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*

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

Respondent was: □ Self  □ Parent  □ Spouse  □ Other, Specify:__________________________

DEMOGRAFICS

County: ________________  Hispanic/Latino Origin: □ Yes  □ No  □ Unknown

Birth Gender: □ Male  □ Female

Date of Birth: __________  Age: __________

How would you describe your race?

□ White  □ Black/African American  □ American Indian/Alaska Native

□ Asian  □ Native Hawaiian/Other Pacific Islander  □ Other, Specify:__________________________

□ Unknown

CLINICAL

What date did you start to have symptoms of illness?  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 rubella?

☐ 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: ________________

Other lab results, Specify: _____________

☐ 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: ________________________________
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 rash?    □ Yes  □ No  □ Unknown  Onset date of rash: ___________
Rash duration: ________ (days)
Rash location: □ Generalized □ Focal □ Unknown
If generalized, mark all locations that apply: □ Face/head □ Arms □ Legs □ Trunk □ Inside mouth □ Other □ Unknown

Origin of rash: □ Face/head □ Arms □ Legs □ Trunk □ Inside mouth □ Other □ Unknown

Type of rash: Mostly macular/popular? □ Yes □ No □ Unknown
Mostly vesicular? □ Yes □ No □ Unknown
Hemorrhagic? □ Yes □ No □ Unknown
Itchy? □ Yes □ No □ Unknown
Crops/waves? □ Yes □ No □ Unknown

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

Arthralgia/arthritis (symptoms)? □ Yes □ No □ Unknown
Lymphadenopathy? □ Yes □ No □ Unknown
Conjunctivitis? □ Yes □ No □ Unknown

B. Complications

Encephalitis? □ Yes □ No □ Unknown
Thrombocytopenia? □ Yes □ No □ Unknown
Arthralgia/arthritis (complications)? □ 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 rash, 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:  ________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________