CONNECTICUT
Public Health

GENERAL ENTERIC DISEASES INTERVIEW FORM
CRYPTOSPORIDIUM

Version 01-2025

Reporting Health Department		
Completed by:	LHD:	Phone:
Date of first interview attempt: / /	Date interview completed: / /	
☐ Case was interviewed	Case was not interviewed because: ☐ Unreachable ☐ Refused ☐ No working phone ☐ Other_____	

NOTE: Even if case could not be interviewed, please complete above information and enter into CTEDSS or fax this page to the DPH Epidemiology Program at 860-509-7910.

Case Information			
Last name:		First Name:	
Street:		City:	Zip:
Phone: ( ) -	DOB: / /	Age:	Sex: ☐ M ☐ F ☐ Other_____
Date specimen collected: / /	Source: ☐ Stool ☐ Blood ☐ Urine ☐ Other_____		
Pathogen:		Laboratory:	

Before we ask about your illness, we would like to get some information on your race and ethnicity.

What is your race? ☐ White ☐ Black ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaska Native ☐ Other_____ ☐ Unknown

Are you of Hispanic background? ☐ Yes ☐ No ☐ Unknown

Illness Information	**Yes**	**No**	**Unk**	**If yes, additional details:**
Did you have any symptoms associated with this illness?				Date/time of onset: / / : AM PM
Vomiting				Date/time of onset: / / : AM PM
Diarrhea				Date/time of onset: / / : AM PM Number of days diarrhea lasted:
Bloody Diarrhea				
Fever				Highest temperature:
Are you still experiencing symptoms?				If no, total number of days illness lasted:
	Yes	**No**	**Unk**	**If yes, additional details:**
Were you hospitalized? (Inpatient only, not just ED visit)				Hospital name: Admit date: / / Discharge date: / /
Do you have any underlying medical conditions or are you immunocompromised?				Describe:

Outcome: ☐ Survived ☐ Died

Occupation and Risk Factor Information

What is your occupation?

	Yes	**No**	**Unk**	**If yes, specify name and address of the facility**
Do you work or volunteer in a facility that prepares/serves/handles/sells food?				
Provide direct patient care outside the home				
Work in day care setting				
Attend day care setting				

Can you tell us about other household members, their ages, occupation, and whether they have been ill with a similar illness:

Name	**Relationship**	**Age**	**Occupation**	**Ill**	**If yes, onset date and symptoms**
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

NOTE: If case or household contacts are involved in high risk occupations/activities, implement appropriate control recommendations. Refer to the "Reportable Infectious Diseases Reference Manual".

Did you travel to any other states in the 10 days before illness? ☐ **Yes** ☐ **No** ☐ **Unknown**	
City/State:	Depart CT: / /
City/State:	Depart CT: / /
Did you travel outside of the United States in the 10 days before illness? ☐ **Yes** ☐ **No** ☐ **Unknown**	
Country:	Depart CT: / /
Country:	Depart CT: / /

Did you attend any large parties or gatherings (parties, fairs, festivals) in the 10 days before illness? ☐ **Yes** ☐ **No** ☐ **Unknown**		
Event:	City:	Date/Time: / / : AM PM
Foods eaten:		
Did you eat out at any restaurants in the 10 days before illness? ☐ **Yes** ☐ **No** ☐ **Unknown**		
Name:	City:	Date/Time: / / : AM PM
Foods eaten:		
Name:	City:	Date/Time: / / : AM PM
Foods eaten:		
Name:	City:	Date/Time: / / : AM PM
Foods eaten:		

Where did you purchase groceries eaten in the 10 days before illness (including farmer's markets, home delivery service)

Store Name	**City**

Did you have any of the following exposures in the 10 days before your illness? *(Note for interviewer: If yes, please ask any listed follow-up questions)*

Water-Related Exposure	**Yes**	**No**	**Unk**	**If yes, where:**
Live in a home with a septic system				
Use water from a private well as drinking water				
Drink untreated water (natural spring, pond, lake, river)				
Swim, wade, or play in untreated water (ocean, lake, pond, river, stream, or natural spring)				
Swim, wade, or play in treated water (pool, hot tub/spa, fountain, splash pad, or waterpark with treated or chlorinated water)				
Animal Contact	**Yes**	**No**	**Unk**	**If yes, where/type of animal:**
Visit, work, or live on farm/ranch/petting zoo				
Cattle, goats, sheep				
Pig				
Live poultry (chicken, turkey)				
Dog				
Is dog a puppy (<1 year)?				
Cat				
Contact with a pet that had diarrhea				
Foods	**Yes**	**No**	**Unk**	**If yes, where**
Unpasteurized or raw milk				
Unpasteurized cider				
Ill Contacts	**Yes**	**No**	**Unk**	**If yes, who: If yes, where**
Household or close contact with diarrhea				

COMMENTS:_____
_____
_____
_____

Please enter interview data into CTEDSS or fax to DPH Epidemiology Program at 860-509-7910. Thank you.