Influenza Investigation Form Supplemental Pages

This supplemental form is for use with the General Influenza Investigation Form. Sections on this supplemental form can be completed as needed.

### BASIC TRAVEL HISTORY

**Did the case travel in the 10 days prior to illness onset?**

- ☐ Yes, within state
- ☐ Yes, out of state
- ☐ Yes, out of country
- ☐ No
- ☐ Unknown

**If yes,**

- Traveled to: __________________________
  Dates of travel: ___/___/___ to ___/___/___

- Traveled to: __________________________
  Dates of travel: ___/___/___ to ___/___/___

- Traveled to: __________________________
  Dates of travel: ___/___/___ to ___/___/___

**Did any close contacts of the patient travel in the month prior to patient’s illness onset?**

- ☐ Yes
- ☐ No
- ☐ Unknown

**If yes,**

- Name: ____________________
  Relation to case: __________
  Traveled to: ________________
  Dates of travel: __/__/____

- Name: ____________________
  Relation to case: __________
  Traveled to: ________________
  Dates of travel: __/__/____

### EXTENSIVE TRAVEL HISTORY (for investigations requiring contact tracing)

If case travel involved an airline, please provide the following for all flights in the 10 days prior to onset through 24 hours after symptoms end:

- Departure date ___/___/____
- Departure time:______
- From:____________
- To: ____________
- Airline:____________
- Flight number:________

- Departure date ___/___/____
- Departure time:______
- From:____________
- To: ____________
- Airline:____________
- Flight number:________

- Departure date ___/___/____
- Departure time:______
- From:____________
- To: ____________
- Airline:____________
- Flight number:________

If case travel involved a bus, please provide the following for all trips in the 10 days prior to onset through 24 hours after symptoms end:

- Departure date ___/___/____
- Departure time:______
- From:____________
- To: ____________
- Bus line:____________
- Bus number:________

- Departure date ___/___/____
- Departure time:______
- From:____________
- To: ____________
- Bus line:____________
- Bus number:________

If case travel involved a cruise line, please provide the following for all trips in the 10 days prior to onset through 24 hours after symptoms end:

- Cruise line:___________________
- Ship:__________________
- Departure date ___/___/____
- Departure time:______
- Return date ___/___/____
- Departure city:_________________  Stops: __________________________________________________________________________________

### CLOSE CONTACTS

**How many people live in the patient’s household (including the patient)?**

- __________

  **How many were/are sick?**

- __________

**Did the patient care for anyone who was sick (10 days before, concurrently or after)?**

- ☐ Yes
- ☐ No
- ☐ Unknown

**If yes,**

- Name: ____________________
  Relation to case: __________
  Date of onset: ___/___/___
  Symptoms:_________________

  Or, if the case is a health care worker, where do they work:________________________________
  Date last worked before onset: ___/___/___

**Did any other close contacts of the patient have symptoms (sx) of illness (10 days before, concurrently or after)?**

- ☐ Yes
- ☐ No
- ☐ Unk

**If yes,**

- Name: ____________________
  Age:____
  Relation to case: __________
  Date of onset: ___/___/___
  Sx:_________________

- Name: ____________________
  Age:____
  Relation to case: __________
  Date of onset: ___/___/___
  Sx:_________________

- Name: ____________________
  Age:____
  Relation to case: __________
  Date of onset: ___/___/___
  Sx:_________________

- Name: ____________________
  Age:____
  Relation to case: __________
  Date of onset: ___/___/___
  Sx:_________________

*If you need to follow up with contacts, use the contact tracking form to collect additional information.*

### EXTRACURRICULAR ACTIVITIES

**Does the patient participate in any extracurricular group activities (e.g., sports team, social club, etc)?**

- ☐ Yes
- ☐ No
- ☐ Unknown

**If yes,**

- Date last participated: ___/___/___
- Number of people on team/at meeting:________

- Contact name:___________________
  Phone (___) _____-_________
SCHOOL / DAYCARE EXPOSURES
Does the patient attend school and / or a day care? □ Yes □ No □ Unknown
If yes, please check all that apply:

□ Grade school Grade:_____ Name of school:_________________________ Contact name:_________________________
Address: __________________________ City:__________ Phone (___) _____-_________

□ University Name of school:_________________________ Contact name:_________________________
Address: __________________________ City:__________ Phone (___) _____-_________

□ Day care Name of day care:_________________________ Contact name:_________________________
Address: __________________________ City:__________ Phone (___) _____-_________

□ Other after school care Name of facility/program:_________________________ Contact name:_________________________
Address: __________________________ City:__________ Phone (___) _____-_________

Has the school or daycare seen an increase in ILI or other respiratory symptoms among attendees or staff? □ Yes □ No □ Unknown

ANIMAL EXPOSURES
Did the patient have any contact (touching or close proximity) with wild or domestic animals within the last month (check all that apply)?
□ Chickens □ Ducks □ Pigs (swine) □ Turkeys □ Other:_____________________________
If yes, please describe the contact (when/where/extent):____________________________________________________________________
______________________________________________________________________________

Did the patient visit any of the following locations where animals may be present within the last month (check all that apply)?
□ Farm □ Petting zoo □ Agricultural event □ Rodeo □ Live animal market □ Slaughterhouse □ Pet store
□ Other: __________________________
If yes, describe:__________________________________________________________________________

Was the patient exposed to environments contaminated by animal feces (including poultry, wild birds or swine) within the last month?
□ Yes □ No □ Unknown
If yes, describe:__________________________________________________________________________

Did the patient touch (handle, slaughter, butcher, prepare for consumption) animals (including poultry, wild birds or swine) or their remains within the last month?
□ Yes □ No □ Unknown
If yes, describe:__________________________________________________________________________

Did the patient consume raw or undercooked animals (including poultry, wild birds or swine) within the last month?
□ Yes □ No □ Unknown
If yes, describe:__________________________________________________________________________

Are any sick or dead animal(s) present in the patient’s home, neighborhood or workplace?
□ Yes □ No □ Unknown
If yes, describe:__________________________________________________________________________

OTHER EXPOSURES
Did the patient handle specimens/samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?
□ Yes □ No □ Unknown
If yes, please describe:__________________________________________________________________________

LONG TERM CARE FACILITY EXPOSURES
Does the patient live or stay at a long term care facility? □ Yes □ No □ Unknown
If yes, name of facility: __________________________ Is anyone else at the facility symptomatic? □ Yes □ No □ Unknown
Contact name: __________________________ Phone (___) _____-_________