

# Influenza Quick Symptom Screen

(draft)

Name of "Outbreak / Cluster" \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Chronic heart disease?            Y    N    Unk

Chronic lung disease?            Y    N    Unk

Immunosuppressive condition?   Y    N    Unk

Diabetes?                            Y    N    Unk

Chronic Kidney disease?        Y    N    Unk

Malignancy?                        Y    N    Unk

Other?                                Y    N    Unk  
specify: \_\_\_\_\_

II. When did you first become ill? \_\_\_\_/\_\_\_\_/\_\_\_\_ time: \_\_\_\_:\_\_\_\_ AM or PM

III. When did you become well? \_\_\_\_/\_\_\_\_/\_\_\_\_ time: \_\_\_\_:\_\_\_\_ AM or PM

\_\_\_\_ not yet well

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Name: \_\_\_\_\_

IV. 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: \_\_\_\_\_

V. Did you have any complications? Y N Unk

If yes, Pneumonia? Y N Unk

Hospitalization? Y N Unk

Where? \_\_\_\_\_

VI. 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° F (36° C) and cough or sore throat without another identified cause.