



Also used for St. Louis Encephalitis



VCMR ID: _____

Patient Name-Last		First		Mi	iddle Initial	Date of birth	Age	Sex
Address- Number, Street, Apt # Homeless: Yes No			City		State	ZIP Code		
Telephone number							1	
Home ()			Work (Cell ()				
Race: American Indian	n/Alaska Nativ	e 🗌 Asian	☐ Black/African Am	erican Ethnicity (check one):				
☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Unk ☐ Othe				r: Hispanic/Latino Non-Hispanic/Non-Latino				
Occupation (give exact	or industry in the 4	weeks before ill	ness:			-		
PRESENT ILLNESS	<u> </u>							
Attending or consulting					Telephone	number	Fax number	
					()		()	
Onset date	Facility/Hos	pital name				Medical record no	D.	
☐ Hospitalized OR		Admit date		Discharge date	•	Admitted to ICU?	P Yes No	Unk
☐ ER/Outpatient only						Admitted//_	_ Discharged/_	/
Clinical syndrome (chec	k all that app	ly):		Outcome:		1		
				Survived				
☐ Encephalitis				Died: Date of death://				
☐ Meningitis				If survived, discharged to:				
☐ Acute Flaccid Paralysis	S			☐ Home: home physical therapy ☐ Yes ☐ No ☐ Unk				
☐ Fever only				home occupational therapy				
☐ Asymptomatic				☐ Other: skilled nursing facility ☐ Yes ☐ No ☐ Unk				
Other: Specify.			_	rehabilitation center				
				How close to baseline as of interview date? □ 0-25% □ 25-50% □ 50-75% □ 75-100%				
Symptoms of illness (ch	eck if occurr	ed anytime o	luring current	Laboratory Val				
illness):		•	_	005 1		000 K		
Fever (≥38° C,100° F)		Yes □ No	□ Unk	CSF results Date:/	1	CBC results Date://_		
Headache		Yes □ No	□ Unk	RBC:		WBC:		
Rash		Yes □ No	□ Unk	WBC:	_	%Diff:		
Stiff neck	ff neck ☐ Yes ☐ No ☐ Unk			%Diff:	, , ,			
Muscle pain/weakness	Protein:				Platelets (Plt): _			
Altered consciousness	Olucose.				sults from current illness (MRI/CT, LFTs, etc.):			
Seizures Yes No Unk							-, <i>,</i>	
Past Medical History:								
Hypertension:								
On immunosuppressive medications:								

Patient name (last, first) Date of Birth							
WNV DIAGNOSTIC TESTS							
Type of Test	Type of Specimen	Date Collected	Results	Name of Laboratory			
WNV IgM (EIA/IFA)	•						
PRNT							
Other (Specify)							
EPIDEMIOLOGIC R	ISK FACT	ORS					
Currently pregnant?							
Did the following events	s occur durin	g the 4 weeks prior to yo	our illness: Start of Exposure Period	<i></i>			
Donated blood?	Donated blood?						
Donated organ?	☐ Ye	s No Unk If	Yes, Date://				
Received blood transfusion	on? 🗌 Ye	s No Unk If	Yes, Date://				
Received organ transplar	nt? 🗌 Ye	s No Unk If	Yes, Date://				
BEHAVIOR							
Activities during the 4 w	•						
Did you have exposure to or bites from mosquitoes?							
Did you do anything to protect yourself from mosquito bites? ☐ Yes ☐ No ☐ Unknown							
If Yes, did you use insect repellent?							
If No, why not?							
Did you travel outside of California?							
Did you travel outside the U.S.?							
Have you:							
Ever traveled outside the	U.S?] Yes 🗌 No 🗌 Unk 🏻 [Dates/Locations:				
Ever received yellow fever vaccine?							
RESIDENCE							
Describe your main resi	idence durinç	g the 4 weeks prior to you	ur illness:				
Did you reside in a: House Townhouse Condo/Apartment Other (specify)							
Did your home residence have screens for windows or doors? ☐ Yes ☐ No ☐ Unknown							
If Yes, did any of them have holes or defects that would allow mosquitoes to enter? Yes No Unknown							
Did your home residence have air conditioning? ☐ Yes ☐ No ☐ Unknown							
If Yes, how often did you use it instead of leaving windows or doors open? Always Most of the time Sometimes Rarely Never							
Did you have water that does not dry up for several days in and around your home residence (unmaintained pools and fountains or potted plants with							
saucers)? This is called standing water. Yes No Unknown							
If Yes, how often did you drain the standing water? More than 4 times 3 to 4 times 1 to 2 times 0 times							
Did you have rain barrels?							
☐ Covered all openings ☐ Emptied regularly ☐ Used mosquito dunks ☐ None							
Are you aware of standing water in your neighborhood (such as neighbors' pools, nearby ponds, or street gutters)?							
If Yes, describe							

Patient name (last, first)		Date of Birth					
EPIDEMIOLOGIC RISK FACTORS (continued)							
Activities during the 2 weeks prior to illness: Start of Exposure Period/							
Please list 2 locations aside from your home residence that you spent the most time. (Specify address if possible)							
a b							
KNOWLEDGE							
Did you know about West Nile Virus prior to your illness?							
If Yes, where did you first hear about West Nile Virus? Check all that apply.							
☐ News articles (online or print) ☐ Television ☐ Radio ☐ Social Media ☐ Word of mouth ☐ Other: Specify							
Where do you usually find information about health and diseases	Where do you usually find information about health and diseases? Check all that apply.						
☐ News articles (online or print) ☐ Television ☐ Radio ☐ Social Media ☐ Word of mouth ☐ Other: Specify							
What is your education level? ☐ Below HS level ☐ GED/HS diploma ☐ Some college ☐ College and above							
REMARKS							
Investigator Name:	Interview Date:	Telephone Number:					