Cyclosporiasis required variables are in **bold.** Answers are: Yes, Maybe, No, Unknown to case

<table>
<thead>
<tr>
<th>Administrative</th>
<th>Demographics</th>
<th>Communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigator</td>
<td>Age at symptom onset</td>
<td>Primary HCP name</td>
</tr>
<tr>
<td>LHJ Case ID (optional)</td>
<td>☐ Years ☐ Months</td>
<td>Phone</td>
</tr>
<tr>
<td>LHJ notification date</td>
<td>Classification:</td>
<td>OK to talk to patient (If Later, provide date)</td>
</tr>
<tr>
<td><strong>/</strong>/__</td>
<td>☐ Not reportable ☐ Probable ☐ Suspect</td>
<td>☐ Yes ☐ Later <strong>/</strong>/__ ☐ Never</td>
</tr>
<tr>
<td>Classification:</td>
<td>□ Classification pending ☐ Confirmed</td>
<td>Date of interview attempt <strong>/</strong>/__</td>
</tr>
<tr>
<td>☐ Not reportable ☐ Probable ☐ Ruled out ☐ Suspect</td>
<td>□ Complete □ Partial □ Unable to reach</td>
<td>□ Patient could not be interviewed</td>
</tr>
<tr>
<td>Investigation status</td>
<td>Student/Day care</td>
<td>Alternate contact</td>
</tr>
<tr>
<td>☐ In progress ☐ Complete ☐ Complete – not reportable to DOH</td>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>☐ Parent/Guardian ☐ Spouse/Partner</td>
</tr>
<tr>
<td>Investigation start date</td>
<td>Work site</td>
<td>☐ Graduate School ☐ Vocational ☐ Online ☐ Other</td>
</tr>
<tr>
<td><strong>/</strong>/__</td>
<td>City</td>
<td>☐ Preschool/day care ☐ K-12 ☐ College</td>
</tr>
<tr>
<td>Investigation complete date</td>
<td>Student/Day care</td>
<td>☐ Preschool/day care ☐ K-12 ☐ College</td>
</tr>
<tr>
<td><strong>/</strong>/__</td>
<td>Student/Day care</td>
<td>☐ Preschool/day care ☐ K-12 ☐ College</td>
</tr>
<tr>
<td>Case complete date</td>
<td>Student/Day care</td>
<td>☐ Preschool/day care ☐ K-12 ☐ College</td>
</tr>
<tr>
<td><strong>/</strong>/__</td>
<td>Student/Day care</td>
<td>☐ Preschool/day care ☐ K-12 ☐ College</td>
</tr>
<tr>
<td>Outbreak related ☐ Yes ☐ No</td>
<td>Student/Day care</td>
<td>☐ Preschool/day care ☐ K-12 ☐ College</td>
</tr>
<tr>
<td>LHJ Cluster ID ___________Cluster Name</td>
<td>Student/Day care</td>
<td>☐ Preschool/day care ☐ K-12 ☐ College</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Information</th>
<th>Clinical Features</th>
<th>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complainant ill ☐ Yes ☐ No ☐ Unknown</td>
<td>Y ☐ N ☐ Unk</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>Symptom Onset <strong>/</strong>/__</td>
<td>Diarrhea (3 or more loose stools within a 24 hour period)</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>Illness duration</td>
<td>Watery diarrhea</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>☐ Days ☐ Weeks ☐ Months ☐ Years</td>
<td>Abdominal pain or cramps</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>Illness is still ongoing ☐ Yes ☐ No ☐ Unknown</td>
<td>Nausea</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>Clinical Features</td>
<td>Vomiting</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ Diarrhea</td>
<td>Abdominal bloating or gas</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ Watery diarrhea</td>
<td>Any fever, subjective or measured</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ Nausea</td>
<td>If yes, Temp measured? ☐ Yes ☐ No</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ Vomiting</td>
<td>Low grade fever</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ Weight loss with illness</td>
<td>Abdominal bloating or gas</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>Baseline weight _____</td>
<td>Any fever, subjective or measured</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>Number of pounds lost _____</td>
<td>☐ Yes ☐ No</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ Malaise</td>
<td>Myalgia (muscle aches or pain)</td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ Fatigue</td>
<td></td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ Anorexia (loss of appetite)</td>
<td></td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ Malaise</td>
<td></td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ Myalgia (muscle aches or pain)</td>
<td></td>
<td>Cyclosporiasis required variables are in <strong>bold.</strong> Answers are: Yes, Maybe, No, Unknown to case</td>
</tr>
</tbody>
</table>
Predisposing Conditions

Y  N  Unk
☐  ☐  ☐ Immunosuppressive therapy, condition or disease  Specify ________________________________

Hospitalization

Y  N  Unk
☐  ☐  ☐ Hospitalized at least overnight for this illness  Facility name ________________________________
☐  ☐  ☐ Hospital admission date ___/___/___ Discharge ___/___/___ HRN _____________________
☐  ☐  ☐ Admitted to ICU  Date admitted to ICU ___/___/___ Date discharged from ICU ___/___/___
☐  ☐  ☐ Mechanical ventilation or intubation required
☐  ☐  ☐ Still hospitalized  As of ___/___/___

Y  N  Unk
☐  ☐  ☐ Died of this illness  Death date ___/___/___ Please fill in the death date information on the Person Screen
☐  ☐  ☐ Autopsy performed
☐  ☐  ☐ Death certificate lists disease as a cause of death or a significant contributing condition

RISK AND RESPONSE (Ask about exposures 1-14 days before symptom onset)

Travel

<table>
<thead>
<tr>
<th>Setting 1</th>
<th>Setting 2</th>
<th>Setting 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>County/City</td>
<td>County/City</td>
<td>County/City</td>
</tr>
<tr>
<td>State</td>
<td>State</td>
<td>State</td>
</tr>
<tr>
<td>Country</td>
<td>Country</td>
<td>Country</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

Destination name

Start and end dates

Risk and Exposure Information

Y  N  Unk
☐  ☐  ☐ Is case a recent foreign arrival (e.g., immigrant, refugee, adoptee, visitor)  Country ________________________________
☐  ☐  ☐ Does the case know anyone else with similar symptoms or illness  Onset date, shared meals, relationship, etc. ________________________________

Food Exposure - Food exposure timeframe: 1-14 days prior to onset of illness

Sources of food IN home - During exposure timeframe did you (your child) eat foods from:

☐  ☐  ☐ Grocery stores or supermarkets
☐  ☐  ☐  ☐ Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc)
☐  ☐  ☐  ☐ Fish or meat specialty shops (butcher shop, etc)
☐  ☐  ☐  ☐ Warehouse stores (Costco, Sam's Club, etc.)
☐  ☐  ☐  ☐ Meal delivery services (Blue Apron, Meals on Wheels, Schwans, NutriSystem, etc)
☐  ☐  ☐  ☐ Live animal market, custom slaughter facility
☐  ☐  ☐  ☐  ☐ Ready-to-eat prepared food from grocery or deli
☐  ☐  ☐  ☐  ☐  ☐ Ready-to-eat prepared food from grocery or deli

Sources of food outside home - During exposure timeframe did you (your child) eat foods from:

☐  ☐  ☐ Fast casual (Chipotle, Panera, etc)
☐  ☐  ☐  ☐ Fast food (McDonald's, Burger King, Wendy's)
☐  ☐  ☐  ☐ Sandwich shop, deli
☐  ☐  ☐  ☐ Jamaica, Cuban, or Caribbean
☐  ☐  ☐  ☐ Ready-to-eat prepared food from grocery or deli
☐  ☐  ☐  ☐  ☐ Fast casual (Chipotle, Panera, etc)
☐  ☐  ☐  ☐  ☐ Fast food (McDonald's, Burger King, Wendy's)
☐  ☐  ☐  ☐  ☐ Sandwich shop, deli
☐  ☐  ☐  ☐  ☐ All-you-can-eat buffet
☐  ☐  ☐  ☐  ☐ Breakfast, brunch, diner, or café
☐  ☐  ☐  ☐  ☐ Middle Eastern, Greek/Mediterranean, Arabic, Lebanese, African
An event where food was served (catered event, festival, church, or community meal)
- (6) Any takeout from a restaurant
- (7) Mexican, Salvadorian, other Hispanic/Latino-style
- (8) Food trucks, food stalls/stands
- (9) School, hospital, senior center, or other institutional setting

<table>
<thead>
<tr>
<th>Type of Business (enter number next to choices above)</th>
<th>Restaurant/venue name</th>
<th>Date</th>
<th>Time of meal (Breakfast, Brunch, Lunch, Happy Hour, Dinner, Other)</th>
<th>Food ordered/eaten</th>
<th>Address/location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Consumed any of the following during exposure period

