

## Varicella Case Investigation Form

Case Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Report Date: \_\_\_\_\_

Database Entry Date: \_\_\_\_\_

### **Call Log:**

Date: _____	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	Initials: _____	<input type="checkbox"/> L/M	<input type="checkbox"/> N/A-Busy	<input type="checkbox"/> Wrong#	<input type="checkbox"/> Disc	<input type="checkbox"/> Completed	Init: _____
Date: _____	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	Initials: _____	<input type="checkbox"/> L/M	<input type="checkbox"/> N/A-Busy	<input type="checkbox"/> Wrong#	<input type="checkbox"/> Disc	<input type="checkbox"/> Completed	Init: _____
Date: _____	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	Initials: _____	<input type="checkbox"/> L/M	<input type="checkbox"/> N/A-Busy	<input type="checkbox"/> Wrong#	<input type="checkbox"/> Disc	<input type="checkbox"/> Completed	Init: _____
Date: _____	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	Initials: _____	<input type="checkbox"/> L/M	<input type="checkbox"/> N/A-Busy	<input type="checkbox"/> Wrong#	<input type="checkbox"/> Disc	<input type="checkbox"/> Completed	Init: _____
Date: _____	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	Initials: _____	<input type="checkbox"/> L/M	<input type="checkbox"/> N/A-Busy	<input type="checkbox"/> Wrong#	<input type="checkbox"/> Disc	<input type="checkbox"/> Completed	Init: _____

### **Case Status:**

- Probable
- Confirmed (*check all apply*:  Lab-confirmed  Epi-linked to confirmed or probable case)
- Excluded: indicate reason: \_\_\_\_\_
- Pending

### **Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ***Introductory Script Chickenpox Case Form***

Hi, this is \_\_\_\_\_. I am working with the (*insert health department name/state*). May I speak with the parent or guardian of \_\_\_\_\_?

Hi, this is \_\_\_\_\_. I am working with the (*insert health department name/state*) and [*name of school*]. As you may already know, some children in your child's school have come down with chickenpox over the past month. We are contacting all parents or guardians of children who have had chickenpox since the beginning of this school year. The (*insert health department name/state*) is working to determine the best ways to prevent this disease. I would like to ask you some questions about your child's chickenpox illness. This will take about 15 minutes. Are you willing to answer some questions now or is there a better time to call back?

If NO: best time to call back \_\_\_\_\_

If YES:

Before we begin, I would like to tell you that all the information that you give to me will be kept confidential. No names will be used in any reports. Your participation is completely voluntary; you do not have to answer any questions that you do not want to. Whether you decided to answer the survey will not affect your child's education or healthcare in any way. I am happy to answer any questions you have now or during the survey. Do you have any questions for me now?

May we start the survey now?

**Case Background Information:**

May I have your name please: \_\_\_\_\_

What is your relationship to (*insert Child's name*):  Parent  Other \_\_\_\_\_

Did you fill out a parental survey for (*insert Child's name*)?  Yes  No (If **Yes**, Skip to Question 4)

1. Contact Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

2. School Information (*if applicable*)

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

3. Demographics

GENDER: Male: \_\_\_ Female: \_\_\_

RACE:  African-American/Black  
 Asian/Pacific Islander  
 Native American/Alaskan Native  
 White  
 Unknown  
 Other

ETHNICITY:  Hispanic  Non-Hispanic  
 Unknown

*I would like to start by asking some questions about your child's disease history and medications.*

**Case Investigation:**

4. When did you first notice your child's rash? (Please try to remember the exact date, it is very important. Please look at a calendar to help determine date if you are not sure.) \_\_\_\_/\_\_\_\_/\_\_\_\_ (*prompt with date if necessary*)  
Month Date Year

4a. Who diagnosed the current case of chickenpox? (Check one)

- Primary care provider or clinic
- Other physician or clinic, please specify \_\_\_\_\_
- Parents/friends/ relatives
- School nurse
- Other, please specify \_\_\_\_\_

5. Did your child ever have chickenpox before this case of chickenpox?  Yes  No  Unknown

5a. If **yes**, at what age? \_\_\_\_\_ Years OR \_\_\_\_\_ Months

5b. Who diagnosed the case of chickenpox? (Check one)

- Primary care provider or clinic
- Other physician or clinic, please specify \_\_\_\_\_
- Parents/friends/ relatives
- School nurse
- Other, please specify \_\_\_\_\_

