

TRICHINELLOSIS SURVEILLANCE CASE REPORT

Form Approved OMB
NO. 0920-072

Case ID: PID-3

PERSONAL DATA

State Reporting: 77966-0	County: 77967-8	Age: 77998-3	Sex: PID-8	Date of birth: PID-7
State abbreviation: _____	_____	_____	Male Female	Mo Day Yr
Race/Ethnicity: PID-10				
American Indian or Alaska Native		Black or African American		Native Hawaiian or other Pacific Islander
Asian		Hispanic or Latino		White
Unknown				
Classify case based on CDC case definition:		Physician's Name:		Physician's Phone:
Confirmed Probable 77990-0		_____		_____

DIAGNOSTIC DATA

DATE OF ONSET OF ILLNESS: 11368-8	OUTCOME: 77978-5		
Mo Day Yr	Recovered	Died	Unknown
SIGNS AND SYMPTOMS: 56831-1	Fever: 56831-1	Periorbital edema: 56831-1	Myalgia: 56831-1
Eosinophilia:	Yes Unknown	Yes Unknown	Yes Unknown
Yes Not Done INV919	Yes Unknown	Yes Unknown	Yes Unknown
No Unknown LAB711	No INV919	No INV919	No INV919
Specify absolute number or percentage:	Specify temperature: 81265-1		
(#) LAB665 or (%) LAB665	_____		
MUSCLE BIOPSY: INV290	SEROLOGIC FINDINGS:	Positive Negative Not Done Unknown INV291	
Positive	Test type (specify): _____ INV290		
Negative	Date of test: _____ 45375-3	Test results: Positive Negative Unequivocal Unknown	
Not Done INV291	Mo Day Yr	Test results: Positive Negative Unequivocal Unknown	
	Date of test: _____ 45375-3		
	Mo Day Yr		

EPIDEMIOLOGIC DATA

SUSPECT FOOD: INV1009	DATE CONSUMED: INV967
Pork (specify type below): Store bought pork Pork from farm-raised pig Wild boar Other (specify): _____ Not specified	Non Pork (specify type below): Bear meat Hamburger (ground meat) Other (specify): _____ Not specified
Mo Day Yr	Mo Day Yr
WHERE MEAT OBTAINED: INV969	PREPARATION AFTER PURCHASE INV968
Supermarket/grocery store Butcher shop Restaurant or other public eating establishment Direct from farm Hunted or trapped Other (specify): _____ Unknown	FURTHER PROCESSING: No further processing Ground (i.e., hamburger) Smoked Dried jerky Marinated Other (specify): _____ Unknown
METHOD OF COOKING: INV970	RELATED CASES: INV217
Uncooked Fried Open-fire roasting/BBQ Other cooking method (specify): _____ Unknown	Yes No Unknown
PATIENT'S OCCUPATION: 85658-3 85659-1	

COMMENTS AND ADDITIONAL DATA 77999-1

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 (0920-0728).