

**Epidemiologic Investigation Form for
Persons potentially exposed to B. anthracis at _____**

DEMOGRAPHIC INFORMATION

1. LAST NAME: _____ 2. FIRST NAME: _____
3. SEX: (1) Male (2) Female 4. DATE OF BIRTH: ___/___/___
mo day yr
5. AGE _____
6. RACE: (1) White (2) Black (3) Asian (8) Other, specify _____ (9) Unknown
7. ETHNICITY: (1) Hispanic (2) Non-Hispanic (9) Unknown
8. HOME TELEPHONE: () ___ - _____
9. WORK/OTHER TELEPHONE: () ___ - _____
10. HOME ADDRESS STREET: _____
CITY: _____ STATE: _____ ZIP: _____
11. EMPLOYED: (1)Yes (2) No (9) Unknown
12. OCCUPATION: _____
13. WORKPLACE/SCHOOL NAME: _____
14. WORK/SCHOOL STREET ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____

SIGNS AND SYMPTOMS:

- | | | | | |
|---|---------|---------------------------|--------|-------------|
| 15. Cough* | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 15a. If yes, sputum production? | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 15b. If yes, any blood? | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 16. Chest pain* | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 17. Shortness of breath* | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 18. Tender/enlarged glands* | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 19. Fever* | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 19a. If yes, maximum temperature _____ °F °C | | | | |
| 20. Headache | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 21. Muscle aches | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 22. Fatigue | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 23. Joint pains | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 24. Stiff neck | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 25. Nausea | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 26. Vomiting | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 27. Diarrhea | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |
| 28. Abdominal pain | (1) Yes | Date of onset ___/___/___ | (2) No | (9) Unknown |

29. Skin lesion?* (e.g., ulcer, papules, vesicles, eschar, etc.)
 (1) Yes Date of onset ___/___/___ (2) No (9) Unknown
 If yes, describe (location, appearance, etc.): _____

30. Other symptom/abnormality: _____

- ***If person answers “Yes” to any starred questions or “Yes” to any combination of four or more symptom questions, refer for medical evaluation.***

OCCUPATIONAL AND/OR FACILITY EXPOSURES

31. EMPLOYED AT [*facility or building name*]?: (1) Yes (2) No

If Yes, answer questions 32-41; if No, skip to question 42.

The following questions pertain to the 2 week period from ___/___/___ to ___/___/___:

32. Please briefly describe your job/ volunteer duties: _____

33. Usual work schedule (days and hours):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

34. Did you work during days or hours different than those listed above anytime in the 2 weeks before your symptoms began? (1) Yes (2) No (9) Unknown
 If yes, describe: _____

35. Where in the building do you work? Floor _____ Room # or location _____

36. Are there other locations in/around your building that you visited, for any reason, in the two weeks from (___/___/___) to (___/___/___)? (1)Yes (2) No (9) Unknown

If yes,

	Floor/Room	Dates, Time, Duration (hours)	Accompanied by others (specify names, contact info)
Location 1			
Location 2			
Location 3			
Location 4			

37. Do you go into the mailroom at your workplace? (1) Yes (2) No
 If yes, on which days did you enter the mailroom during the two weeks from (___/___/___) to (___/___/___)?

Every day ___ from ___/___/___ to ___/___/___
 Dates: _____

38. Do you open mail at your workplace? (1) Yes (2) No
 38a. If yes, for whom? (1) Self (2) For others (specify, if known)

38b. Where do you usually open your mail? _____

39. Did you, **or anyone else at your workplace**, open any piece of mail in the 2 weeks from (___/___/___) to (___/___/___) that contained an unknown powder upon opening? (1) Yes (2) No

If yes, answer questions 39a through 39m. If no, skip to question 40.

39a. If yes, who opened the mail? (1) Self (2) Someone else (name(s)):

39b. If someone else opened the letter/package, where were you in relation to the powder-containing mail at the time of opening? (indicate approximate distance):

39c. Date and time of mail opening: _____

39d. Location where the letter/package was opened: _____

39e. Description of powder (color, consistency, odor, etc.): _____

39f. Did the powder become aerosolized? Yes No

39g. Did you come in contact with any of the powder? Yes No
 If yes, where? (hands, arms, face, clothing, etc.) _____

39h. Describe any decontamination procedures that took place following exposure to powder:

39i. Approximately much time passed between exposure and decontamination?

39j. List of all others potentially exposed to powder :

Name	Present at the time of letter/package opening? Y/N	Location in relation to powder-containing letter at the time of opening (approx. distance)	If not present at the time of letter/package opening, give location, time, and mode of exposure (contact with hands, arms, face, inhalation, etc.) to powder	Contact info
			Location: Day/Time: Mode:	

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			Location: Day/Time: Mode:	
			Location: Day/Time: Mode:	

39k. Description of letter/package: _____
 Who was the package addressed to?: _____
 Return address? _____
 Where was it postmarked from? _____
 Date of postmark? _____

39l. Was there a note accompanying the powder? Yes No
 If yes, describe: _____

39m. Was the police department and/or FBI notified? Yes No
 If yes, do you have a case number and/or the name of the responding officers/agents? (specify) _____

40. Does your job involve contact with the public?
 (1) Yes (2) No
 If "Yes", specify _____

41. Does anyone else at your workplace have symptoms of [**skin or lung**] anthrax, such as [**fever, boils, skin ulcers, breathing problems...**]?
 (1) Yes (2) No (9) Unk
 If "Yes", name and approximate date on onset (if known) _____

If employee in the building, skip to question #__.

Visitors to the building/facility:

42. If you were a visitor, when were you in the building?
 Date (___/___/___)
 Time __:__ am/pm to __:__ am/pm # hours__

42. Where in the building did you visit?

	Floor/Room	Dates, Time, Duration (hours)	Accompanied by others (specify names, contact info)
Location 1			
Location 2			

Location 3			
Location 4			

43. Were you present in the room when the powder-containing mail was opened?
(1) Yes (2) No (9) Unknown

44. Where were you in relation to the powder-containing mail at the time of opening? (indicate approximate distance): _____

45. Did you come in contact with any of the powder? (1) Yes (2) No (9) Unknown

45a. If yes, where? (hands, arms, face, clothing, etc.) _____

45b. Describe any decontamination procedures that took place following exposure to powder:

EPIDEMIOLOGICAL LABORATORY TESTING

Nasal swab taken? (1)Yes Date ___/___/___ (2) No (9)Unknown
By whom? _____

Serology (1)Yes Date ___/___/___ (2) No (9)Unknown
By whom? _____