



Human Infection with Novel Influenza A Virus Case Report Form

Form Approved
OMB No. 0920-0004

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: (check White Asian American Indian/Alaska Native Black Native Hawaiian/Other Pacific Islander all that apply)
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?

Symptom	Symptom Present?	Symptom	Symptom Present?
Fever (highest temp _____ °F)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
If fever present, date of onset ___/___/___ (MM/DD/YYYY)		Vomiting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Felt feverish	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
If felt feverish, date of onset ___/___/___ (MM/DD/YYYY)		Eye infection/redness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Rash	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Sore Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Muscle aches	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Headache	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Other, specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk

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).



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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

Drug	Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Total number of days receiving antivirals	Dosage (if known)
Oseltamivir (Tamiflu)				mg
Zanamivir (Relenza)				mg
Peramivir (Rapivab)				mg
Other influenza antiviral _____				mg

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
 - 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) _____ Yes, postpartum (delivery date) ____/____/____ (MM/DD/YYYY) No Unknown
42. Does the patient currently smoke?
 Yes No Unknown



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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

Epidemiologic Risk Factors

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, or at any time after 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 _____



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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.

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

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



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

86. In the 10 days before becoming ill, on what days did the patient have **ANY** exposure (touch or handle pigs or touch potentially contaminated surfaces or walk through an area containing or come within 6 feet of any pigs/hogs) 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
87. What was the total number of different days the patient reported **ANY** pig exposure (direct or any other exposure or both)? _____ days.
88. 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**).

ID	If HH member was ILL		If HH member was NOT ILL
	Did HH member have any pig/hog exposure ≤10 days before his/her onset?	Did HH member visit a live market or fair ≤10 days before his/her onset?	Did HH member have any pig/hog exposure or visit a live market visit ≤10 days before the case-patient's illness onset?
1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
2	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
4	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
5	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
6	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U

89. In the 7 days before becoming ill, did the patient have direct or any other exposure (e.g. caring for, speaking with, or touching) with anyone **other than a household member** who routinely has exposure with pigs/hogs?
- Yes
 No
 Unknown
90. Please describe the pig/hog exposure and fair attendance for individuals listed in Q. 82 of the main Novel A Case Report Form.

ID	Any pig/hog exposure or fair attendance ≤10 days before his/her onset?	Comments
1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
2	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
4	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	

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

ID	Any pig/hog exposure or fair attendance ≤10 days before his/her onset?	Comments
1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
2	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
4	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	

92. Notes



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

1. Has the patient 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 care
 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 **any other exposure to** (e.g., touch potentially contaminated surfaces, walk through an area containing or come within 6 feet of) poultry?
 Yes No (skip to Q.8) Unknown (skip to Q.8)
6. Where did this exposure to poultry occur (check all that apply)?
 Home Commercial poultry farm Agricultural fair or event Live animal market Petting zoo Veterinary care
 Slaughterhouse Other _____
7. What type(s) of poultry did the patient have **this exposure to** (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** exposure (direct or any other exposure 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 exposure (direct, or any other exposure or both)? _____ days
16. Did the patient report **ANY** exposure (direct or any other exposure or both) with any **ill-appearing poultry** in the 10 days before becoming ill?
 Yes, specify _____ No Unknown
17. Did the patient report **ANY** exposure (direct, or any other exposure, 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)?
 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 Other _____



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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. Did the patient's household have any recent (within the past 30 days) ill-appearing poultry?
 Yes No Unknown
22. Did the patient's household have any recent poultry die-offs?
 Yes No (skip to Q.26) Unknown (skip to Q.26)
23. Please indicate the percent of the flock that died. _____%
24. When did the die-off begin and end? Begin date: ___/___/___ (MM/DD/YYYY) End date: ___/___/___ (MM/DD/YYYY)
25. Was the flock culled?
 Yes (date ___/___/___ MM/DD/YY) No Unknown
26. Did the patient have exposure to 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 consume raw or undercooked poultry in the 10 days before becoming ill?
 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, specify _____ No Unknown

Risk Factors—Wild/Migratory and other birds

30. Were captive wild birds kept at the patient's residence?
 Yes (describe) _____ 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 location _____ No Unknown
32. In the 10 days before illness onset, did the patient have **ANY** exposure to 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 **any other exposure to** (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, specify _____ No Unknown
36. In the 10 days before becoming ill, on what days did the patient have **ANY** exposure (direct or any other exposure 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, did the patient have **ANY** exposure (direct or any other exposure 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)
38. Were any of these birds that the patient had **ANY** exposure (direct or any other exposure or both) with sick or dying?
 Yes, specify _____ No Unknown
39. In the 10 days before becoming ill, on what days did the patient have **ANY** exposure (direct or any other exposure or both) 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

Risk Factors—Human exposures

40. Please describe bird/poultry exposure for all household members listed in Q.69 of the main Novel A Case Report Form (**please use the same ID as in Q.62**).

ID	If HH member was ILL	If HH member was NOT ILL

