Human Infection with Novel Influenza A Virus Case Report Form

State: _______ Date reported to health department: ___/___/____ (MM/DD/YYYY) Date interview completed: ___/___/____ (MM/DD/YYYY)

State Epi ID: __________________________ State Lab ID: __________________________

Household ID (CDC use only): __________________________ CDC ID (CDC use only): ________________________ Cluster ID (CDC use only): ________________________

1. At the time of this report, is the case
   [ ] Confirmed [ ] Probable [ ] Case under investigation (skip to Q.3) [ ] Not a case (skip to Q.3)

2. What is the subtype? (If a variant subtype is selected, please complete the Human Infection with Novel Influenza A Variant Module. If an avian subtype is selected, please complete the Human Infection with Novel Influenza A Virus Avian Module).
   [ ] Influenza A(H1N1) variant [ ] Influenza A(H1N2) variant [ ] Influenza A(H3N2) variant [ ] Influenza A(H5N1) avian
   [ ] Influenza A(H7N9) avian [ ] Other [ ] Unknown

Demographic Information

3. Date of birth:  ___/___/____ (MM/DD/YYYY)
4. Country of usual residence: __________________________
   If usual resident of U.S., county of residence: __________________________
5. Race: [ ] White [ ] Asian [ ] American Indian/Alaska Native [ ] Black [ ] Native Hawaiian/Other Pacific Islander
   [ ] Other ___________________________________________________________________
   If Hispanic or Latino [ ] Yes [ ] No
6. Ethnicity: [ ] Hispanic or Latino [ ] Not Hispanic or Latino
7. Sex: [ ] Male [ ] Female
8. Occupation __________________________

Symptoms, Clinical Course, Treatment, Testing, and Outcome

9. What date did symptoms associated with this illness start? ___/___/____ (MM/DD/YYYY)
10. During this illness, did the patient experience any of the following?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Symptom Present?</th>
<th>Symptom</th>
<th>Symptom Present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (highest temp _______ °F)</td>
<td></td>
<td>Shortness of breath</td>
<td></td>
</tr>
<tr>
<td>If fever present, date of onset</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
<td>Vomiting</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
</tr>
<tr>
<td>Felt feverish</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
<td>Diarrhea</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
</tr>
<tr>
<td>If felt feverish, date of onset</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
<td>Eye infection/redness</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
</tr>
<tr>
<td>Cough</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
<td>Rash</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
</tr>
<tr>
<td>Sore Throat</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
<td>Fatigue</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
</tr>
<tr>
<td>Muscle aches</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
<td>Seizures</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
</tr>
<tr>
<td>Headache</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
<td>Other, specify</td>
<td>[ ] Yes [ ] No [ ] Unk</td>
</tr>
</tbody>
</table>

11. Does the patient still have symptoms?
   [ ] Yes (skip to Q.13) [ ] No [ ] Unknown (skip to Q.13)

12. When did the patient feel back to normal? ___/___/____ (MM/DD/YYYY)

13. Did the patient receive any medical care for the illness?
   [ ] Yes [ ] No (skip to Q.30) [ ] Unknown (skip to Q.30)

14. Where and on what date did the patient seek care (check all that apply)?
   [ ] Doctor’s office date: ___/___/____ (MM/DD/YYYY)
   [ ] Emergency room date: ___/___/____ (MM/DD/YYYY)
   [ ] Urgent care clinic date: ___/___/____ (MM/DD/YYYY)
   [ ] Health department date: ___/___/____ (MM/DD/YYYY)
   [ ] Other __________________________ date: ___/___/____ (MM/DD/YYYY) [ ] Unknown

15. Was the patient hospitalized for the illness?
   [ ] Yes [ ] No (skip to Q.24) [ ] Unknown (skip to Q.24)

16. Date(s) of hospital admission? First admission date: ___/___/____ (MM/DD/YYYY) Second admission date: ___/___/____ (MM/DD/YYYY)

17. Was the patient admitted to an intensive care unit (ICU)?
   [ ] Yes [ ] No (skip to Q.19) [ ] Unknown (skip to Q.19)

18. Date of ICU admission: ___/___/____ (MM/DD/YYYY) Date of ICU discharge: ___/___/____ (MM/DD/YYYY)

19. Did the patient receive mechanical ventilation / have a breathing tube?
   [ ] Yes [ ] No (skip to Q.21) [ ] Unknown (skip to Q.21)

20. For how many days did the patient receive mechanical ventilation or have a breathing tube? ________________ days

21. Was the patient discharged?
   [ ] Yes [ ] No (skip to Q.24) [ ] Unknown (skip to Q.24)

22. Date(s) of hospital discharge? First discharge date: ___/___/____ (MM/DD/YYYY) Second discharge date: ___/___/____ (MM/DD/YYYY)

23. Where was the patient discharged?
   [ ] Home [ ] Nursing facility/rehab [ ] Hospice [ ] Other ________________ [ ] Unknown

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0004).
24. Did the patient have a new abnormality on chest x-ray or CAT scan?
   - No, x-ray or scan was normal
   - Yes, x-ray or scan detected new abnormality
   - No, chest x-ray or CAT scan not performed
   - Unknown

25. Did the patient receive a diagnosis of pneumonia?
   - Yes
   - No
   - Unknown

26. Did the patient receive a diagnosis of ARDS?
   - Yes
   - No
   - Unknown

27. Did the patient have leukopenia (white blood cell count <5000 leukocytes/mm³) associated with this illness?
   - Normal
   - Abnormal
   - Test not performed
   - Unknown

28. Did the patient have lymphopenia (total lymphocytes <800/mm³ or lymphocytes <15% of WBC) associated with this illness?
   - Normal
   - Abnormal
   - Test not performed
   - Unknown

29. Did the patient have thrombocytopenia (total platelets <150,000/mm³) associated with this illness?
   - Normal
   - Abnormal
   - Test not performed
   - Unknown

30. Did the patient experience any other complications as a result of this illness?
   - Yes (please describe below)
   - No
   - Unknown

31. Did the patient receive influenza antiviral medications prior to becoming ill (within 2 weeks) or after becoming ill?
   - Yes, (please complete table below)
   - No
   - Unknown

<table>
<thead>
<tr>
<th>Drug</th>
<th>Start date (MM/DD/YYYY)</th>
<th>End date (MM/DD/YYYY)</th>
<th>Total number of days receiving antivirals</th>
<th>Dosage (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oseeltamivir (Tamiflu)</td>
<td></td>
<td></td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>Zanamivir (Relenza)</td>
<td></td>
<td></td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>Peramivir (Rapivab)</td>
<td></td>
<td></td>
<td></td>
<td>mg</td>
</tr>
<tr>
<td>Other influenza antiviral</td>
<td></td>
<td></td>
<td></td>
<td>mg</td>
</tr>
</tbody>
</table>

32. Did the patient die as a result of this illness?
   - Yes, Date of death: __/__/_____ (MM/DD/YYYY)
   - No
   - Unknown

Influenza Testing
33. When was the specimen collected that indicated novel influenza A virus infection by Reverse Transcription-Polymerase Chain Reaction (RT-PCR)? __/__/____ (MM/DD/YYYY)
34. Where was the specimen collected?
   - Doctor’s office
   - Hospital
   - Emergency room
   - Urgent care clinic
   - Health department
   - Other
   - Unknown

35. Was a rapid influenza diagnostic test (RIDT) used on any respiratory specimens collected?
   - Yes
   - No (skip to Q.39)
   - Unknown (skip to Q.39)

36. When was the RIDT specimen collected? __/__/____ (MM/DD/YYYY)
37. What was the result?
   - Influenza A
   - Influenza B
   - Influenza A/B (type not distinguished)
   - Negative
   - Other

38. What brand of RIDT was used?

Medical History -- Past Medical History and Vaccination Status
39. Does the patient have any of the following chronic medical conditions? Please specify ALL conditions that qualify.
   a. Asthma/reactive airway disease
   - Yes
   - No
   - Unknown
   - If YES, specify ________________________________
   b. Other chronic lung disease
   - Yes
   - No
   - Unknown
   - If YES, specify ________________________________
   c. Chronic heart or circulatory disease
   - Yes
   - No
   - Unknown
   - If YES, specify ________________________________
   d. Diabetes mellitus
   - Yes
   - No
   - Unknown
   - If YES, specify ________________________________
   e. Kidney or renal disease
   - Yes
   - No
   - Unknown
   - If YES, specify ________________________________
   f. Non-cancer immunosuppressive condition
   - Yes
   - No
   - Unknown
   - If YES, specify ________________________________
   g. Cancer chemotherapy in past 12 months
   - Yes
   - No
   - Unknown
   - If YES, specify ________________________________
   h. Neurologic/neurodevelopmental disorder
   - Yes
   - No
   - Unknown
   - If YES, specify ________________________________
   i. Other chronic diseases
   - Yes
   - No
   - Unknown
   - If YES, specify ________________________________

40. Does the patient frequently use a stroller or wheelchair? If yes, please describe.
   - Yes
   - No
   - Unknown

41. Was patient pregnant or ≤6 weeks postpartum at illness onset?
   - Yes, pregnant (weeks pregnant at onset) __/__/_____ (MM/DD/YYYY)
   - Yes, postpartum (delivery date) __/__/_____ (MM/DD/YYYY)
   - No
   - Unknown

42. Does the patient currently smoke?
   - Yes
   - No
   - Unknown
Human Infection with Novel Influenza A Virus
Case Report Form

Epidemiologic Risk Factors

43. Was the patient vaccinated against influenza in the past year?
☐ Yes  ☐ No (skip to Q.46)  ☐ Unknown (skip to Q.46)

44. Month and year of influenza vaccination?  Vaccination date 1: / / (MM/YYYY)  Vaccination date 2: / / (MM/YYYY)

45. Type of influenza vaccine (check all that apply):  ☐ Inactivated (injection)  ☐ Live attenuated (nasal spray)  ☐ Unknown

46. In the 10 days prior to illness onset, did the patient travel outside of his/her usual area?  ☐ Yes  ☐ No (skip to Q.50)  ☐ Unknown (skip to Q.50)

47. When and where did the patient travel? Please describe details of the patient’s travel in the notes section at the end of the form.

Trip 1: Dates of travel: / / to / /  Country  State  City/County

Trip 2: Dates of travel: / / to / /  Country  State  City/County

48. Did the patient travel in a group (check all that apply)?
☐ No, travelled alone  ☐ Yes, with household members  ☐ Yes, with non-household members  ☐ Unknown

49. Please describe the details of the trip

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

50. In the 10 days prior to illness onset, did the patient attend a public event where a large number of people were present (e.g., a sporting event, wedding, concert)?  ☐ Yes  ☐ No (skip to Q.52)  ☐ Unknown (skip to Q.52)

51. Please describe the event (include date and location)

____________________________________________________________________________________________________________________

52. In the 10 days prior to illness onset, did the patient travel by means of public conveyance where others were present (e.g., public bus or train)?  ☐ Yes  ☐ No (skip to Q.54)  ☐ Unknown (skip to Q.54)

53. Please describe means and frequency of public travel

____________________________________________________________________________________________________________________

54. In the 10 days prior to illness onset, did the patient have close contact with someone who travelled outside the United States?
☐ Yes  ☐ No (skip to Q.56)  ☐ Unknown (skip to Q.56)

55. Please describe individual (including travel location)

____________________________________________________________________________________________________________________

Risk Factors—Animal Exposure

56. In the 10 days before becoming ill, did the patient attend an agricultural fair/event?
☐ Yes (specify name, if >1 fair, please describe in the notes section )  ☐ No  ☐ Unknown

57. In the 10 days before becoming ill, did the patient attend a live animal market?
☐ Yes (specify name, if >1 market, please describe in the notes section )  ☐ No  ☐ Unknown (If the answers to Q.56 and Q.57 are both No or Unknown skip to Q.59.)

58. In the 10 days before becoming ill, on what days did the patient attend an agricultural fair/event or live animal market (check all that apply)?
☐ on the day of illness onset  ☐ 1 day before illness onset  ☐ 2 days before illness onset  ☐ 3 days before illness onset  ☐ 4 days before illness onset  ☐ 5 days before illness onset  ☐ 6 days before illness onset  ☐ 7 days before illness onset  ☐ 8 days before illness onset  ☐ 9 days before illness onset  ☐ 10 days before illness onset

59. In the 10 days before becoming ill, did the patient have DIRECT contact with (e.g., touch or handle) any animals?
☐ Yes  ☐ No (skip to Q.62)  ☐ Unknown (skip to Q.62)

60. What type(s) of animals did the patient have direct contact with (check all that apply)?
☐ Horses  ☐ Cows  ☐ Poultry/wild birds  ☐ Sheep  ☐ Goats  ☐ Pigs/hogs  ☐ Other (1)
☐ Other (2)  ☐ Other (3)  ☐ Other (4)

61. Where did the direct contact occur (check all that apply)?
☐ Home  ☐ Work  ☐ Agricultural fair or event  ☐ Live animal market  ☐ Petting zoo  ☐ Other

62. In the 10 days before becoming ill, did the patient have CLOSE contact with (e.g., walk through an area containing or come within about 6 feet of) any animals?
☐ Yes  ☐ No (skip to Q.65)  ☐ Unknown (skip to Q.65)

63. What type(s) of animals did the patient have close contact with (check all that apply)?
☐ Horses  ☐ Cows  ☐ Poultry/wild birds  ☐ Sheep  ☐ Goats  ☐ Pigs/hogs  ☐ Other (1)
☐ Other (2)  ☐ Other (3)  ☐ Other (4)

64. Where did the close contact occur (check all that apply)?
☐ Home  ☐ Work  ☐ Agricultural fair or event  ☐ Live animal market  ☐ Petting zoo  ☐ Other
Human Infection with Novel Influenza A Virus
Case Report Form

65. In the 10 days before becoming ill, did the patient have direct or close contact with any animal exhibiting signs of illness?
   □ Yes (specify animal type and location __________________________) □ No □ Unknown
66. Does anyone in the household own, keep or care for livestock animals (either at home or in the workplace)?
   □ Yes □ No (skip to Q.68) □ Unknown (skip to Q.68)
67. What type(s) of animals are kept or cared for by household members (check all that apply)?
   □ Horses □ Cows □ Poultry/wild birds □ Sheep □ Goats □ Pigs/hogs □ Other (1)__________________________
   □ Other (2)__________________________ □ Other (3)__________________________ □ Other (4)__________________________

Risk Factors—Household, Occupational, Nosocomial, and Secondary Spread

68. Does the patient reside in an institutional or group setting (e.g. nursing home, boarding school, college dormitory)?
   □ Yes (skip to Q.70) □ No □ Unknown (skip to Q.70)
69. How many people resided in the patient’s household(s) in the week before or after illness onset (excluding the patient)? ________
   A household member is anyone with at least one overnight stay +/- 7 days from patient’s illness onset, and the patient may have resided in >1 household. Please complete the table below for each household member and continue in the notes section if more space is needed.

<table>
<thead>
<tr>
<th>ID</th>
<th>Household (HH) [“A” should be the patient’s primary household]</th>
<th>Relation to patient (e.g. parent, brother, friend)</th>
<th>Sex (M/F)</th>
<th>Age</th>
<th>Was HH member ill (fever or any respiratory symptom) +/- 7 days from case patient’s onset?</th>
<th>If Yes, HH member’s date of illness onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>□ A □ B □ C</td>
<td>□ Y □ N □ U</td>
<td></td>
<td></td>
<td>□ Y □ N □ U</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>□ A □ B □ C</td>
<td>□ Y □ N □ U</td>
<td></td>
<td></td>
<td>□ Y □ N □ U</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>□ A □ B □ C</td>
<td>□ Y □ N □ U</td>
<td></td>
<td></td>
<td>□ Y □ N □ U</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>□ A □ B □ C</td>
<td>□ Y □ N □ U</td>
<td></td>
<td></td>
<td>□ Y □ N □ U</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>□ A □ B □ C</td>
<td>□ Y □ N □ U</td>
<td></td>
<td></td>
<td>□ Y □ N □ U</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>□ A □ B □ C</td>
<td>□ Y □ N □ U</td>
<td></td>
<td></td>
<td>□ Y □ N □ U</td>
<td></td>
</tr>
</tbody>
</table>

70. In the 7 days before or after becoming ill, did the patient attend or work at a child care facility?
   □ Yes (before becoming ill) □ Yes (after becoming ill) □ No (skip to Q.72) □ Unknown (skip to Q.72)
71. Approximately how many children are in the patient’s class or room at the child care facility? ________
72. In the 7 days before or after becoming ill, did the patient attend or work at a school?
   □ Yes (before becoming ill) □ Yes (after becoming ill) □ No (skip to Q.74) □ Unknown (skip to Q.74)
73. Approximately how many students are in the patient’s class at the school? ________ children
74. In the 7 days before or after the patient became ill, did anyone else in the patient’s household(s) work at or attend a child care facility or school?
   □ Yes □ No (skip to Q.76) □ Unknown (skip to Q.76)
75. List ID numbers from Q.69 (the table above) for household members working at or attending a child care facility or school:
   ______________________________________________________________________________________

76. Does the patient handle samples (animal or human) suspected of containing influenza virus in a laboratory or other setting?
   □ Yes □ No □ Unknown
77. In the 7 days before or after becoming ill, did the patient work in or volunteer at a healthcare facility or setting?
   □ Yes □ No (skip to Q.80) □ Unknown (skip to Q.80)
78. Specify healthcare facility job/role:
   □ Physician □ Nurse □ Administration staff □ Housekeeping □ Patient transport □ Volunteer □ Other ____________________________
79. Did the patient have direct patient contact while working or volunteering at a healthcare facility?
   □ Yes □ No □ Unknown
80. In the 7 days before becoming ill, was the patient in a hospital for any reason (i.e., visiting, working, or for treatment)?
   □ Yes □ No □ Unknown
   If yes, what were the dates? ______ / ______ / ______, ______ / ______ / ______ City/Town ____________________________
81. In the 7 days before becoming ill, was the patient in a clinic or a doctor’s office for any reason?
   □ Yes □ No □ Unknown
   If yes, what were the dates? ______ / ______ / ______, ______ / ______ / ______ City/Town ____________________________
82. Does the patient know anyone other than a household member who had fever, respiratory symptoms like cough or sore throat, or another respiratory illness like pneumonia in the 7 days BEFORE the case patient’s illness onset?
   □ Yes (please list those ill before the case patient in the table below) □ No □ Unknown
### Human Infection with Novel Influenza A Virus Case Report Form

<table>
<thead>
<tr>
<th>ID</th>
<th>Relationship to patient</th>
<th>Sex (M/F)</th>
<th>Age</th>
<th>Date of illness onset</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

83. Does the patient know anyone other than a household member who had fever, respiratory symptoms like cough or sore throat, or another respiratory illness like pneumonia beginning AFTER the case patient’s illness onset?

- [ ] Yes (please list those ill after the case patient in the table below)
- [ ] No
- [ ] Unknown

<table>
<thead>
<tr>
<th>ID</th>
<th>Relationship to patient</th>
<th>Sex (M/F)</th>
<th>Age</th>
<th>Date of illness onset</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

84. Is the patient a contact of a confirmed or probable case of novel influenza A infection?

- [ ] Yes (please list patient’s confirmed or probable contacts in the table below)
- [ ] No
- [ ] Unknown

<table>
<thead>
<tr>
<th>Relationship to patient</th>
<th>State Epi ID</th>
<th>State Lab ID</th>
<th>Case status</th>
<th>Sex (M/F)</th>
<th>Age</th>
<th>Date of illness onset (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

85. Any additional comments or notes (e.g. travel details, names/dates of fairs or live markets attended by case patient, dates of household members fair attendance and location of fair, information about other ill contacts)?

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
Human Infection with Novel Influenza A Virus
Case Report Form

Variant Module – complete only if confirmed case with a variant influenza virus (i.e. H1N1v, H1N2v, H3N2v)

1. In the 10 days before becoming ill, on what days did the patient have ANY contact (direct, close, or both) with pigs (check all that apply)?
   - on the day of illness onset
   - 1 day before illness onset
   - 2 days before illness onset
   - 3 days before illness onset
   - 4 days before illness onset
   - 5 days before illness onset
   - 6 days before illness onset
   - 7 days before illness onset
   - 8 days before illness onset
   - 9 days before illness onset
   - 10 days before illness onset

2. What was the total number of different days the patient reported ANY pig contact (direct, indirect, or both)? ____________ days.

3. Please describe animal exposure for all household members listed in Q.62 of the main Novel A Case Report Form (please use the same id for each person as in Q. 69 of the main form).

<table>
<thead>
<tr>
<th>ID</th>
<th>If HH member was ILL</th>
<th>If HH member was NOT ILL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Did HH member have any pig/hog contact ≤10 days before his/her onset?</td>
<td>Did HH member visit a live market or fair ≤10 days before his/her onset?</td>
</tr>
<tr>
<td>1</td>
<td>Y N U</td>
<td>Y N U</td>
</tr>
<tr>
<td>2</td>
<td>Y N U</td>
<td>Y N U</td>
</tr>
<tr>
<td>3</td>
<td>Y N U</td>
<td>Y N U</td>
</tr>
<tr>
<td>4</td>
<td>Y N U</td>
<td>Y N U</td>
</tr>
<tr>
<td>5</td>
<td>Y N U</td>
<td>Y N U</td>
</tr>
<tr>
<td>6</td>
<td>Y N U</td>
<td>Y N U</td>
</tr>
</tbody>
</table>

4. In the 7 days before becoming ill, did the patient have direct or close contact (e.g. caring for, speaking with, or touching) with anyone other than a household member who routinely has contact with pigs/hogs?
   - Yes
   - No
   - Unknown

5. Please describe the pig/hog contact and fair attendance for individuals listed in Q. 82 of the main Novel A Case Report Form.

<table>
<thead>
<tr>
<th>ID</th>
<th>Any pig/hog contact or fair attendance ≤10 days before his/her onset?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Y N U</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Y N U</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Y N U</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Y N U</td>
<td></td>
</tr>
</tbody>
</table>

6. Please describe the pig/hog contact and fair attendance of individuals listed in Q. 83 of the main Novel A Case Report Form.

<table>
<thead>
<tr>
<th>ID</th>
<th>Any pig/hog contact or fair attendance ≤10 days before his/her onset?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Y N U</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Y N U</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Y N U</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Y N U</td>
<td></td>
</tr>
</tbody>
</table>

7. Notes
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Human Infection with Novel Influenza A Virus
Case Report Form

Avian Module – complete only if confirmed case with an avian influenza virus (i.e. H5N1, H7N9)

1. Has the person ever received an influenza H5N1 vaccination?
   - Yes (Date: __/__/______)
   - No
   - Unknown

2. In the 10 days before becoming ill, did the patient have DIRECT contact (touch or handle) with poultry (chickens, turkeys, ducks, or geese, etc.)?
   - Yes
   - No (skip to Q.5)
   - Unknown (skip to Q.5)

3. Where did the DIRECT contact with poultry occur (check all that apply)?
   - Home
   - Commercial poultry farm
   - Agricultural fair or event
   - Live animal market
   - Petting zoo
   - Veterinary contact
   - Slaughterhouse
   - Other

4. What type(s) of poultry did the patient have DIRECT contact with (check all that apply)?
   - Chickens
   - Turkeys
   - Geese
   - Pheasants
   - Ducks
   - Ostriches
   - Emus
   - Pigeons
   - Other

5. In the 10 days before becoming ill, did the patient have CLOSE contact (walk through an area containing or come within 6 feet of) with poultry?
   - Yes
   - No (skip to Q.8)
   - Unknown (skip to Q.8)

6. Where did the CLOSE contact with poultry occur (check all that apply)?
   - Home
   - Commercial poultry farm
   - Agricultural fair or event
   - Live animal market
   - Petting zoo
   - Veterinary contact
   - Slaughterhouse
   - Other

7. What type(s) of poultry did the patient have CLOSE contact with (check all that apply)?
   - Chickens
   - Turkeys
   - Geese
   - Pheasants
   - Ducks
   - Ostriches
   - Emus
   - Pigeons
   - Other

8. Did the patient clean any poultry pens/houses in the 10 days before becoming ill?
   - Yes
   - No
   - Unknown

9. Did the patient feed or water any poultry in the 10 days before becoming ill?
   - Yes
   - No
   - Unknown

10. Did the patient have direct contact with surfaces contaminated by bird or poultry feces or poultry parts (carcasses, internal organs, etc.) in the 10 days before becoming ill?
    - Yes
    - No
    - Unknown

11. Did the patient participate in the culling of any poultry flocks?
    - Yes
    - No (skip to Q.14)
    - Unknown (skip to Q.14)

12. What measures did the patient use to protect himself/herself during the culling (check all that apply)?
    - None
    - Facemask
    - Respirators
    - Hand gloves
    - Eyeglasses
    - Gowns
    - Boots
    - Unknown
    - Other

13. What percentage of time did the person participating in culling wear the items mentioned above while culling flocks (only ask about the items the exposed person mention in Q. 12)?
    - _____% Facemask
    - _____% Respirators
    - _____% Hand gloves
    - _____% Eye protection
    - _____% Gowns
    - _____% Boots
    - _____% Other

14. In the 10 days before becoming ill, on what days did the patient have ANY contact (direct, close, or both) with birds or poultry (check all that apply)?
    - on the day of illness onset
    - 1 day before illness onset
    - 2 days before illness onset
    - 3 days before illness onset
    - 4 days before illness onset
    - 5 days before illness onset
    - 6 days before illness onset
    - 7 days before illness onset
    - 8 days before illness onset
    - 9 days before illness onset
    - 10 days before illness onset

15. From Q.14, what was the total number of different days the patient reported ANY bird or poultry contact (direct, close, or both)? ________ days

16. Did the patient report ANY contact (direct, close, or both) with any ill-appearing poultry in the 10 days before becoming ill?
    - Yes, specify ___________________________
    - No
    - Unknown

17. Did the patient report ANY contact (direct, close, or both) with dead poultry in the 10 days before becoming ill?
    - Yes, specify ___________________________
    - No
    - Unknown

---

Risk Factors—Household bird and poultry practices

18. Were poultry raised on the patient’s property?
    - Yes
    - No (skip to Q.26)
    - Unknown (skip to Q.26)

19. Where were the poultry kept (check all that apply)?
Human Infection with Novel Influenza A Virus
Case Report Form

- In patient’s basement or garage
- Inside patient’s house/living space
- Open-air poultry pen or poultry house
- Enclosed poultry pen or poultry house
- Other enclosure/cage outside the patient’s house

20. What type(s) of poultry did the patient raise (check all that apply)? Please estimate the number of each type raised.
- Chickens #
- Turkeys #
- Geese #
- Pheasants #
- Ducks #
- Ostriches #
- Emus #
- Pigeons #
- Other #

21. What type(s) of poultry did the patient raise (check all that apply)? Please estimate the number of each type raised.
- Chickens #
- Turkeys #
- Geese #
- Pheasants #
- Ducks #
- Ostriches #
- Emus #
- Pigeons #
- Other #

22. Did the patient’s household have any recent (within the past 30 days) ill-appearing poultry?
- Yes
- No
- Unknown

23. Did the patient’s household have any recent poultry die-offs?
- Yes
- No (skip to Q.26)
- Unknown (skip to Q.26)

24. Please indicate the percent of the flock that died.

25. When did the die-off begin and end?
- Begin date: ___/___/___ (MM/DD/YY)
- End date: ___/___/___ (MM/DD/YY)

26. Did the patient have contact with any eggs from a private flock (i.e., not store bought or commercial) in the 10 days before becoming ill?
- Yes
- No
- Unknown

27. Did the patient’s household have any recent poultry die-offs?
- Yes
- No
- Unknown

28. Does anyone else in the household own, keep or care for poultry in a location other than the patient’s property?
- Yes, specify ____________________________
- No
- Unknown

29. Were there any recent reports of sick or dead poultry in the case patient’s area?
- Yes
- No
- Unknown

30. Were captive wild birds kept at the patient’s residence?
- Yes
- No
- Unknown

31. Did the patient visit any areas where wild/migratory birds (e.g. herons, gulls, falcons, wild ducks, geese, or swans) are present?
- Yes, specify ____________________________
- No
- Unknown

32. In the 10 days before illness onset, did the patient have ANY contact with wild/migratory birds?
- Yes
- No (skip to Q.38)
- Unknown (skip to Q.38)

33. In the 10 days before illness onset, did the patient have any DIRECT contact (touch or handle) with any wild/migratory birds?
- Yes, specify type of bird(s) ____________________________
- No
- Unknown

34. In the 10 days before becoming ill, did the patient have CLOSE contact (walk through an area containing or come within 6 feet of) any wild/migratory birds?
- Yes, specify type of bird(s) ____________________________
- No
- Unknown

