ID NUMBER:	
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INTERVIEWER: _						
DATE: 6//04						
PATIENT NAME:						
Record patient ID	number on	this form (upper right corne	r).			
"Hello, my name is I am a disease investigator/public health nurse/epidemiologist with the Health Department. I'm going to ask you some questions that have to do with avian flu. All of your responses will be kept confidential."						
		enville, CA or another area tha (since 6/4/04)?	t had an outbreak of flu ir	birds or		
□ Yes	□ No					
days (since 6/4 □ Yes	l/04)? □ No	t with someone you know trave		the past 7		
		the following information abou		01111		
Name of Person (Last, First)	Contact Phone	Contact Address	FOR OFFICE USE	ONLY		
(Last, 1 list)	Number		NOTES:	Contacted?		
				□Yes □No		
				□Yes □No		
				□Yes □No		
				□Yes □No		
				□Yes □No		
 3. Have you come in close contact (within 6 feet) or stayed in the same household with a person who is suspected to have a case of "bird flu" or avian influenza? ☐ Yes ☐ No/Not Sure 						
If "Yes", ple Name of Person	ease provide Contact	the following information abou Contact Address		ONLV		
(Last, First)	Phone	Contact Address	FOR OFFICE USE			
, ,	Number		NOTES:	Contacted?		
				□Yes □No		
				□Yes □No		
				□Yes □No		
				□Yes □No		
				□Yes □No		

Case Investigation Form: MOCK Avian Influenza

ID NUMBER: _____

	Do you currently have any avian flu-like symptoms (e.g., fever AND some other respiratory symptom like cough, shortness of breath, etc.)?					
□Yes □No						
			lue SYMPTOM TRACKING FORM ve this form to EPIDEMIOLOGY)			
5. Which of the following sy	mptoms have	you had in the p	ast 5 days?			
Fever	□Yes	□No	□Unknown			
	If yes, max	imum temperatu	ure ∘F / ∘C			
Cough	□Yes	□No	□Unknown			
If yes, sputum production?		□No	□Unknown			
If yes, any blood?	□Yes	□No	□Unknown			
Shortness of breath	□Yes	□No	□Unknown			
Wheezing	□Yes	□No	□Unknown			
Diarrhea	□Yes	□No	□Unknown			
Extreme Tiredness	□Yes	□No	□Unknown			
Body Aches	□Yes	□No	□Unknown			
Nausea	□Yes	□No	□Unknown			
Eye Discharge	□Yes	□No	□Unknown			
6. What date did your earlie	st symptom(s)	begin?: June/_	/2004			
[IF INTERVI	EWEE IS SYM	PTOMATIC, CO	ONTINUE TO PAGE 3]			
CASE STATUS (to be	completed by N	NURSING/EPID	EMIOLOGY)			
□ SUSPECT CASI	□ SUSPECT CASE					
SUSPECT CAS	SUSPECT CASE DEFINITION:					
,	Travel history to Chickenville or other avian flu area or close contact with a person					
who traveled there OR close contact with someone diagnosed with avian flu						
	AND					
2) Fever over	2) Fever over 100.4					
		AND				
	One or more clinical findings of respiratory illness (e.g., cough, shortness of breath, wheezing, difficulty breathing, pneumonia)					
□ NOT A CASE (Does not meet above case definition)						

Case Investigation	Form:	MOCK	Avian	Influenza
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ID NUMBER:	
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ACTIVITY WORKSHEET

[COMPLETE THIS WORKSHEET FOR <u>SYMPTOMATIC</u> PERSONS ONLY!]

"Now I'm going to ask you about places you've been since Saturday June 5. It's important for me to know everywhere you've been including restaurants, sports events, places of worship, work, school, etc. I also need to know the names of all the people that you were in close contact with (within 6 feet) at each place. Remember that all of your answers will remain confidential.

We're going to go through every single day starting with the Saturday June 5..."

Use this table to list activities/events, use table on following page to list contacts

DATE	ACTIVITY/EVENT	LOCATION	COMMENTS

Case Investigation Form: MOCK Avian Influenza

ID NUMBER:	
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Use this table to list contact names

Name of Contact		Contact	Contact	FOR OFFICE USE ONLY	
and/or Name of Site	Exposure	Phone Number	Address	NOTES:	Contacted?
	MM DD YYYY				□Yes □No
	//				□Yes □No
	//				□Yes □No
	//				□Yes □No
	//				□Yes □No
	//				□Yes □No
	MM DD YYYY				□Yes □No
	MM DD YYYY				□Yes □No
	MM DD YYYY				□Yes □No
	//				□Yes □No
	/ / / MM DD YYYY				□Yes □No
	//				□Yes □No
	//				□Yes □No
	//				□Yes □No
	//				□Yes □No
	//				□Yes □No
	//				□Yes □No
	//				□Yes □No
	//				□Yes □No
	/ / / / / YYYY				□Yes □No
	/ / / / DD YYYY				□Yes □No
	/ / / /				□Yes □No
	/ / / / YYYY				□Yes □No

Refer patient to DISCHARGE INSTRUCTION station and give this form to EPIDMIOLOGY.