Respiratory disease—suspected inhalational anthrax
Case Investigation Form

ID NUMBER:_____

INTERVIEWER:_____

AGENCY:_____

DATE OFNTERVIEW:____/____/____

PERSON INTERVIEWED: Patient Other

If other, Name of person _____

Telephone contact ____- ____- _____

Describe relationship _____

DEMOGRAPHIC INFORMATION

LAST NAME: _____ FIRST NAME: _____

SEX: Male Female DATE OF BIRTH: ____/____/____ AGE____

RACE: White Black Asian Other, specify _____ Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown

HOME TELEPHONE: ( ) _____-_____

WORK/OTHER TELEPHONE: ( ) _____-_____

HOME ADDRESS STREET: _____

CITY:_____ STATE:_____ZIP:_____

EMPLOYED: Yes No Unknown

OCCUPATION:_____

WORKPLACE/SCHOOL NAME:_____

WORK/SCHOOL ADDRESS: STREET: _____ CITY: _____

STATE:_____ZIP:_____

HOW MANY PEOPLE RESIDE IN THE SAME HOUSEHOLD? _____

LIST NAME(S), AGE(S), AND RELATIONSHIPS (use additional pages if necessary):

Name					
Age					
Relationship					

CLINICAL INFORMATION (as documented in admission history of medical record or from case/proxy interview)

CHIEF COMPLAINT: _____

DATE OF ILLNESS ONSET: ____/____/____

Briefly summarize History of Present Illness: _____

_____

_____

SIGNS AND SYMPTOMS:

Cough	Yes	No	Unknown
If yes, sputum production?	Yes	No	Unknown
If yes, any blood?	Yes	No	Unknown
Chest pain	Yes	No	Unknown
Shortness of breath	Yes	No	Unknown
Stridor/wheezing	Yes	No	Unknown
Cyanosis (looks blue)	Yes	No	Unknown
Diaphoresis (sweatiness)	Yes	No	Unknown
Tender/enlarged glands	Yes	No	Unknown
Fever	Yes	No	Unknown
If yes, maximum temperature _____	^{o}F	^{o}C	
Antipyretics taken:	Yes	No	Unknown
Headache	Yes	No	Unknown
Muscle aches	Yes	No	Unknown
Fatigue	Yes	No	Unknown
Joint pains	Yes	No	Unknown
Stiff neck	Yes	No	Unknown
Altered mental status	Yes	No	Unknown
Unconscious/unresponsive	Yes	No	Unknown
Nausea	Yes	No	Unknown
Vomiting	Yes	No	Unknown
Diarrhea	Yes	No	Unknown
Abdominal pain	Yes	No	Unknown
Rash	Yes	No	Unknown
If yes, describe:_____			
Other skin lesion (e.g., ulcer, eschar)	Yes	No	Unknown
If yes, describe:_____			
Other symptom/abnormality:_____			
Did patient appear to improve and then relapse?	Yes	No	Unknown

PAST MEDICAL HISTORY:

Diabetes	Yes	No	Unknown

Cardiac disease	Yes	No	Unknown
Pulmonary disease	Yes	No	Unknown

If yes, describe:_____

Malignancy	Yes	No	Unknown

If yes, specify type: _____

Currently on treatment:	Yes	No	Unknown
Currently pregnant	Yes	No	Unknown
HIV infection	Yes	No	Unknown

Other immunocompromising condition (e.g., renal failure, cirrhosis, chronic steroid use)

Yes No Unknown

If yes, specify disease or drug therapy:_____ _____

Other underlying condition(s): _____

Prescription Medications: _____

_____

SOCIAL HISTORY:

Current alcohol abuse	Yes	No	Unknown
Past alcohol abuse	Yes	No	Unknown
Current injection drug use	Yes	No	Unknown
Past injection drug use	Yes	No	Unknown
Current smoker	Yes	No	Unknown
Former smoker	Yes	No	Unknown
Other illicit drug use	Yes	No	Unknown

