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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 know  If 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 know  Do you recall seeing or being bitten by mosquitoes inside your home? 🞏 Yes 🞏 No 🞏 Don’t know  Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **Work Location** | |
| 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 know  If 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** | |
| 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |