

West Nile Virus Infection Supplemental Form



**To be filled out in conjunction with the
West Nile Virus Infection Case Report**

Patient Name (Last, First)	Date of Birth ____/____/____	VCMR ID
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Will the information be collected by proxy? Yes No If Yes, Name and relationship to case. _____

POSSIBLE EPIDEMIOLOGIC RISK FACTORS

RESIDENCE

Do you reside in a: House Townhouse Condo/Apartment Other (Specify) _____

Does your home residence have window screens? Yes No Unknown

If Yes, Do any of them have holes or defects? Yes No Unknown

Does your home residence have air conditioning? Yes No Unknown

If Yes, How often do you use it instead of opening the windows? Always Most of the time Sometimes Rarely Never

Do you have any standing water (undrained for four or more days) in or around your home residence? Yes No Unknown

(e.g. potted plants, ornamental fountains, swimming pools, pet water bowls)

If Yes, Describe. _____

Do your neighbors have standing or undrained water in their yards? Yes No Unknown

If Yes, Describe. _____

Are there ponds or lakes in your neighborhood? Yes No Unknown

If Yes, Describe. _____

BEHAVIOR

Estimate total hours spent outdoors: _____ (Hours per Day or Week)

Where did you spend most of your time outdoors? _____

Did this place have areas with stagnant water like ponds, bird baths, or pools? Yes No Unknown

Did you do anything to protect yourself from mosquito bites when you went outdoors for long periods of time? Yes No Unknown

(e.g. mosquito repellent, wear long sleeves or pants)

If Yes, Describe. _____

REMARKS

Investigator's Name (print)	Date of Interview	Telephone Number ()
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Agency Name