

Absentee Reporting Form: Survey of Parent or Child

SMART2 ID _____

First date of absence event OR date reporting sick to nurse's office _____

Cause for Questionnaire

- Child reported to nurse's office sick
 Child stayed home sick

(Record of contact attempts only applies to parent survey via telephone)

Contact 1

Contact Date & time Attempt 1 _____

Contact Type 1

- Phone
 Email
 Received info from school staff

Phone Result 1

- Completed interview
 Call later
 Voicemail - Left message
 Voicemail - Couldn't leave message
 No answer
 Wrong Number

Call back time & date 1 _____

Email Result 1

- Completed
 Not completed within timeframe
 Bounced back

Notes Contact 1 _____

Contact 2

Contact Datetime Attempt 2 _____

Contact Type 2

- Phone
 Email

Phone Result 2

- Completed interview
 Call later
 Voicemail - Left message
 Voicemail - Couldn't leave message
 No answer
 Wrong Number

Call back time & date 2 _____

Email Result 2

- Completed
 Not completed within timeframe
 Bounced back

Notes Contact 2 _____



APPROVAL DATE: March 19, 2015

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. An agency may not conduct or sponsor this survey, 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.

Contact 3Contact Datetime Attempt 3

Contact Type 3

-
- Phone
-
-
- Email

Phone Result 3

-
- Completed interview
-
-
- Call later
-
-
- Voicemail - Left message
-
-
- Voicemail - Couldn't leave message
-
-
- No answer
-
-
- Wrong Number

Call back time & date 3

Email Result 3

-
- Completed
-
-
- Not completed within timeframe
-
-
- Bounced back

Notes Contact 3

Contact 4Contact Datetime Attempt 4

Contact Type 4

-
- Phone
-
-
- Email

Phone Result 4

-
- Completed interview
-
-
- Call later
-
-
- Voicemail - Left message
-
-
- Voicemail - Couldn't leave message
-
-
- No answer
-
-
- Wrong Number

Call back time & date 4

Email Result 4

-
- Completed
-
-
- Not completed within timeframe
-
-
- Bounced back

Notes Contact 4

Contact 5Contact Datetime Attempt 5

Contact Type 5

-
- Phone
-
-
- Email

Phone Result 5

-
- Completed interview
-
-
- Call later
-
-
- Voicemail - Left message
-
-
- Voicemail - Couldn't leave message
-
-
- No answer
-
-
- Wrong Number

Call back time & date 5

Email Result 5

- Completed
- Not completed within timeframe
- Bounced back

Notes Contact 5

Contact 6

Contact Datetime Attempt 6

Contact Type 6

- Phone
- Email

Phone Result 6

- Completed interview
- Call later
- Voicemail - Left message
- Voicemail - Couldn't leave message
- No answer
- Wrong Number

Call back time & date 6

Email Result 6

- Completed
- Not completed within timeframe
- Bounced back

Notes Contact 6

Absentee Reporting Form, Survey with Parent: (Instructions for the individual conducting the survey: The following survey should only be used via telephone with parents. The individual conducting the survey should ensure the respondent is given the opportunity to opt-out if this is the first reported absence.)

Hello, I'm calling from XXX School with the University of Pittsburgh SMART2 study where we are looking at how diseases spread in schools. XXX was absent today and we are calling to see if they might have flu symptoms. I just have a few quick questions. Do you mind answering these questions or would you prefer to opt out of the study?

Is your child sick?

- Yes
- No (Thank you for your time!, End survey)

When did they start feeling sick?

Do they have any of the following symptoms?

- Fever
- Sore throat
- Cough
- Runny nose/congestion
- Headache
- Muscle or joint pain
- Nausea/Diarrhea/Vomiting

Fever temperature

ILI: It sounds like your child might have the flu. When they return to school, we will be testing them for the flu. There is no cost for this. All students who are tested are entered into a drawing for an iPad. OR No ILI: Thank you for your time!

- ILI
- No ILI
(ILI = Fever (100+) PLUS Cough OR Sore Throat)

Is anyone else in your household sick?

- Yes
- No
- Don't know

How old are they?

Absentee Reporting Form, Survey with Child in Nurse Office: (Instructions for the individual conducting the survey: The following survey should only be used with children who report to the Nurse office prior to going home sick. The individual conducting the survey should first use the age-appropriate Oral Script to Obtain Assent from Children to collect the biospecimen, and then ask the following questions.)

When did you start feeling sick? _____

Do you have any of the following symptoms?

- Fever
- Sore throat
- Cough
- Runny nose/congestion
- Headache
- Muscle or joint pain
- Nausea/Diarrhea/Vomiting

Fever temperature _____

- ILI
 - No ILI
- (ILI = Fever (100+) PLUS Cough OR Sore Throat)

Is anyone else in your household sick?

- Yes
- No
- Don't know

How old are they? _____