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| **Case Information (Use ID numbers applicable to your systems)**State/Local ID:\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­ State lab number:\_\_\_\_\_\_\_\_\_\_\_\_\_ CDC R-number:\_\_\_\_\_\_\_\_\_\_\_\_ ArboNET ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIKV ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Purpose: This form is for investigating Zika virus exposure in a person confirmed to have Zika virus infection but who did not report travel-associated or other known exposures to Zika virus (e.g., sexual, transfusion/transplant, blood/body fluid). Part 1 is demographic information and Part 2 is information about possible exposures of the person with Zika virus infection. The household (or people from a workplace or other locations of possible mosquito exposure) can be surveyed using the Household Member Survey Form and/or the Workplace Survey Form. |
| State:\_\_\_\_\_\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date form completed:\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (MM/DD/YYYY) |
| **Interviewer Information** |
| Interviewer Name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Local Health Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary phone number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary phone number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Informant Information (person providing information)** |
| Patient 🞏 Other 🞏 Name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Informant contact information: Phone number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PART 1. Patient Demographics and Contact Information** |
| Patient last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Sex: 🞏 Male 🞏 Female Pregnant 🞏 Yes 🞏 No 🞏 N/A Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact information (if different from informant): Phone number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of Zika symptom onset (or specimen collection date if asymptomatic):** \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | **Estimated exposure period:**   \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ **(14 days before symptom onset\*) (3 days before symptom onset\*)****\*use specimen collection date as the symptom onset date if patient was asymptomatic** |
| **PART 2. Information on Locations of Possible Mosquito Exposure (A – D)** |
| 1. **Home**
 |
| How would you describe the structure of the home?🞏 RV/mobile home 🞏 Single family dwelling 🞏Duplex or four-plex 🞏 Apartment 🞏 Multistory condominium 🞏 Temporary shelter 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What methods do you use to cool your home? 🞏 Air conditioner (window unit or central air) 🞏 Swamp cooler (evaporative cooler) 🞏 Fan 🞏 Opening windows🞏 Nothing 🞏 Don’t know 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you/your household members often leave your windows or doors open? 🞏 Yes, at night and during day 🞏Yes, at night only 🞏Yes, during day only 🞏No 🞏 Don’t knowIf Yes:Are there screens on the windows or doors that you leave open? 🞏 On all windows and doors 🞏 On some windows and doors 🞏 On no windows or doors 🞏 Don’t know Do any screens in windows or doors that you leave open have any tears/rips? 🞏 Yes 🞏 No 🞏 Don’t know  |
| About how many hours a day did you spend in or around the house during the 2 weeks before your symptoms started? 🞏 < 2 🞏 2-4 🞏 5-8 🞏 > 8 🞏 Don’t know  |
| About how many hours a day did you spend outdoors around the house during the 2 weeks before your symptoms started? 🞏 < 2 🞏 2-4 🞏 5-8 🞏 > 8 🞏 Don’t know Describe activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| From \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (see estimated exposure period on page 1)Do you recall seeing mosquitoes or being bitten by mosquitoes outside while at your home? 🞏 Yes 🞏 No 🞏 Don’t knowDo you recall seeing or being bitten by mosquitoes inside your home? 🞏 Yes 🞏 No 🞏 Don’t knowDescribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Work Location**
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| Do you work elsewhere besides your home? 🞏 Yes 🞏 No (if more than one worksite, use separate form[s])If yes, where do you work? Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What is your job there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What methods are used to cool the workplace? 🞏 Air conditioner (window unit or central air) 🞏 Swamp cooler (evaporative cooler) 🞏 Fan 🞏 Opening windows🞏 Nothing 🞏 Don’t know 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you/your coworkers often leave your windows or doors at the workplace open? 🞏 Yes, at night and during day 🞏Yes, at night only 🞏Yes, during day only 🞏No 🞏 Don’t knowIf Yes:Are there screens on the doors or windows that are left open in the workplace? 🞏 On all windows and doors 🞏 On some windows and doors 🞏 On no windows or doors 🞏 Don’t know Do any screens in windows or doors that are left open have any tears/rips? 🞏 Yes 🞏 No 🞏 Don’t know  |
| Do you spend time outdoors while at work? 🞏 Yes 🞏 No If Yes, how many hours per day are spent outdoors? 🞏 < 2 🞏 2-4 🞏 5-8 🞏 > 8 🞏 Don’t know Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| From \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (see estimated exposure period on page 1)Do you recall seeing mosquitoes or being bitten by mosquitoes outside while at work? 🞏 Yes 🞏 No 🞏 Don’t know Do you recall seeing or being bitten by mosquitoes inside your work area? 🞏 Yes 🞏 No 🞏 Don’t know Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Other Locations**
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| From \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (see estimated exposure period on page 1)Was there anywhere else besides your house and workplace that you spent extended time during daylight hours during the 2 weeks before your symptoms started? (e.g., for a special event, for recreation such as camping, etc.)  🞏 Yes 🞏 No 🞏 Don’t Know If Yes: |
| Location address (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What were you doing there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you recall seeing or being bitten by mosquitoes while there? 🞏 Yes 🞏 No 🞏 Don’t Know  |
| Location address (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What were you doing there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you recall seeing or being bitten by mosquitoes while there? 🞏 Yes 🞏 No 🞏 Don’t Know  |
| 1. **Travel Outside Local Area but within the United States**
 |
| From \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (see estimated exposure period on page 1)Did you travel outside your local area? 🞏 Yes 🞏 No 🞏 Don’t Know If Yes:  |
| Location address (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Departure date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_What were you doing there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you recall seeing or being bitten by mosquitoes while there? 🞏 Yes 🞏 No 🞏 Don’t Know  |
| Location address (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Departure date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_What were you doing there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you recall seeing or being bitten by mosquitoes while there? 🞏 Yes 🞏 No 🞏 Don’t Know  |
| **Other Possible Exposure Information** |
| Do you know anyone in your neighborhood who traveled internationally or to Puerto Rico, Florida, Texas, or <other state or territory with active Zika virus transmission> in the 6 weeks before your illness? 🞏 Yes 🞏 No 🞏 Don’t Know If Yes, place of travel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name and address or location of person : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you know anyone else in your neighborhood with fever, rash, joint pain, or red eyes during the last 8 weeks prior to your illness? 🞏 Yes 🞏 No 🞏 Don’t Know If Yes:Name and address or location of person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Of all the locations where you were during the time \_\_\_/\_\_\_\_/\_\_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ (see exposure period on page 1) (home, workplace, or other location), at which location(s) do you think you were most likely exposed to mosquitoes? 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |