Attachment 3 0920 0004 Change Request 9 22 08

Screen shots of Data Collection Instrument

OMB No.: 0920-0004
Expiration: 10/2010

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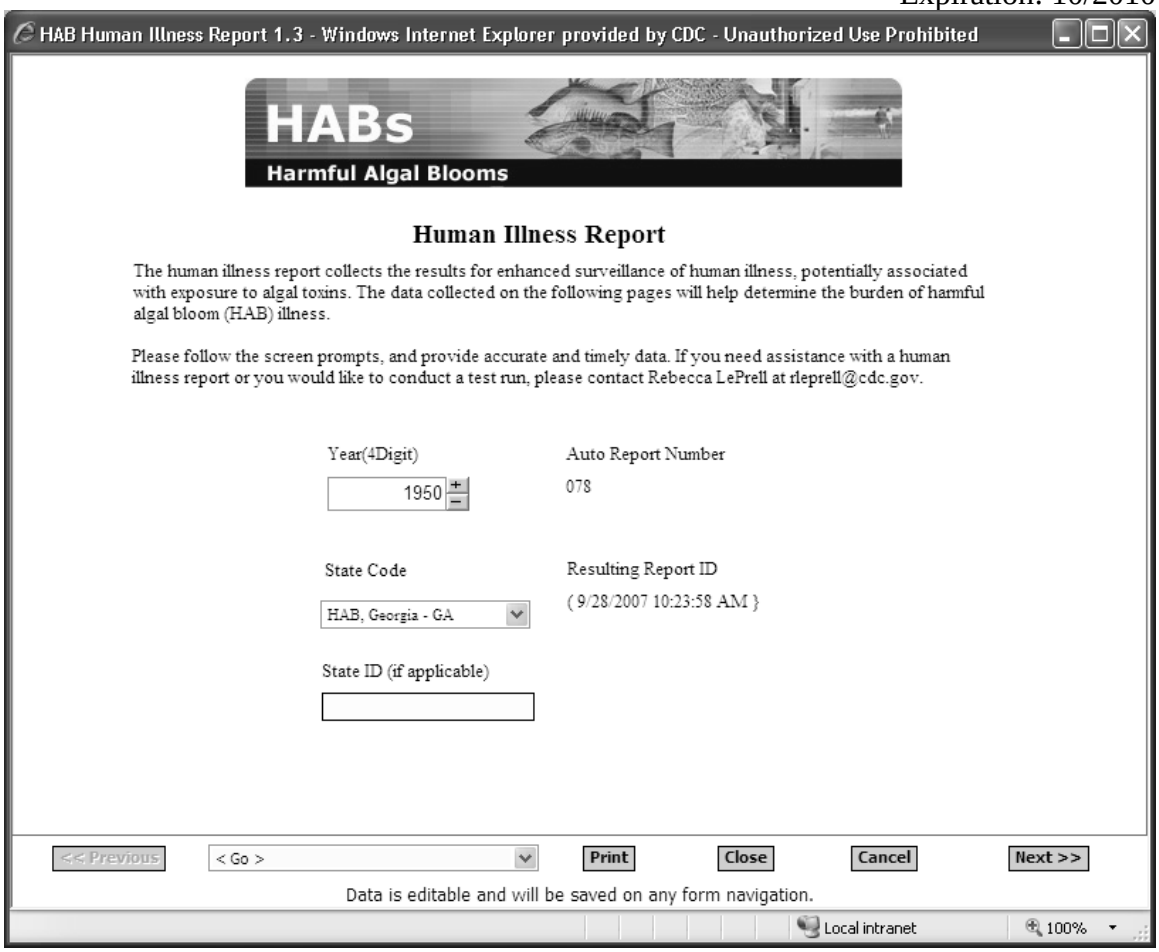
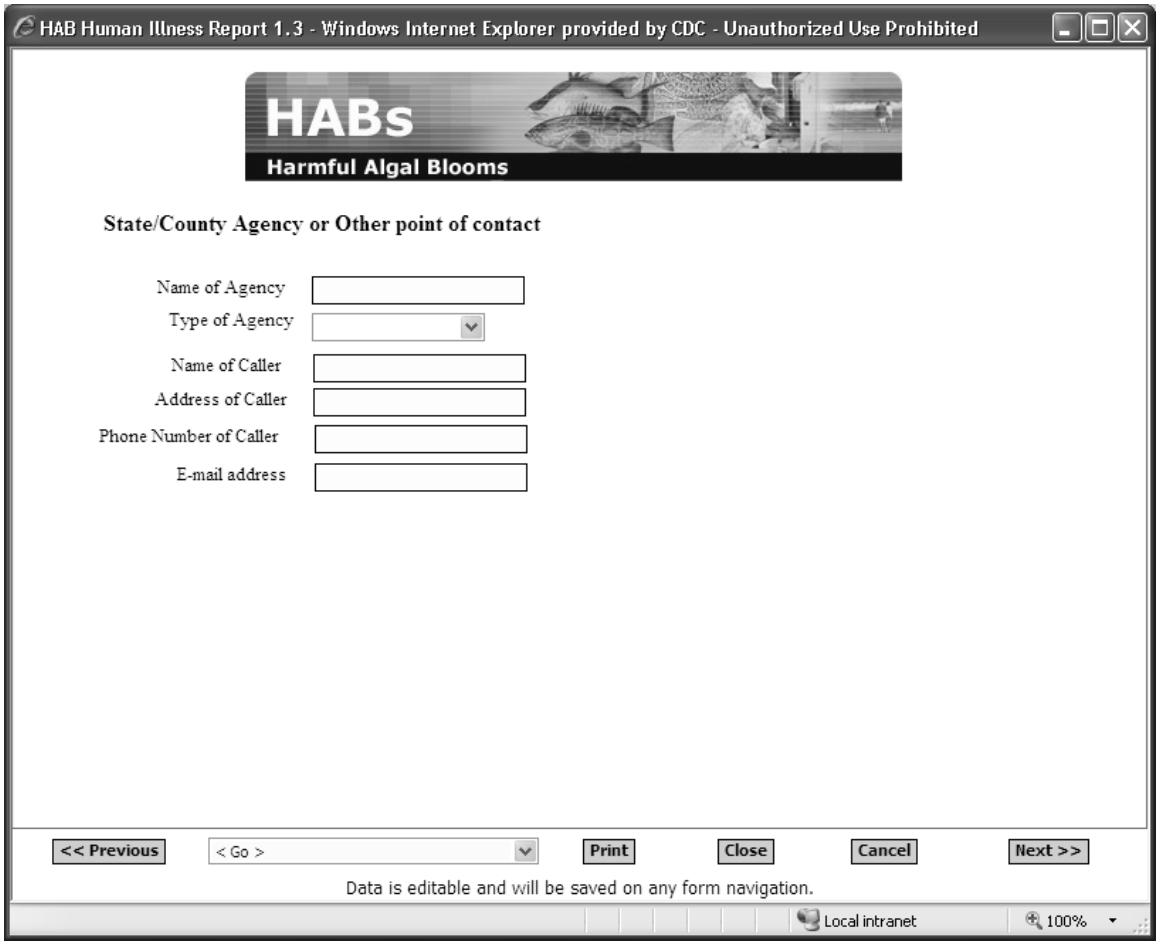
Expiration: 10/2010




HAB Human Illness Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
HABs
Harmful Algal Blooms
State/County Agency or Other point of contact
Name of Agency
Type of Agency
Name of Caller
Address of Caller
Phone Number of Caller
E-mail address
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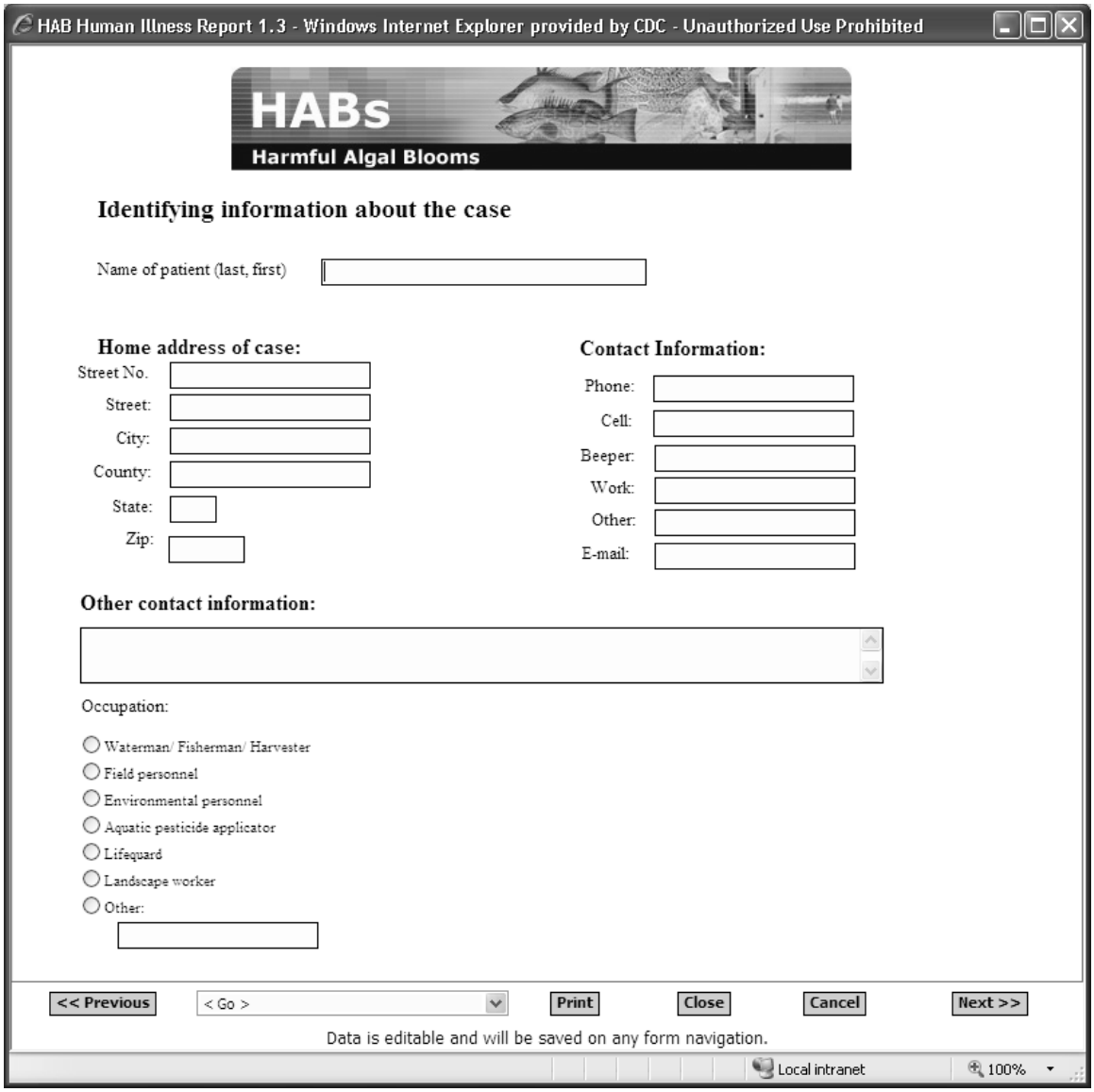
HAB Human Illness Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
HABs
Harmful Algal Blooms
Identifying information about the case
Name of patient (last, first)
Home address of case:
Street No.
Street:
City:
County:
State:
Zip:
Contact Information:
Phone:
Cell:
Beeper:
Work:
Other:
E-mail:
Other contact information:
Occupation:
Waterman/ Fisherman/ Harvester
Field personnel
Environmental personnel
Aquatic pesticide applicator
Lifeguard
Landscape worker
Other:
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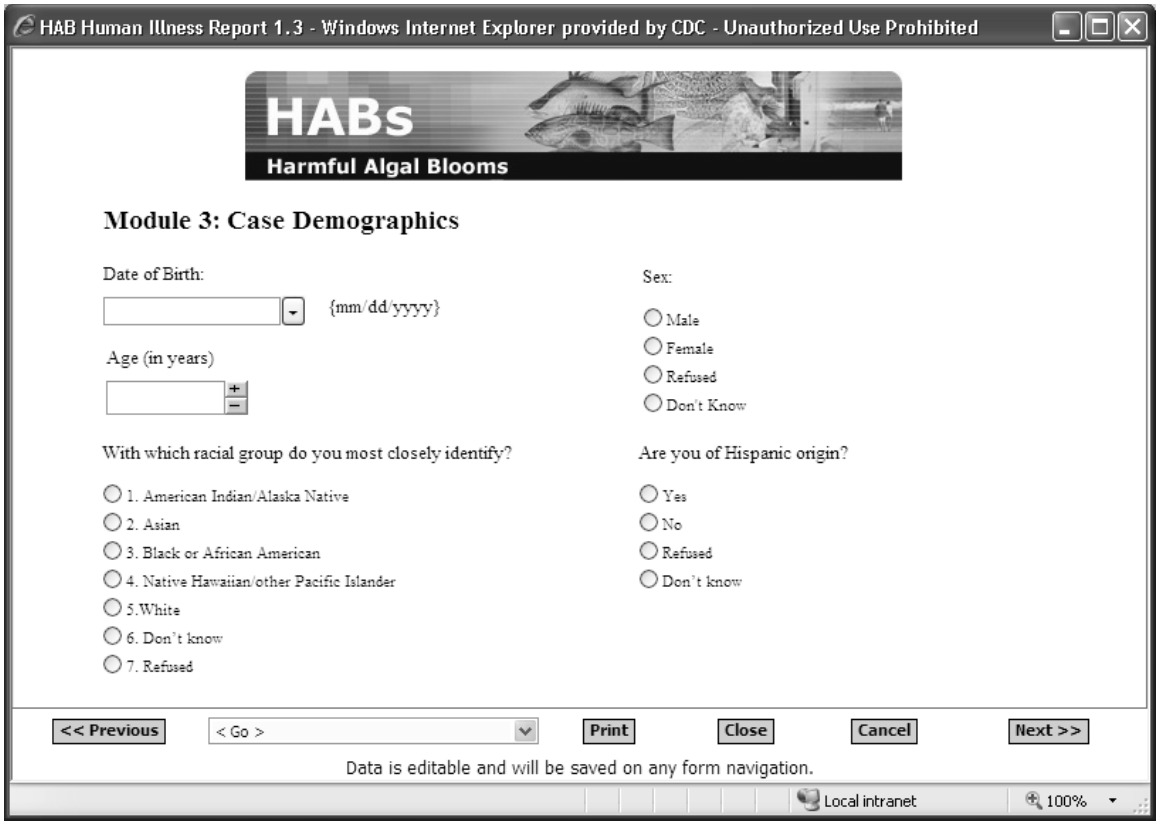
HAB Human Illness Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
HABs
Harmful Algal Blooms
Module 3: Case Demographics
Date of Birth:
{mm/dd/yyyy}
Age (in years)
Sex:
Male
Female
Refused
Don't Know
With which racial group do you most closely identify?
1. American Indian/Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian/other Pacific Islander
5.White
6. Don't know
7. Refused
Are you of Hispanic origin?
Yes
No
Refused
Don't know
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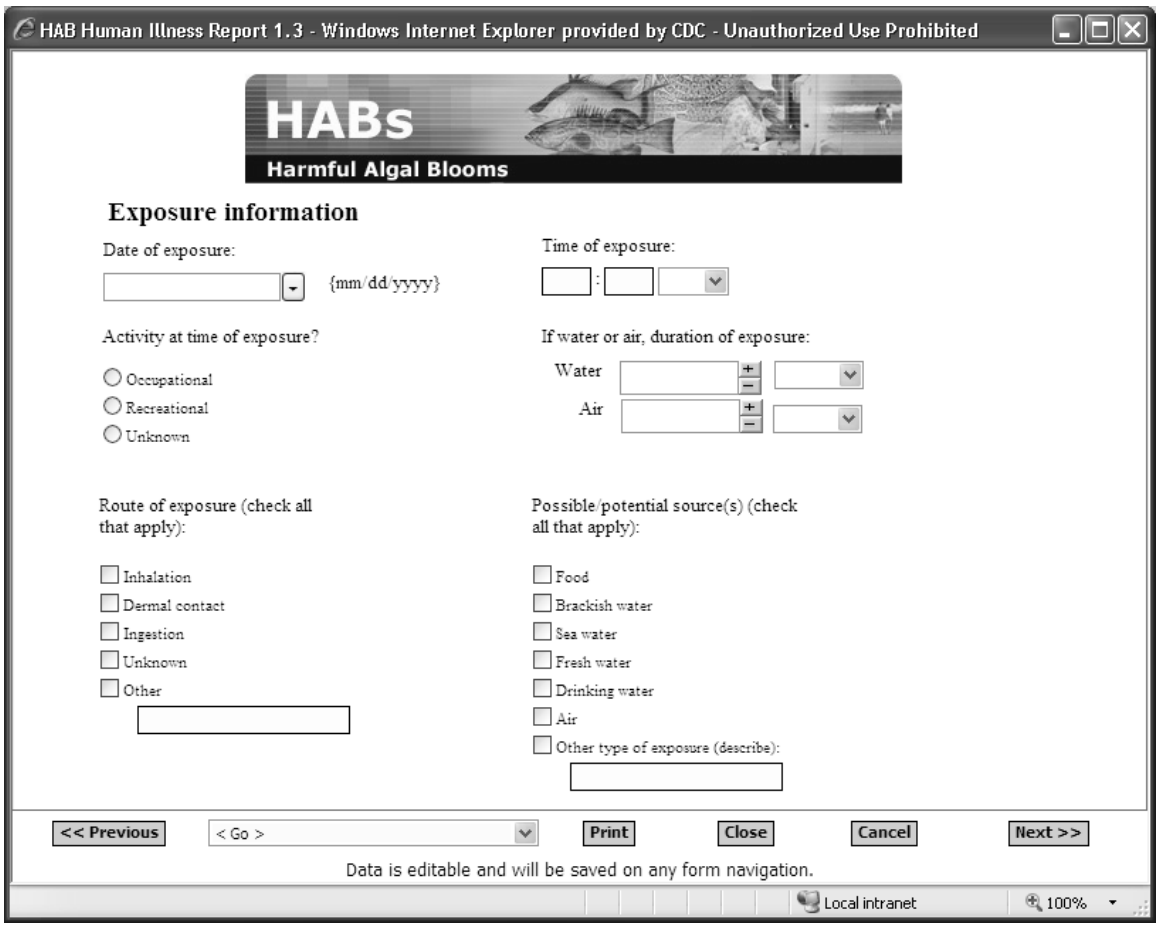
HAB Human Illness Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
HABs
Harmful Algal Blooms
Exposure information
Date of exposure:
{mm/dd/yyyy}
Time of exposure:
Activity at time of exposure?
Occupational
Recreational
Unknown
If water or air, duration of exposure:
Water
Air
Route of exposure (check all that apply):
Inhalation
Dermal contact
Ingestion
Unknown
Other
Possible/potential source(s) (check all that apply):
Food
Brackish water
Sea water
Fresh water
Drinking water
Air
Other type of exposure (describe):
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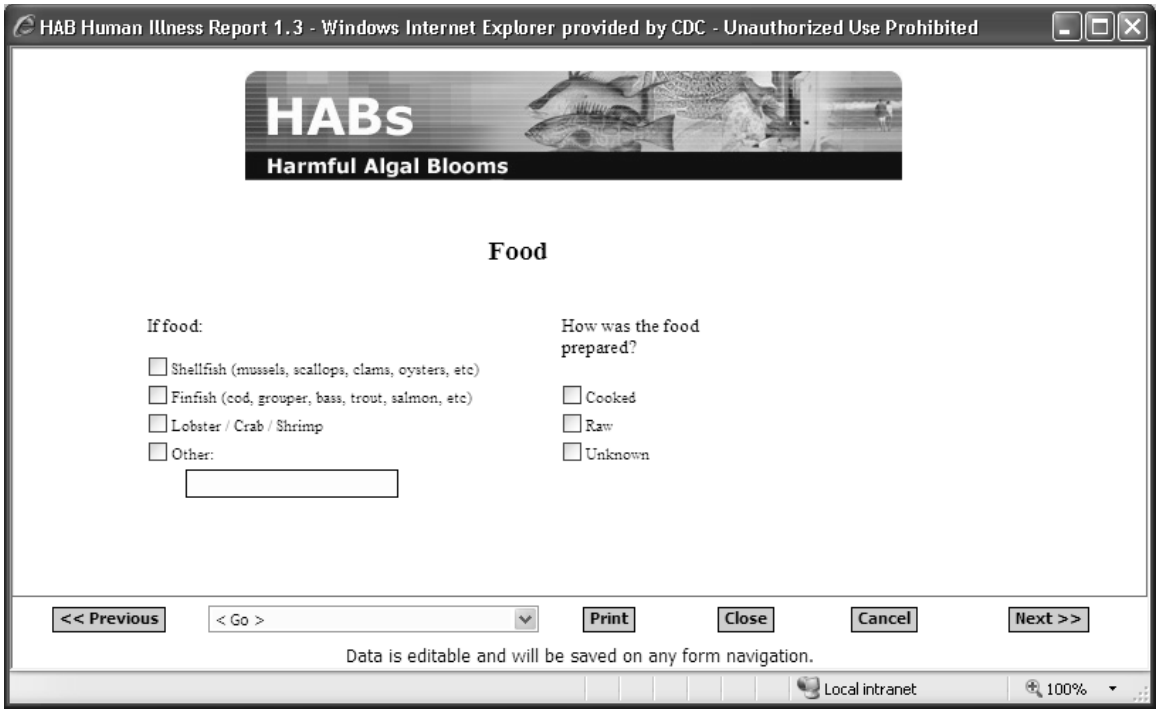
HAB Human Illness Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
HABs
Harmful Algal Blooms
Food
If food:
Shellfish (mussels, scallops, clams, oysters, etc)
Finfish (cod, grouper, bass, trout, salmon, etc)
Lobster / Crab / Shrimp
Other:
How was the food prepared?
Cooked
Raw
Unknown
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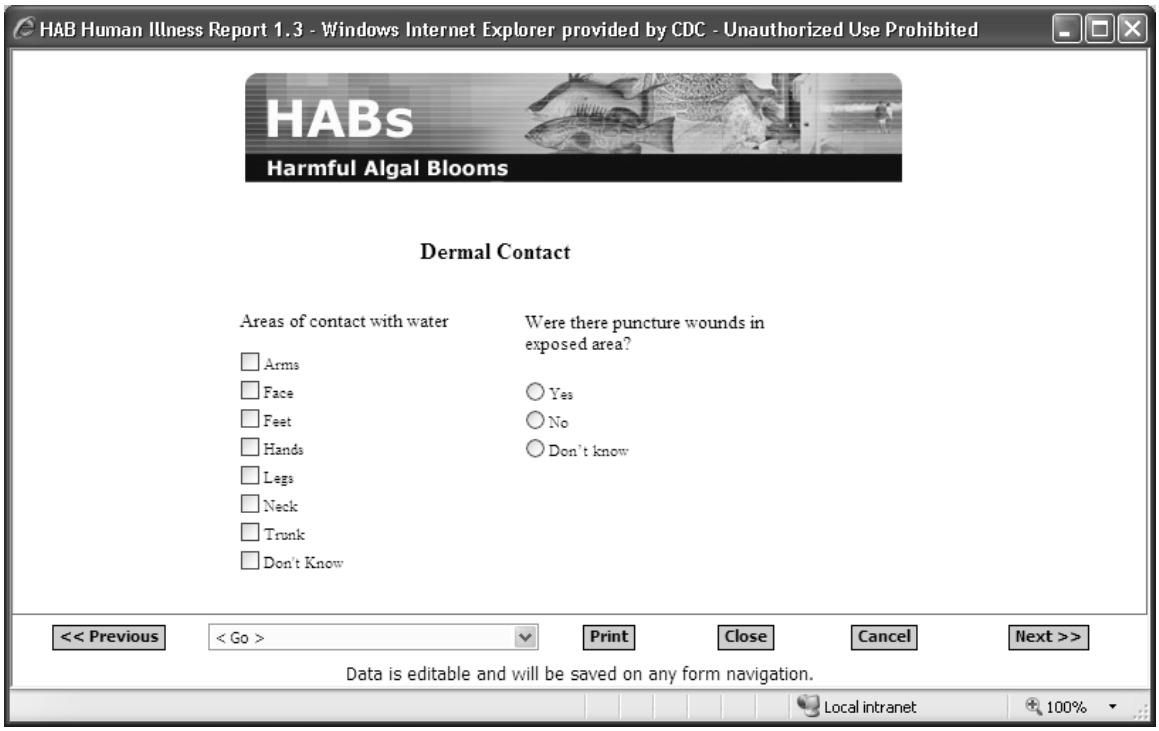
HAB Human Illness Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
HABs
Harmful Algal Blooms
Dermal Contact
Areas of contact with water
Arms
Face
Feet
Hands
Legs
Neck
Trunk
Don't Know
Were there puncture wounds in exposed area?
Yes
No
Don't know
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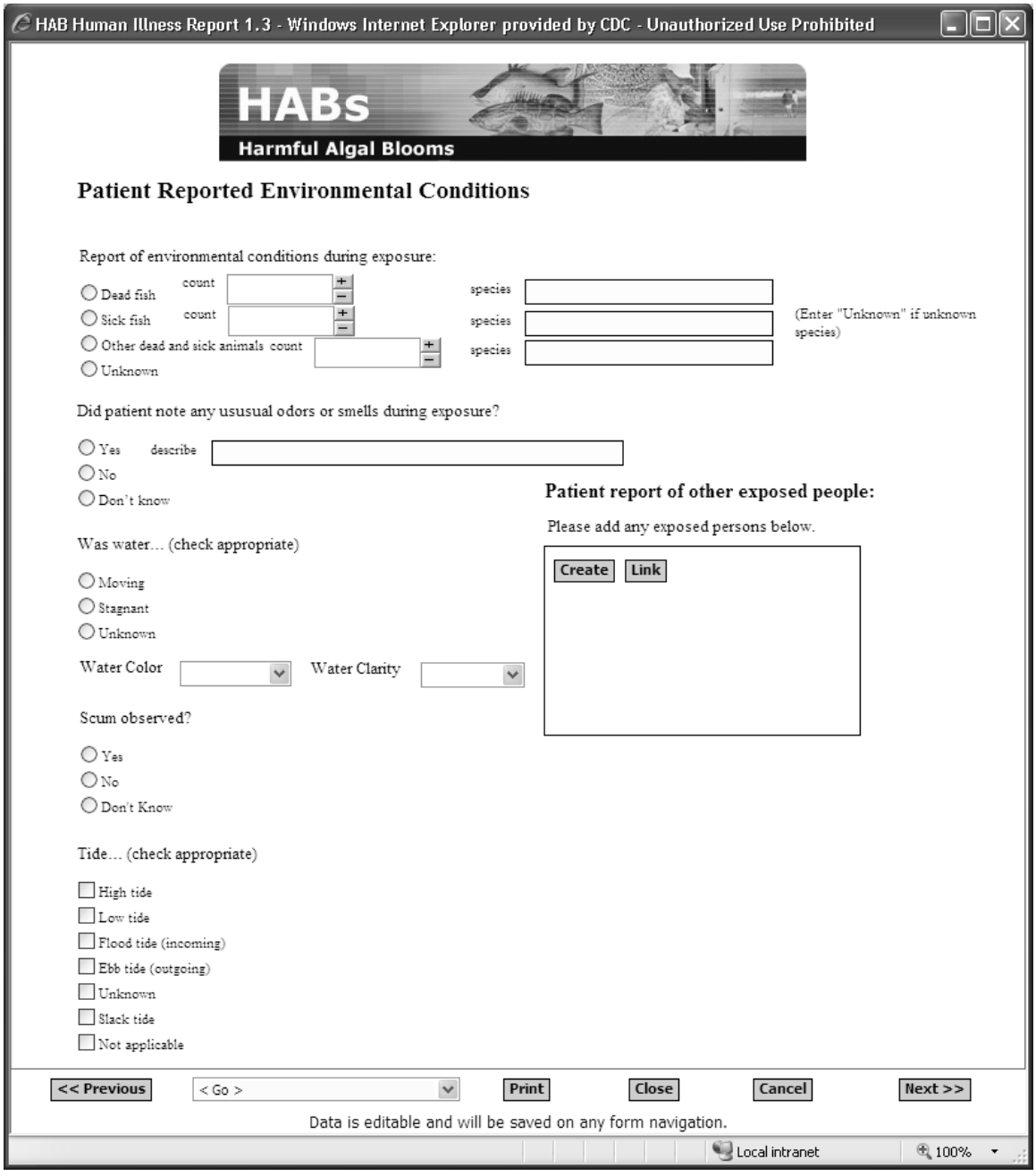
HAB Human Illness Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
HABs
Harmful Algal Blooms
Patient Reported Environmental Conditions
Report of environmental conditions during exposure:
Dead fish
count
species
Sick fish
count
species
Other dead and sick animals
count
species
Unknown
(Enter "Unknown" if unknown species)
Did patient note any ususual odors or smells during exposure?
Yes
describe
No
Don't know
Patient report of other exposed people:
Please add any exposed persons below.
Create
Link
Was water... (check appropriate)
Moving
Stagnant
Unknown
Water Color
Water Clarity
Scum observed?
Yes
No
Don't Know
Tide... (check appropriate)
High tide
Low tide
Flood tide (incoming)
Ebb tide (outgoing)
Unknown
Slack tide
Not applicable
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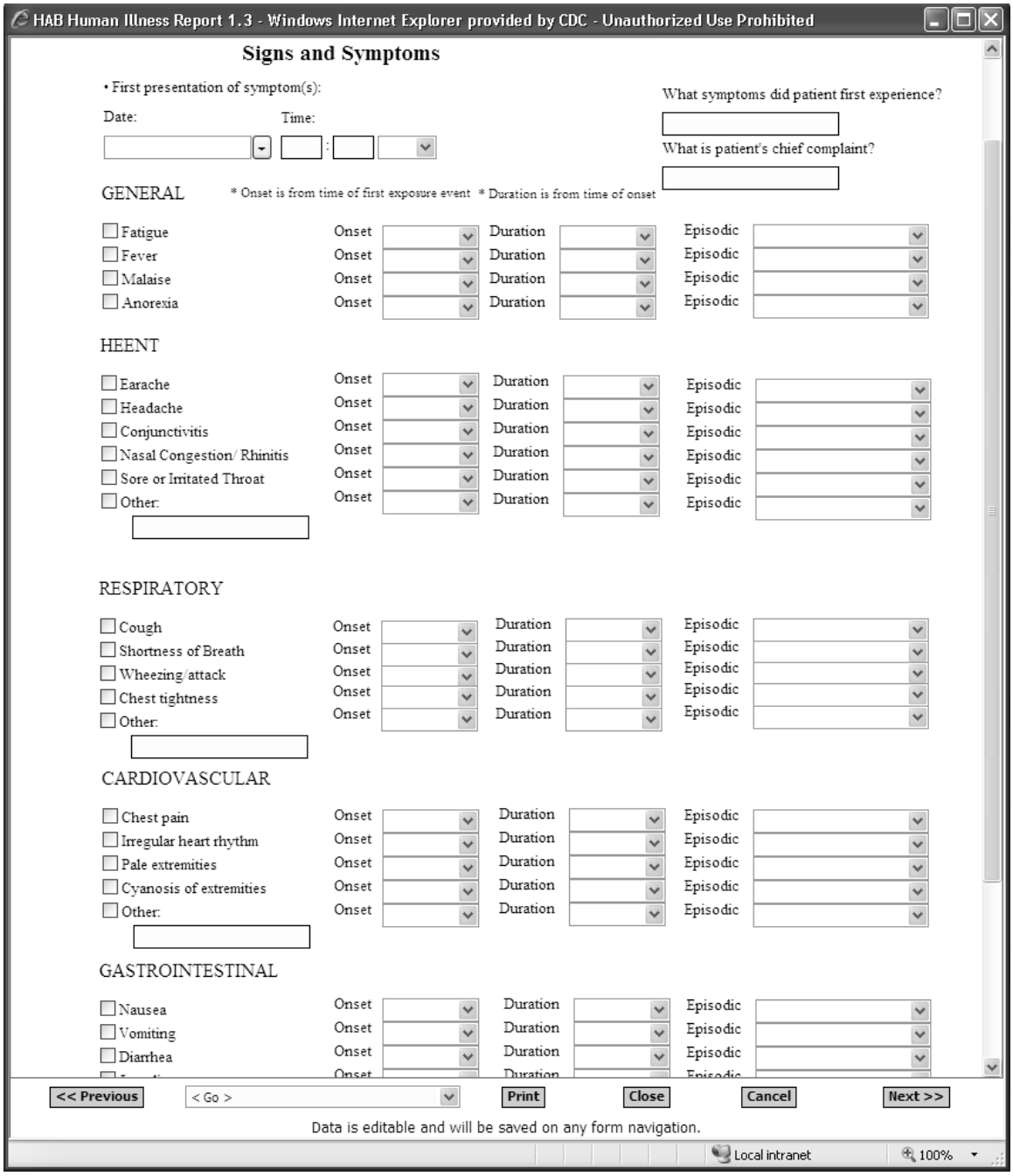
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Signs and Symptoms
• First presentation of symptom(s):
Date:
Time:
What symptoms did patient first experience?
What is patient's chief complaint?
GENERAL
* Onset is from time of first exposure event * Duration is from time of onset
Fatigue
Fever
Malaise
Anorexia
Onset
Duration
Episodic
HEENT
Earache
Headache
Conjunctivitis
Nasal Congestion/ Rhinitis
Sore or Irritated Throat
Other:
RESPIRATORY
Cough
Shortness of Breath
Wheezing/attack
Chest tightness
Other:
CARDIOVASCULAR
Chest pain
Irregular heart rhythm
Pale extremities
Cyanosis of extremities
Other:
GASTROINTESTINAL
Nausea
Vomiting
Diarrhea
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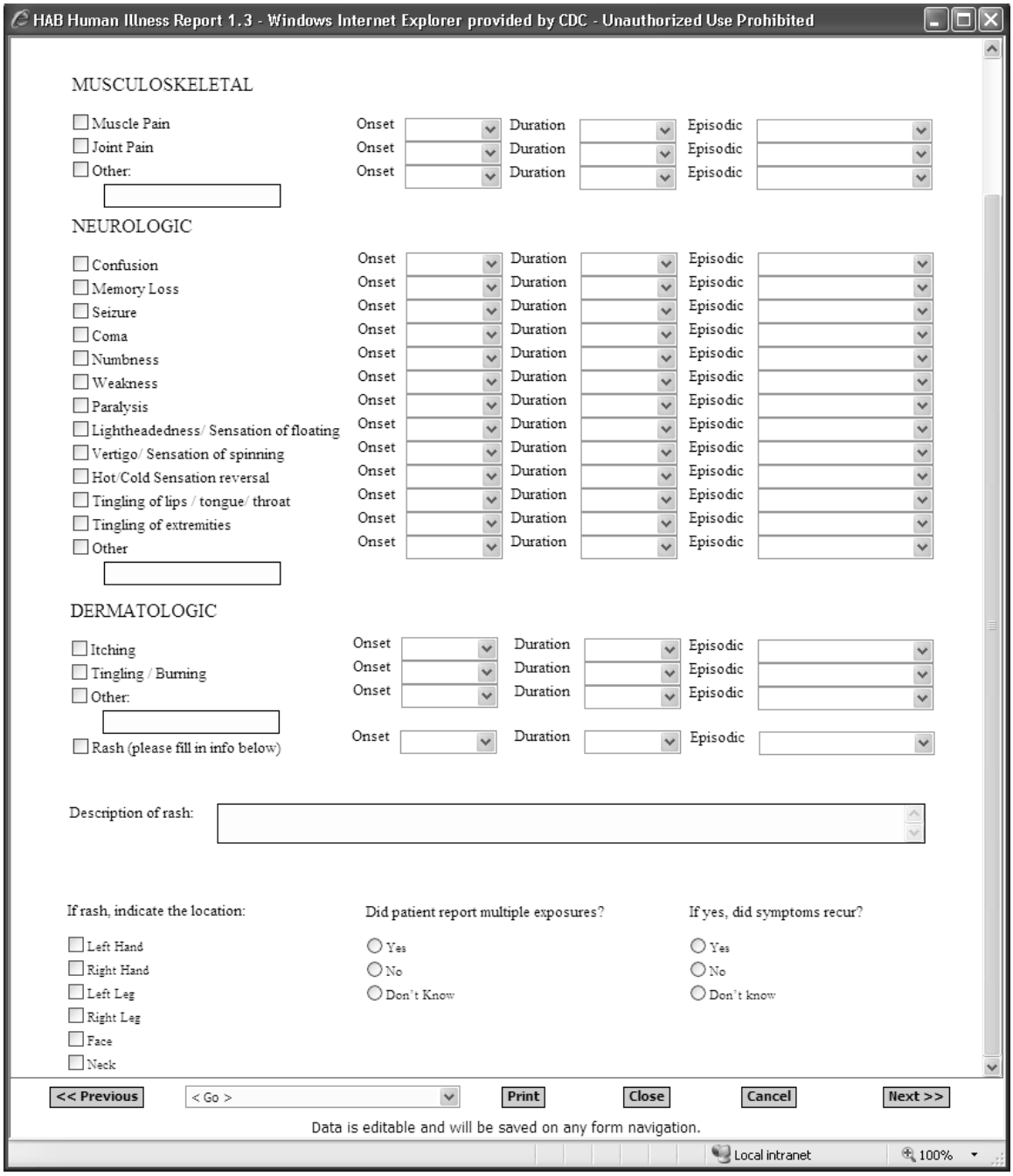
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MUSCULOSKELETAL
Muscle Pain
Joint Pain
Other:
Onset
Duration
Episodic
NEUROLOGIC
Confusion
Memory Loss
Seizure
Coma
Numbness
Weakness
Paralysis
Lightheadedness/ Sensation of floating
Vertigo/ Sensation of spinning
Hot/Cold Sensation reversal
Tingling of lips / tongue/ throat
Tingling of extremities
Other
DERMATOLOGIC
Itching
Tingling / Burning
Other:
Rash (please fill in info below)
Description of rash:
If rash, indicate the location:
Left Hand
Right Hand
Left Leg
Right Leg
Face
Neck
Did patient report multiple exposures?
Yes
No
Don't Know
If yes, did symptoms recur?
Yes
No
Don't know
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Cancel
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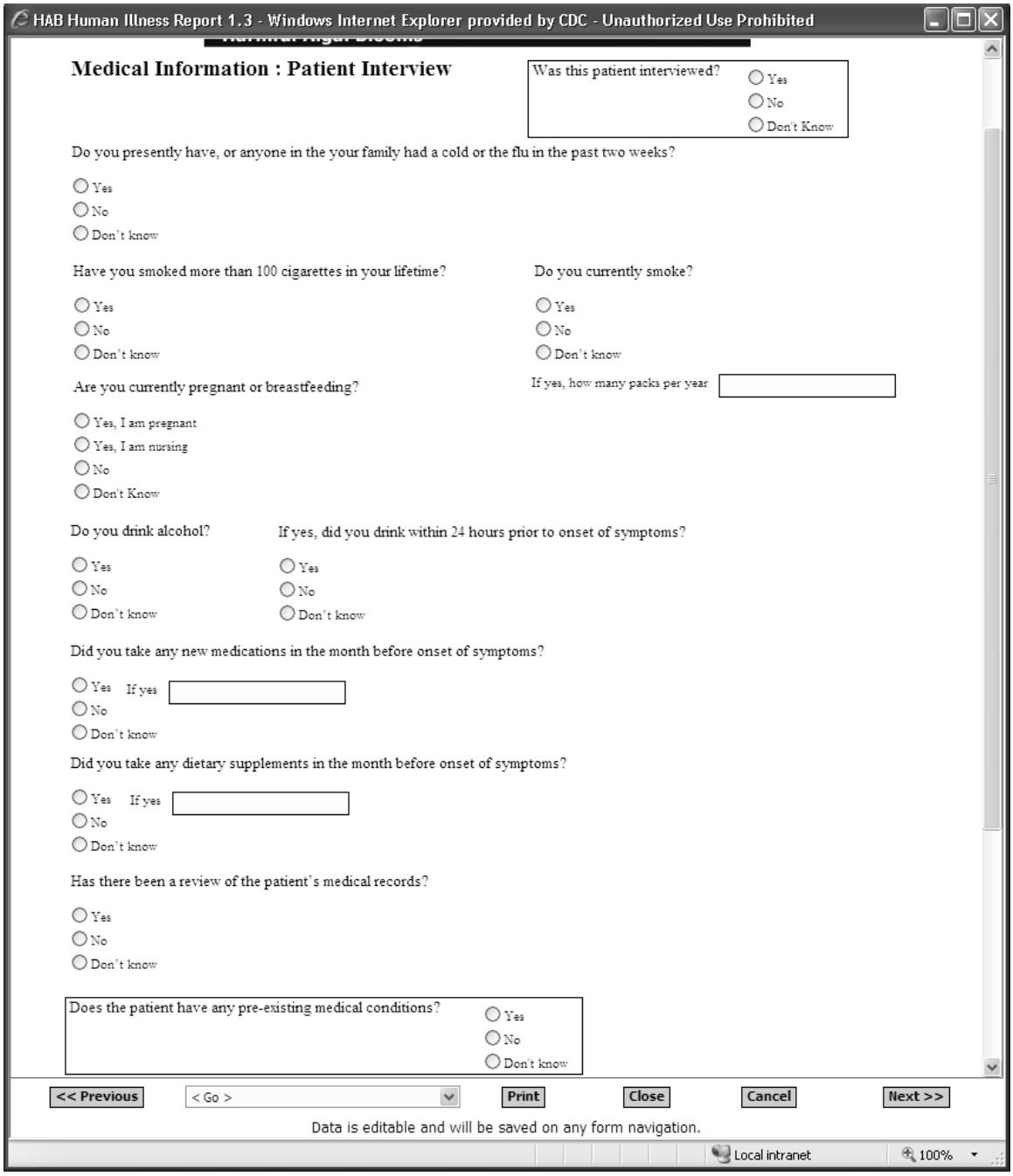
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Medical Information : Patient Interview
Was this patient interviewed?
Yes
No
Don't Know
Do you presently have, or anyone in the your family had a cold or the flu in the past two weeks?
Yes
No
Don't know
Have you smoked more than 100 cigarettes in your lifetime?
Yes
No
Don't know
Do you currently smoke?
Yes
No
Don't know
Are you currently pregnant or breastfeeding?
Yes, I am pregnant
Yes, I am nursing
No
Don't Know
If yes, how many packs per year
Do you drink alcohol?
Yes
No
Don't know
If yes, did you drink within 24 hours prior to onset of symptoms?
Yes
No
Don't know
Did you take any new medications in the month before onset of symptoms?
Yes
If yes
No
Don't know
Did you take any dietary supplements in the month before onset of symptoms?
Yes
If yes
No
Don't know
Has there been a review of the patient's medical records?
Yes
No
Don't know
Does the patient have any pre-existing medical conditions?
Yes
No
Don't know
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Cancel
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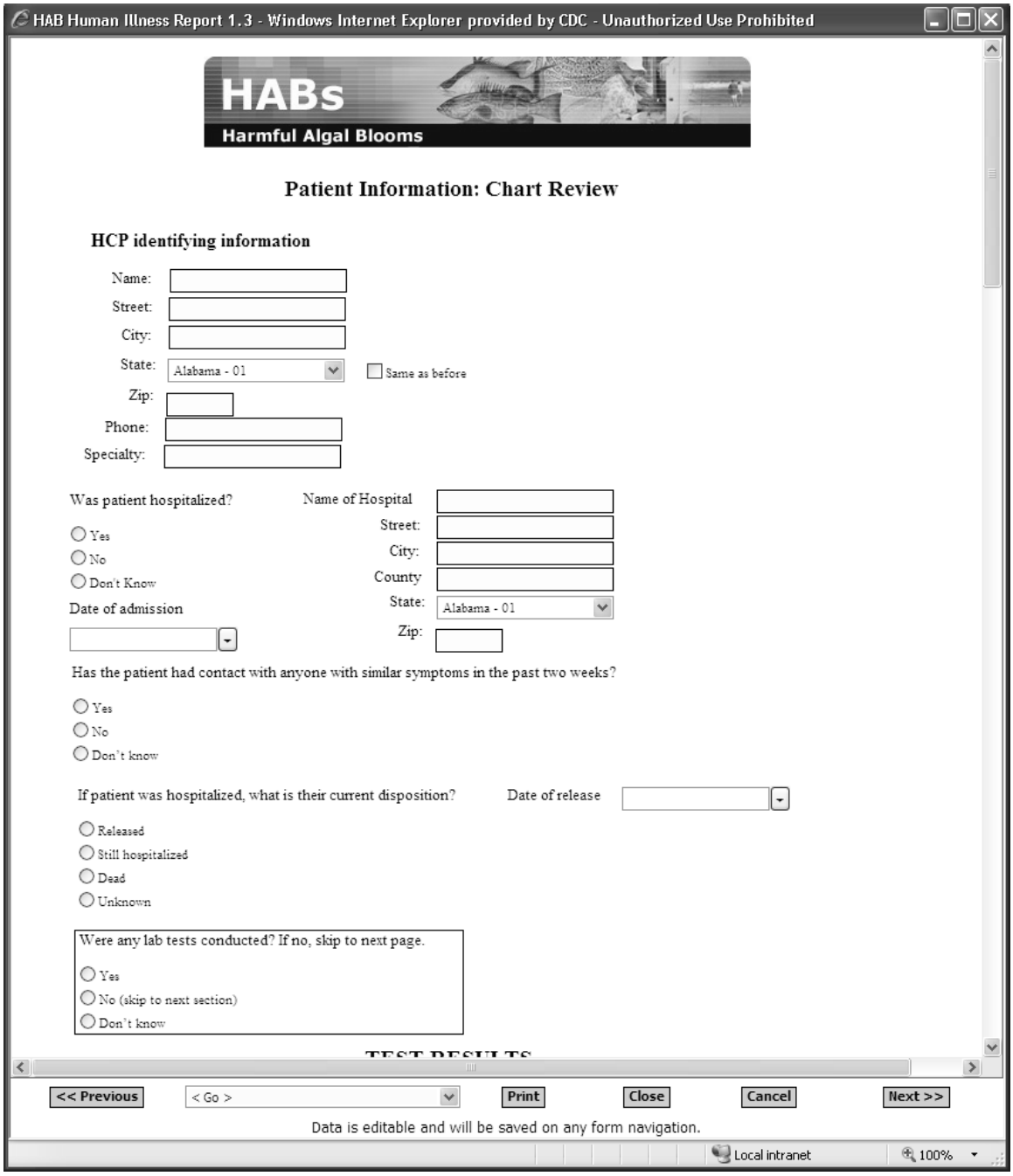
HAB Human Illness Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
HABs
Harmful Algal Blooms
Patient Information: Chart Review
HCP identifying information
Name:
Street:
City:
State:
Alabama - 01
Same as before
Zip:
Phone:
Specialty:
Was patient hospitalized?
Yes
No
Don't Know
Date of admission
Name of Hospital
Street:
City:
County
State:
Alabama - 01
Zip:
Has the patient had contact with anyone with similar symptoms in the past two weeks?
Yes
No
Don't know
If patient was hospitalized, what is their current disposition?
Date of release
Released
Still hospitalized
Dead
Unknown
Were any lab tests conducted? If no, skip to next page.
Yes
No (skip to next section)
Don't know
TEST RESULTS
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Cancel
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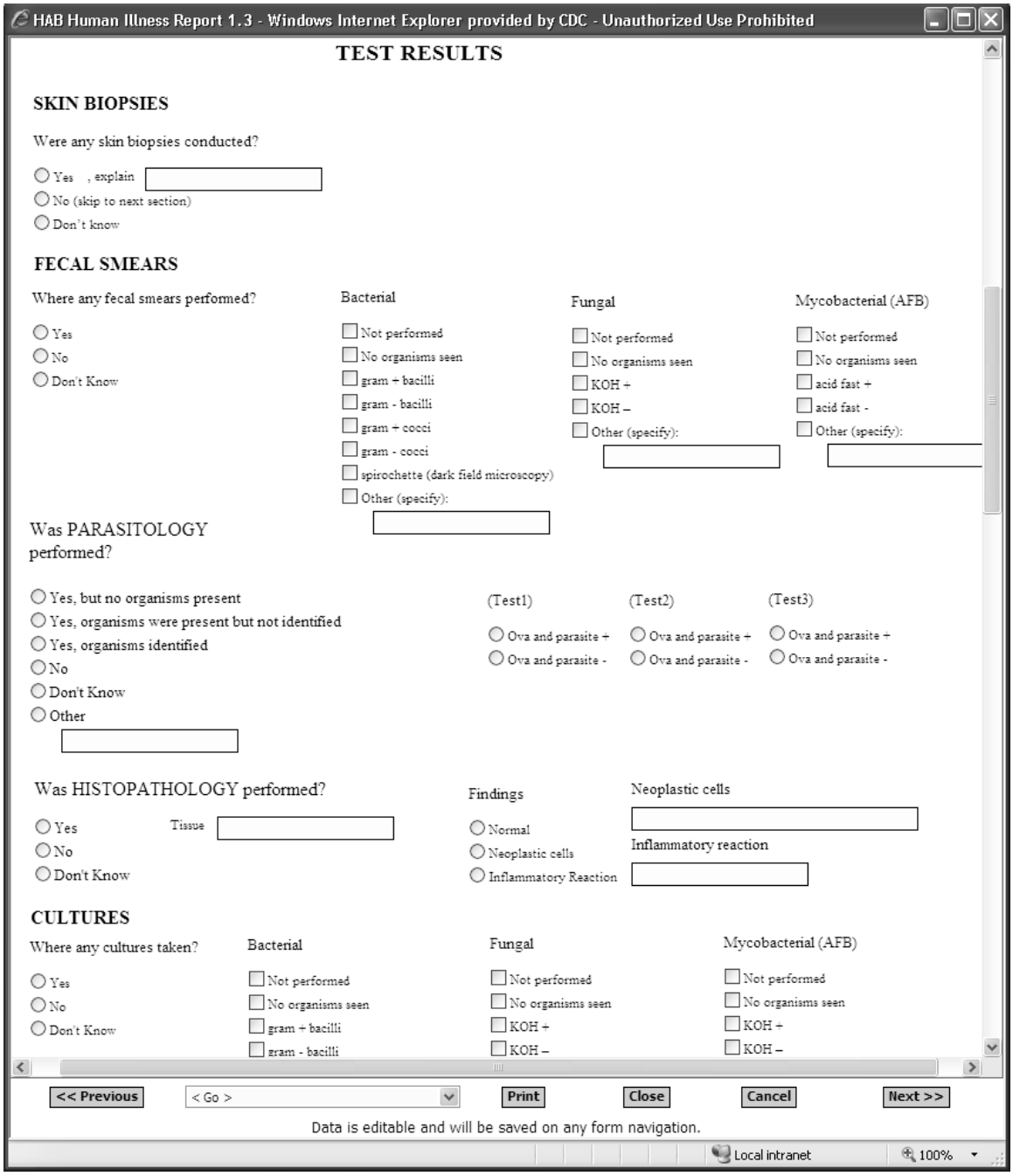
HAB Human Illness Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
TEST RESULTS
SKIN BIOPSIES
Were any skin biopsies conducted?
Yes , explain
No (skip to next section)
Don't know
FECAL SMEARS
Where any fecal smears performed?
Yes
No
Don't Know
Bacterial
Not performed
No organisms seen
gram + bacilli
gram - bacilli
gram + cocci
gram - cocci
spirochette (dark field microscopy)
Other (specify):
Fungal
Not performed
No organisms seen
KOH +
KOH –
Other (specify):
Mycobacterial (AFB)
Not performed
No organisms seen
acid fast +
acid fast -
Other (specify):
Was PARASITOLOGY performed?
Yes, but no organisms present
Yes, organisms were present but not identified
Yes, organisms identified
No
Don't Know
Other
(Test1)
Ova and parasite +
Ova and parasite -
(Test2)
Ova and parasite +
Ova and parasite -
(Test3)
Ova and parasite +
Ova and parasite -
Was HISTOPATHOLOGY performed?
Yes
No
Don't Know
Tissue
Findings
Normal
Neoplastic cells
Inflammatory Reaction
Neoplastic cells
Inflammatory reaction
CULTURES
Where any cultures taken?
