Agricultural Injury and Illness Surveillance Project; Hillsborough County, FL. — Phase I
CASE DEFINITION WORKSHEET

CASE ID _ _ _ _ RECORD No. ___________________ Collection Date (mm/dd/yy) ________________

No. visits during sentinel time frame 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __
8 __ 9 __ 10 __ 11 __ 12 __ 13 __ 14 __ 15 __ 16 __ 17 __

Date of birth (mm/dd/yy) __________________________ Gender: M F


Date of sentinel visit (mm/dd/yy) __________________ Date of first encounter for sentinel condition
Dx at sentinel visit

______________________________________________________
Dx at first encounter for sentinel condition

ICD-9 code for sentinel visit
(from administrative list)

FIRST INCLUSION CRITERIA: 1. Met 2. Not met-Go to Final Balance

Subject is a farmworker
1. Statement that subject is farmworker
2. No statement that subject is farmworker, but reference to farmwork in the note (Write wording below)

3. No statement that subject is a farmworker, nor reference to farm work in the note
4. Statement of occupation other than farm work (Write actual wording below)

SOURCE OF INFORMATION CODE:
1 2 3 4 5 6 7 8 9 10 11 12 13 specify____________________

Date on source: mm/dd/yy ________________
Match with date of first encounter 1. Perfect or within one month (definite)
2. One month to six months (probable)
3. Six months to one year (possible)

Match with date of sentinel visit 1. Perfect or within one month (definite)
2. One month to six months (probable)
3. Six months to one year (possible)

SECOND INCL. CRITERIA: 1. Met
2. Not met— Not included in study; go to Final Balance
3. Consensus needed. Reason __________________________
Condition is associated with work in agriculture

Date of first encounter for sentinel condition  

SEARCH ONE YEAR FORWARD THEN BACKWARD

1. Occurred/cause while working at job in agriculture
2. Occurred while commuting to and from job in agriculture
3. Any other wording that tells the condition is associated with job in agriculture (Write wording below)

4. No reference to whether the condition is job related
5. Statement that condition was NOT job related (Write actual wording below)

SOURCE OF INFORMATION CODE:

1 2 3 4 5 6 7 8 9 10 11 12 13 specify

Date on source: Match with date of
mm/dd/yy first encounter

THIRD INCL. CRITERIA: 1. Met
2. Not met -- Go to Final Balance
3. Consensus needed. Reason

Date of sentinel visit (mm/dd/yy) SEARCH ONE YEAR FORWARD THEN BACKWARD

1. Occurred/cause while working at job in agriculture
2. Occurred while commuting to and from job in agriculture
3. Any other wording that tells the condition is associated with job in agriculture (Write wording below)

4. No reference to whether the condition is job related
5. Statement that condition was NOT job related (Write actual wording below)

SOURCE OF INFORMATION CODE:

1 2 3 4 5 6 7 8 9 10 11 12 13 specify

Date on source: Match with date of
mm/dd/yy sentinel visit

THIRD INCL. CRITERIA: 1. Met
2. Not met -- Go to Final Balance
3. Consensus needed. Reason

IF THIRD CRITERIA IS MET, DO DATE CATEGORIES FOR 2ND AND 3RD INCLUSION CRITERIA CORRESPOND (SENTINEL OR FIRST ENCOUNTER) ?

1. YES -- go to Final Balance
2. NO -- not included in study, go to Final Question
FINAL BALANCE
DOES THIS CASE NEED TO GO TO CONSENSUS?

1. Yes, give reason __________________________ go to consensus findings
2. No, go to A

A) 1st criteria met?
1. Yes, go to B
2. No. Not included in the study – Go to final questions

B) 2nd criteria met?
1. Yes, go to C
2. No. Not included in the study – Go to final questions

C) 3rd criteria / Date of first encounter met?
1. Yes, meets case definition as __________ (use the longest period). Go to housekeeping
2. No. Go to D

D) 3rd criteria / Sentinel Date met?
1. Yes, meets case definition as __________ (use the longest period). Go to housekeeping
2. No. Not included in the study – Go to final questions

HOUSEKEEPING –
Fill this section only for cases included in the study. ELSE GO TO FINAL QUESTION

Job status:
1. Farmworker, no reference to migrant or seasonal
2. Migrant farmworker
3. Seasonal or temporary worker
4. Farmworker, permanent employee
5. Other (describe) __________________________ Date on source (mm/dd/yy) __________________________

SOURCE OF INFORMATION CODE:
1 2 3 4 5 6 7 8 9 10 11 12
13 specify __________________________

FINAL QUESTION:
Does this case have a DIFFERENT sentinel visit? Yes No
CONSENSUS FINDINGS

THE CONSENSUS BOARD FOUND THIS RECORD TO BE A

1. CASE (reason)

2. NO CASE (reason)

SOURCE OF INFORMATION CODES:
1. REGISTRO Y ACUERDO PARA LOS SERVICIOS DE SALUD (PATIENT REGISTRATION SHEET)
2. REVISION DEMOGRAFICA
3. TRIAGE/DOCTOR'S NOTE
4. HISTORY & PHYSICAL FORM
5. COMPREHENSIVE EPISODIC CARE NOTES
6. REFERRALS
7. OUTREACH
8. MEDICAL CORRESPONDANCE
9. PROBLEM LIST
10. PATIENT AFFAIRS
11. WALK-IN PRE-REGISTRATION
12. COUNSELOR ACTION
13. OTHER, specify