5c. Was your previous chickenpox case lab confirmed?  Yes  No

6. Was your child ever vaccinated with the varicella vaccine?  Yes-1 Dose  Yes-2 Doses  No  Unknown

6a. If *vaccinated*, dates of vaccination: **Dose 1:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Vaccine:**  Varivax  Proquad  Unknown  
Month Day Year

**Dose 2:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Vaccine:**  Varivax  Proquad  Unknown  
Month Day Year

7. Did your child take any medications prescribed by a doctor during the 30 days before the chickenpox rash appeared (include medicines taken by mouth, inhalers, and creams for the skin)?  Yes  No

*If Yes, please list the medications and condition(s) the medication was taken for.*

What is the name of the medication?	Condition(s) medication taken for	Is this a systemic medication (i.e. affects the entire body and is usually taken orally)? Yes, No, Unknown

*I am going to continue by asking you several questions about your child's activities.*

8. Does your child ride to or from school on a bus?

Yes *If yes, what is the bus number/neighborhood/name of the bus driver?*

\_\_\_\_\_

No *If no, how does your child get to school?* \_\_\_\_\_

9. Does your child attend early care **before** school?  Yes  No *If Yes, name facility:*

\_\_\_\_\_

10. Does your child attend extended care **after** school?  Yes  No *If Yes, name facility:* \_\_\_\_\_

11. Does your child participate in other activities with other children?  Yes  No

11a. *If yes, what activities has he/she participated in this school year? (check all that apply)*

Boys scouts

Brownies/Girls scouts

Church

Sports specify \_\_\_\_\_

Physical activity facility

Local library

other, please specify \_\_\_\_\_

other, please specify \_\_\_\_\_

12. Was your child exposed to anyone with chickenpox or shingles at home or anywhere **other than in** school in the 3 weeks before the rash started?  Yes  No  Don't know

12a. *If YES, who was the source of exposure for your child?*

Family member or person living in the household  Friends

Other (specify) \_\_\_\_\_

12b. Where was the exposure? \_\_\_\_\_

12c. Was the exposure to someone with chickenpox or shingles? (check correct box): Chickenpox Shingles

12d. What were the date(s) of your child's exposure to this person? \_\_\_\_\_  
(Try to obtain this information on nonschool exposure to chickenpox/shingles that would have occurred 10-21 days (ave. 14 days) before rash onset.)

Now I'm going to ask you some specific questions about your child's chickenpox.

13. How many days did the rash last, from the start until all blisters scabbed over or no new lesions appeared within a 24-hour period (for those lesions that did not become scabs)? \_\_\_\_\_ days

14. At the most severe stage of your child's chickenpox, how many lesions were present, (read options)?

less than 50 lesions (all could be counted in 30 seconds or less). **How many?** \_\_\_\_\_

50 lesions to 249 (Some skin was affected, but there was a clear area at least as big as the child's hand)

250 lesions to 500 (some skin was affected, but clear areas were not large enough to fit the child's hand without touching other lesions.)

over 500 lesions (many lesions were present, and in some areas you could not see normal skin between areas where lesions were found)

15. How would you characterize the lesions?

15a. Were any macular/popular (red, raised bumps)?  Yes  No  Unknown

15b. Were any vesicular (blisters)?  Yes  No  Unknown

15c. Was the rash itchy?  Yes  No  Unknown

15d. Did the lesions scab?  Yes  No  Unknown

16. Where was the rash on your child's body, all over or just in one part of the body?

Generalized (all over)

If **generalized**, location of rash (check all that apply):  Face/Head  Arms  Trunk  Legs  Inside Mouth

Palms  Soles  Other (specify): \_\_\_\_\_

Localized (just in one area of the body), where on the body was the rash?

\_\_\_\_\_  
 Unknown

17. Did your child have fever at least once during the chickenpox illness?  Yes  No  Don't know

17a. If **YES**, how was the temperature measured?

Tactile (by feel)  Thermometer What was the highest temperature that you recorded?

\_\_\_\_\_  
17b. How many days in a row did your child have fever? \_\_\_\_\_ days

18. How many days was your child sick in bed? \_\_\_\_\_ days

19. How many days of school did your child miss due to chickenpox? \_\_\_\_\_ days

20. Did you contact a health care provider because of your child's chickenpox?

Yes  No  Don't know