Yes
No
Don't Know
Bacterial
Not performed
No organisms seen
gram + bacilli
gram - bacilli
Fungal
Not performed
No organisms seen
KOH +
KOH –
Mycobacterial (AFB)
Not performed
No organisms seen
KOH +
KOH –
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Cancel
Next >>
Data is editable and will be saved on any form navigation.
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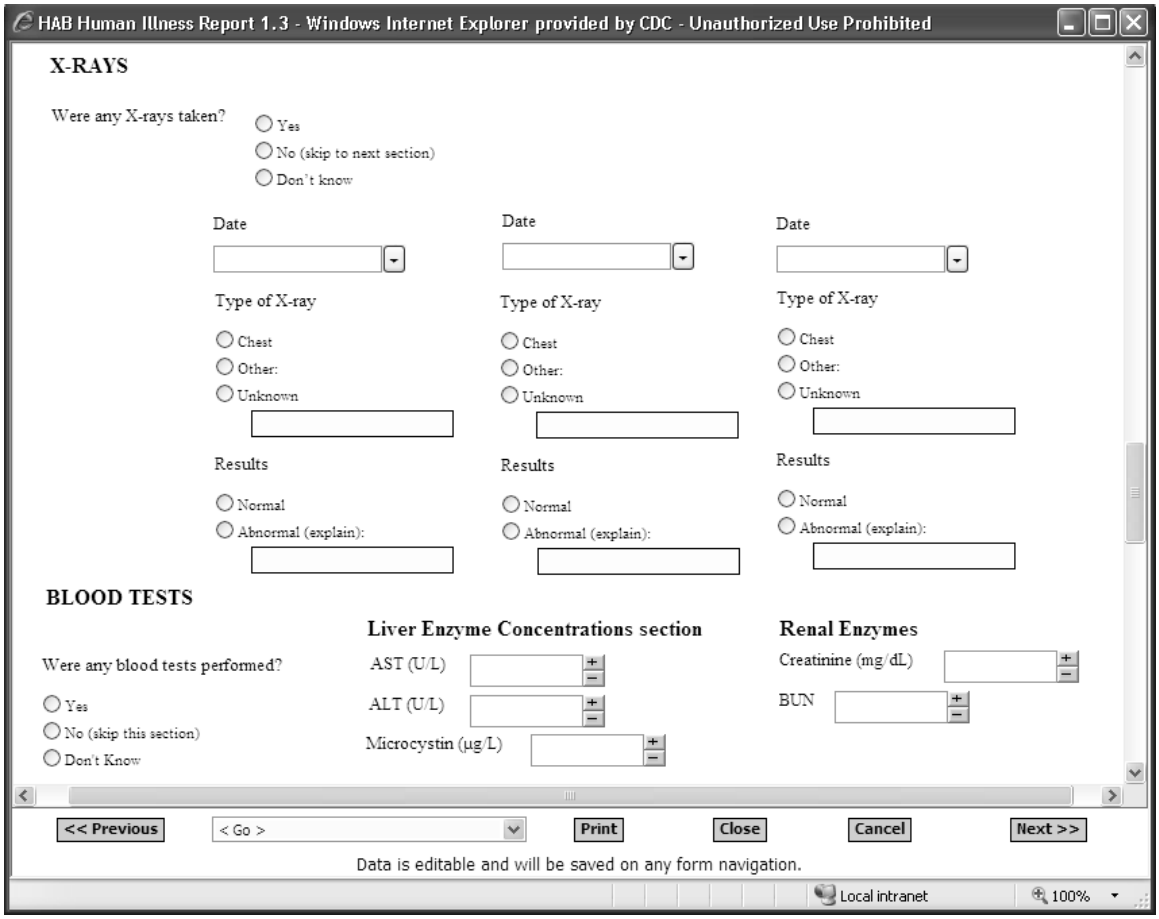
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X-RAYS
Were any X-rays taken?
Yes
No (skip to next section)
Don't know
Date
Type of X-ray
Chest
Other:
Unknown
Results
Normal
Abnormal (explain):
BLOOD TESTS
Were any blood tests performed?
Yes
No (skip this section)
Don't Know
Liver Enzyme Concentrations section
AST (U/L)
ALT (U/L)
Microcystin (µg/L)
Renal Enzymes
Creatinine (mg/dL)
BUN
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Cancel
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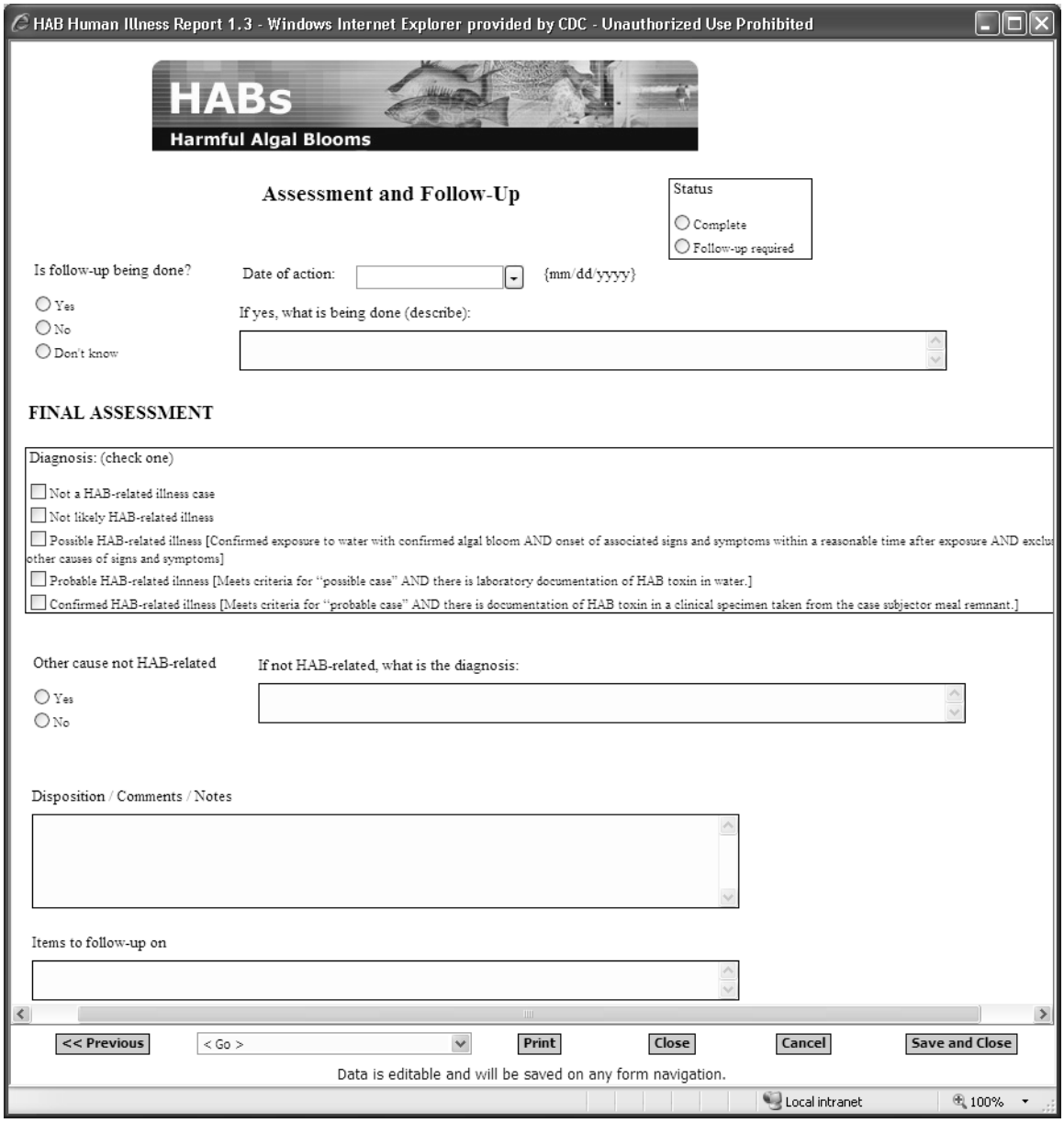
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HABs
Harmful Algal Blooms
Assessment and Follow-Up
Status
Complete
Follow-up required
Is follow-up being done?
Yes
No
Don't know
Date of action:
{mm/dd/yyyy}
If yes, what is being done (describe):
FINAL ASSESSMENT
Diagnosis: (check one)
Not a HAB-related illness case
Not likely HAB-related illness
Possible HAB-related illness [Confirmed exposure to water with confirmed algal bloom AND onset of associated signs and symptoms within a reasonable time after exposure AND exclu
other causes of signs and symptoms]
Probable HAB-related ilnness [Meets criteria for "possible case" AND there is laboratory documentation of HAB toxin in water.]
Confirmed HAB-related illness [Meets criteria for "probable case" AND there is documentation of HAB toxin in a clinical specimen taken from the case subjector meal remnant.]
