

## Taeniasis/Cysticercosis Case Investigation

<b>P A T I E N T</b>	Last Name _____			First Name _____			MI _____	(_____) _____ Patient's Phone Number		
	Street Address _____				City _____		County _____		Zipcode _____	
	Age: _____		Date of Birth: _____		Sex: M F		Marital Status: _____			
	Race: White Black Asian Native American Other _____						Hispanic: Yes No Unknown			
	Country of birth: _____						How long living at present address: _____			
<b>S E S F A C T O R S</b>	Highest level of education: _____					Type of Housing: _____				
	Food Handler: Yes No Unknown					Electricity: Yes No Unknown				
	If Yes, where: _____					Running water: Yes No Unknown				
	Other occupation: _____					Sewer system: Yes No Unknown				
	Number of household residents: _____					Pigs present at residence: Yes No Unknown				
					Pigs present in neighborhood: Yes No Unknown					
<b>M E D I C A L</b>	<b>Diagnosis: Intestinal Infection</b> Yes No <b>Cysticercosis:</b> Yes No <b>Neurocysticercosis:</b> Yes No									
	Species (Circle): <b><i>solium</i></b> <b><i>saginata</i></b>			Date of diagnosis: _____						
	Attending Physician: _____			(_____) _____		(_____) _____		(_____) _____		
	(Name)			(Phone)		(Fax)				
	Address: _____				(City, State, Zipcode)					
Treatment regimen: _____										
<b>H Y G I E N E</b>	Do you wash your hands after using the restroom? Always Sometimes Never									
	Do you wash your hands before eating? Always Sometimes Never									
	Do you wash your hands before preparing food? Always Sometimes Never									
	Do you prepare the meals in your home most often? Yes No Unknown									
	If Yes, for how many people does the patient prepare food? _____									
	If No: Who prepares most meals in the home? _____									
	Have you heard of, or do you know about: Grano? Yes No Granillo? Yes No Zahuate? Yes No									
Have you ever eaten pork with measles? Yes No Don't Know Unknown										
If Yes, When was the last time you ate pork with measles? Less than year 1-2 years 2-5 years 5+ years										

Patient's Name: \_\_\_\_\_

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How often do you consume pork (or beef if *saginata*) at home?

Never    1-3 times/Week    Every other week    Once/Month    Quarterly    Yearly

Where do you buy/get the pork (or beef if *saginata*) you eat at home?

Home raised and slaughtered                      Neighborhood                      Local slaughterhouse  
Butcher shop \_\_\_\_\_    Grocery Store \_\_\_\_\_    Don't know

How do you prefer the meat cooked?    Well Done    Medium Well    Medium    Medium Rare    Rare

How often do you eat pork (or beef if *saginata*) outside of the home (street vendors, cafes)?

Never    1-3 times/Week    Every other week    Once/Month    Quarterly    Yearly

Have you or anyone in your household ever taken deworming drugs?    Yes    No    Don't Know

**If Yes:** What drug was taken? \_\_\_\_\_ How long ago? \_\_\_\_\_

How often are these (or similar) drugs taken?    Twice a year    Yearly    Every 2 years    Don't Know

Other: \_\_\_\_\_

Are others suffering from digestive problems, diarrhea, constipation, or decreased appetite?    Yes    No    Don't Know

**If Yes, Who?** \_\_\_\_\_

Are others suffering from seizures, epilepsy, or convulsions?    Yes    No    Don't Know

**If Yes, Who?** \_\_\_\_\_ How long ago did they start? \_\_\_\_\_

Is the person under the care of a doctor?    Yes    No    Don't Know

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Date	Test Name/Type	Results	Lab Name

Investigated by: \_\_\_\_\_ Phone: (       ) \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_