

Case Investigation Form: MOCK Avian Influenza

ID NUMBER: _____

INTERVIEWER: _____

DATE: 6/___/04 TIME: ___:___ AM / PM

PATIENT NAME: _____

Record patient ID number on this form (upper right corner).

“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.”

- 1.** Have you traveled to Chickenville, CA or another area that had an outbreak of flu in birds or humans in the past 7 days (since 6/4/04)?
- Yes No

- 2.** Did you have direct contact with someone you know traveled to Chickenville, CA in the past 7 days (since 6/4/04)?
- Yes No

If “Yes”, please provide the following information about this ill person:

Name of Person (Last, First)	Contact Phone Number	Contact Address	FOR OFFICE USE ONLY	
			NOTES:	Contacted?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> 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”, please provide the following information about this ill person:

Name of Person (Last, First)	Contact Phone Number	Contact Address	FOR OFFICE USE ONLY	
			NOTES:	Contacted?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ACTIVITY WORKSHEET

[COMPLETE THIS WORKSHEET FOR SYMPTOMATIC 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