If yes, specify:_____

HOSPITAL INFORMATION:

HOSPITALIZED Yes No

NAME OF HOSPITAL: _____

DATE OF ADMISSION ____/____/____ DATE OF DISCHARGE ____/____/____

NAME OF ATTENDING PHYSICIAN: Last _____ First _____

Office Telephone: ( )____- _____ Pager: ( ) ____-_____ Fax: ( ) ____-_____

MEDICAL RECORD ABSTRACTION:

MEDICAL RECORD NUMBER:_____

HOSPITAL NAME:_____

ROOM NUMBER:_____

ADMISSION DIAGNOSIS(ES): 1) _____

2 _____

3) _____

PHYSICAL EXAM:

Admission Vital Signs:

Temp____ (oral / rectal__ ^{o}F / ^{o}C) Heart Rate___ B/P___/___

Resp. Rate___ %Oxygen saturation _____

Mental Status: Normal Abnormal Not Noted

If abnormal, describe:_____

Respiratory status: Normal spontaneous Respiratory distress Ventilatory support

If abnormal, check all that apply:

rales decreased or absent breath sounds wheezing/stridor

other (specify:_____)

Skin: Normal Abnormal Not Noted

If abnormal, check all that apply:

edema chest wall edema cyanosis erythema

sloughing/necrosis rash petechiae purpura

lesion present

If rash present, describe type and location:_____

If lesion present, describe and indicate location: _____

Other abnormal physical findings (describe):_____

DIAGNOSTIC STUDIES:

Test	**Results of tests done on admission (___/___/___)**	**Abnormal test result at any time (specify date mm/dd/yy)**
Hemoglobin (Hb)		(____/____/____)
Hematocrit (HCT)		(____/____/____)
Platelet (plt)		(____/____/____)
Prothrombin time (PT)		(____/____/____)
Partial thromboplastin time (PTT)		(____/____/____)
Total white blood cell (WBC)		(____/____/____)

WBC differential:		(____/____/____)
% granulocytes (PMNs)		(____/____/____)
% bands		(____/____/____)
% lymphocytes		(____/____/____)
Renal function: BUN/Cr		(____/____/____)
Liver enzymes: AST/ALT		(____/____/____)
Blood cultures	positive (specify_____) negative pending not done	positive (specify_____) negative pending not done (____/____/____)
Respiratory secretions: specimen type	expectorated sputum induced sputum bronchial alveolar lavage (BAL) tracheal aspirate	expectorated sputum induced sputum bronchial alveolar lavage (BAL) tracheal aspirate (____/____/____)
Respiratory secretions: Gram stain (check all that apply)	PMNs epithelial cells gram positive cocci gram negative cocci gram positive rods gram negative coccobacilli gram negative rods other _____	PMNs epithelial cells gram positive cocci gram negative cocci gram positive rods gram negative coccobacilli gram negative rods other_____ (____/____/____)

Respiratory secretions: Viral culture	positive (specify_____) negative pending not done	positive (specify_____) negative pending not done (____/____/____)
Respiratory secretions: Influenza antigen	positive negative pending not done	positive negative pending not done (____/____/____)
Respiratory secretions: Other tests (DFA, PCR, etc.)		(____/____/____)
Chest radiograph	normal unilateral, lobar/consolidation bilateral, lobar/consolidation interstitial infiltrates widened mediastinum pleural effusion other _____	normal unilateral, lobar/consolidation bilateral, lobar/consolidation interstitial infiltrates widened mediastinum pleural effusion other _____ (____/____/____)
Legionella urine antigen	positive negative pending not done	positive negative pending not done (____/____/____)
Other pertinent study results (e.g., chest CT, pleural fluid)		(____/____/____)

EPIDEMIOLOGIC LABORATORY TESTS

Nasal specimen culture	θ positive (specify_____) θ negative θ pending θ not done	θ positive (specify_____) θ negative θ pending θ not done (____/____/____)

Serology	θ positive (specify_____) θ negative θ pending θ not done	θ positive (specify_____) θ negative θ pending θ not done (____/____/____)

INFECTIOUS DISEASE CONSULT: Yes No Unknown

Date:___/___/___

Name of physician: Last _____ First _____

Telephone or beeper number ( ) _____ - _____

H0SPITAL TREATMENT:

a. antibiotics Yes No Unknown

If yes, check all that apply:

Amoxicillin

Ampicillin

Ampicillin + sulbactam (Unasyn)

Augmentin (amoxicillin + clavulanate)

Azithromycin (Zithromax)

Cefazolin (Ancef, Kefzol)

Cefepime (Maxipime)

Cefixime (Suprax)

Cefotetan (Cefotan)

Cefotaxime (Claforan)

Cefoxitin (Mefoxin)

Ceftazidime (Fortaz, Tazicef, Tazidime)

Ceftizoxime (Cefizox)

Ceftriaxone (Rocephin)

Cefuroxime (Ceftin)

Cephalexin (Keflex, Keftab)

Ciprofloxacin (Cipro)

Clarithromycin (Biaxin)

Doxycycline (Doryx, Vibramycin)

Erythromycin (E-Mycin, Ery-Tab, Eryc

Gentamicin (Garamycin)

Levofloxacin (Levaquin)

Nafcillin

Ofloxacin (Floxin)
Streptomycin
Ticarcillin + clavulanate (Timentin)
Trimethaprim-sulfamethoxazole (Bactrim, Cotrim, TMP/SMX)
Vancomycin (Vancocin)
other_____

b. antivirals Yes No Unknown

If yes, check all that apply:
Acyclovir (Zovirax)
Amantadine (Symmetrel)
Oseltamivir (Tamiflu)
Rimantidine (Flumadine)
Zanamivir (Relenza)
other _____

Did patient require intensive care? Yes No Unknown

If patient was admitted to Intensive Care Unit:

a. Length of stay in ICU, in days:_____

b . Was patient on mechanical ventilation? Yes No Unknown

WORKING OR DISCHARGE DIAGNOSIS(ES)

1) _____
2) _____
3) _____

OUTCOME:

Recovered/discharged
Died
Still in hospital: a) improving b) worsening
Comment_____ _____

ADDITIONAL COMMENTS: _____
_____
_____

Risk Exposure Questions

The following questions pertain to the 2 week period prior to the onset of your illness/symptoms, from ___/___/___ to ___/___/___:

Occupation (provide information for all jobs/ volunteer duties)

1. Work Address _____
2. Please briefly describe your job/ volunteer duties:_____

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3. Usual work schedule (days and hours):
   _____

   3a. Did you work during days or hours different than those listed above anytime in the 2 weeks before your symptoms began? Yes No
   If yes, describe:_____

4. Where in the building do you work? Floor_____ Room # or location_____

5. Are there other locations in/around your building that you visited, for any reason, in the two weeks before your symptoms began? Yes No

   If yes,

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

6. Do you go into the mailroom at your workplace? Yes No
   If yes, on which days did you enter the mailroom during the two weeks before your symptoms began?

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

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

   Where do you usually open your mail? _____

8. Did you, **or anyone else at your workplace**, open any piece of mail in the 2 weeks before your symptoms began that contained an unknown powder upon opening? Yes No

   8a. If yes, who opened the mail? Self Someone else (name(s)):
   _____

   8b. 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):
   _____

   8c. Date and time of mail opening:_____
   8d. Location where the letter/package was opened:_____

   8e. Description of powder (color, consistency, odor, etc.): _____
   _____

   8f. Did the powder become aerosolized? Yes No

   8g. Did you come in contact with any of the powder? Yes No
   If yes, where? (hands, arms, face, clothing, etc.) _____
   _____

