UIN # 21-DAY DIARY FOR NON-VACCINEES

Instructions:

This diary card is an essential source of information to the WV Bureau for Public Health regarding symptoms that may be associated with the smallpox vaccine. Information from people who were not recently vaccinated for smallpox will be compared to those who were vaccinated. All information on this card is confidential. Information that could be used to identify you will not be shared with anyone. Your participation is voluntary and appreciated. If you have questions about the card or your participation, please call Dr. Neely Kaydos-Daniels at 304-558-3580. Please do not begin this card if you have any moderate or severe disease. Wait until you feel better to begin.

It is very important that this diary card be completed <u>daily</u> for 21 days.

In the section entitled "Summary Information" indicate any days that you missed work or saw a physician for illness by entering an "X" in the appropriate box.

In the sections entitled "**Symptoms**" and "**Other**" enter a "**0**" for any days you did not have the symptom listed. For any days that you have a symptom, use the scale included to grade the severity of the symptoms by entering by entering a "**1**", "**2**", or "**3**" in the appropriate box for that day.

After 21 days (3 weeks) return the completed diary card to your local Health Department or mail to: Dr. Neely Kaydos-Daniels, WV DHHR, 350 Capitol St. Room 125, Charleston, WV 25311. Please do not delay in returning the card.

LAST NAME	FIRST NAME	MI	DATE OF BIRTH		ARE MODERATELY OR SEVERELY ILL TODAY (DAY 0)?							
				□ Yes □ No								
Address		Номе	ETELEPHONE #	GENDER □ Male □ Female	PREVIOUS SMALLPOX VACCINATION Yes INO Don't know If Yes, Year							
RACE:	ETHNICITY: Hisp	anic Origin	□Yes □No	Contraindi	CATIONS TO SMALLPOX VACCINATION							
American Indian or Alaskan Native	Mexican			□ None	🗆 None							
Asian	Puerto Rican			Close cor	Close contact with contraindication							
Black or African American	🗆 Cuban			□ I have a c	I have a contraindication							
Native Hawaiian or other Pacific Islander	Central American			History	History of atopic dermatitis or eczema							
D White	South American			🗆 Immur	Immunosuppression (for any reason)							
□ Other	Spanish origin			Pregna	□ Pregnancy							
	🗆 l prefe	I prefer not to tell why I am contraindicated										

Occupation:

Where do you work?

Hospital

Health Department

Other (Describe:______

Please describe the amount of information you received about the risks of smallpox vaccination:

□ Too little information

□ The right amount

Too much information

PLEASE USE THE FOLLOWING SCALE TO GRADE	CODE						GRADE															
SYMPTOMS YOU EXPERIENCE DURING THE NEXT	1 2 3						Milo	Mild						DESCRIPTION Does not interfere with daily activities								
21 DAYS. ENTER THE APPROPRIATE NUMBER							Мо	Moderate Severe							with							
INTO THE CORRESPONDING BOX FOR SYMPTOMS WITH NEW ONSET FOLLOWING VACCINATION																			lies			
													Unable to perform routine activities									
	DAY NUMBER																					
WRITE IN DATE		The day of the vaccination is denoted as Day 0 and the others numbers follow sequentially.																				
SYMPTOMS	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
No symptoms (indicate with an "X")																						
Fever (record temperature)																						
Chills																						
Tired, lethargic, fatigued			1																	1		
Change in sleep pattern			1																	1		
Muscle Pain (other than at injection site)	1		1			1	1		1	1					1	1	1		1	1		1
Joint Pain, swelling/ inflammation																						1
Headache																						1
Backache																						
Itching																						
Abdominal pain																						
Nausea																						
Loss of appetite																						
Difficulty Breathing/wheezing																						
Cough																						
Swollen/tender lymph nodes																						
OTHER	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Rash – any type (blotchy, bumps, red, scaly,																						
dry, sores, looks like vaccination site, etc.)																						
Eye Problems – inflammation, infection,																						
vision problems, etc.																						
Household member or close contact with any																						1
type of rash																						1
Describe the above:																					•	
SUMMARY INFORMATION (Mark with an	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
'X')														10					10		20	
Missed work due to illness																						
Saw Physician due to illness																						