

# Form 3A: Case Exposure Investigation Form

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

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. DID THE PERSON HAVE ANY OF THE FOLLOWING SIGNS OR SYMPTOMS (MARK ALL THAT APPLY):

- ☐ RASH: PAPULES/BUMPS ☐ FEVER ☐ BLOODY SPUTUM ☐ OTHER, DESCRIBE: \_\_\_\_\_  
☐ RASH: VESICLES ☐ COUGH ☐ VERY SHORT OF BREATH  
☐ RASH: PUSTULES (FLUID FILLED)  
☐ RASH: CRUSTS/SCABS

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. For example, if incubation period is 1-6 days, insert dates 1 day and 6 days prior to the date of the onset of symptoms.

\*\* Symptoms: \_\_\_\_\_

PLAGUE: Identify possible exposures occurring in the 7 days prior to \*symptom onset (exposure period).

# Form 3A: Case Exposure Investigation Form

STATE   Case #

## LIST OF NAMES AND ADDRESSES/TELEPHONE NUMBERS:

Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SAMPLE QUESTIONS FOR FORM 3B: 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 first date or forward from last date from onset of \*\*symptoms 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	VOLUNTEER ON A REGULAR BASIS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU GO TO SCHOOL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	HAVE ANOTHER EVERY DAY ACTIVITY?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SCHOOL:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	RESTAURANT:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
YOUR CHILD'S SCHOOL OR DAY CARE CENTER:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GROCERY STORE:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
OTHER, SUCH AS PLACE OF WORSHIP, GYM, ETC:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CAR WITH OTHER PEOPLE IN THE VEHICLE AT LEAST SOMETIMES:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BUS, TRAIN OR SUBWAY:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	TAXI:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OTHER, SPECIFY (E.G. PLANE):	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 TIME PERIOD DESIGNATED ABOVE, DID YOU VISIT ANY OF THE FOLLOWING ACTIVITIES AT LEAST ONCE:

HOTEL/CONVENTION CENTER:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	CHURCH, TEMPLE, MOSQUE OR OTHER PLACE OF WORSHIP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SHOPPING MALL OR LARGE STORE:	<input type="checkbox"/> Yes	<input type="checkbox"/>	DOCTOR'S OFFICE, EMERGENCY ROOM, CLINIC OR HOSPITAL:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
AIRPORT:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	THEATER (MOVIES/PLAY):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CONCERT:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	PUBLIC SPORTING EVENT:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BUS, TRAIN OR SUBWAY:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	FAIR, FESTIVAL OR CARNIVAL:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ANY OTHER GATHERING WITH MORE THAN 100 OTHER PEOPLE: ☐ Yes ☐ No IF YES, SPECIFY: \_\_\_\_\_