

CASE REPORT FORM

Lead Absorption

Lead absorption _____	EpiSurv No. EpiSurvNumber _____
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Reporting Authority			
Name of Public Health Officer responsible for case OfficerName _____			
Notifier Identification			
Reporting source* <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory ReportSrc <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other			
Name of reporting source ReportName _____		Organisation ReportOrganisation _____	
Date reported* ReportDate _____		Contact phone ReportPhone _____	
Usual GP UsualGP _____		Practice GPPracticeName _____	
GP/Practice address		GP phone GPPhone _____	
Number houzenumber _____	Street streetname _____	Suburb suburb _____	
Town/City towncity _____	Post Code postcode _____	<input type="checkbox"/> GeoCode geocode _____ addressmatchaccuracy	
Case Identification			
Name of case* Surname Surname _____		Given Name(s) GivenName _____	
NHI number* NHINumber _____		Email Email _____	
Current address* Number houzenumber _____		Street streetname _____	
Town/City towncity _____		Suburb suburb _____	
Post Code postcode _____		<input type="checkbox"/> GeoCode geocode _____ addressmatchaccuracy	
Phone (home) PhoneHome _____		Phone (work) PhoneWork _____	
		Phone (other) PhoneOther _____	
Case Demography			
Location TA* TA _____		DHB* DHB _____	
Date of birth* DateOfBirth _____ OR Age Age _____ <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years AgeUnits			
Sex* Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown			
Occupation* Occupation _____			
Occupation location occupation_place_type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school			
Name occupation_place_name _____			
Address Number houzenumber _____ Street streetname _____ Suburb suburb _____			
Town/City towncity _____ Post Code postcode _____ <input type="checkbox"/> GeoCode geocode _____ addressmatchaccuracy			
Alternative location occupation_place_type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school			
Name occupation_place_name _____			
Address Number houzenumber _____ Street streetname _____ Suburb suburb _____			
Town/City towncity _____ Post Code postcode _____ <input type="checkbox"/> GeoCode geocode _____ addressmatchaccuracy			
Ethnic group case belongs to* (tick all that apply)			
<input type="checkbox"/> NZ European EthNZEuropan <input type="checkbox"/> Maori EthMaori <input type="checkbox"/> Samoan EthSamoan <input type="checkbox"/> Cook Island Maori EthCookIslandMaori			
<input type="checkbox"/> Niuean EthNiuean <input type="checkbox"/> Chinese EthChinese <input type="checkbox"/> Indian EthIndian <input type="checkbox"/> Tongan EthTongan			
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan) *(specify) EthOther EthSpecify1 _____ EthSpecify2 _____			

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Basis of Diagnosis			
LABORATORY CRITERIA			
Whole blood lead concentration: *		BloodMol _____ μmol/l	or BloodGdl _____ μg/dl
Type of specimen* TypeSpec	<input type="radio"/> Capillary	<input type="radio"/> Venous	<input type="radio"/> Unknown
Date specimen collected* DateSpec	_____		
Reason for specimen* ReaSpec	<input type="radio"/> Symptoms present	<input type="radio"/> Paint removal	<input type="radio"/> Routine screening
<input type="radio"/> Other (specify)*	ReaSpecOth _____		
<input type="radio"/> Unknown			
STATUS* Status <input type="radio"/> Under investigation <input type="radio"/> Confirmed <input type="radio"/> Not a case			
ADDITIONAL LABORATORY DETAILS			
Other laboratory details (e.g. environmental sampling)			
AddLab			
Clinical Course and Outcome			
Date of onset* OnsetDt	_____	<input type="checkbox"/> Approximate	<input type="checkbox"/> Unknown
Hospitalised* Hosp	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Date hospitalised* HospDt	_____	<input type="checkbox"/> Unknown	HospDtUnknown
Hospital* HospName	_____		
Died* Died	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Date died* DiedDt	_____	<input type="checkbox"/> Unknown	DiedDtUnknown
Was this disease the primary cause of death?* DiedPrimary <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
If no, specify the primary cause of death* DiedOther			

Outbreak Details			
Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*			
<input type="checkbox"/> Yes Outbrk If yes, specify Outbreak No. * OutbrkNo _____			
Risk Factors			
Lives in or regularly visits a building built pre-70s* Pre70		<input type="radio"/> Yes	<input type="radio"/> No
If yes, specify type of building* Pre70Type		_____	
If yes, building has paint chalking/flaking* Pre70Paint		<input type="radio"/> Yes	<input type="radio"/> No
If yes, old paint is being, or has recently been stripped* Pre70Strip		<input type="radio"/> Yes	<input type="radio"/> No
If yes, building is undergoing, or has recently undergone alterations or refurbishment* Pre70Alt		<input type="radio"/> Yes	<input type="radio"/> No
Case plays in soil containing paint debris* PlaySoil		<input type="radio"/> Yes	<input type="radio"/> No
Case ingests substances such as soil, dirt etc (pica)* PICA		<input type="radio"/> Yes	<input type="radio"/> No
Case has an occupation which involves exposure to lead* CaseOccExpo		<input type="radio"/> Yes	<input type="radio"/> No
Close contact of case (e.g. caregiver) has an occupation which involves exposure to lead* ContOccExpo		<input type="radio"/> Yes	<input type="radio"/> No
If yes, specify occupation* SpecOcc		_____	
If yes, specify relationship to case* SpecRela		_____	

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Risk Factors continued	
Case or close contact of case has a hobby which involves exposure to lead* Hobby <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, specify hobby* HobSpec _____ If yes, specify relationship to case* HobRela _____	
Case lives near an industry that is likely to release lead (e.g. battery plant, lead smelter, manufacturing plant where lead may be used)* LivIndust <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, specify* LivIndSpec _____	
Other risk factors (specify)* OthRisSpec _____	
Probable source of exposure* SourExp _____	
Management	
CASE MANAGEMENT	
Was the source identified? SourId <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If yes, what measures were taken to remove the source from the case or the case from the source? WhatMeas	

Was the case referred to a specialist? SpecTreat <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Comments*	
<div style="color: red; font-weight: bold; margin-bottom: 5px;">Comments</div>	