

# Basidiobolomycosis Questionnaire

Arizona State Department of Health Services

CDR Number  City  Zip Code

Date of Birth  Date of Diagnosis  Gender

Race  Ethnicity  Dwelling Type

Neighborhood  Education Level  How Long in Home ? (years)

How long in AZ? (years)  For cases, at the time of diagnosis how long had they lived in that home?

Live in AZ year round?  If no, how many months per year in AZ?

What months do you typically live here? Month  To Month

If no, where do you typically live when not in AZ?

Have you been employed in the last year?  What is your occupation?

Does this require digging or contact with soil?  Working or contact with decaying vegetation?

## Past Medical History

Classify health  Exercise regularly?  Times per week

Medical Insurance

Do you have any chronic illnesses? (check all that apply)

- Diabetes     Insulin Dependent     Hypertension     Crohn's/UC     Peptic Ulcer     Asthma

Other (specify)

In the past year have you been treated with or had any of the following:

- Radiation     Chemotherapy     Steroids     Transplantation

Have you been treated with any abdominal surgeries in the past year ? (check all that apply)

- Cholecystectomy     Appendectomy     Hernia repair     Other

Specify

Other surgeries in past year?  Specify

Have you ever had a fungal infection in the past?

If yes, what was it?  Thrush  Vaginal yeast infection  Aspergillus  Valley Fever  Histoplasmosis

Other, specify

### In The Last Year

In the last year, were you treated for any serious infection?  If yes, what was it?

What medicines are you now on?

Do you take aspirin regularly?  Did you take aspirin in the 3 months before your illness?

In the last year have you taken any of the following medicines:

Zantac  Pepcid  Tagamet  Prilosec  Prevacid  Pepto Bismol

Other antacids (specify)

Have you taken any OTC medicines or vitamins?  If yes, specify

Have you taken any medicines bought in another country?  Homeopathic or naturopathic medicines?

Take any herbal supplements?  If yes, specify

Have you had any enemas?  Have you had any colonics?

Have you had any other rectal procedures, medical or otherwise in the past year?  Specify

### At Any Time

Do or did you smoke?  Do you currently smoke?  If yes, years  Packs per day

How many alcoholic drinks do you consume per week?

In the past year, have you fasted for a day or more?  If yes, when?

### Individual Factors

Have you travelled outside of the US in the last year?  If yes, where?

What areas of AZ have you visited in the last year?

In the last year, have you vacationed or camped near a lake or river?

If yes, what is the name of the lake or river?

Do you have any hobbies?  If yes, what hobbies

Do you play golf?  If yes, how many times per week?

Do you play tennis?  If yes, how many times per week?

Do you go hiking?  If yes, where do you hike?

Do you mountain bike?  If yes, how many times per month do you ride?

Where do you ride your mountain bike?

Do you have any pets?  If yes, what are they?

Do your pets spend most of their time..

Do you have family or close friends with pets?  If yes, what are they?

**Water Contact**

What is your usual source of drinking water?

Do you work around or with water?  If yes, is it  Canal  Lake  Drainage channel  Pond  River

Other (specify)

Do you have a pool within 100 yards of your home?

Do you go fishing?  If yes, how often do you go?

Do you use live bait?  If yes, what type of bait?

Where have you been fishing in the last year?

While fishing or camping do you fix your own food?  If yes, is it over  Campfire  Gas stove

Other (specify)

Did you go swimming, diving or snorkeling in the last year?  If yes, where?

How often do you bathe?

How often do you wash your hands before meals?

**Contact With Animals or Reptiles**

Do you have a pet frog, toad, turtle, snake, lizard or other reptile?  If yes, what?

Have you had contact with a frog, turtle, snake or other reptile?  If yes, what?

Have you see any frogs, toads, turtles, snakes, lizards, or other reptiles outside your home or workplace?

Have you seen any frogs, toads, turtles, snakes, lizards, or other reptiles inside your home or workplace?

Have you visited anyone or a pet shop with any frogs, toads, turtles, snakes, lizards, or other reptiles?

Do you have an aquarium or fishbowl/tank?

**Diet**

Do you have an herb or vegetable garden you work in?  Do you have a fruit tree in your yard?

Do you have a flower garden that you work in?

If yes to either garden question, do you use any of the following

Peat moss  Potting soil

Manure  Non-commercial fertilizer

What type of non-commercial fertilizer?

Do you use your own compost?  If yes, how often do you work it?

Do you eat raw fruits or vegetables?  Do you wash fruits and/or vegetables before eating?

Do you recall eating over ripe fruits or vegetables in the last year?

Do you dry you own fruit or make your own jerky?

Have you eaten any frogs, lizards, snakes, turtles, or other reptiles?  Were they  Restaurant prepared  Home prepared

Who usually cooks for you?

Do you leave leftover food unrefrigerated?  Do you cover leftover food?

How often do you go to restaurants including fast food in a week?

How often do you eat outside in a week, either at a restaurant or home?

Do you buy vegetables at a farmer's market?

Do you eat non-commercial honey?  If yes, where is it from?

Do you eat homemade candies?  Do you eat cactus fruit or flesh (nopales)?

Do you make/drink sun tea, herb tea, fruit drinks (any non-commercial drink)?

Do you make/drink any homemade drinks or homemade fermented drinks?

Have you eaten dirt, sand, or clay in the last year?  If yes, how often?

**Environmental Factors (in the year prior to illness)**

Is there a pond or other standing water within 1/2 mile of your home?

Were there any leaking pipes in or under your home?  Does your house use:  Air conditioning  Evaporative Cooling

How often do you clean your house?  Who cleans your house?  You  Someone else  Spouse

Around your house or workplace, are you exposed to a lot of dust or dirt, or has there been any construction within 100 yards of your house in the last year?

How are you exposed to dust?  Construction  Dust storms Other (specify)

How many hours per week are you exposed?

What symptoms did you have prior to being diagnosed with basidiobolomycosis?

- Diarrhea  Abdominal pain Other (specify)
- Bloody stool  Bloating
- Mucus in stool  Vomiting
- Anorexia

When did you symptoms first begin?

How long did you have symptoms before going to a doctor?

Before diagnosis, how many visits did you make to the doctor?

Were you given any medicines for your symptoms?

Zantac

Tagamet

Metamucil

Pepcid

Omeprazole

Other medicine

What was the date of your surgery when you were discovered with basidiobolus?

Are you currently receiving therapy for basidiobolus?

Sporanox

Other

Terbinafine

How many physicians did you see before your diagnosis?

What was your initial diagnosis?

Did you have a colonoscopy/endoscopy before surgery?

Did you have a CT scan before surgery?

How many?

What was the diagnosis you were given before surgery?

How much time did you spend in the hospital?

Days

Months

Are you fully recovered?

If yes, how long did recovery take?