

1. STATE

2. Case # _____

Case Exposure/Source Information

3. INTERVIEW DATE:
 Month Day Year

Case Information

4. CASE NAME: _____ / _____ / _____
 (Last) (First) (Middle) (Suffix) (Nickname)

5. ADDRESS: _____
 Street Address, Apt #. City State Zip Code

6. Case Classification: Confirmed Probable Suspect Unknown

Information on possible source of infection - INDIVIDUALS (Plague and VHF)

7. DO YOU KNOW FROM WHOM YOU CAUGHT THIS ILLNESS? Yes No Unknown
 IF NO OR UNKNOWN, GO TO QUESTION 10.

IF YES, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER

 Name (LAST, FIRST) Street Address, Apt #. City State Zip Code Area Code Number

8. DATE OF LAST EXPOSURE:
 Month Day Year

9. What signs/symptoms did the person have? Please list or describe:

10. DO YOU KNOW OF ANY OTHER PERSON WITH AN ILLNESS LIKE YOURS: Yes No Unknown
 IF YES, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER

 Name (LAST, FIRST) Street Address, Apt #. City State Zip Code Area Code Number

11. DURING THE DATES FROM* _____ TO _____ BEFORE ONSET OF SYMPTOMS, WERE YOU IN CONTACT WITH
 DO YOU KNOW OF ANYONE WHO APPEARED TO HAVE SYMPTOMS:
 Yes No Unknown

IF YES, GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE INDIVIDUALS:

 Name (LAST, FIRST) Street Address, Apt #. City State Zip Code Area Code Number

DATE OF LAST EXPOSURE:
 Month Day Year

 Name (LAST, FIRST) Street Address, Apt #. City State Zip Code Area Code Number

DATE OF LAST EXPOSURE:
 Month Day Year

Information on possible source of infection - PLACE

12. DO YOU KNOW WHERE YOU CAUGHT THIS ILLNESS? Yes No Unknown

IF YES, NAME OF PLACE/EVENT: _____ TYPE OF PLACE/EVENT: _____
 (i.e., restaurant, store, theater, sports event, office, etc)

ADDRESS / LOCATION: _____
 Street Address, Apt #. City State Zip Code

DESCRIBE LOCATION: _____ TELEPHONE:
 Area Code Number

13. POSSIBLE DATE OF EXPOSURE:
 Month Day Year

14. TIME: _____ AM / PM

15. ESTIMATED NUMBER OF PERSONS POTENTIALLY EXPOSED AT THE SAME PLACE AND TIME AS CASE: _____

LIST OTHERS POTENTIALLY EXPOSED (NAME, ADDRESS, TELEPHONE) ON REVERSE SIDE OF THIS FORM OR ON AN ADDITIONAL PIECE OF PAPER.

*Insert dates prior to onset of symptoms associated with minimum and maximum incubation period as follows:
 PLAGUE: 1 to 7 days VHF: 2 to 21 days ANTHRAX: 1 to 7 days; up to 60 days
 TULAREMIA: 1 to 14 days BOTULISM: 2 hours to 8 days

LIST OF NAMES AND ADDRESSES/TELEPHONE NUMBERS:

Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number

SAMPLE QUESTIONS FOR FORM 3B: CASE TRAVEL/ACTIVITY WORKSHEET – EXPOSURE PERIOD:

For the next few questions, I'd like you to think back to the period between _____ and _____ days before you developed symptoms that we have marked on the calendar. Let's start with weekdays. (Offer dates, holidays, etc., as available to anchor the case's recall to this time period. Consider routine weekday activities in a systematic way going either back from day 7 or forward from day 21 from fever onset depending on what seems easier to do.)

For weekends, ask about usual routines and then occasional activities. Prompt especially for attendance at public events. A question to capture this type of attendance follows after questions regarding usual activities.

WHAT IS YOUR USUAL ROUTINE:

DO YOU WORK? Yes No VOLUNTEER ON A REGULAR BASIS? Yes No

DO YOU GO TO SCHOOL? Yes No HAVE ANOTHER EVERY DAY ACTIVITY? Yes No

DURING THE PERIOD AS SHOWN ON THIS CALENDAR, DID YOU SPEND ANY TIME REGULARLY (3 OR MORE TIMES A WEEK) IN THE FOLLOWING PLACES?
(Check all that apply.)

WORK: Yes No SCHOOL: Yes No RESTAURANT: Yes No

YOUR CHILD'S SCHOOL OR DAY CARE CENTER: Yes No GROCERY STORE: Yes No

OTHER, SUCH AS PLACE OF WORSHIP, GYM, ETC: Yes No IF YES, SPECIFY: _____

Please complete FORM 3C – CASE EXPOSURE TRANSPORTATION WORKSHEET for all transportation questions.

IF YOU WORK, GO TO SCHOOL, OR TRANSPORT YOUR CHILDREN OR OTHER FAMILY MEMBERS, HOW DO YOU TRAVEL TO AND FROM THESE PLACES?

CAR ALONE, BICYCLE, WALK: Yes No CAR WITH OTHER PEOPLE IN THE VEHICLE AT LEAST SOMETIMES: Yes No

BUS, TRAIN OR SUBWAY: Yes No TAXI: Yes No

OTHER, SPECIFY (E.G. PLANE): Yes No IF YES, SPECIFY: _____

NOTE: For regular travel schedule such as to and from work, indicate range of days and times if this is the same each day.

DURING THE PERIOD DESIGNATED ABOVE, DID YOU TRAVEL OUT OF TOWN (IF CITY, OUT OF URBAN AREA, IF RURAL, OUT OF COUNTY)? Yes No

DURING THE PERIOD DESIGNATED ABOVE, DID YOU VISIT ANY OF THE FOLLOWING ACTIVITIES AT LEAST ONCE:

HOTEL/CONVENTION CENTER: Yes No CHURCH, TEMPLE, MOSQUE OR OTHER PLACE OF WORSHIP: Yes No

SHOPPING MALL OR LARGE STORE: Yes No DOCTOR'S OFFICE, EMERGENCY ROOM, CLINIC OR HOSPITAL: Yes No

AIRPORT: Yes No THEATER (MOVIES/PLAY): Yes No

CONCERT: Yes No PUBLIC SPORTING EVENT: Yes No

BUS, TRAIN OR SUBWAY: Yes No FAIR, FESTIVAL OR CARNIVAL: Yes No

ANY OTHER GATHERING WITH MORE THAN 100 OTHER PEOPLE: Yes No IF YES, SPECIFY: _____