# Hydatid Cyst investigation form

|_____|

## A Investigator

| Name | Date of investigation | Entity/MOPH unit | Phone |
|---|---|---|---|
| | | | |

## B Reporter

| Name | Date of reporting | Entity/Health unit | Phone |
|---|---|---|---|
| | | | |

## C Patient identity

| Patient name | Gender | Date of birth (age) | Nationality |
|---|---|---|---|
| Type of residence | Caza of residence | Locality of residence | Phone |
| Detailed address | | | |

## D Clinical symptoms

| Illness: | □Yes | □No | □Unk | Date first diagnosis: |
|---|---|---|---|---|
| Date first symptom: | | | | Date first reporting: |

## E Medical diagnosis

| **Imaging:** | □Pos | □Neg | □Unk | **Serology:** | □Pos | □Neg | □Unk |
|---|---|---|---|---|---|---|---|
| Radio | □Pos | □Neg | □Unk | Antibodies: | □Pos | □Neg | □Unk |
| Echo: | □Pos | □Neg | □Unk | Antigens: | □Pos | □Neg | □Unk |
| TDM: | □Pos | □Neg | □Unk | PCR: | □Pos | □Neg | □Unk |
| IRM: | □Pos | □Neg | □Unk | Other, specify: | □Pos | □Neg | □Unk |
| Other, specify: | □Pos | □Neg | □Unk | | | | |
| | | | | **Histology:** | □Pos | □Neg | □Unk |
| **Surgery:** | □Pos | □Neg | □Unk | Punction | □Pos | □Neg | □Unk |
| Macroscopic: | □Pos | □Neg | □Unk | Biopsy | □Pos | □Neg | □Unk |
| Other, specify: | □Pos | □Neg | □Unk | Other, specify: | □Pos | □Neg | □Unk |

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**F Characteristics**

| | | | |
|---|---|---|---|
| Topography: | □Liver | □Lung | □Spleenk |
| | □Kidney | □Heart | □Bone |
| | □CNS | □Other: | □Unk |
| Number: | □Single | □Multiple | □Unk |
| Size: | □Single | □Multiple | □Unk |
| Generation: | □Primary | □Secondary | □Unk |
| Rupture: | □Yes, spontaneous | □Yes, traumatic | □Yes |
| | □No | □Unk | |
| Complication: Allergic reaction | □Yes | □No | □Unk |

**G Treatment**

| | | | |
|---|---|---|---|
| Surgery: | □Yes, specify: | □No | □Unk |
| Protoscolicides: | □Yes, specify: | □No | □Unk |
| PAIR (Puncture, Aspiration, Injection, Re-aspiration) : | □Yes, specify: | □No | □Unk |
| Chemotherapy (Albendazole, Mebendazole): | □Yes, specify: | □No | □Unk |
| Other | □Yes, specify: | □No | □Unk |

**H Occupation**

| |
|---|
| Occupation: |
| Institution: |
| Herding: |
| Farming: |

**I Dog related risk factors**

| | | | |
|---|---|---|---|
| Had ever owned dogs: | □Yes, how many years: | □No | □Unk |
| Had ever played with dogs: | □Yes, specify: | □No | □Unk |
| Had ever provide care to dogs: | □Yes, specify: | □No | □Unk |
| Presence of dogs in vicinity: | □Yes, specify: | □No | □Unk |
| Presence of shepherd dogs in vicinity: | □Yes, specify: | □No | □Unk |
| Presence of village dogs in vicinity: | □Yes, specify: | □No | □Unk |

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**J Other animal related risk factors**

| | | | |
|---|---|---|---|
| Had ever lived in animal farms: | □Yes, specify: | □No | □Unk |
| Had ever lived in plant farms: | □Yes, specify: | □No | □Unk |
| Had ever lived in rural areas: | □Yes | □No | □Unk |

**K Food risk factors**

| | | | | |
|---|---|---|---|---|
| Eating raw vegetables from land: | □Often | □Sometimes | □Never | □Unk |
| Eating raw fruits from land: | □Often | □Sometimes | □Never | □Unk |
| Eating raw vegetablesfrom market: | □Often | □Sometimes | □Never | □Unk |
| Eating raw fruits from market: | □Often | □Sometimes | □Never | □Unk |

**L Drinking water sources**

| | | | | |
|---|---|---|---|---|
| Public network | □Often | □Sometimes | □Never | □Unk |
| Public spring wells | □Often | □Sometimes | □Never | □Unk |
| Private wells | □Often | □Sometimes | □Never | □Unk |
| Rivers | □Often | □Sometimes | □Never | □Unk |
| Other: | | | | |