   8h. Describe any decontamination procedures that took place following exposure to powder: _____
   _____
   _____

   8i. Approximately much time passed between exposure and decontamination? _____

   8j. 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:	
			Location: Day/Time: Mode:	
			Location: Day/Time: Mode:	

			Location: Day/Time: Mode:	

8k. Description of letter/package: _____
Who was the package addressed to?:_____
Return address? _____
Where was it postmarked from? _____
Date of postmark? _____

8l. Was there a note accompanying the powder? Yes No
If yes, describe: _____
_____

8m. 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)_____

9. Does your job involve contact with the public?
Yes No
If "Yes", specify_____

10. Does anyone else at your workplace have similar symptoms?
Yes No Unk
If "Yes", name and approximate date on onset (if known)_____

Knowledge of Other Ill Persons

11. Do you know of other people with similar symptoms? Y / N / Unk

(If Yes, please complete the following questions)

Name of ill person	Age	M/F	Address	Phone number(s)	Date of onset	Relation to you	Did they seek medical care? Where?	Were they diagnosed by a physician? Describe.

Travel*
*Travel is defined as staying overnight (or longer) at somewhere other than the usual residence

12. Have you traveled anywhere in the last two weeks? Y / N / Unk

Dates of Travel: ____/____/____ to ____/____/____
Method of Transportation for Travel: _____
Where Did You Stay? _____
Purpose of Travel? _____
Did You Do Any Sightseeing on your trip? Yes □ No □
If yes, specify: _____

Did Anyone Travel With You? Yes □ No □
If yes, specify: _____
Are they ill with similar symptoms? Yes □ No □ Unk □

13. Information for Additional Trips during the past two weeks:
_____
_____

Public Functions/Venues (during 2 weeks prior to symptom onset)

Category	**Yes/No/ Unknown (Y/N/U)**	**Description of Activity**	**Location of Activity**	**Date of Activity**	**Time of Activity** (start, end)	**Anyone else ill? (Y/N/U)**
14. Sporting Event						
15. Performing Arts (ie Concert, Theater, Opera)						
16. Movie Theater						
17. Religious Gatherings						
18. Picnics						
19. Political Events (including Marches and Rallies)						
20. Meetings or Conferences (for work or personal interests)						
21. Family Planning Clinics						
22. Government Office Building						
23. Airports						
24. Shopping Malls						
25. Gym/Workout Facilities						
26. Casinos						
27. Beaches						
28. Parks						
29. Parties (including Raves, Prom, etc)						
30. Bars/Clubs						
31. Tourist Attractions (ie Sea World, Zoo, Disneyland)						
32. Museums						
33. Street Fairs, Swap Meets, Flea Markets						
34. Carnivals/Circus						
35. Campgrounds						

Transportation

Have you used the following types of transportation in the 2 weeks prior to onset?

36. Bus Yes □ No □ Unk □
Frequency of this type of transportation: □ Daily □ Weekly □ Occasionally □ Rarely
Bus Number: _____ Origin:_____
Any connections? Yes □ No □ (Specify: Location_____ Bus#_____)
Company Providing Transportation: _____ Destination:_____

37. Train/Metro Yes □ No □ Unk □
Frequency of this type of transportation: □ Daily □ Weekly □ Occasionally □ Rarely
Route Number: _____ Origin:_____
Any connections? Yes □ No □ (Specify: Location_____ Route #_____)
Company Providing Transportation: _____ Destination:_____

38. Airplane Yes □ No □ Unk □
Frequency of this type of transportation: □ Daily □ Weekly □ Occasionally □ Rarely
Flight Number: _____ Origin:_____
Any connections? Yes □ No □ (Specify: Location_____ Flight #_____)
Company Providing Transportation: _____ Destination:_____

