**CryptoNet Case Report Form**

***All fields to be completed by state and local health department partners.***

***Please contact CryptoNet staff at*** [***cryptonet@cdc.gov***](mailto:cryptonet@cdc.gov) ***with any questions.***

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

|  |  |
| --- | --- |
| **State Case Laboratory ID** |  |
| **State Case Epidemiology 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:**

**Age:** (*choose one*) Years Months Days **Sex**:  Female Male  Unknown

*Interviewer instructions: Only Hispanic/Latino and Not Hispanic/Latino should be given as options to the respondent. Unknown may be selected if indicated by the respondent.*

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

*Interviewer instructions: Other Race and Unknown should not be given as options to the respondent. Other Race and Unknown may be selected if indicated by the respondent.*

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

Native Hawaiian/Other Pacific Islander White  Other Race (*specify)* 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** | **Acid-fast** | **DFA** | **EIA** | **GI/Enteric Panel** | **Rapid IC** | **PCR** | **Other, specify** |
| Specimen 1 |  |  |  |  |  |  |  |
| Specimen 2 |  |  |  |  |  |  |  |
| Specimen 3 |  |  |  |  |  |  |  |

**Symptom onset date:**

**Patient deceased:**  Yes  No  Unknown

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

**IV. Symptom Onset & Exposure History**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Unknown** |
| **Travel (outside of the area where he/she lives or works/goes to**  **school):** |  |  |  |
| Internationally? |  |  |  |
| Domestically? |  |  |  |
| If Yes for either, 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? |  |  |  |
| If Swimming pool, please specify type: |  |  |  |
| Water playground, interactive fountain, splash pad, or spray park? |  |  |  |
| Hot tub, spa, whirlpool, or Jacuzzi? |  |  |  |
| Other recreational water source? |  |  |  |
| Other, specify: |  |  |  |
| **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 drinking water source? |  |  |  |
| 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:** | **Yes** | **No** | **Unknown** |
| 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? |  |  |  |
| Other, specify: |  |  |  |
| **Have sexual contact with a:** | **Yes** | **No** | **Unknown** |
| Male? |  |  |  |
| Female? |  |  |  |