



# INVESTIGATION WORKSHEET

Confirmed Probable Suspect Not a Case

## Trichinellosis

Entered in DRSi?

Reported to health dept?

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.

Army Disease Reporting System internet (ADRSi) link: <https://drsi.health.mil/ADRSi>

### 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: \_\_\_\_\_

Hospitalized N Admit date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Deceased Y N Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cause of death: \_\_\_\_\_

Symptomatic Y N Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Clinic date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fever Y N Max Temp: \_\_\_\_\_ °F/°C ( unk) Duration of symptoms: \_\_\_\_\_ Still ill

Bloating Y N Describe any other symptoms or pertinent clinical information (including underlying conditions):

Diarrhea Y N

Abdominal cramps Y N

Malabsorption Y N

Weight loss Y N

Myalgia Y N

Periorbital edema Y N

#### 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: \_\_\_\_\_

*\*Incubation Period: Ranges from 1 to 2 days to 2 to 8 weeks or longer*

#### 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 3 - 25 days before illness onset, from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ did [you/your child]:

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