



Mumps Report Form

INTERVIEW

EpiTrax # _____ Interviewer Name: _____

Number of Call Attempts: _____ Date of Interview (must enter MM/DD/YYYY): _____

Follow-up Status: Interviewed Refused Interview Lost to Follow-Up*
Respondent was: Self Parent Spouse Other, *Specify*: _____

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

DEMOGRAPHICS

Birth Gender: Male Female
Date of Birth: _____
Age: _____
Hispanic/Latino Origin: Yes No Unknown
How would you describe your race?
 White
 Black/African American
 American Indian/Alaska Native
 Asian
 Native Hawaiian/Other Pacific Islander
 Other, _____
 Unknown

CLINICAL

What was the onset date of parotitis? Onset Date: _____ Onset Time: _____

Date Diagnosed: _____

Were you hospitalized? Yes No Unknown

Hospital Name: _____

Admission Date: _____ Discharge Date: _____

Died? Yes No Unknown

If yes, date of death: _____

Are you pregnant?

Yes No Unknown

If yes, expected delivery date: _____

LABORATORY

Was laboratory testing done for mumps?

Yes No Unknown

IgM results:

Positive Negative Indeterminate

Pending Not Done Unknown

Date IgM specimen collected: _____

IgG results:

Significant Rise

No Significant Rise

Indeterminate

Pending

Not Done

Unknown

Date of acute specimen: _____

Date of convalescent specimen: _____

Other lab results, _____:

Positive Negative Indeterminate

Pending Not Done Unknown

Was the case laboratory confirmed?

Positive IGM, IGG, or other lab

Not confirmed

EPIDEMIOLOGICAL

Occupation: _____

Is the patient a:

Healthcare Worker?

Yes
 No
 Unknown

Facility Name: _____

Address: _____

Telephone #: _____

Group Living?

Yes
 No
 Unknown

Facility Name: _____

Address: _____

Telephone #: _____

Day Care Attendee? Yes No Unknown Facility Name: _____
Address: _____
Telephone #: _____

Day Care Employee? Yes No Unknown Facility Name: _____
Address: _____
Telephone #: _____

School Attendee? Yes No Unknown Facility Name: _____
Address: _____
Telephone #: _____

School Employee? Yes No Unknown Facility Name: _____
Address: _____
Telephone #: _____

If associated with a school, please record details on teacher and grade: _____

If Yes to any above, did you work or attend while ill? Yes No Unknown

If Yes, Dates Worked or Attended/Notes: _____

Imported from: Indigenous Outside U.S. Outside of County Out of State Unknown

INVESTIGATION

A. Symptoms & Signs

Did you have any symptoms? Yes No Unknown

Fever? Yes No Unknown If yes, highest measured temperature (°F) _____

Parotitis? Yes No Unknown If yes, onset date: _____ Duration: _____

B. Complications

- Encephalitis? Yes No Unknown
- Meningitis? Yes No Unknown
- Deafness? Yes No Unknown
- Orchitis? Yes No Unknown
- Other Complications? Yes No Unknown

If yes, specify: _____

C. Vaccination History

Vaccinated? Yes No Unknown

If yes, number of doses received **on or after** first (1st) birthday?

- 0 1 2 3 Unknown

If not vaccinated, what was the reason?

- Religious exemption
- Philosophical objection
- MD diagnosis of previous disease
- Parental refusal
- Other, specify: _____
- Medical contraindication
- Laboratory confirmation of previous disease
- Underage for vaccine
- Unknown

Vaccination Record:

Vaccination Date #1: _____ Vaccination Date #2: _____
 Vaccination Date #3: _____ Vaccination Date #4: _____
 Vaccination Date #5: _____

C. Exposure – Risk Factors

- Prior to onset of parotitis, was this case epi-linked to another confirmed or probable case? Yes No Unknown
- Is this case linked to an internationally imported case either directly or within same chain of transmission? Yes No Unknown

• Transmission setting – where did this case acquire mumps?

- Day Care
- Doctor's Office
- Hospital ER
- Home
- College
- Correctional Facility
- International Travel
- Other, specify: _____
- School
- Hospital Ward
- Hospital Outpatient Clinic
- Work
- Military
- Church
- Unknown

• Was the patient age and setting verified?

- Yes No Unknown

• What was the source of infection?

Specify: _____

D. Exposure – Travel Questions

Did you travel outside of the USA in the 18 days prior to onset of illness?

- Yes No Unknown

Location traveled to (i.e., City/Country Resort Information) and Dates traveled: _____

Traveled outside of Kansas, but inside USA?

- Yes No Unknown

Location traveled to (i.e., City and State Hotel Information) and Dates traveled: _____

Traveled outside of county, but inside Kansas?

- Yes No Unknown

Cities traveled to in Kansas and Dates: _____

Public Health Interventions (Check all that apply)

- Hygiene Education Provided
- Daycare Inspection
- Follow-up of other household member(s)
- Work or Daycare restriction for case
- Other

If other, specify: _____

That completes the interview, thank you for taking the time to answer all these questions. Your responses may be helpful in preventing others from becoming sick.

Additional notes: _____

