



Ascariasis Investigation Form
Patient's name:
Address:
City: County: Zip:
Phone 1: Phone 2:
Date of birth: Age: Sex:
Race:
Hispanic:
Patient Occupation:
Parent/guardian's name
Country of origin: Date of arrival in US:
NBS Patient ID:
Reported by:
Agency:
Phone: Date reported:
Investigated by:
Agency:
Phone:
Email:
Investigation start date:

CLINICAL DATA
Date of symptom onset: Illness end date: Did patient die?
Signs and symptoms (Check all that apply):
Did the patient receive treatment?
Physician's name: Physician's phone:
Was the patient hospitalized?
Date of admission: Date of discharge:

LABORATORY
Microscopic identification of eggs in feces (O&P). Collection date:
Microscopic identification of Ascaris larvae from sputum or gastric washings. Collection date:
Identification of adult worms passed from the nose, mouth, or anus. Collection date:
Diagnostic imaging showing the presence of worms. Date image taken:

CONTACTS
How many people live in the patient's household?
Has anyone else in the household been treated for a helminthitic/parasitic infection?
Are there any contacts ill with similar illness?
Last name: First/ MI Age: Sex:
Relationship to case: Onset date: Type of infection/symptoms:
Contact info same as case? Address: Phone:



Ascariasis Investigation Form Continued

NBS Patient ID:

EXPOSURE HISTORY

Has the patient or any member of the household lived or traveled internationally in the last 2 years? [ ] Yes [ ] No [ ] Unknown

If yes, where and when?

Table with 3 columns: Country Visited, Dates Traveled, Traveler. Includes checkboxes for Patient and Household member.

Does the patient visit, work, or live on a farm? [ ] Yes [ ] No [ ] Unknown

If yes, where? \_\_\_\_\_

Does the patient have contact with soil (e.g. gardening, landscaping, child playing outside in dirt) either for work or recreation?

[ ] Yes [ ] No [ ] Unknown If yes, describe: \_\_\_\_\_

What type of plumbing system exists in the patient's home?

[ ] City sewage disposal [ ] Septic Tank [ ] Other, please describe: \_\_\_\_\_

Near the patient's home, work, or school are there areas potentially contaminated with human waste (e.g. outhouses, contaminated bodies of water)? [ ] Yes [ ] No [ ] Unknown

If Yes, please describe: \_\_\_\_\_

COMMENTS