

P A T I E N T	_____ (_____) _____ Last Name First Name MI Patient's Phone Number			
	_____ Street Address		_____ City County Zip	
	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: _____			
S E S F A C T O R S	Highest level of education: _____		Type of Housing: _____	
	Food Handler: YES NO IF yes, where: _____		Electricity: YES NO Running water: YES NO	
	Occupation: _____		Sewer System: YES NO Pigs Present at residence: YES NO	
	Number of household residents: _____		Pigs Present in neighborhood: YES NO	
	Diagnosis: Intestinal Infection YES NO Cysticercosis: YES NO Neurocysticercosis: YES NO			
M E D I C A L	Species (Circle): <i>solium</i> <i>saginata</i> Date of diagnosis: _____			
	Attending Physician: _____ (Name)		_____ (Phone 1)	_____ (Phone 2)
	Address: _____			
	Treatment regimen: _____			

H Y G I E N E	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 If YES, for how many people does 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 DK			
	IF YES, When was the last time you ate pork with measles? Less than year 1-2 years 2-5 years 5+ years			

FOOD HISTORY AND FOLLOW UP

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

Do you, or anyone in your household ever take deworming drugs? YES NO
 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: _____

Others suffering from digestive problems, diarrhea, constipation, or decreased appetite? YES NO DK
 IF YES, Who? _____

Others suffering from attacks, epilepsy, or convulsions? YES NO DK
 IF YES, Who? _____ How long ago did they start? _____

Is the person under the care of a doctor? YES NO DK

LAB DATA

Date	Test Type	Lab Name	Results

Investigated by: _____ Phone: () _____
 Agency: _____ Date: _____