18a. Where was the patient a resident at time of initial culture?

- Private residence
- Homeless
- Non-medical ward
- Incarcerated
- Other (specify): __________
- College dormitory

20a. WEIGHT: ______ lbs ______ oz OR ______ kg OR Unknown

20b. HEIGHT: ______ ft ______ in OR ______ cm OR Unknown

20c. BMI: ______ OR Unknown

21. TYPE OF INSURANCE: (Check all that apply)

- Private
- Military
- Medicare
- Indian Health Service (IHS)
- Medical/State assistance program
- Other (specify): __________

22a. If survived, patient discharged to: 1=Home 2=LTC/SNF 3=LTACH 5=Left AMA 9=Unknown

22b. If discharged to LTC/SNF or LTACH, list Facility ID: __________

24a. At time of first positive culture, patient was:

- 1=Pregnant
- 2=Postpartum
- 3=Neither

24b. If pregnant or postpartum, what was the outcome of fetus:

- 1=Survived
- 2=Stillborn
- 3=Live birth/Neonatal death
- 4=Induced abortion
- 5=Stillbirth

24c. Mark if this is a HIBESSE fetal death with placenta and/or amniotic fluid isolate, a stillbirth, or neonate <22 wks gestation.

24d. Mark if this is a GBS Blood Spot Study case that lives outside ABCs catchment area.

**IMPORTANT — PLEASE COMPLETE THE BACK OF THIS FORM**

Public reporting burden to collect this information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering/maintaining the data needed, and completing/reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, CDC/ATSDR Reports Clearance Officer, 1600 Clifton Rd. MS D-74, Atlanta, GA, 30333, ATTN: PRA(0920-0978). Do not send the completed form to this address.
26. TYPES OF INFECTION CAUSED BY ORGANISM:
- Acute respiratory infection
- Bacterial meningitis
- Septicemia
- Urinary tract infection
- Bone and joint infection
- Abdominal abscess
- Pneumococcal pneumonia
- Streptococcal infection
- Gonococcal infection
- Herpes simplex
- Syphilis
- HIV/AIDS
- Influenza
- Rotavirus
- Norovirus
- Cryptosporidium
- Giardia
- Shigellosis
- E. coli
- Salmonella
- Campylobacter
- Listeria
- C. difcile
- Clostridium
disease
- Blastomycosis
- histoplasmosis
- Coccidioidomycosis
- Aspergillosis
- Candidiasis
- Cryptococcosis
- Mucormycosis
- Toxoplasmosis
- Tuberculosis
- Leptospirosis
- Rabies
- Lyme disease

27. UNDERLYING CAUSES OR PRIOR ILLNESSES:
- Congenital anomaly or birth defect
- Chronic respiratory disease
- Chronic cardiovascular disease
- Chronic liver disease
- Chronic renal disease
- Congenital immunodeficiency
- Severe neurologic impairment
- Immunocompromising condition
- *Other*: __________________________________

28. OTHER SUBSTANCES:
- Tobacco
- E-Nicotine Delivery System
- E-Cigarette
- E-Liquid
- Other: _____________________________

29. HAEMOPHILUS INFLUENZAE
- a: b
- c: d
- e: f
- g: h
- i: j

30. STREPTOCOCCUS PNEUMONIAE
- 32. Did patient receive pneumococcal vaccine?
  - 1: Yes 2: No

31. Did patient receive meningococcal vaccine?
- 1: Yes 2: No
- If yes, complete the table below:

<table>
<thead>
<tr>
<th>Type Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ACWY conjugate (MenA, MenC, MenW135)</td>
</tr>
<tr>
<td>2. polysaccharide (MenB)</td>
</tr>
<tr>
<td>3. B (Bexsero, Trumenba)</td>
</tr>
<tr>
<td>9. Unknown</td>
</tr>
</tbody>
</table>

32. Did patient have meningococcal meningitis?
- 1: Yes 2: No

33. Did the patient have surgery or any skin incision?
- 1: Yes 2: No

34. Did the patient deliver a baby (vaginal or C-section)?
- 1: Yes 2: No

35. Did patient have:
- Varicella
- Surgical wound (post operative)
- Penetrating trauma
- Blunt trauma

36. COMMENTS:
- Patient comments
- Medical comments
- Other comments: