

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 daily 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)?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDRESS				HOME TELEPHONE #		GENDER	PREVIOUS SMALLPOX VACCINATION
						<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes, Year ____
RACE:		ETHNICITY: Hispanic Origin		Hispanic Origin		CONTRAINDICATIONS TO SMALLPOX VACCINATION	
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		<input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central American <input type="checkbox"/> South American <input type="checkbox"/> Spanish origin <input type="checkbox"/> Other Latin American		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None <input type="checkbox"/> Close contact with contraindication <input type="checkbox"/> I have a contraindication <input type="checkbox"/> History of atopic dermatitis or eczema <input type="checkbox"/> Immunosuppression (for any reason) <input type="checkbox"/> Pregnancy <input type="checkbox"/> 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