39. Boat/Ferry Yes □ No □ Unk □
Frequency of this type of transportation: □ Daily □ Weekly □ Occasionally □ Rarely
Ferry Number: _____ Origin:_____
Any connections? Yes □ No □ (Specify: Location_____ Ferry #_____)
Company Providing Transportation: _____ Destination:_____

40. Van Pool/Shuttle Yes □ No □ Unk □
Frequency of this type of transportation: □ Daily □ Weekly □ Occasionally □ Rarely
Route Number: _____ Origin:_____
Any connections? Yes □ No □ (Specify: Location_____ Route #_____)
Company Providing Transporation: _____ Destination:_____

Food & Beverage

41. During the 2 weeks before your illness, did you eat at any of the following ***food establishments or private gatherings with food or beverages***? (If "yes", circle establishment(s); describe below)

Restaurant, fast-food or deli Y / N / Unk Grocery store or salad-bar Y / N / Unk
Cafeteria at school, hospital, other Y / N / Unk Plane, boat, train, other Y / N / Unk
Concert, movie, other entertainment Y / N / Unk Gas station or 24-hr store Y / N / Unk
Sporting event or snack bar Y / N / Unk Street-vended food Y / N / Unk Outdoor farmers market or swap meetY / N / Unk Beach, park or outdoor event Y / N / Unk Dinner party, barbecue or potluck Y / N / Unk Other food establishment Y / N / Unk Birthday party or other celebration Y / N / Unk Other private gathering Y / N / Unk

If "YES" for any in question #36, provide date, time, location and list of food items consumed:
Date/Time: _____ Location: _____
Food/drink consumed: _____
Others also ill?: Y / N / Unk (explain):_____

If "YES" for any in question #36, provide date, time, location and list of food items consumed:
Date/Time: _____ Location: _____
Food/drink consumed: _____
Others also ill?: Y / N / Unk (explain): _____

If "YES" for any in question #36, provide date, time, location and list of food items consumed:
Date/Time: _____ Location: _____
Food/drink consumed: _____
Others also ill?: Y / N / Unk (explain): _____

If "YES" for any in question #36, provide date, time, location and list of food items consumed:
Date/Time: _____ Location: _____
Food/drink consumed: _____
Others also ill?: Y / N / Unk (explain): _____

42. During the 2 weeks before your illness, did you consume any free ***food samples*** from……..?

Grocery store	Y / N / Unk
Race/competition	Y / N / Unk
Public gathering?	Y / N / Unk
Private gathering?	Y / N / Unk

If "YES" for any in question #34, provide date, time, location and list of food items consumed:
Date/Time: _____ Location (Name and Address): _____
Food/drink consumed: _____
Others also ill?: Y / N / Unk (explain): _____

If "YES" for any in question #34, provide date, time, location and list of food items consumed:
Date/Time: _____ Location (Name and Address):_____
Food/drink consumed: _____
Others also ill?: Y / N / Unk (explain): _____

43. During the 2 weeks before your illness, did you consume any of the following ***products***?

Vitamins	Y / N / Unk	Specify (Include Brand Name):_____
Herbal remedies	Y / N / Unk	Specify (Include Brand Name):_____
Diet Aids	Y / N / Unk	Specify (Include Brand Name):_____
Nutritional Supplements	Y / N / Unk	Specify (Include Brand Name):_____
Other Ingested non-food	Y / N / Unk	Specify (Include Brand Name):_____

44. During the 2 weeks before your illness, did you consume any unpasteurized products (ie milk, cheese, fruit juices)? Y/N/Unk If yes, specify name of item:_____
Date/Time: _____ Location (Name and Address):_____
Others also ill?: Y / N / Unk (explain): _____

45. During the 2 weeks before your illness, did you purchase food from any internet grocers? Y/N/Unk
If yes, specify date / time of delivery:_____ Store/Site:_____
Items purchased:_____

46. During the 2 weeks before your illness, did you purchase any mail order food? Y/N/Unk
If yes, specify date/time of delivery:_____ Store purchased from:_____
Items purchased:_____

