

**CEIRS Human Influenza Surveillance Study
Form 4A: Demographic and Exposure Information**

Demographic Information

Enrollment Date: ____/____/____ (mm/dd/yyyy)

Enrollment Location: JHH BMC Linkou Taipei
Keelung

Age: _____ years old

Gender: Male Female

Pregnancy:

If female, is the subject pregnant? No Yes Unknown NA

If pregnant, which trimester of pregnancy? First Second Third Unknown NA

Breastfeeding:

If female, is the subject breastfeeding? No Yes Unknown

Ethnicity:

Hispanic or Latino No Yes Unknown

Race:

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- Other, specify: _____

Height: _____ inches (*calculate from ft & in, e.g. 5ft, 3in = 63 inches*)

Weight: _____ pounds (lbs)

BMI: _____

Obesity:

Is the subject considered to be obese (ie. is the subject's BMI ≥ 30)? No Yes Unknown

First 3 numbers of subject's zip code: ____ ____ ____

Primary Living Situation:

Where does the subject reside?

- Private residence
- Long term facility / nursing home (including rehabilitation facility)
- Retirement home / assisted living
- Dormitory
- Homeless/shelter
- Unknown
- Other, specify: _____

Is the subject currently employed (working for pay)?: No Yes

If yes, how many hours a week does the subject typically work? _____ hours

What is the highest level of education?

Choose only one of the following:

- Elementary School
- High School
- Trade School
- College
- Graduate school
- Unknown
- Other

Influenza Vaccination Information

Did the subject receive an influenza vaccine this year? No Yes Unknown

If Yes:

What date was the vaccine administered? ____ / ____ / ____ (mm/dd/yyyy)

How was the vaccine administered? Injection / Shot Nasal Spray Unknown

Exposure Assessment

Within the past 5 days has the subject had contact with any animals besides pets? (for example, farm animals, wild animals, industrial food preparation)

No Yes Unknown

Exposed to poultry?

No Yes Unknown

If Yes, duration of poultry exposure?

____Days Unknown

Exposed to wild birds?

No Yes Unknown

If Yes, duration of wild bird exposure?

____Days Unknown

Exposed to swine?

No Yes Unknown

If Yes, duration of swine exposure?

____Days Unknown

Type of exposure, (i.e. setting in which exposed to animals)?

Large Farm (confined animal feeding) No Yes Unknown

Farm No Yes Unknown

Backyard Flock No Yes Unknown

Food Preparation No Yes Unknown

Slaughterhouse No Yes Unknown

Other, specify: _____

Unknown

Within the past 5 days has the subject been exposed to human with confirmed influenza?

No Yes Unknown

If Yes, duration of human exposure?

____Days Unknown

Travel History:

List all travel destinations for the subject over the past month.

Subject Notes: