Cryptosporidiosis Extended Data Questionnaire Merlin #: _____

1. What date did you start to have symptoms of your illness? Onset Date: ____/____/_____ Onset Time: ____:____am/pm

The exposure period that should be assessed is the 14 days before onset of symptoms: Exposure Start Date: ____/____/_____

TRAVEL

2. Travel history should be assessed and recorded in the Travel section of Merlin

DRINKING WATER

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

Municipal Well Bottle Commercial Delivery Other (specify): _____

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

Municipal Well Bottle Commercial Delivery Other (specify): _____

5. During the 14 days before illness, did 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

6. During the 14 days before illness, did the patient swim or wade in any recreational water? (Circle all that apply)

Ocean Any Natural Water (lake, river, pond, stream) 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 (specify): _____

If yes to any of the above please indicate location of water source, date of exposure and type of exposure (swimming, drinking, boating, etc.)

Location (Name and Address)	Exposure Date	Exposure Setting	Type of Activity
1.			
2.			
3.			
4.			
5.			

7. Did patient have exposure to recreational water while symptomatic? (Circle all that apply) Yes No

Ocean Any Natural Water (lake, river, pond, stream) 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 (specify): _____

If yes, please complete location of water source, date of exposure and type of exposure (swimming, drinking, boating, etc.)

Location (Name and Address)	Exposure Date	Exposure Setting	Type of Activity
1.			
2.			
3.			
4.			
5.			

ANIMAL EXPOSURE

8. During the 14 days before illness, did the patient visit or live on a farm? Yes No

9. During the 14 days before illness, did the patient visit any animal exhibits (petting zoo, county fair, etc.)? Yes No

10. During the 14 days before illness, did the patient have exposure to animal manure, pet feces, or compost? Yes No

11. During the 14 days before illness, did the patient have contact with livestock? Yes No

If yes, indicate the animals the patient had contact with (circle all that apply):

Cow Calf Sheep Goat Other (Specify): _____

FOOD HISTORY

12. During the 14 days before illness, did the patient drink non-pasteurized (raw) milk? Yes No

13. During the 14 days before illness, did the patient consume other non-pasteurized (raw) milk products (Queso fresco, ice cream, etc.)? Yes No

14. During the 14 days before illness, did the patient consume unpasteurized juice or cider? Yes No

PERSON-TO-PERSON

15. During the 14 days before illness, did the patient have contact with children in a childcare setting? Yes No

16. During the 14 days before illness, did the patient have contact with a diapered person (child or adult)? Yes No

ILL CONTACTS

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

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

ADDITIONAL INFORMATION

18. Are there any events, activities, or other sources where you think you may have contracted this disease that isn't covered above?