

# TRICHINELLOSIS SURVEILLANCE CASE REPORT

Form Approved OMB  
NO. 0920-072

Case ID: \_\_\_\_\_

**PERSONAL DATA**

<b>State Reporting:</b>  State abbreviation	<b>County:</b>  _____	<b>Age:</b>  _____	<b>Sex:</b>  Male      Female	<b>Date of birth:</b>  Mo      Day      Yr
<b>Race/Ethnicity:</b>				
American Indian or Alaska Native		Black or African American		Native Hawaiian or other Pacific Islander
Asian		Hispanic or Latino		White
<b>Classify case based on CDC case definition:</b> Confirmed      Probable		<b>Physician's Name:</b> _____		<b>Physician's Phone:</b> _____

**DIAGNOSTIC DATA**

<b>DATE OF ONSET OF ILLNESS:</b>  Mo      Day      Yr		<b>OUTCOME:</b>  Recovered      Died      Unknown			
<b>SIGNS AND SYMPTOMS:</b>		<b>Fever:</b>	<b>Periorbital edema:</b>	<b>Myalgia:</b>	
<b>Eosinophilia:</b>		Yes      Unknown	Yes      Unknown	Yes      Unknown	
Yes      Not Done		No	No	No	
No      Unknown		Specify absolute number or percentage: (#) _____ or (%) _____			
Specify temperature: _____					
<b>MUSCLE BIOPSY:</b>	<b>SEROLOGIC FINDINGS:</b> 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**

<b>SUSPECT FOOD:</b>			<b>DATE CONSUMED:</b>	
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	
			<b>LARVAE IN SUSPECT FOOD:</b>	
			Not examined      Present	
			Absent      Unknown	
<b>WHERE MEAT OBTAINED:</b>		<b>PREPARATION AFTER PURCHASE</b>		<b>METHOD OF COOKING:</b>
Supermarket/grocery store Butcher shop Restaurant or other public eating establishment Direct from farm Hunted or trapped Other (specify): _____ Unknown		<b>FURTHER PROCESSING:</b> 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
<b>PATIENT'S OCCUPATION:</b> _____			<b>RELATED CASES:</b> 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 (0920-0728).