Produce

□ □ □ □ □ □ Fresh herbs (e.g., cilantro, basil, parsley, chives, mint, other)
  □ □ □ □ □ □ Cilantro
  □ □ □ □ □ □ Basil
  □ □ □ □ □ □ Sweet basil
  □ □ □ □ □ □ Thai basil (i.e. green leaves and purple stems)
  □ □ □ □ □ □ Purple basil (i.e. purple leaves and stems)
  □ □ □ □ □ □ Parsley
  □ □ □ □ □ □ Sage
  □ □ □ □ □ □ Thyme
  □ □ □ □ □ □ Dill
  □ □ □ □ □ □ Chives
  □ □ □ □ □ □ Mint
  □ □ □ □ □ □ Oregano
  □ □ □ □ □ □ Rosemary
  □ □ □ □ □ □ Other fresh herbs

□ □ □ □ □ □ Leafy greens (arugula, mesclun, spinach, lettuce)
  □ □ □ □ □ □ Arugula
  □ □ □ □ □ □ Mesclun (spring mix, field greens, baby greens, gourmet salad mix)
  □ □ □ □ □ □ Fresh spinach
  □ □ □ □ □ □ Romaine lettuce
  □ □ □ □ □ □ Other type of lettuce
  □ □ □ □ □ □ Unknown type of lettuce

□ □ □ □ □ □ Fresh fruit (berries, melons, citrus, tropical fruit)
  □ □ □ □ □ □ Berries
  □ □ □ □ □ □ Black raspberries
  □ □ □ □ □ □ Blackberries
Blueberries
Golden raspberries
Raspberries
Strawberries
Unknown type of berry
Other

Other fresh produce
Snow peas (flat, shiny pea pods containing tiny peas)
Fruit other than berries
Other type of fresh produce
Unknown type of fresh produce

Water Exposure

<table>
<thead>
<tr>
<th>Source of drinking water known</th>
<th>Untreated/unchlorinated water (e.g., surface, well, lake, stream, spring)</th>
<th>Any recreational water exposure (e.g., lake, river, pool, waterpark)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>匾</td>
<td>Y</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe

Water site name/location
Treatment
Treated
Untreated
Unk
Type
Lake
River
Pool/hot tub
Wading pool
Fountain
Waterpark
Splash pad/water playground
Other

Sexual Exposure

Any type of sexual contact with others during the exposure period
Number of sexual partners during exposure period
Female
Male

Exposure and Transmission Summary

Epi-linked to a confirmed case
Outbreak related
Likely geographic region of exposure
In Washington – county
Other state
Not in US - country
Unk
International travel related
During entire exposure period
During part of exposure period
No international travel

Suspected exposure type
Foodborne
Waterborne
Unk
Other

Describe

Suspected exposure setting
Day care/Childcare
School (not college)
Doctor’s office
Hospital ward
Hospital ER
Hospital outpatient facility
Home
Work
College
Military
Correctional facility
Place of worship
Laboratory
Long term care facility
Homeless/shelter
International travel
Out of state travel
Transit
Social event
Large public gathering
Restaurant
Hotel/motel/hostel
Other

Describe

Exposure Summary

Public Health Interventions/Actions

Commercial product implicated
Initiate trace-back investigation
Letter sent
Date
Batch date

TREATMENT

Is case-patient allergic to (or intolerant of) sulfa drugs
Did patient receive prophylaxis/treatment
Specify medication
Fungal/Parasitic
Other

Cyclosporiasis required variables are in **bold**. Answers are: Yes, Maybe, No, Unknown to case.
### LAB RESULTS

**Lab report information**

- **Lab report reviewed** – LHJ □
- WDRS user-entered lab report note

**Submitter**

- Performing lab for entire report
- Referring lab

**Specimen**

- **Specimen identifier/accession number**
- **Specimen collection date** __/__/__
- **Specimen received date** __/__/__
- **WDRS specimen type**
- **WDRS specimen source site**
- **WDRS specimen reject reason**

**Test performed and result**

- **WDRS test performed**
- **WDRS test result, coded**
- **WDRS test result, comparator**
- **WDRS result, numeric only** (enter only if given, including as necessary Comparator and Unit of measure) __________
- **WDRS unit of measure** __________
- **Test method**
- **WDRS interpretation code**
- **Test result – Other, specify**

**WDRS result summary**

- Positive □
- Negative □
- Indeterminate □
- Equivocal □
- Test not performed □
- Pending □

**Test result status**

- Final results; Can only be changed with a corrected result □
- Preliminary results □
- Record coming over is a correction and thus replaces a final result □
- Results cannot be obtained for this observation □
- Specimen in lab; results pending □

**Result date** __/__/__

**Upload document**

**Ordering Provider**

- WDRS ordering provider

**Ordering facility**

- WDRS ordering facility name