Human Infection with Novel Influenza A Virus Case Report Form

Form Approved
OMB No. 0920-0004

State: _____ Date reported to health department: ___/___/_____ (MM/DD/YYYY) Date interview completed: ___/___/_____ (MM/DD/YYYY)

State Epi ID:_____ State Lab ID: _____

Household ID (*CDC use only*):_____CDC ID (*CDC use only*):_____ Cluster ID (*CDC use only*):_____

1. At the time of this report, is the case
   ☐ Confirmed ☐ Probable ☐ Case under investigation (skip to Q.3) ☐ Not a case (skip to Q.3)
2. What is the subtype? (If a variant subtype is selected, please complete the Human Infection with Novel Influenza A Variant Module. If an avian subtype is selected, please complete the Human Infection with Novel Influenza A Virus Avian Module).
   ☐ Influenza A(H1N1) **variant** ☐ Influenza A(H1N2) **variant** ☐ Influenza A(H3N2) **variant** ☐ Influenza A(H5N1) **avian**
   ☐ Influenza A(H7N9) **avian** ☐ Other _____ ☐ Unknown

Demographic Information

3. Date of birth: _____/_____/_____ (MM/DD/YYYY)
4. Country of usual residence: _____ If usual resident of U.S., county of residence: _____
5. Race: (check all that apply) ☐ White ☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Native Hawaiian/Other Pacific Islander
6. Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
7. Sex: ☐ Male ☐ Female
8. Occupation _____

Symptoms, Clinical Course, Treatment, Testing, and Outcome

9. What date did symptoms associated with this illness start? _____/_____/_____ (MM/DD/YYYY)
10. During this illness, did the patient experience any of the following?

Symptom	Symptom Present?	Symptom	Symptom Present?
Fever (highest temp _____ ºF)	☐ Yes ☐ No ☐ Unk	Shortness of breath	☐ Yes ☐ No ☐ Unk
If fever present, date of onset ___/___/____ (MM/DD/YYYY)		Vomiting	☐ Yes ☐ No ☐ Unk
Felt feverish	☐ Yes ☐ No ☐ Unk	Diarrhea	☐ Yes ☐ No ☐ Unk
If felt feverish, date of onset ___/___/____ (MM/DD/YYYY)		Eye infection/redness	☐ Yes ☐ No ☐ Unk
Cough	☐ Yes ☐ No ☐ Unk	Rash	☐ Yes ☐ No ☐ Unk
Sore Throat	☐ Yes ☐ No ☐ Unk	Fatigue	☐ Yes ☐ No ☐ Unk
Muscle aches	☐ Yes ☐ No ☐ Unk	Seizures	☐ Yes ☐ No ☐ Unk
Headache	☐ Yes ☐ No ☐ Unk	Other, specify	☐ Yes ☐ No ☐ Unk

11. Does the patient still have symptoms?
    ☐ Yes (skip to Q.13) ☐ No ☐ Unknown (skip to Q.13)
12. When did the patient feel back to normal? _____/_____/_____ (MM/DD/YYYY)
13. Did the patient receive any medical care for the illness?
    ☐ Yes ☐ No (skip to Q.30) ☐ Unknown (skip to Q.30)
14. Where and on what date did the patient seek care (check all that apply)?
    ☐ Doctor's office **date**:_____/_____/_____ (MM/DD/YYYY) ☐ Emergency room **date**:_____/_____/_____ (MM/DD/YYYY)
    ☐ Urgent care clinic **date**:_____/_____/_____ (MM/DD/YYYY) ☐ Health department **date**:_____/_____/_____ (MM/DD/YYYY)
    ☐ Other _____ **date**:_____/_____/_____ (MM/DD/YYYY) ☐ Unknown
15. Was the patient hospitalized for the illness?
    ☐ Yes ☐ No (skip to Q.24) ☐ Unknown (skip to Q.24)
16. Date(s) of hospital admission? **First admission date:**___/___/____ (MM/DD/YYYY) **Second admission date:**___/___/____ (MM/DD/YYYY)
17. Was the patient admitted to an intensive care unit (ICU)?
    ☐ Yes ☐ No (skip to Q.19) ☐ Unknown (skip to Q.19)
18. Date of **ICU admission:** _____/_____/_____ (MM/DD/YYYY) Date of **ICU discharge:** _____/_____/_____ (MM/DD/YYYY)
19. Did the patient receive mechanical ventilation / have a breathing tube?
    ☐ Yes ☐ No (skip to Q.21) ☐ Unknown (skip to Q.21)
20. For how many days did the patient receive mechanical ventilation or have a breathing tube? _____ days
21. Was the patient discharged?
    ☐ Yes ☐ No (skip to Q.24) ☐ Unknown (skip to Q.24)
22. Date(s) of hospital discharge? **First discharge date:**___/___/____ (MM/DD/YYYY) **Second discharge date:**___/___/____ (MM/DD/YYYY)
23. Where was the patient discharged?
    ☐ Home ☐ Nursing facility/rehab ☐ Hospice ☐ Other _____ ☐ Unknown

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0004).

24. Did the patient have a new abnormality on chest x-ray or CAT scan?
☐ No, x-ray or scan was normal ☐ Yes, x-ray or scan detected new abnormality ☐ No, chest x-ray or CAT scan not performed ☐ Unknown
25. Did the patient receive a diagnosis of pneumonia?
☐ Yes ☐ No ☐ Unknown
26. Did the patient receive a diagnosis of ARDS?
☐ Yes ☐ No ☐ Unknown
27. Did the patient have leukopenia (white blood cell count <5000 leukocytes/mm^3) associated with this illness?
☐ Normal ☐ Abnormal ☐ Test not performed ☐ Unknown
28. Did the patient have lymphopenia (total lymphocytes <800/mm^3 or lymphocytes <15% of WBC) associated with this illness?
☐ Normal ☐ Abnormal ☐ Test not performed ☐ Unknown
29. Did the patient have thrombocytopenia (total platelets <150,000/mm^3) associated with this illness?
☐ Normal ☐ Abnormal ☐ Test not performed ☐ Unknown
30. Did the patient experience any other complications as a result of this illness? ☐ Yes (please describe below) ☐ No ☐ Unknown

_____

_____

31. Did the patient receive influenza antiviral medications prior to becoming ill (within 2 weeks) or after becoming ill?
☐ Yes, (please complete table below) ☐ No ☐ Unknown

Drug	Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Total number of days receiving antivirals	Dosage (if known)
Oseltamivir (Tamiflu)				mg
Zanamivir (Relenza)				mg
Peramivir (Rapivab)				mg
Other influenza antiviral_____				mg

32. Did the patient die as a result of this illness?
☐ Yes, **Date of death**:_____/_____/_____ (MM/DD/YYYY) ☐ No ☐ Unknown

Influenza Testing

33. When was the specimen collected that indicated novel influenza A virus infection by Reverse Transcription-Polymerase Chain Reaction (RT-PCR)? _____/_____/_____ (MM/DD/YYYY)
34. Where was the specimen collected? ☐ Doctor's office ☐ Hospital ☐ Emergency room ☐ Urgent care clinic ☐ Health department
☐ Other _____ ☐ Unknown
35. Was a rapid influenza diagnostic test (RIDT) used on any respiratory specimens collected?
☐ Yes ☐ No (skip to Q.39) ☐ Unknown (skip to Q.39)
36. When was the RIDT specimen collected? _____/_____/_____ (MM/DD/YYYY)
37. What was the result? ☐ Influenza A ☐ Influenza B ☐ Influenza A/B (type not distinguished) ☐ Negative ☐ Other _____
38. What brand of RIDT was used? _____

Medical History -- Past Medical History and Vaccination Status

39. Does the patient have any of the following chronic medical conditions? Please specify **ALL** conditions that qualify.
a. Asthma/reactive airway disease ☐ Yes ☐ No ☐ Unknown
b. Other chronic lung disease ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
c. Chronic heart or circulatory disease ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
d. Diabetes mellitus ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
e. Kidney or renal disease ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
f. Non-cancer immunosuppressive condition ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
g. Cancer chemotherapy in past 12 months ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
h. Neurologic/neurodevelopmental disorder ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
i. Other chronic diseases ☐ Yes ☐ No ☐ Unknown (If YES, specify) _____
40. Does the patient frequently use a stroller or wheelchair? If yes, please describe.
☐ Yes _____ ☐ No ☐ Unknown
41. Was patient pregnant or ≤6 weeks postpartum at illness onset?
☐ Yes, pregnant (weeks pregnant at onset)_____ ☐Yes, postpartum (delivery date) ___/___/____ (MM/DD/YYYY) ☐ No ☐ Unknown
42. Does the patient currently smoke?
☐ Yes ☐ No ☐ Unknown

43. Was the patient vaccinated against influenza in the past year?
☐ Yes ☐ No (skip to Q.46) ☐ Unknown (skip to Q.46)
44. Month and year of influenza vaccination? **Vaccination date 1:**____/_____ (MM/YYYY) **Vaccination date 2:**____/_____ (MM/YYYY)
45. Type of influenza vaccine (check all that apply): ☐ Inactivated (injection) ☐ Live attenuated (nasal spray) ☐ Unknown

Epidemiologic Risk Factors

46. In the 10 days prior to illness onset, did the patient travel outside of his/her usual area? ☐ Yes ☐ No (skip to Q.50) ☐ Unknown (skip to Q.50)
47. When and where did the patient travel? **Please describe details of the patient's travel in the notes section at the end of the form.**
Trip 1: Dates of travel: _____/_____/_____ to _____/_____/_____ Country _____ State _____ City/County_____
Trip 2: Dates of travel: _____/_____/_____ to _____/_____/_____ Country _____ State _____ City/County_____
48. Did the patient travel in a group (check all that apply)?
☐ No, travelled alone ☐ Yes, with household members ☐ Yes, with non-household members ☐ Unknown
49. Please describe the details of the trip _____

_____

_____

50. In the 10 days prior to illness onset, did the patient attend a public event where a large number of people were present (e.g., a sporting event, wedding, concert)? ☐ Yes ☐ No (skip to Q.52) ☐ Unknown (skip to Q.52)
51. Please describe the event (include date and location)

_____

_____

52. In the 10 days prior to illness onset, or at any time after illness onset, did the patient travel by means of public conveyance where others were present (e.g., public bus or train)? ☐ Yes ☐ No (skip to Q.54) ☐ Unknown (skip to Q.54)
53. Please describe means and frequency of public travel _____

_____

54. In the 10 days prior to illness onset, did the patient have close contact with someone who travelled outside the United States?
☐ Yes ☐ No (skip to Q.56) ☐ Unknown (skip to Q.56)
55. Please describe individual (including travel location) _____

_____

Risk Factors—Animal Exposure

56. In the 10 days before becoming ill, did the patient attend an agricultural fair/event?
☐ Yes (specify name, if >1 fair, please describe in the notes section _____) ☐ No ☐ Unknown
57. In the 10 days before becoming ill, did the patient attend a live animal market?
☐ Yes (specify name, if >1 market, please describe in the notes section _____) ☐ No ☐ Unknown (If the answers to Q.56 and Q.57 are both No or Unknown skip to Q.59.)
58. In the 10 days before becoming ill, on what days did the patient attend an agricultural fair/event or live animal market (check all that apply)?
☐ on the day of illness onset ☐ 1 day before illness onset ☐ 2 days before illness onset ☐ 3 days before illness onset
☐ 4 days before illness onset ☐ 5 days before illness onset ☐ 6 days before illness onset ☐ 7 days before illness onset
☐ 8 days before illness onset ☐ 9 days before illness onset ☐ 10 days before illness onset
59. In the 10 days before becoming ill, did the patient have **DIRECT** contact with (e.g., touch or handle) any animals?
☐ Yes ☐ No (skip to Q.62) ☐ Unknown (skip to Q.62)
60. What type(s) of animals did the patient have direct contact with (check all that apply)?
☐ Horses ☐ Cows ☐ Poultry/wild birds ☐ Sheep ☐ Goats ☐ Pigs/hogs ☐ Other (1)_____
☐ Other (2)_____ ☐ Other (3)_____ ☐ Other (4)_____
61. Where did the direct contact occur (check all that apply)?
☐ Home ☐ Work ☐ Agricultural fair or event ☐ Live animal market ☐ Petting zoo ☐Other_____
62. In the 10 days before becoming ill, did the patient have **CLOSE** contact with (e.g., walk through an area containing or come within about 6 feet of) **any** animals?
☐ Yes ☐ No (skip to Q.65) ☐ Unknown (skip to Q.65)
63. What type(s) of animals did the patient have close contact with (check all that apply)?
☐ Horses ☐ Cows ☐ Poultry/wild birds ☐ Sheep ☐ Goats ☐ Pigs/hogs ☐ Other (1)_____
☐ Other (2)_____ ☐ Other (3)_____ ☐ Other (4)_____
64. Where did the close contact occur (check all that apply)?
☐ Home ☐ Work ☐ Agricultural fair or event ☐ Live animal market ☐ Petting zoo ☐Other_____

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65. In the 10 days before becoming ill, did the patient have direct or close contact with any animal exhibiting signs of illness?
☐ Yes (specify animal type and location _____) ☐ No ☐ Unknown
66. Does anyone in the household own, keep or care for livestock animals (either at home or in the workplace)?
☐ Yes ☐ No (skip to Q.68) ☐ Unknown (skip to Q.68)
67. What type(s) of animals are kept or cared for by household members (check all that apply)?
☐ Horses ☐ Cows ☐ Poultry/wild birds ☐ Sheep ☐ Goats ☐ Pigs/hogs ☐ Other (1)_____
☐ Other (2)_____ ☐ Other (3)_____ ☐ Other (4)_____

Risk Factors—Household, Occupational, Nosocomial, and Secondary Spread

68. Does the patient reside in an institutional or group setting (e.g. nursing home, boarding school, college dormitory)?
☐ Yes (skip to Q.70) ☐ No ☐ Unknown (skip to Q.70)
69. How many people resided in the patient's household(s) in the week before or after illness onset (excluding the patient)? _____
A household member is anyone with at least one overnight stay +/- 7 days from patient's illness onset, and the patient may have resided in >1 household. Please complete the table below for each household member and continue in the notes section if more space is needed.

ID	Household (HH) ["A" should be the patient's primary household]	Relation to patient (e.g. parent, brother, friend)	Sex (M/F)	Age	Was HH member ill (fever or any respiratory symptom) +/– 7 days from case patient's onset?	If Yes, HH member's date of illness onset
1	☐A ☐ B ☐ C				☐ Y ☐ N ☐ U	
2	☐A ☐ B ☐ C				☐ Y ☐ N ☐ U	
3	☐A ☐ B ☐ C				☐ Y ☐ N ☐ U	
4	☐A ☐ B ☐ C				☐ Y ☐ N ☐ U	
5	☐A ☐ B ☐ C				☐ Y ☐ N ☐ U	
6	☐A ☐ B ☐ C				☐ Y ☐ N ☐ U	

70. In the 7 days before or after becoming ill, did the patient attend or work at a child care facility?
☐ Yes (before becoming ill) ☐ Yes (after becoming ill) ☐ No (skip to Q.72) ☐ Unknown (skip to Q.72)
71. Approximately how many children are in the patient's class or room at the child care facility? _____
72. In the 7 days before or after becoming ill, did the patient attend or work at a school?
☐ Yes (before becoming ill) ☐ Yes (after becoming ill) ☐ No (skip to Q.74) ☐ Unknown (skip to Q.74)
73. Approximately how many students are in the patient's class at the school? _____ children
74. In the 7 days before or after the patient became ill, did anyone else in the patient's household(s) work at or attend a child care facility or school?
☐ Yes ☐ No (skip to Q.76) ☐ Unknown (skip to Q.76)
75. List ID numbers from Q.69 (the table above) for household members working at or attending a child care facility or school:
_____
76. Does the patient handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?
☐ Yes ☐ No ☐ Unknown
77. In the 7 days before or after becoming ill, did the patient work in or volunteer at a healthcare facility or setting?
☐ Yes ☐ No (skip to Q.80) ☐ Unknown (skip to Q.80)
78. Specify healthcare facility job/role:
☐ Physician ☐ Nurse ☐ Administration staff ☐ Housekeeping ☐ Patient transport ☐ Volunteer ☐ Other_____
79. Did the patient have direct patient contact while working or volunteering at a healthcare facility?
☐ Yes ☐ No ☐ Unknown
80. In the 7 days before becoming ill, was the patient in a hospital for any reason (i.e., visiting, working, or for treatment)?
☐ Yes ☐ No ☐ Unknown
If yes, what were the dates? ____/____/_____, ____/____/_____ City/Town _____
81. In the 7 days before becoming ill, was the patient in a clinic or a doctor's office for any reason?
☐ Yes ☐ No ☐ Unknown
If yes, what were the dates? ____/____/_____, ____/____/_____ City/Town _____
82. Does the patient know anyone **other than a household member** who had fever, respiratory symptoms like cough or sore throat, or another respiratory illness like pneumonia in the 7 days **BEFORE** the case patient's illness onset?
☐ Yes (please list those ill before the case patient in the table below) ☐ No ☐ Unknown

ID	Relationship to patient	Sex (M/F)	Age	Date of illness onset	Comments
1					
2					
3					
4					

83. Does the patient know anyone **other than a household member** who had fever, respiratory symptoms like cough or sore throat, or another respiratory illness like pneumonia beginning **AFTER** the case patient's illness onset?

☐ Yes (please list those ill after the case patient in the table below) ☐ No ☐ Unknown

ID	Relationship to patient	Sex (M/F)	Age	Date of illness onset	Comments
1					
2					
3					
4					

84. Is the patient a contact of a confirmed or probable case of novel influenza A infection?

☐ Yes (please list patient's confirmed or probable contacts in the table below) ☐ No ☐ Unknown

Relationship to patient	State Epi ID	State Lab ID	Case status	Sex (M/F)	Age	Date of illness onset (MM/DD/YYYY)
			☐ Confirmed ☐ Probable			
			☐ Confirmed ☐ Probable			
			☐ Confirmed ☐ Probable			
			☐ Confirmed ☐ Probable			

85. Any additional comments or notes (e.g. travel details, names/dates of fairs or live markets attended by case patient, dates of household members fair attendance and location of fair, information about other ill contacts)?

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Variant Module – complete only if confirmed case with a variant influenza virus (i.e. H1N1v, H1N2v, H3N2v)

86. In the 10 days before becoming ill, on what days did the patient have **ANY** exposure (touch or handle pigs or touch potentially contaminated surfaces or walk through an area containing or come within 6 feet of any pigs/hogs) with pigs (check all that apply)?
☐ on the day of illness onset ☐ 1 day before illness onset ☐ 2 days before illness onset ☐ 3 days before illness onset
☐ 4 days before illness onset ☐ 5 days before illness onset ☐ 6 days before illness onset ☐ 7 days before illness onset
☐ 8 days before illness onset ☐ 9 days before illness onset ☐ 10 days before illness onset
87. What was the total number of different days the patient reported **ANY** pig exposure (direct or any other exposure or both)? _____ days.
88. Please describe animal exposure for all household members listed in Q.62 of the main Novel A Case Report Form (**please use the same id for each person as in Q. 69 of the main form**).

