PARTMENT OF HEALTH AND HUMAN SERVICES
BLIC HEALTH SERVICE
NTERS FOR DISEASE CONTROL
NTER FOR INFECTIOUS DISEASES
VISION OF PARASITIC DISEASES
'LANTA, GEORGIA 30333

FORM APPROVED
OMB NO. 0920-0009

TRICHINOSIS SURVEILLANCE CASE REPORT

CDC CASE NO. (1-5) ☐☐☐☐☐

State Reporting: STATE NO. (6-7) ☐☐ | First Four Letters of Last Name (8-17) ☐☐☐☐ | Age: (18-19) ☐☐ | Sex: (20) 1 ☐ Male 2 ☐ Female

Date of Birth: ☐☐ Mo. ☐☐ Day ☐☐ Yr. | County:

Physician's Name | Physician's Address:

DATE OF ONSET OF ILLNESS (21-26) ☐☐ Mo. ☐☐ Day ☐☐ Yr.

CDC USE ONLY
INCUBATION PERIOD: (27-28) ____

OUTCOME: (29) 1 ☐ Recovered 2 ☐ Died 9 ☐ Unknown | Date of Death: ☐☐ Mo. ☐☐ Day ☐☐ Yr.

SIGNS AND SYMPTOMS:

Eosinophilia: (30) 1 ☐ Yes 2 ☐ No 9 ☐ Unk (Specify absolute No. or percent): ____

Fever: (31) 1 ☐ Yes 2 ☐ No 9 ☐ Unk (Specify Temperature): ____

Periorbital edema: (32) 1 ☐ Yes 2 ☐ No 9 ☐ Unk

Myalgia: (33) 1 ☐ Yes 2 ☐ No 9 ☐ Unk

MUSCLE BIOPSY: (34)
1 ☐ Positive Findings
2 ☐ Negative Findings
3 ☐ Not Done
9 ☐ Unk

SEROLOGIC FINDINGS: (35)
1 ☐ Positive (specify) ☐☐ ☐☐ ☐☐
2 ☐ Negative (specify) ☐☐ ☐☐ ☐☐
3 ☐ Not Done
9 ☐ Unk
Mo. Day Yr.
Test Type ____ Serum Titer ____
Test Type ____ Serum Titer ____

CDC USE ONLY
Test Type (36) ____
Test Date (37-42) ☐☐ Mo. ☐☐ Day ☐☐ Yr.

SUSPECT FOOD (43)

1 ☐ Pork (Specify type below):
(44) 1 ☐ Wild boar, any cut
2 ☐ Sausage
3 ☐ Chops
4 ☐ Roast
5 ☐ Ham
6 ☐ Bacon
7 ☐ Other pork (Specify): ____
9 ☐ Not specified

2 ☐ Non Pork (Specify type below):
(45) 1 ☐ Bear meat
2 ☐ Other wild animal
3 ☐ Hamburger (ground meat)
8 ☐ Other(specify): ____
9 ☐ Not specified

9 ☐ Unknown

DATE CONSUMED: (46-51) ☐☐ Mo. ☐☐ Day ☐☐ Yr.

LARVAE IN SUSPECT FOOD: (52)
1 ☐ Not Examined 2 ☐ Present
3 ☐ Absent 9 ☐ Unknown

WHERE MEAT OBTAINED: (53)
1 ☐ Supermarket—Grocery Store
2 ☐ Butcher Shop
3 ☐ Restaurant or other public eating establishment
4 ☐ Direct from Farm
5 ☐ Hunted or Trapped
6 ☐ Other (specify): ____
9 ☐ Unknown

PREPARATION AFTER PURCHASE FURTHER PROCESSING: (54)
1 ☐ No further processing
2 ☐ Ground
3 ☐ Smoked
4 ☐ Dried jerky
5 ☐ Marinated
6 ☐ Other(specify): ____
9 ☐ Unknown

METHOD OF COOKING: (55)
1 ☐ Uncooked
2 ☐ Fried
3 ☐ Open-Fire Roasting
4 ☐ Other Cooking Method (specify) ____
9 ☐ Unknown

PATIENT'S OCCUPATION: (56) ____

RELATED CASES: (57) 1 ☐ Yes 2 ☐ No 9 ☐ Unknown

CDC USE ONLY
MULTIPLE CASE OUTBREAK NO. (58-59) ____

MMENTS AND ADDITIONAL DATA

estigator: | Title:

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This questionnaire is authorized by law (Public Health Service Act, 42 USC 241). Response is voluntary; your cooperation is needed for the study and control of disease. Public reporting burden for this collection of information is estimated to average 20 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; Rm 721-H, Humphrey Bg; 200 Independence Ave. SW; Washington, DC 20201; ATTN: PRA, Office of Management and Budget, Paperwork Reduction Project (0920-0009); Washington, DC 20503.