	Supplemental Injecting Drug Use Questionnaire for Tetanus Cases California Department of Health Services, Immunization Branch							
	il to: CA DHS, Immunization Branch, 850 Marina Bay Parkway, Building P, 2 nd Floor, Richmond, CA 94804 tient Name Onset Onset							
1.	Does the patient have a history of injecting drugs? What is (are) the drug(s) of choice?							
2.	Does the patient have history of injecting heroin? If so, is it in the form of black tar, white powder, both?							
3.	Does the patient inject subcutaneously [skin-popping] or intravenously [mainlining]? Ever injected intramuscularly? Has he changed his method recently?							
4.	How long has the patient been using, and how often?							
5.	Are skin abscesses present? If so, have they been self-incised?							
6.	Are the patient's veins in good or bad condition? In what part of the body has the patient been injecting?							

7. Where has the patient been obtaining syringes?

8.	Does the patient use disposable syringes or another type of syringe?
9.	Has the patient been using a clean needle every time, or re-using? How many times might he re-use?
10.	Has he done anything different in injecting practices during the 3 weeks prior to illness onset?
11.	What has he used to dilute the heroin? What was his source of water to prepare the heroin?
12.	With whom has the patient shared his works?
13.	What has he used as a cooker (such as a spoon)? What has he used as a cotton, or filter?
14.	Has he used alcohol or anything else to clean the injection site before injecting?

15. Was the drug from his usual source, or from someone new?
16. Does he have any idea what the drug was cut with? (e.g., sugar)
17. Was there anything out of the ordinary about the drug he was using before he became sick?
18. Has he been using anything along with the heroin, such as cocaine or methamphetamine?
19. Does the patient know anyone else with tetanus?
20. Does the patient have any idea/hypotheses about how he developed tetanus?