ID	If HH member was **ILL**		If HH member was **NOT ILL**
	Did HH member have any pig/hog exposure ≤10 days before his/her onset?	Did HH member visit a live market or fair ≤10 days before his/her onset?	Did HH member have any pig/hog exposure or visit a live market visit ≤10 days before the case-patient's illness onset?
1	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
2	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
3	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
4	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
5	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
6	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U

89. In the 7 days before becoming ill, did the patient have direct or any other exposure (e.g. caring for, speaking with, or touching) with anyone **other than a household member** who routinely has exposure with pigs/hogs?
☐ Yes ☐ No ☐ Unknown
90. Please describe the pig/hog exposure and fair attendance for individuals listed in Q. 82 of the main Novel A Case Report Form.

ID	Any pig/hog exposure or fair attendance ≤10 days before his/her onset?	Comments
1	☐ Y ☐ N ☐ U	
2	☐ Y ☐ N ☐ U	
3	☐ Y ☐ N ☐ U	
4	☐ Y ☐ N ☐ U	

91. Please describe the pig/hog exposure and fair attendance of individuals listed in Q. 83 of the main Novel A Case Report Form.

ID	Any pig/hog exposure or fair attendance ≤10 days before his/her onset?	Comments
1	☐ Y ☐ N ☐ U	
2	☐ Y ☐ N ☐ U	
3	☐ Y ☐ N ☐ U	
4	☐ Y ☐ N ☐ U	

92. Notes

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Avian Module – complete only if confirmed case with an avian influenza virus (i.e. H5N1, H7N9)

1. Has the patient ever received an influenza H5N1 vaccination?
   ☐ Yes (Date: ___/___/_____ ☐ No ☐ Unknown
2. In the 10 days before becoming ill, did the patient have **DIRECT** contact (touch or handle) with poultry (chickens, turkeys, ducks, or geese, etc.)?
   ☐ Yes ☐ No (skip to Q.5) ☐ Unknown (skip to Q.5)
3. Where did the **DIRECT** contact with poultry occur (check all that apply)?
   ☐ Home ☐ Commercial poultry farm ☐ Agricultural fair or event ☐ Live animal market ☐ Petting zoo ☐ Veterinary care
   ☐ Slaughterhouse ☐ Other_____
4. What type(s) of poultry did the patient have **DIRECT** contact with (check all that apply)?
   ☐ Chickens ☐ Turkeys ☐ Geese ☐ Pheasants ☐ Ducks ☐ Ostriches ☐ Emus ☐ Pigeons
   ☐ Other_____
5. In the 10 days before becoming ill, did the patient have **any other exposure to** (e.g., touch potentially contaminated surfaces, walk through an area containing or come within 6 feet of) poultry?
   ☐ Yes ☐ No (skip to Q.8) ☐ Unknown (skip to Q.8)
6. Where did this exposure to poultry occur (check all that apply)?
   ☐ Home ☐ Commercial poultry farm ☐ Agricultural fair or event ☐ Live animal market ☐ Petting zoo ☐ Veterinary care
   ☐ Slaughterhouse ☐ Other_____
7. What type(s) of poultry did the patient have **this exposure to** (check all that apply)?
   ☐ Chickens ☐ Turkeys ☐ Geese ☐ Pheasants ☐ Ducks ☐ Ostriches ☐ Emus ☐ Pigeons
   ☐ Other_____
8. Did the patient clean any poultry pens/houses in the 10 days before becoming ill?
   ☐ Yes ☐ No ☐ Unknown
9. Did the patient feed or water any poultry in the 10 days before becoming ill?
   ☐ Yes ☐ No ☐ Unknown
10. Did the patient have direct contact with surfaces contaminated by bird or poultry feces or poultry parts (carcasses, internal organs, etc.) in the 10 days before becoming ill?
    ☐ Yes ☐ No ☐ Unknown
11. Did the patient participate in the culling of any poultry flocks?
    ☐ Yes ☐ No (skip to Q.14) ☐ Unknown (skip to Q.14)
12. What measures did the patient use to protect himself/herself during the culling (check all that apply)?
    ☐ None ☐ Facemask ☐ Respirators ☐ Hand gloves ☐ Eyeglasses ☐ Gowns ☐ Boots ☐ Unknown
    ☐ Other_____
13. What percentage of time did the person participating in culling wear the items mentioned above while culling flocks (*only ask about the items the exposed person mention in Q. 12*)?
    ___% Facemask ___% Respirators ___% Hand gloves ___% Eye protection ___% Gowns ___% Boots
    ___% Other_____
14. In the 10 days before becoming ill, on what days did the patient have **ANY** exposure (direct or any other exposure or both) with birds or poultry (check all that apply)?
    ☐ on the day of illness onset ☐ 1 day before illness onset ☐ 2 days before illness onset ☐ 3 days before illness onset
    ☐ 4 days before illness onset ☐ 5 days before illness onset ☐ 6 days before illness onset ☐ 7 days before illness onset
    ☐ 8 days before illness onset ☐ 9 days before illness onset ☐ 10 days before illness onset
15. From Q.14, what was the total number of different days the patient reported **ANY** bird or poultry exposure (direct, or any other exposure or both)? _____ days
16. Did the patient report **ANY** exposure (direct or any other exposure or both) with any **ill-appearing poultry** in the 10 days before becoming ill?
    ☐ Yes, specify_____ ☐ No ☐ Unknown
17. Did the patient report **ANY** exposure (direct, or any other exposure, or both) with **dead poultry** in the 10 days before becoming ill?
    ☐ Yes, specify_____ ☐ No ☐ Unknown

Risk Factors—Household bird and poultry practices

18. Were poultry raised on the patient's property?
    ☐ Yes ☐ No (skip to Q.26) ☐ Unknown (skip to Q.26)
19. Where were the poultry kept (check all that apply)?
    ☐ In patient's basement or garage ☐ Inside patient's house/living space ☐ Open-air poultry pen or poultry house
    ☐ Enclosed poultry pen or poultry house ☐ Other enclosure/cage outside the patient's house ☐ Other_____

20. What type(s) of poultry did the patient raise (check all that apply)? Please estimate the number of each type raised.
☐ Chickens ____# ☐ Turkeys ____# ☐ Geese ____# ☐ Pheasants ____# ☐ Ducks ____# ☐ Ostriches ____#
☐ Emus ____# ☐ Pigeons ____# ☐ Other_____ ____#
21. Did the patient's household have any recent (within the past 30 days) ill-appearing poultry?
☐ Yes ☐ No ☐ Unknown
22. Did the patient's household have any recent poultry die-offs?
☐ Yes ☐ No (skip to Q.26) ☐ Unknown (skip to Q.26)
23. Please indicate the percent of the flock that died. _____%
24. When did the die-off begin and end? Begin date: ____/____/____ (MM/DD/YYYY) End date: ____/____/____ (MM/DD/YYYY)
25. Was the flock culled?
☐ Yes (date ____/____/____ MM/DD/YY) ☐ No ☐ Unknown
26. Did the patient have exposure to any eggs from a private flock (i.e., not store bought or commercial) in the 10 days before becoming ill?
☐ Yes ☐ No ☐ Unknown
27. Did the patient consume raw or undercooked poultry in the 10 days before becoming ill?
☐ Yes ☐ No ☐ Unknown
28. Does anyone else in the household own, keep or care for poultry in a location other than the patient's property?
☐ Yes, specify_____ ☐ No ☐ Unknown
29. Were there any recent reports of sick or dead poultry in the case patient's area?
☐ Yes, specify _____ ☐ No ☐ Unknown

Risk Factors—Wild/Migratory and other birds

30. Were captive wild birds kept at the patient's residence?
☐ Yes (describe) _____ ☐ No ☐ Unknown
31. Did the patient visit any areas where wild/migratory birds (e.g. herons, gulls, falcons, wild ducks, geese, or swans) are present?
☐ Yes, specify location _____ ☐ No ☐ Unknown
32. In the 10 days before illness onset, did the patient have **ANY** exposure to wild/migratory birds?
☐ Yes ☐ No (skip to Q.38) ☐ Unknown (skip to Q.38)
33. In the 10 days before illness onset, did the patient have any **DIRECT** contact (touch or handle) with any wild/migratory birds?
☐ Yes, specify type of bird(s) _____ ☐ No ☐ Unknown
34. In the 10 days before becoming ill, did the patient have **any other exposure to** (walk through an area containing or come within 6 feet of) any wild/migratory birds?
☐ Yes, specify type of bird(s) _____ ☐ No ☐ Unknown
35. Were any of the wild/migratory birds that the patient had **ANY** contact with sick or dying?
☐ Yes, specify_____ ☐ No ☐ Unknown
36. In the 10 days before becoming ill, on what days did the patient have **ANY** exposure (direct or any other exposure or both) with wild birds (check all that apply)?
☐ on the day of illness onset ☐ 1 day before illness onset ☐ 2 days before illness onset ☐ 3 days before illness onset
☐ 4 days before illness onset ☐ 5 days before illness onset ☐ 6 days before illness onset ☐ 7 days before illness onset
☐ 8 days before illness onset ☐ 9 days before illness onset ☐ 10 days before illness onset
37. In the 10 days before becoming ill, did the patient have **ANY** exposure (direct or any other exposure or both) with birds other than poultry or wild/migratory birds?
☐ Yes, specify type of bird(s) _____ ☐ No (skip to Q.41) ☐ Unknown (skip to Q.41)
38. Were any of these birds that the patient had **ANY** exposure (direct or any other exposure or both) with sick or dying?
☐ Yes, specify_____ ☐ No ☐ Unknown
39. In the 10 days before becoming ill, on what days did the patient have **ANY** exposure (direct or any other exposure or both) with these birds (check all that apply)?
☐ on the day of illness onset ☐ 1 day before illness onset ☐ 2 days before illness onset ☐ 3 days before illness onset
☐ 4 days before illness onset ☐ 5 days before illness onset ☐ 6 days before illness onset ☐ 7 days before illness onset
☐ 8 days before illness onset ☐ 9 days before illness onset ☐ 10 days before illness onset

Risk Factors—Human exposures

40. Please describe bird/poultry exposure for all household members listed in Q.69 of the main Novel A Case Report Form (**please use the same ID as in Q.62**).

ID	If HH member was **ILL**	If HH member was **NOT ILL**

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	Did HH member have any bird exposure ≤10 days before his/her onset?	Did HH member visit a live market ≤10 days before his/her onset?	Did HH member have any bird exposure or visit a live market visit ≤10 days before the case-patient's illness onset?
1	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
2	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
3	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
4	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
5	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U
6	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U	☐ Y ☐ N ☐ U

41. Please describe the bird exposure and live market visits for individuals listed in Q.82 of the main Novel A Case Report Form.

ID	Any bird exposure or live market visits ≤10 days before his/her onset?	Comments
1	☐ Y ☐ N ☐ U	
2	☐ Y ☐ N ☐ U	
3	☐ Y ☐ N ☐ U	
4	☐ Y ☐ N ☐ U	

42. Please describe the bird exposure and live market visits of individuals listed in Q.83 of the main Novel A Case Report Form.

ID	Any bird exposure or live market visits ≤10 days before his/her onset?	Comments
1	☐ Y ☐ N ☐ U	
2	☐ Y ☐ N ☐ U	
3	☐ Y ☐ N ☐ U	
4	☐ Y ☐ N ☐ U	

43. In the 7 days before becoming ill, did the patient have direct or other exposure (e.g., caring for, speaking with, or touching) with anyone **other than a household member** who routinely has exposure to birds?
☐ Yes ☐ No ☐ Unknown

44. Notes