35. Were any of the wild/migratory birds that the patient had ANY contact with sick or dying?
- Yes
- No
- Unknown

36. In the 10 days before becoming ill, what days did the patient have ANY contact (direct, close, or both) with wild birds (check all that apply)?
- on the day of illness onset
- 1 day before illness onset
- 2 days before illness onset
- 3 days before illness onset
- 4 days before illness onset
- 5 days before illness onset
- 6 days before illness onset
- 7 days before illness onset
- 8 days before illness onset
- 9 days before illness onset
- 10 days before illness onset

37. In the 10 days before becoming ill, what days did the patient have ANY contact with these birds (check all that apply)?
- on the day of illness onset
- 1 day before illness onset
- 2 days before illness onset
- 3 days before illness onset
- 4 days before illness onset
- 5 days before illness onset
- 6 days before illness onset
- 7 days before illness onset
- 8 days before illness onset
- 9 days before illness onset
- 10 days before illness onset

38. In the 10 days before becoming ill, did the patient have ANY contact (direct, close, or both) with birds other than poultry or wild/migratory birds?
- Yes, specify type of bird(s) ____________________________
- No (skip to Q.41)
- Unknown (skip to Q.41)

39. Were any of these birds that the patient had ANY contact with sick or dying?
- Yes
- No
- Unknown

40. In the 10 days before becoming ill, what days did the patient have ANY contact with these birds (check all that apply)?
- on the day of illness onset
- 1 day before illness onset
- 2 days before illness onset
- 3 days before illness onset
- 4 days before illness onset
- 5 days before illness onset
- 6 days before illness onset
- 7 days before illness onset
- 8 days before illness onset
- 9 days before illness onset

41. Please describe bird/poultry exposure for all household members listed in Q.69 of the main Novel A Case Report Form.
<table>
<thead>
<tr>
<th>ID</th>
<th>If HH member was ILL</th>
<th>If HH member was NOT ILL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Did HH member have any bird contact ≤10 days before his/her onset?</td>
<td>Did HH member visit a live market ≤10 days before his/her onset?</td>
</tr>
<tr>
<td>1</td>
<td>[ ] Y [ ] N [ ] U</td>
<td>[ ] Y [ ] N [ ] U</td>
</tr>
<tr>
<td>2</td>
<td>[ ] Y [ ] N [ ] U</td>
<td>[ ] Y [ ] N [ ] U</td>
</tr>
<tr>
<td>3</td>
<td>[ ] Y [ ] N [ ] U</td>
<td>[ ] Y [ ] N [ ] U</td>
</tr>
<tr>
<td>4</td>
<td>[ ] Y [ ] N [ ] U</td>
<td>[ ] Y [ ] N [ ] U</td>
</tr>
<tr>
<td>5</td>
<td>[ ] Y [ ] N [ ] U</td>
<td>[ ] Y [ ] N [ ] U</td>
</tr>
<tr>
<td>6</td>
<td>[ ] Y [ ] N [ ] U</td>
<td>[ ] Y [ ] N [ ] U</td>
</tr>
</tbody>
</table>

42. Please describe the bird contact and live market visits for individuals listed in Q.82 of the main Novel A Case Report Form.

<table>
<thead>
<tr>
<th>ID</th>
<th>Any bird contact or live market visits ≤10 days before his/her onset?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>[ ] Y [ ] N [ ] U</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>[ ] Y [ ] N [ ] U</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>[ ] Y [ ] N [ ] U</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>[ ] Y [ ] N [ ] U</td>
<td></td>
</tr>
</tbody>
</table>

43. Please describe the bird contact and live market visits of individuals listed in Q.83 of the main Novel A Case Report Form.

<table>
<thead>
<tr>
<th>ID</th>
<th>Any bird contact or live market visits ≤10 days before his/her onset?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>[ ] Y [ ] N [ ] U</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>[ ] Y [ ] N [ ] U</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>[ ] Y [ ] N [ ] U</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>[ ] Y [ ] N [ ] U</td>
<td></td>
</tr>
</tbody>
</table>

44. In the 7 days before becoming ill, did the patient have direct or close contact (e.g. caring for, speaking with, or touching) with anyone other than a household member who routinely has contact with birds?

[ ] Yes  [ ] No  [ ] Unknown

45. Notes

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________