Appendix 6. Online Survey Example – Case Finding Questionnaire

Form Approved OMB No. 0920-XXXX Exp. Date XX/XX/XXXX **Case Finding Questionnaire** Public reporting burden of this collection of information is estimated to average XX minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

1. Attendee Information
*1. Please enter the email address you used to register for the [INSERT NAME OF EVENT]
*2. Please select the dates you attended the [INSERT NAME OF EVENT] (check all that apply)
DATE 1
DATE 2
DATE 3
2. Travel Information
Please select mode of transportation used to travel to [INSERT LOCATION]
Car
Plane
Train
N/A
Other (please specify)
3. Flight Information
*1. If plane, what airline did you fly (flight number optional)?
4. Hotel Information
1. Please select the hotel you stayed in while attending [INSERT NAME OF EVENT]
SITE 1
SITE 2
SITE 3
*2 Places indicate the dates you stoyed in the batal.
*2. Please indicate the dates you stayed in the hotel:
*3. During your stay, did you sue any of the following:

Pool
Spa
Sauna
Steam room
Fitness center showers
None of the Above
5. Symptoms experienced
1. Did you experience any illness prior to the [INSERT NAME OF EVENT]?
Yes
O No
If Yes, please specify
2. Did you experience any illness after you attended the [INSERT NAME OF EVENT]?
Yes
O No
*3. What date did your symptoms start? (enter n/a if you did not have symptoms)
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4. What was the duration of your symptoms?
1-2 days
3-4 days
5+ days
O I did not have symptoms

*5. Please indicate symptoms you experienced:
Fever
Chills
Muscle aches
Fatigue
Abdominal pain
Diarrhea Diarrhea
Dry cough
Productive cough (phlegm/mucus)
Shortness of breath
I did not have symptoms
Other (please specify)
6. Medical history
1. Do you have any of the following medical conditions?
Heart condition
Asthma
Bronchitis
Diabetes
Organ transplant recipient
Cancer or cancer treatment
Other medical conditions
2. Do you take any medications regularly?
Yes
Ŏ _{No}
Please list medications

3. Do you smoke?(Any substance)
Oyes
O No
7. Illness information
7. IIIIless IIIIOIIIIatioii
1. Did you see a doctor about your illness?
Yes
ONo
O I was not ill
2. Were you hospitalized overnight?
Yes
O _{No}
O I was not ill
If Yes, please give name of hospital and dates hospitalized
3. If Yes, were any lab test performed?
Blood tests
Urine tests
Chest x-ray
Sputum test
I was not ill
If Yes, please enter lab result if known
4. Were you given a diagnosis?
Flu
Pneumonia
Viral respiratory illness
I was not ill
Other (please specify)

5. Were you given antibiotics for your symptoms?
Azithromycin (Z-pack)
Levofloxacin (Lavaquin)
Erythromycin
Doxycycline
I was not ill
Other (please specify)
6. Do you still have symptoms?
Yes
O _{No}
O I was not ill
T was not in
8. Events attended [INSERT DATE OF EVENT] 1. Did you attend the [INSERT NAME OF EVENT] on [INSERT DATE OF EVENT]?
Yes
O No
2. Did you attend the [INSERT NAME OF EVENT] on [INSERT DATE OF EVENT]?
Yes
U N₀
3. Did you attend the [INSERT NAME OF EVENT] at [INSERT SITE AND LOCATION OF EVENT] on
[INSERT DATE OF EVENT]?
Yes
O_{No}

9. Contact Information (optional)

We thank you for taking the time to complete thus survey. Your cooperation is important as we continue our investigation.
1. Depending on your answers the [INSERT NAME OF INVESTIGATING ENTITY] may want to contact you to obtain more information. We appreciate your cooperation with this investigation.
Name:
Phone number:
2. Are you from [INSERT LOCATION OF EVENT]? Yes No 3. Please indicate what country you are from.
4. May we contact you? Yes No