



Tick-Borne Rickettsial 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 date did you start to have symptoms of illness? _____ Onset Date: _____ Onset Time: _____

Did you recover? Yes No Unknown
Were you hospitalized? Yes No Unknown

If Yes, Recovery Date: _____ If Yes, Hospital Name: _____

Time Recovered: _____ Admit date: _____ Discharge Date: _____

Died? Yes No Unknown
Are you pregnant? Yes No Unknown

If Yes, Date of Death: _____ If Yes, Expected Delivery Date: _____

LABORATORY

If serology was done, was there a fourfold change in antibody titer between the two serum specimens?

Yes No

EPIDEMIOLOGICAL

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

INVESTIGATION

A. Symptoms & Signs

Fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, highest measure temperature (°F): _____
Rash?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Headache?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Myalgia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Anemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Leukopenia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Thrombocytopenia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Elevated hepatic transaminases?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Other symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify: _____
Eschar?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Immunocompromised?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify: _____

B. Complications

Any life-threatening complications in the clinical course of this illness (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Adult respiratory distress syndrome (ARDS) | <input type="checkbox"/> Disseminated intravascular coagulopathy (DIC) |
| <input type="checkbox"/> Meningitis/encephalitis | <input type="checkbox"/> Renal failure |
| <input type="checkbox"/> None | <input type="checkbox"/> Other |

Other Complications? _____

C. Exposure – Risk Factors

Were you in a potential tick habitat?

- Yes No Unknown

If yes, location and time: _____

Do you have a history of a tick bite?

- Yes No Unknown

If yes, location and time: _____

D. Exposure – Travel Questions

In the 30 days prior to the illness onset, did you:

Traveled outside of county, but inside Kansas? Yes No Unknown

Cities traveled to in Kansas and Departure/Arrival Dates: _____

Traveled outside of Kansas, but inside USA? Yes No Unknown

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

Did you travel internationally? Yes No Unknown

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

In which county were you most likely exposed? _____

In which states were you most likely exposed? _____

In which country were you most likely exposed? _____

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: _____