Other cause not HAB-related
Yes
No
If not HAB-related, what is the diagnosis:
Disposition / Comments / Notes
Items to follow-up on
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Cancel
Save and Close
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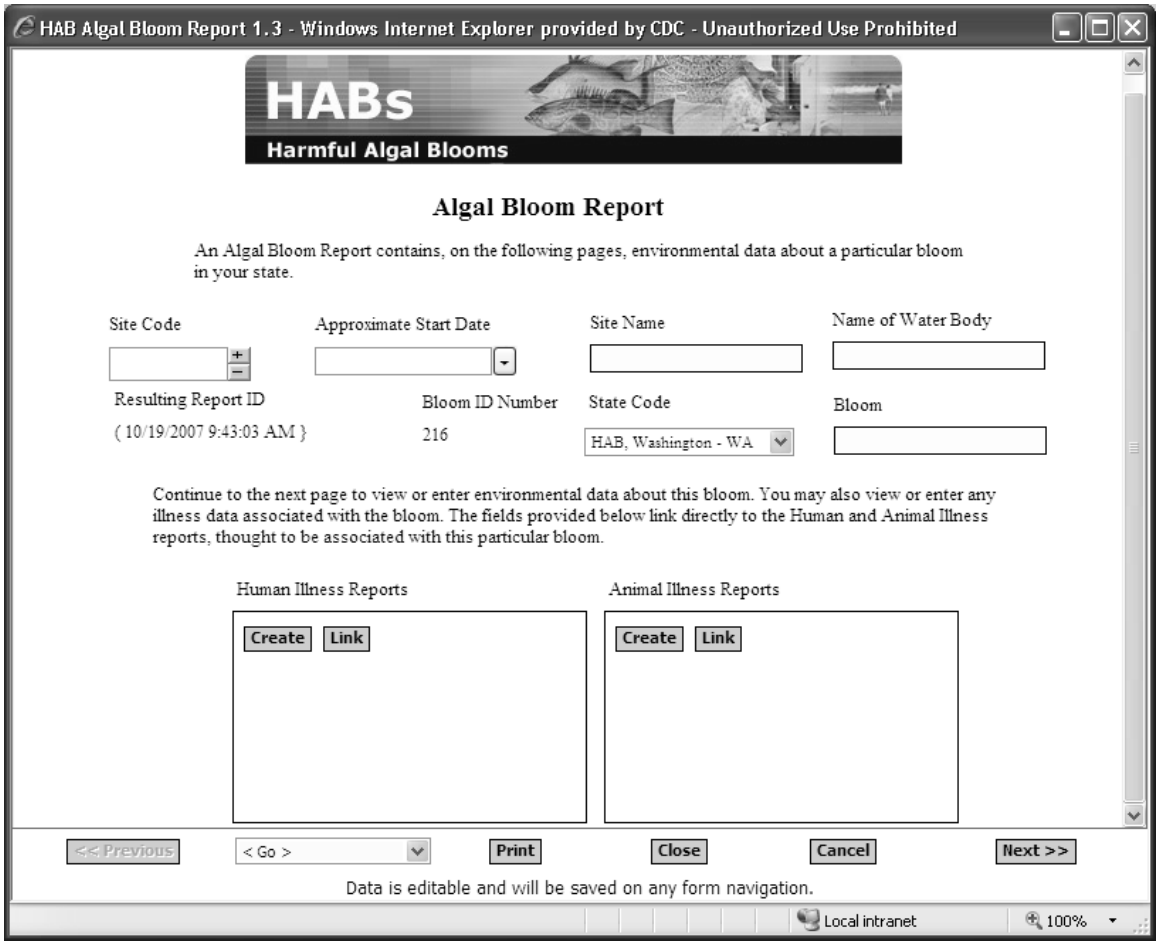
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HABs
Harmful Algal Blooms
Algal Bloom Report
An Algal Bloom Report contains, on the following pages, environmental data about a particular bloom in your state.
Site Code
Approximate Start Date
Site Name
Name of Water Body
Resulting Report ID
(10/19/2007 9:43:03 AM)
Bloom ID Number
216
State Code
HAB, Washington - WA
Bloom
Continue to the next page to view or enter environmental data about this bloom. You may also view or enter any illness data associated with the bloom. The fields provided below link directly to the Human and Animal Illness reports, thought to be associated with this particular bloom.
Human Illness Reports
Create
Link
Animal Illness Reports
Create
Link
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Cancel
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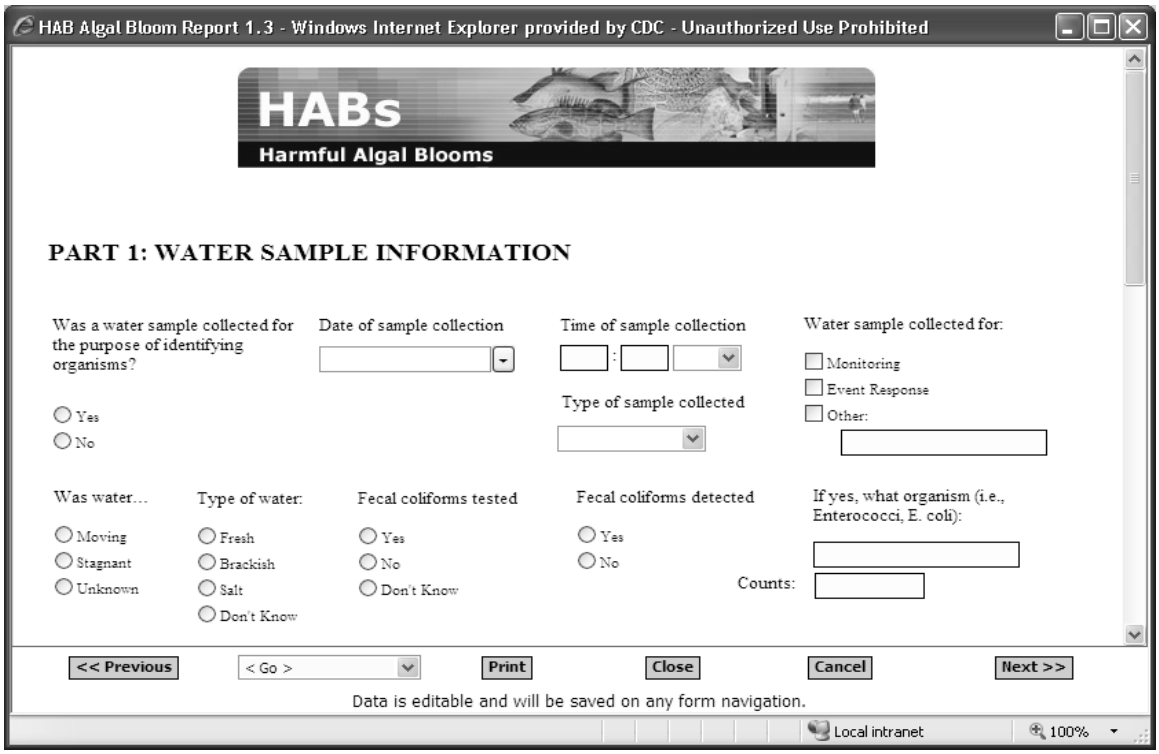
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HABs
Harmful Algal Blooms
PART 1: WATER SAMPLE INFORMATION
Was a water sample collected for the purpose of identifying organisms?
Yes
No
Date of sample collection
Time of sample collection
Type of sample collected
Water sample collected for:
Monitoring
Event Response
Other:
Was water…
Moving
Stagnant
Unknown
Type of water:
Fresh
Brackish
Salt
Don't Know
Fecal coliforms tested
Yes
No
Don't Know
Fecal coliforms detected
Yes
No
If yes, what organism (i.e., Enterococci, E. coli):
Counts:
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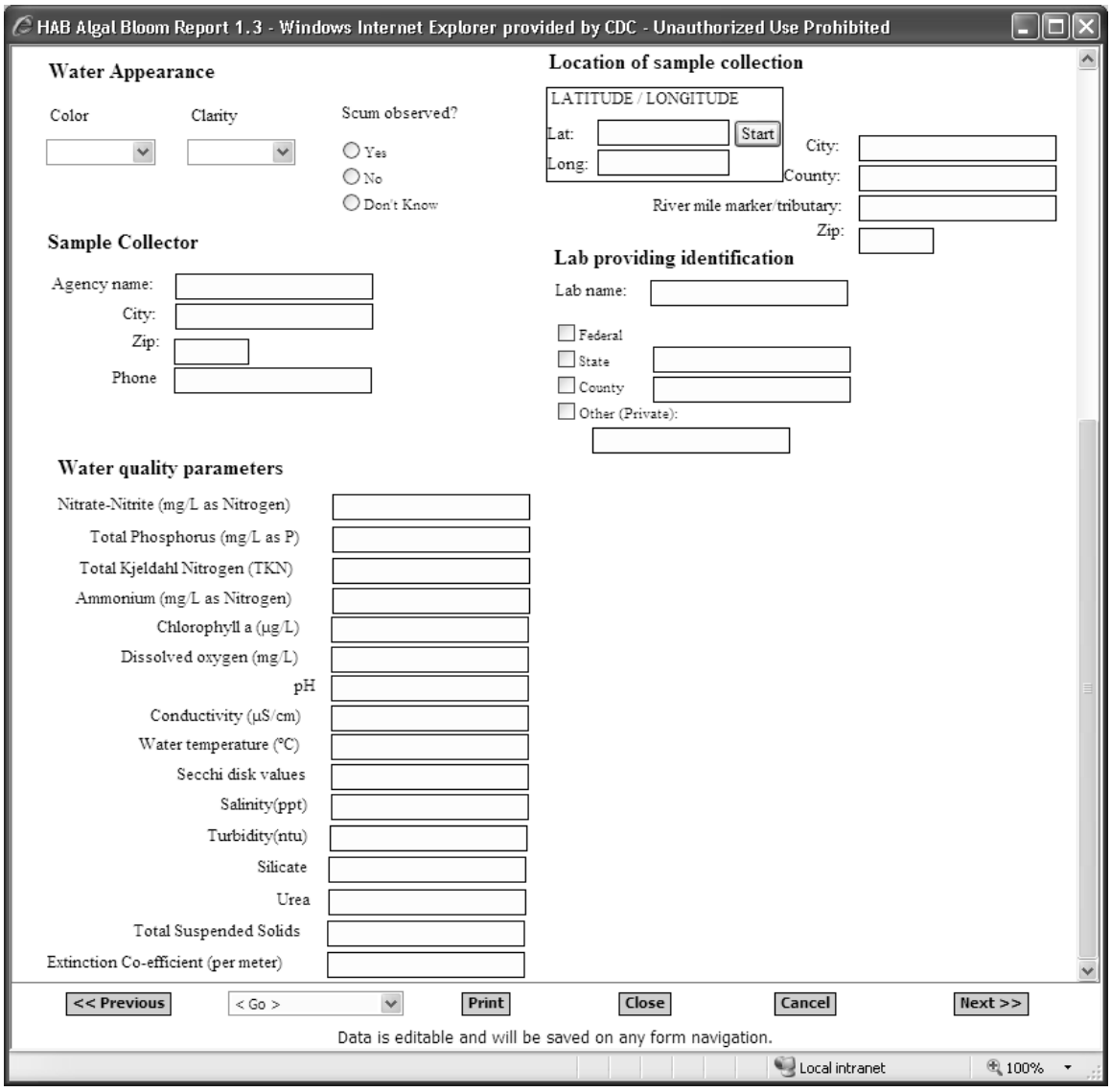
HAB Algal Bloom Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
Water Appearance
Color
Clarity
Scum observed?
