

**Form 3B: Case Travel/Activity Worksheet – Exposure Period**

Please print

1. State 

2. Case # \_\_\_\_\_

3. CASE NAME: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Suffix Nickname/Alias4. Interviewer Name: \_\_\_\_\_  
Last First Middle5. Interview Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY6. Date of case \*symptoms onset: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY**RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:

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

**PLAGUE:** List all travel and activities in the 7 days prior to \*symptom onset.