or eaten. Be specific.]

In the 7 days before illness onset, from ___/___/___ to ___/___/___, did [you/your child] or anyone in your household HANDLE any:

	YES	NO	UNK	If yes: <i>provide specific details</i>
1. Raw beef?				
2. Raw poultry?				
3. Raw seafood?				

In the 7 days before illness onset, from ___/___/___ to ___/___/___, did [you/your child] or anyone in your household EAT or DRINK any:

MEAT PRODUCTS

1. Chicken or foods containing chicken?				
a. Chicken prepared outside the home?				<i>Where?</i>
b. Chicken at home that was bought fresh?				<i>Which part(s):</i>
if yes: c. Chicken at home that was bought frozen?				<i>Which part(s):</i>
d. Frozen chicken that was stuffed or filled?				
e. Ground chicken?				
2. Turkey or foods containing turkey?				
a. Turkey prepared outside the home?				<i>Where?</i>
if yes: b. Ground turkey?				
3. Other poultry (e.g. Cornish hen, quail, etc)?				<i>Specify:</i>
4. Beef or foods containing beef?				
a. Beef prepared outside the home?				<i>Where?</i>
if yes: b. Ground beef?				
if yes: > Undercooked or raw ground beef?				
5. Pork or foods containing pork?				
6. Lamb or mutton?				
7. Liver?				
a. Undercooked or raw liver?				
if yes: b. Liver pate?				
8. Deli meat (e.g. ham, roast beef, salami)?				<i>Specify:</i>
9. Other meat (e.g. venison, goat)?				<i>Specify:</i>

FISH AND SEAFOOD

10. Fish or fish products?				
a. Fish prepared outside the home?				<i>Where?</i>
if yes: b. Undercooked or raw fish (e.g. sushi)?				
11. Seafood (e.g. crab, shrimp, oysters, clams)?				<i>Specify:</i>
a. Seafood prepared outside the home?				<i>Where?</i>
if yes: b. Undercooked or raw seafood?				<i>Which?</i>

FOOD EXPOSURES (continued)

In the 7 days before illness onset, from ___/___/___ to ___/___/___, did [you/your child] or anyone in your household EAT or DRINK any:

FROZEN FOODS

12. Frozen meals (e.g. pizza, soup, entrée)?				Specify:
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DAIRY PRODUCTS

13. Dairy products (e.g. milk, yogurt, cheese, cream)?				
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a. Pasteurized cow's or goat's milk?				
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if yes b. Unpasteurized milk?				From where?
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c. Soft cheese (e.g. queso fresco)?				
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if yes >Unpasteurized soft cheese?				From where?
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d. Any other raw or unpasteurized dairy products?				From where?
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14. Eggs?				
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a. Eggs made outside the home?				Where?
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if yes b. Eggs that were runny, raw, or uncooked foods made with raw eggs?				From where?
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FRESH FRUITS AND VEGETABLES

15. Fresh cantaloupe?				
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16. Fresh watermelon?				
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17. Fresh (unfrozen) berries?				Specify:
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18. Other fresh fruit eaten raw?				Specify:
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19. Unpasteurized, not from concentrate juice (sold at an orchard or farm, or commercially with label)?				From where?
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20. Fresh green onion or scallions?				
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21. Fresh cucumber?				
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22. Fresh, raw tomatoes?				Type(s) & from where?
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23. Fresh peppers (e.g. bell, hot, sweet)?				Specify:
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24. Fresh, raw lettuce?				Specify loose () or pre-packaged ()
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25. Fresh (unfrozen), raw spinach?				Specify loose () or pre-packaged ()
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26. Sprouts?				Specify:
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27. Other fresh vegetables eaten raw?				Specify:
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28. Fresh (not dried) herbs (e.g. basil, cilantro)?				Specify:
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29. Nuts or seeds?				Specify:
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Any other comments, notes, or contacts: