



Georgia Division of Public Health

FORM FOR INVESTIGATING

CREUTZFELDT-JAKOB DISEASE CASES AGED <55 YEARS

I. General Information

Patient's name, Date form filled out, Date of birth, Country of birth, State of residence, County of residence, How long has the patient lived in the US?, Sex, Ethnicity, Race, Month and year of initial symptoms, Date of death, State of death occurrence, County of death occurrence, Age at death, Where is the patient currently located?, What is the patient's permanent address...

What is the phone number at the current address? Permanent address?

At what hospitals was the patient seen?

Does the patient have a known history of foreign travel? 1: Yes 2: No 9: Unknown

If yes, where?

Does the patient have a history of hunting or eating wild game? 1: Yes 2: No 9: Unknown

If yes, in what state?

Does the patient have a family history of CJD or early onset dementia? 1: Yes 2: No 9: Unknown

If yes, please describe:

II. Patient's Clinical Data

Yes No Unknown

Did the patient have a progressive neuropsychiatric disorder? 1 2 9

Did the patient have early psychiatric symptom/s (anxiety, apathy, delusions, depression, and/or withdrawal) 1 2 9

Did the patient have the psychiatric symptom/s at illness onset? 1 2 9

Did the patient have persistent painful sensory symptom/s (frank pain and/or dysesthesia) 1 2 9

Did the patient have dementia? 1 2 9

	Yes	No	Unknown
Did the patient have poor coordination/ataxia?	1	2	9
Did the patient have myoclonus?	1	2	9
Did the patient have chorea?	1	2	9
Did the patient have dystonia?	1	2	9
Did the patient have hyperreflexia?	1	2	9
Did the patient have visual signs?	1	2	9
Did the patient have dementia as well as development at least 4 months after illness onset of at least two of the following five neurologic signs: poor coordination, myoclonus, chorea, hyperreflexia, or visual signs?	1	2	9
Was the duration of illness over 6 months?	1	2	9
Is there a history of receipt of human pituitary growth hormone, a dura mater graft, or a corneal graft? If yes, please specify: _____	1	2	9
Is there a history of CJD in a first degree relative?	1	2	9
Is there a prion protein gene mutation in the patient?	1	2	9
Did a radiologist or an attending physician report that the patient's EEG was indicative of a CJD diagnosis?	1	2	9
According to the radiologist or an attending physician, did the MRI scan show bilateral pulvinar high signal?	1	2	9
Did routine investigation of the patient indicate an alternative, non-CJD diagnosis?	1	2	9
Does the patient have clinical findings similar to that of the variant CJD?	1	2	9
III. Neuropathology Information			
Is a neuropathology report available on this patient?	1	2	9
Was a brain biopsy performed on this patient?	1	2	9
Was a brain autopsy performed on this patient?	1	2	9
If a biopsy or an autopsy was performed, was brain tissue sent to the National Prion Disease Pathology Surveillance Center at Case Western Reserve University, Cleveland, Ohio?	1	2	9
According to the pathologist's report, was the neuropathy indicative of a CJD diagnosis?	1	2	9
Are there numerous widespread kuru-type amyloid plaques surrounded by vacuoles (florid plaques) in both the cerebellum and cerebrum?	1	2	9

	Yes	No	Unknown
Is there spongiform change and extensive prion protein deposition shown by immunohistochemistry throughout the cerebellum and cerebrum?	1	2	9
Does the patient have neuropathologic findings confirming a variant CJD diagnosis?	1	2	9

IMPORTANT: Please attach the patient's neuropathology report, if available.

Name of Neurologist _____

Phone number ____-____-____

Name of Attending Physician _____

Phone number ____-____-____

Name of other Physician _____

Phone number ____-____-____

Comments:

Form completed by: _____