

WEST NILE VIRUS CASE HISTORY REPORT



VCMR ID: _____

Patient Name-Last		First		Mi	ddle Initial	Date of birth	Age	Sex	
Address- Number, Street, Apt # Homeless: Yes No			City		State	ZIP Code			
Telephone number							•		
Home ()	Work (Cell ()							
Race: ☐ American Indian/Alaska Native ☐ 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)	ob) and kind	of business	or industry in the 4	weeks before ill	ness:				
PRESENT ILLNESS									
Attending or consulting			Telephone number Fax number						
					()		()		
Onset date	Facility/Hos	pital name				Medical record no).		
☐ Hospitalized OR		Admit date		Discharge date	•		☐ Yes ☐ No ☐		
☐ ER/Outpatient only						Admitted//_	_ Discharged/	<u>'</u>	
Clinical syndrome (chec	k all that app	ily):		Outcome:					
☐ Encephalitis				Died: Date of death://					
☐ Meningitis									
_	_			If survived, discharged to:					
Acute Flaccid Paralysis				☐ Home: home physical therapy ☐ Yes ☐ No ☐ Unk					
☐ Fever only				home occupational therapy ☐ Yes ☐ No ☐ Unk ☐ Other: skilled nursing facility ☐ Yes ☐ No ☐ Unk					
Asymptomatic				rehabilitation center					
Other: Specify				How close to baseline as of interview date?					
						50-75%	6		
Symptoms of illness (ch	eck if occurr	ed anytime d	uring current	Laboratory Val	ues:				
illness):	_			CSF results		CBC results			
Fever (≥38° C,100° F)			Unk	Date:/		Date://_			
Headache			☐ Unk _	RBC:		WBC: %Diff:			
Rash	_ 		☐ Unk _	%Diff:		Hematocrit (Hct)			
Stiff neck		_	Unk	Protein:		Platelets (Plt): _			
Muscle pain/weakness		_	Unk	Glucose:					
Altered consciousness			Other lab results from current illness (MRI/CT, LFTs, etc.):						
Seizures		Yes ☐ No	Unk						
Past Medical History:									
Hypertension: Yes No Unk Diabetes: Yes No Unk Type Cancer: Yes No Unk									
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 organ?	☐ Ye	s No Unk If	Yes, Date://				
Received blood transfusion	on? 🗌 Ye	s No Unk If	Yes, Date://				
Received organ transplant?							
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? Check all that apply.								
☐ News articles (online or print) ☐ Television ☐ Radio	☐ Social Media ☐ Word of mout	h						
What is your education level? ☐ Below HS level ☐ GED/HS	diploma	ege and above						
REMARKS								
Investigator Name:	Interview Date:	Telephone Number:						