

Influenza Quick Symptom Screen

(draft)

Name of "Outbreak / Cluster" _____

Date ____/____/____

Name: _____

Address: _____

City: _____

ZIP: _____

Phone: _____

What is your date of birth? ____/____/____

1. Do you have any medical problems, such as:

Chronic heart disease?	Y	N	Unk
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Chronic lung disease?	Y	N	Unk
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Immunosuppressive condition?	Y	N	Unk
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Diabetes?	Y	N	Unk
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Chronic Kidney disease?	Y	N	Unk
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Malignancy?	Y	N	Unk
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Other?	Y	N	Unk
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specify: _____

2. When did you first become ill? ____/____/____ time: ____:____ AM or PM

3. When did you become well? ____/____/____ time: ____:____ AM or PM

____ not yet well

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Name: _____

4. Did you have any of the following symptoms after you became ill?

Runny nose?	Y	N	Unk	Headache?	Y	N	Unk
Fever?	Y	N	Unk	(If yes) How high?	_____	F	
Sweats?	Y	N	Unk	Chills?	Y	N	Unk
Aches?	Y	N	Unk	Loss of appetite?	Y	N	Unk
Cough?	Y	N	Unk	(If yes) Dry?	Y	N	Unk
Sore throat?	Y	N	Unk				
Other?	Y	N	Unk	Specify:	_____		

5. Did you have any complications? Y N Unk

If yes, Pneumonia? Y N Unk

Hospitalization? Y N Unk
Where? _____

6. Did you receive influenza vaccine this past fall? Y N Unk

Note: This is a sample form, intended to be revised to suit the situation. It is intended as a quick screen of about 8-10 people to determine if the symptoms in an outbreak of Influenza-like illness are consistent with influenza. If there are atypical clinical or epidemiological features, e.g., unexpectedly high complication rates, especially in previously healthy persons, consult IDEP immediately.

ILI Case Definition: For surveillance purposes, ILI is defined as fever $\geq 100^{\circ}$ F (36° C) and cough or sore throat without another identified cause.