**CryptoNet Case Investigation Form for Cryptosporidiosis Cases**

***All fields to be completed by state partners.***

***Please contact Dawn Roellig at*** [***iyd4@cdc.gov***](mailto:iyd4@cdc.gov) ***or 404.718.4134 with any lab questions.***

***Please contact Michele Hlavsa at*** [***acz3@cdc.gov***](mailto:acz3@cdc.gov) ***or 404.718.4695 with any epi questions.***

1. **Case Report ID & Investigator Information**

| **State Case Lab ID** |  |
| --- | --- |
| **State Case Epi ID** |  |
| **NNDSS Case ID** |  |
| **NORS ID** |  |

**Outbreak Status:  Sporadic (not outbreak-associated) case  Outbreak-associated case Unknown**

**II. Case-Patient’s Demographics**

**Residence: County: State:**

**DOB: Age:** (*choose one*) years months days **Sex**:  Female Male  Unknown

**Race** (*check all that apply)***:** American Indian/Alaska Native Asian  Black/African American

Native Hawaiian/Other Pacific Islander White  Other Race (*specify)* Unknown

**Ethnicity:** Hispanic/Latino  Not Hispanic/Latino Unknown

**III. Laboratory Information**

Did the Specimen(s) have a Positive or Negative Test Result?   **Positive  Negative  Unknown**

Please Specify what test type was completed (per specimen):

| **Test Used to detect Crypto** | **Acid-Fast** | **DFA** | **EIA** | **GI/Enteric Panel** | **Rapid IC** | **PCR** | **Other (Specify)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Specimen 1 |  |  |  |  |  |  |  |
| Specimen 2 |  |  |  |  |  |  |  |
| Specimen 3 |  |  |  |  |  |  |  |
| Specimen 4 |  |  |  |  |  |  |  |

**IV. Symptom Onset & Exposure History**

**Symptom Onset Date:**

**Patient Deceased: yes no unknown**

**In 14 days before symptom onset, did the case-patient:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Unknown** |
| **Travel (outside of the area where he/she lives or works/goes to**  **school):** |  |  |  |
| Internationally? |  |  |  |
| Domestically? |  |  |  |
| If Yes, Please Specify: |  |  |  |
| **Swim in, play in, wade in, or enter a/an:** |  |  |  |
| Ocean? |  |  |  |
| Natural hot spring? |  |  |  |
| Lake, pond, river, or stream? |  |  |  |
| Swimming pool or kiddie/wading pool? |  |  |  |
| Water playground, interactive fountain, splash pad, or spray park? |  |  |  |
| Hot tub, spa, whirlpool, or Jacuzzi? |  |  |  |
| Other (specify)? |  |  |  |
| If Swimming pool, please specify type: |  |  |  |
| **Consume water from:** |  |  |  |
| Municipal/public supply (i.e., does case-patient receive water bill from public or private utility)? |  |  |  |
| Private well (e.g., used by 1 household)? |  |  |  |
| Common well (e.g., used by >1 household)? |  |  |  |
| Commercially Bottled water? |  |  |  |
| Spring, lake, creek, river, stream, or cistern (i.e., untreated surface water)? |  |  |  |
| Other (specify)? |  |  |  |
| **Consume raw/unpasteurized milk or dairy products?** |  |  |  |
|  |  |  |  |
| **Consume raw/unpasteurized fruit or vegetable juice or cider?** |  |  |  |
|  |  |  |  |
| **Attend any large gatherings (e.g., wedding, party/picnic, festival/fair, or sports event)?** |  |  |  |
| **Have contact with children in a childcare setting?** |  |  |  |
| **Have contact with diapered children or adult(s)?** |  |  |  |
| **Visit, work, or live on farm, ranch, petting zoo, or other setting that has farm animals?** |  |  |  |
| **Have contact with animal manure, pet feces, or compost?** |  |  |  |
| **Have contact with a:** |  |  |  |
| Cow? |  |  |  |
| Calf (baby cow)? |  |  |  |
| Sheep? |  |  |  |
| Lamb (baby sheep)? |  |  |  |
| Goat? |  |  |  |
| Kid (baby goat)? |  |  |  |
| Horse? |  |  |  |
| Foal (baby horse)? |  |  |  |
| Cat? |  |  |  |
| Kitten? |  |  |  |
| Dog? |  |  |  |
| Puppy? |  |  |  |
| Squirrel? |  |  |  |
| (Deer) mouse? |  |  |  |
| Raccoon? |  |  |  |
| Chipmunk? |  |  |  |
| Chicken? |  |  |  |
| Chick (baby chicken)? |  |  |  |
| Turkey? |  |  |  |
| Poult (baby turkey)? |  |  |  |
| Other animal (specify)? |  |  |  |
| **Have sexual contact with a:** |  |  |  |
| Male? |  |  |  |
| Female? |  |  |  |