

TRICHINOSIS SURVEILLANCE CASE REPORT

Form Approved
OMB NO. 0920-0009

PERSONAL DATA

State Reporting: State abbreviation	First four letters of last name: _____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth: Mo Day Yr
Race/Ethnicity:				
American Indian or Alaska Native		Black or African American		Native Hawaiian or other Pacific Islander
Asian		Hispanic or Latino		White
County:		Physician's Name:		Physician's Phone:

DIAGNOSTIC DATA

DATE OF ONSET OF ILLNESS: Mo Day Yr		OUTCOME: <input type="checkbox"/> Recovered <input type="checkbox"/> Died <input type="checkbox"/> Unknown		
SIGNS AND SYMPTOMS:		Fever:	Periorbital edema:	Myalgia:
Eosinophilia:		Yes Unknown	Yes Unknown	Yes Unknown
Yes Not Done		No	No	No
No Unknown		Specify absolute number or percentage: (#) _____ or (%) _____		
Specify temperature: _____				
MUSCLE BIOPSY:	SEROLOGIC FINDINGS: Positive Negative Not Done Unknown			
Positive	Test type (specify): _____			
Negative	Date of test: _____ Test results: Positive Negative Unequivocal Unknown			
Not Done	Mo Day Yr			
	Date of test: _____ Test results: Positive Negative Unequivocal Unknown			
	Mo Day Yr			

EPIDEMIOLOGIC DATA

SUSPECT FOOD:			DATE CONSUMED:	
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		Unknown
			Mo Day Yr	
			LARVAE IN SUSPECT FOOD:	
			Not examined Present	
			Absent Unknown	
WHERE MEAT OBTAINED:		PREPARATION AFTER PURCHASE		METHOD OF COOKING:
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		Uncooked Fried Open-fire roasting/BBQ Other cooking method (specify): _____ Unknown
PATIENT'S OCCUPATION:			RELATED CASES:	
			Yes No Unknown	

COMMENTS AND ADDITIONAL DATA

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 (0920-0009).