



## Lyme Disease 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: \_\_\_\_\_ Date Diagnosed: \_\_\_\_\_

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: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

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

If Yes, Date of Death: \_\_\_\_\_ If Yes, Expected Delivery Date: \_\_\_\_\_

Did you receive antibiotic medication for this illness?     Yes    No    Unknown    Use in Days: \_\_\_\_\_

Medication Name	Date Started	Date Ended

Additional Clinical Notes:

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## LABORATORY

Obtain all laboratory records on Lyme Disease from the medical provider to ensure that all results have been reported to KDHE.

If KDHE only received Western Blot results, ask the medical provider if an EIA/IFA test was run prior to those results.

## EPIDEMIOLOGICAL

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

## INVESTIGATION

### A. Symptoms & Signs

Erythema migrans that was diagnosed by a physician?

Yes    No    Unknown

If yes, date of onset: \_\_\_\_\_

If yes, was it:     Single EM  
                           Multiple EM

Did a physician diagnosed you with Lyme disease?

Yes    No    Unknown

Non-confirmatory symptoms (check all that apply):

- |                                       |  |   |   |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Arthralgias  | <input type="checkbox"/> Bundle Branch Block   | <input type="checkbox"/> Cognitive Impairment       | <input type="checkbox"/> Encephalopathy |
| <input type="checkbox"/> Fatigue      | <input type="checkbox"/> Fever/Sweat/Chills    | <input type="checkbox"/> Headaches                  | <input type="checkbox"/> Myalgias       |
| <input type="checkbox"/> Myocarditis  | <input type="checkbox"/> Neck Pain             | <input type="checkbox"/> Other Rash                 | <input type="checkbox"/> Palpitations   |
| <input type="checkbox"/> Paresthesias | <input type="checkbox"/> Peripheral Neuropathy | <input type="checkbox"/> Visual/Auditory Impairment |   |

Other Clinical? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## B. Complications

- |   |   |
|---|---|
| Arthritis* characterized by brief attacks of joint swelling?      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Bell's Palsy or other cranial neuritis?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Radiculoneuropathy?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Lymphocytic meningitis?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Encephalomyelitis?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 2 <sup>nd</sup> or 3 <sup>rd</sup> degree atrioventricular block? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

\*Note: This is not referring to arthritis that is chronic, progressive, or symmetrical in >5 joints.

## C. Exposure – Risk Factors

Were you exposed to wooded, brushy, or grassy areas  $\leq$  30 days before the illness began?  Yes  No  Unknown

If yes, specify the location (address or other description) and date of exposure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify any risk factors identified in the course of the investigation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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? \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_