47. Please check the routine sources for drinking water (check all that apply):
Community or Municipal Well (shared) Well (private family)

Bottled water (Specify Brand:_____) Other (Specify:_____)

Aerosolized water

48. During the 2 weeks prior to illness, did you consume water from any of the following sources (check all that apply):

Wells Lakes Streams Springs Ponds Creeks Rivers
Sewage-contaminated water
Street-vended beverages (Prepared with water and sold by street vendors)
Ice prepared w/ unfiltered water (Prepared with water that is not from a municipal water supply or that is not bottled or boiled)
Unpasteurized milk
Other (Specify:_____)

If "YES" for any in question #43, provide date, time, location and type of water consumed:
Date/Time: _____ Location (Name and Address):_____
Type of water consumed: _____
Others also ill?: Y / N / Unk (explain):_____

49. During the 2 weeks prior to illness, did you engage in any of the following recreational activities (check all that apply):

Swimming in public pools (e.g., community, municipal, hotel, motel, club, etc)
Swimming in kiddie/wading pools
Swimming in sewage-contaminated water
Swimming in fresh water, lakes, ponds, creeks, rivers, springs, sea, ocean, bay (please circle)
Wave pools Water parks Waterslides Surfing
Rafting Boating Hot tubs (non-private) Whirlpools (non-private)
Jacuzzis (non-private) Other (Specify:_____)

If "YES" for any in question #44, provide date, time, location and type of activity:
Date/Time: _____ Location (Name and Address):_____
Type of water consumed: _____
Others also ill?: Y / N / Unk (explain):_____

If "YES" for any in question #44, provide date, time, location and type of activity:
Date/Time: _____ Location (Name and Address):_____
Type of water consumed: _____ Others also ill?: Y / N / Unk (explain):_____

50. During the 2 weeks prior to illness, were you exposed to aerosolized water from any of the following sources (check all that apply):

Air conditioning at public places Respiratory devices* Vaporizers*
Humidifiers* Misters* Whirlpool spas* Hot tubs*
Spa baths* Creek and ponds Decorative fountains*
Other (please explain) _____
* Non-private (i.e., used at hospitals, spas, salons, etc.)

If "YES" for any in question #45, provide date, time, and location of exposure to aerosolized water:
Date/Time: _____ Location (Name and Address):_____
Explanation of aerosolized water: _____

Others also ill: Y / N / Unk (explain):_____

If "YES" for any in question #45, provide date, time, and location of exposure to aerosolized water:
Date/Time: _____ Location (Name and Address):_____
Explanation of aerosolized water: _____
Others also ill: Y / N / Unk (explain):_____

Recreation*

**Recreation is defined as non-work related activities*

51. In the past two weeks, did you participate in any outdoor activities? Y / N / Unk
(If "yes", list all and provide location)
_____
_____

52. Do you recall any insect or tick bites during these outdoor activities? Y / N / Unk
(If "yes", list all and provide location)
_____
_____

53. Did you participate in other indoor recreational activities (i.e. clubs, crafts, etc that do not occur in a private home)? Y / N / Unk
(List all and provide location)
_____
_____

Vectors

54. Do you recall any insect or tick bites in the last 2 weeks? Y / N / Unk
Date(s) of bite(s):_____ Bitten by □ Mosquito □ Tick □ Flea □ Fly □ Other:
Where were you when you were bitten? _____

55. Have you had any contact with wild or domestic animals, including pets? Y / N / Unk
Type of Animal: _____ Explain nature of contact:_____
Is / was the animal ill recently: Y / N / Unk Symptoms:_____
Date / Time of contact:_____ Location of contact:_____

56. To your knowledge, have you been exposed to rodents/rodent droppings in the last 2 weeks?
Y / N / Unk If yes, explain type of exposure:_____
Date/Time of exposure:_____
Location where exposure occurred:_____