Sero-epidemiology of toxoplasmosis in women of child bearing age in India

Phase of study: - Epidemiological study
Date___/___/____

Participant ID  -----------------------------

If attending any hospital:  Reg. No. -----------OPD----------Medical Reason-------------------------

Name ___________________ Age (Yrs) ____

Father/Husband’s name________________________________

Address__________________________________________ City________ State________

Contact No (s)_______________________________________

Marital status: Single    ☐  Married    ☐

Education

Illiterate ☐  Matric ☐  Graduate ☐  Post Graduate ☐  Doctorate/ Professional course ☐

Occupation: - Yes ☐  No ☐

If Yes kindly mention: __________________________________

Socio-Economic Level

Low ☐  Medium ☐  High ☐

Eating Habits:

Vegetarian ☐  Non-Vegetarian ☐

If Non-Vegetarian:

Beef ☐  Mutton ☐  Pork ☐  Poultry ☐  Fish ☐

Frequency of consumption of meat: __________________________
Accommodation:

Pucca □    Kachcha □    Mud hut □    Tent □

Pets:    No □    Yes □

Type of animal | Exposure Date | Exposure Location | City / State
--- | --- | --- | ---
□ Bird
□ Cat
□ Dog
Other pet Specify  ____________

Exposure Details:

Farming □    Gardening with bare hand/foot □    Eating raw salads □    Raw meat □

Regarding Raw salad, please specify:
Carrot □    Radish□    Beet Root □    Cauliflower □    Celery □    Cabbage □    Cucumber □

Drinking Water Sources:

Tap Water □    Hand pump □    Tube well/well □    Spring water □    Filtered □    River Water □

Drinking Milk
Boiled □    Pasteurized □

Obstetric history:
If Married:    Non-Pregnant □    Pregnant □    LMP:_________________

HIV status: Positive □    Negative □    Duration_______

Corticosteroids: Yes □    NO □

History of Allergy/Allergens: Yes □    NO □    Type ____________
### Trimester of Pregnancy

- **First**  
- **Second**  
- **Third**  

<table>
<thead>
<tr>
<th>Gravida status</th>
<th>Alive (Healthy/Sick) Please write details</th>
<th>Male/ Female/Aborted</th>
<th>If aborted SB/ SA/MTP</th>
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<tbody>
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<td>G1</td>
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### Laboratory Details

- Sample collected on (dd/mm/yy) : ........../........../.............
- Sample sent to Department of Clinical Microbiology, AIIMS Delhi on (dd/mm/yy): ........../........../.............

*Investigators Signature with date*
FOR AIIMS USE ONLY

- Sample Received at DEPARTMENT OF Clinical Microbiology, AIIMS Delhi on (dd/mm/yy) :
  ………/………/……………

- Test Performed at Department of Clinical Microbiology AIIMS on (dd/mm/yy) :
  ………/………/……………

Test Results:

<table>
<thead>
<tr>
<th>Test</th>
<th>Cut-off value ( give lot no. of the kit)</th>
<th>Test value</th>
<th>Interpretation</th>
<th>Signatures of technician</th>
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<tbody>
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<td>IgG</td>
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<td>IgG- avidity</td>
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Authentication with date

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All India Institute of Medical Sciences  
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