Yes
No
Don't Know
Sample Collector
Agency name:
City:
Zip:
Phone
Location of sample collection
LATITUDE / LONGITUDE
Lat:
Start
Long:
City:
County:
River mile marker/tributary:
Zip:
Lab providing identification
Lab name:
Federal
State
County
Other (Private):
Water quality parameters
Nitrate-Nitrite (mg/L as Nitrogen)
Total Phosphorus (mg/L as P)
Total Kjeldahl Nitrogen (TKN)
Ammonium (mg/L as Nitrogen)
Chlorophyll a (µg/L)
Dissolved oxygen (mg/L)
pH
Conductivity (µS/cm)
Water temperature (°C)
Secchi disk values
Salinity(ppt)
Turbidity(ntu)
Silicate
Urea
Total Suspended Solids
Extinction Co-efficient (per meter)
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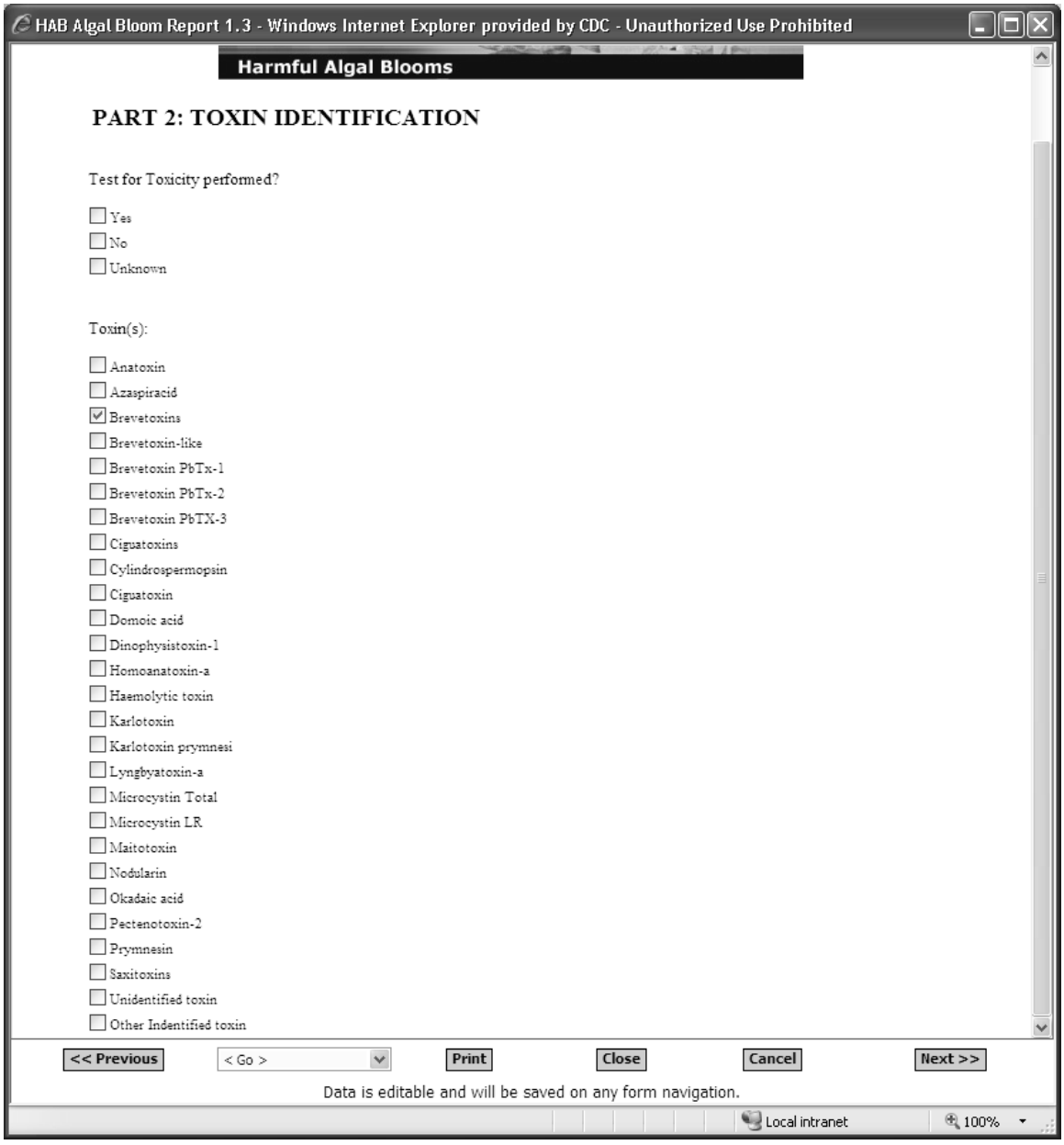
HAB Algal Bloom Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
Harmful Algal Blooms
PART 2: TOXIN IDENTIFICATION
Test for Toxicity performed?
Yes
No
Unknown
Toxin(s):
Anatoxin
Azaspiracid
Brevetoxins
Brevetoxin-like
Brevetoxin PbTx-1
Brevetoxin PbTx-2
Brevetoxin PbTX-3
Ciguatoxins
Cylindrospermopsin
Ciguatoxin
Domoic acid
Dinophysistoxin-1
Homoanatoxin-a
Haemolytic toxin
Karlotoxin
Karlotoxin prymnesi
Lyngbyatoxin-a
Microcystin Total
Microcystin LR
Maitotoxin
Nodularin
Okadaic acid
Pectenotoxin-2
Prymnesin
Saxitoxins
Unidentified toxin
Other Indentified toxin
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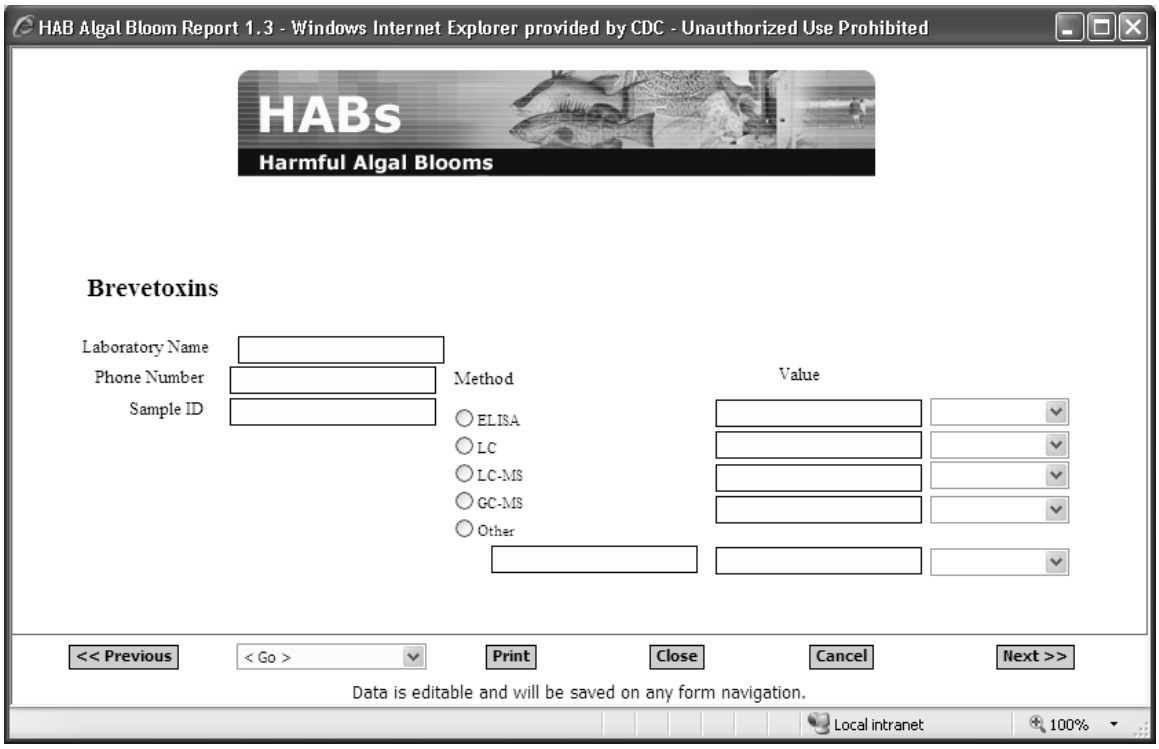
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HABs
Harmful Algal Blooms
Brevetoxins
Laboratory Name
Phone Number
Sample ID
Method
Value
ELISA
LC
LC-MS
GC-MS
Other
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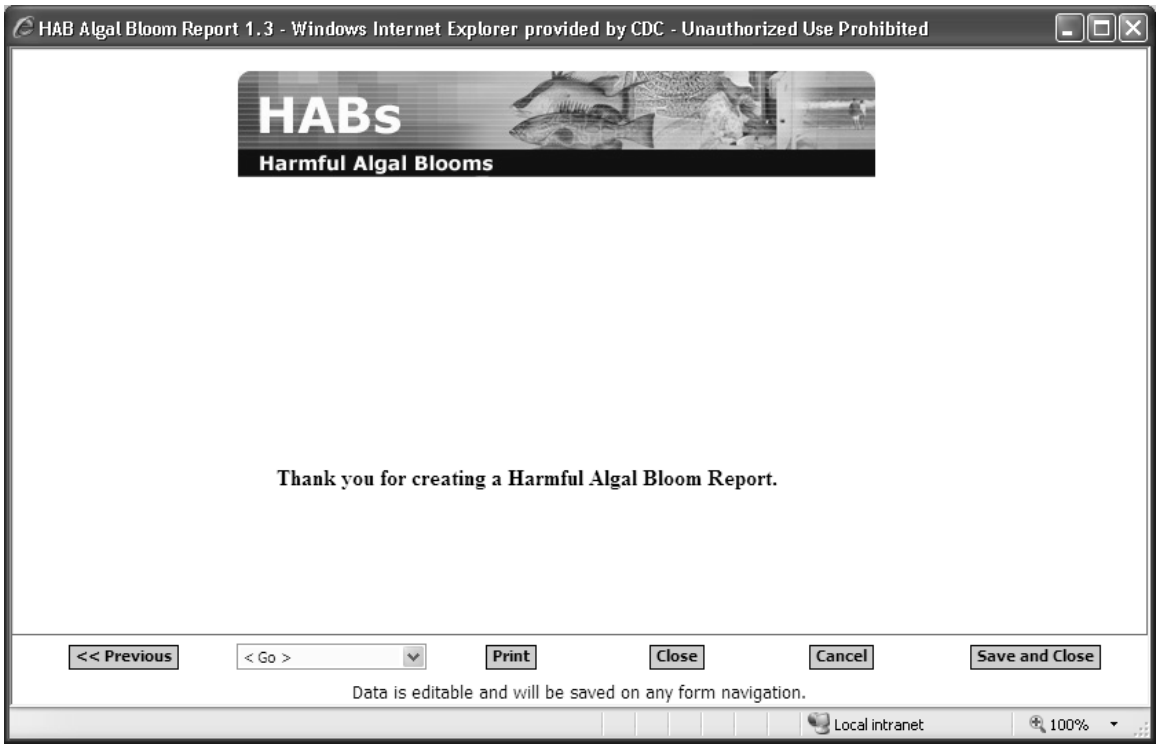
HAB Algal Bloom Report 1.3 - Windows Internet Explorer provided by CDC - Unauthorized Use Prohibited
HABs
Harmful Algal Blooms
Thank you for creating a Harmful Algal Bloom Report.
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Save and Close
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