

Case Symptoms

Symptom	Other	Onset Date	Time

The exposure period that should be assessed is the 14 days before onset of symptoms:

Onset date:

Exposure period start:

Exposure period start

Drinking Water

1. During the 14 days before illness, what was the patient's source of drinking water at home (check all that apply)?

See Appendix #1 for values.

(please specify):

2. During the 14 days before illness, what was the patient's source of drinking water at work/school (check all that apply)?

See Appendix #1 for values.

(please specify):

3. During the 14 days before illness, did the patient drink water from a source that experienced an interruption in service, change in color, taste, smell, or was under a drinking water advisory?

Yes No Unknown

Recreational Water

4. During the 14 days before illness, did the patient swim or wade in any recreational water?

Yes No Unknown

Ocean:

Yes No Unknown

Any natural water (lake, river, pond, stream):

Yes No Unknown

Hot tub/spa/jacuzzi:

Yes No Unknown

Water park:

Yes No Unknown

Natural hot/cold spring:

Yes No Unknown

Swimming pool:

Yes No Unknown

Splash pad/park:

Yes No Unknown

Fountain/interactive water feature:

Yes No Unknown

Fill-and-drain pool:

Yes No Unknown

Other recreational water:

Yes No Unknown

For each exposure, please complete location of water source, date of exposure, and type of activity (swimming, drinking, boating, etc.). Each exposure should be recorded separately.

Location (name, address)	Exposure Date	Exposure Setting	Type of Activity
		<i>See Appendix #2 for values.</i>	
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		<i>See Appendix #2 for values.</i>	

5. Did patient have exposure to recreational water while symptomatic?

Yes No Unknown

If yes, please complete location of water source, date of exposure, and type of activity (swimming, drinking, boating, etc.). Each exposure should be recorded separately.

Location (name, address)	Exposure Date	Exposure Setting	Type of Activity
		<i>See Appendix #2 for values.</i>	
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Animal Exposure

6. During the 14 days before illness, did the patient visit or live on a farm?

Yes No Unknown

7. During the 14 days before illness, did the patient visit any animal exhibits (petting zoo, county fair, etc.)?

Yes No Unknown

8. During the 14 days before illness, did the patient have any contact with animal manure, pet feces, or compost?

Yes No Unknown

9. During the 14 days before illness, did the patient have contact with livestock?

Yes No Unknown

If yes, specify (check all that apply):

See Appendix #3 for values.

(please specify):

Food History

10. During the 14 days before illness, did the patient drink unpasteurized (raw) milk?
 Yes No Unknown
11. During the 14 days before illness, did the patient consume other unpasteurized (raw) milk products (Queso fresco, ice cream, etc.)?
 Yes No Unknown
12. During the 14 days before illness, did the patient consume unpasteurized juice or cider?
 Yes No Unknown

Person-to-Person

13. During the 14 days before illness, did the patient have contact with children in a childcare setting?
 Yes No Unknown
14. During the 14 days before illness, did the patient have contact with a diapered person (child or adult)?
 Yes No Unknown

III Contacts

15. Did the patient have contact with anyone who had similar symptoms or was diagnosed with cryptosporidiosis?
 Yes No Unknown

If yes, please interview and enter into Merlin as an epi-linked case.

Additional Information

16. Are there any events, activities, or other sources the patient can think of where they may have contracted the disease that are not covered above?

Appendix #1

Municipal Well Bottle Commercial delivery Other

Appendix #2

Ocean Any natural water Hot tub/spa/jacuzzi Water park Natural hot/cold spring Swimming pool
 Splash pad/park Fountain/interactive water feature Fill-and-drain pool Other recreational water

Appendix #3

Cow Calf Sheep Goat Other