# Mumps Report Form

## INTERVIEW

<table>
<thead>
<tr>
<th>EpiTrax #</th>
<th>Interviewer Name:</th>
</tr>
</thead>
</table>

Number of Call Attempts: __________________

Follow-up Status:  
- [ ] Interviewed  
- [ ] Refused Interview  
- [ ] Lost to Follow-Up*

Date of Interview (must enter MM/DD/YYYY): __________

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

<table>
<thead>
<tr>
<th>Birth Gender:</th>
<th>Hispanic/Latino Origin:</th>
<th>How would you describe your race?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Male</td>
<td>[ ] Yes</td>
<td>[ ] White</td>
</tr>
<tr>
<td>[ ] Female</td>
<td>[ ] No</td>
<td>[ ] Black/African American</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>[ ] Unknown</td>
<td>[ ] American Indian/Alaska Native</td>
</tr>
<tr>
<td>Age:</td>
<td></td>
<td>[ ] Asian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Native Hawaiian/Other Pacific Islander</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Other, _____________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Unknown</td>
</tr>
</tbody>
</table>

## 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  Facility Name:  _____________________________
□ No  Address:  _________________________________
□ Unknown  Telephone #:  ____________________________

Group Living?  □ Yes  Facility Name:  _____________________________
□ No  Address:  _________________________________
□ Unknown  Telephone #:  ____________________________
Day Care Attendee?  □ Yes  Facility Name: ____________________________
□ No  Address: ________________________
□ Unknown  Telephone #: _______________________________

Day Care Employee?  □ Yes  Facility Name: ____________________________
□ No  Address: __________________________________________________________________
□ Unknown  Telephone #: _______________________________

School Attendee?  □ Yes  Facility Name: ____________________________
□ No  Address: __________________________________
□ Unknown  Telephone #: _______________________________

School Employee?  □ Yes  Facility Name: ____________________________
□ No  Address: __________________________________
□ Unknown  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 □ Medical contraindication
□ Philosophical objection □ Laboratory confirmation of previous disease
□ MD diagnosis of previous disease □ Underage for vaccine
□ Parental refusal □ Unknown
□ Other, specify: ______________________________________________________

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 □ School
  □ Doctor’s Office □ Hospital Ward
  □ Hospital ER □ Hospital Outpatient Clinic
  □ Home □ Work
  □ College □ Military
  □ Correctional Facility □ Church
  □ International Travel □ Unknown
  □ Other, specify: ___________________________________

• 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: __________________________________________________________
________________________________________________________________________
________________________________________________________________________