Study ID: __ __ __ __ __ __ __ __ __ __

CEIRS Human Influenza Surveillance Study
Form 10A: Chart Review – Inpatient Hospitalization

Review the subject's medical record for the day of enrollment and the subsequent 21 days for inpatient hospitalizations.

How many times was the subject hospitalized and admitted in the past 21 days? ____ times
If none, skip to Form 11: 3-week Follow-up Other Doctors Visits

Inpatient Hospitalization Visit 1
Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)

Inpatient Hospitalization Visit 2
Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)

Inpatient Hospitalization Visit 3
Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)

Inpatient Hospitalization Visit 4
Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)

Inpatient Hospitalization Visit 5
Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)

Inpatient Hospitalization Visit 6
Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)

For each inpatient hospitalization, complete a separate Inpatient Hospitalization Chart Review Form.

Inpatient Hospitalization Chart Review Form

Instructions: For each inpatient hospitalization, complete an Inpatient Hospitalization Chart Review Form. Begin with visit one and number sequentially. *Do not including any information from ED visits.*

Inpatient Hospitalization # ___

1. Date inpatient stay began: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
2. Date inpatient stay ended: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
3. Did the subject receive supplemental oxygen in the hospital?
   □ No □ Yes □ Unknown
   3a. If yes, how much? _____L/min
   3b. What was the route?
   □ Nasal cannula □ Facemask/non-rebreather □ BiPAP or CPAP □ Intubated

4. Was subject located in an intensive care unit? □ No □ Yes □ Unknown
   If yes,
   4a. Date ICU stay began: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
   4b. Total number of days spent in ICU: _____

5. Did Subject die in the hospital? □ No □ Yes □ Unknown
   5a. If yes, Date of Death: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)

6. Did the subject receive antibiotics in the hospital? □ No □ Yes □ Unknown
   6a. If yes, how many antibiotics were received? _____ antibiotics
   6b. For each antibiotic received, specify the antibiotic name, the date the antibiotic was started, the number of days it was taken for, and the condition for which it was prescribed.
   6i. Antibiotic 1
      Antibiotic 1 Name: _____
      Antibiotic 1 start date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
      Antibiotic 1 number of days taken: _____ days
      Antibiotic 1 indication:_____
   6ii. Antibiotic 2
      Antibiotic 2 Name: _____
      Antibiotic 2 start date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
      Antibiotic 2 number of days taken: _____ days
      Antibiotic 2 indication:_____
   6iii. Antibiotic 3
      Antibiotic 3 Name: _____
      Antibiotic 3 start date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
      Antibiotic 3 number of days taken: _____ days
      Antibiotic 3 indication:_____
   6iv. Antibiotic 4
      Antibiotic 4 Name: _____
      Antibiotic 4 start date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
      Antibiotic 4 number of days taken: _____ days
      Antibiotic 4 indication:_____

7. Did subject receive influenza testing in the hospital? □ No □ Yes □ Unknown

7a. If yes, how many? _____ influenza tests

7b. For each influenza test, specify the following:

7i. Test 1

Test 1 Name: _____
Test 1 Type: □ PCR □ DFA □ Culture □ Antigen □ Other: _____
Test 1 Result: □ Negative □ Positive □ Other
Test 1 Collection Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
Test 1 Collection time (24-hour clock):__ __ : __ __ (hh:mm)
Test 1 Result Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
Test 1 Result Time (24-hour clock): __ __ : __ __ (hh:mm)
Was influenza typing was performed? □ No □ Yes □ Unknown
If yes, please list influenza type: _____

7ii. Test 2

Test 2 Name: _____
Test 2 Type: □ PCR □ DFA □ Culture □ Antigen □ Other: _____
Test 2 Result: □ Negative □ Positive □ Other
Test 2 Collection Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
Test 2 Collection time (24-hour clock):__ __ : __ __ (hh:mm)
Test 2 Result Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
Test 2 Result Time (24-hour clock): __ __ : __ __ (hh:mm)
Was influenza typing was performed? □ No □ Yes □ Unknown
If yes, please list influenza type: _____

7iii. Test 3

Test 3 Name: _____
Test 3 Type: □ PCR □ DFA □ Culture □ Antigen □ Other: _____
Test 3 Result: □ Negative □ Positive □ Other
Test 3 Collection Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
Test 3 Collection time (24-hour clock):__ __ : __ __ (hh:mm)
Test 3 Result Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
Test 3 Result Time (24-hour clock): __ __ : __ __ (hh:mm)
Was influenza typing was performed? □ No □ Yes □ Unknown
If yes, please list influenza type: _____

7iv. Test 4

Test 4 Name: _____
Test 4 Type: □ PCR □ DFA □ Culture □ Antigen □ Other: _____
Test 4 Result: □ Negative □ Positive □ Other
Test 4 Collection Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
Test 4 Collection time (24-hour clock):__ __ : __ __ (hh:mm)
Test 4 Result Date: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
Test 4 Result Time (24-hour clock): __ __ : __ __ (hh:mm)
Was influenza typing was performed? □ No □ Yes □ Unknown
If yes, please list influenza type: _____

8. Did subject receive influenza antiviral in the hospital? □ No □ Yes □ Unknown
   8a. If yes, how many antivirals were received? _____ influenza antivirals
   8b. For each influenza antivirals received, specify the antiviral name, route of administration, and date the influenza antiviral was given.
   (*Key: PO = by mouth; IN = intranasal; IV = intravenous)*
   8i. Influenza antiviral 1
   Influenza Antiviral 1 Name: _____
   Influenza Antiviral 1 Route: □ PO □ IN □ IV
   Influenza Antiviral 1 Date administered: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
   Influenza Antiviral 1 Time administered (24-hour clock): __ __ : __ __ (hh:mm)
   8ii. Influenza antiviral 2
   Influenza Antiviral 2 Name: _____
   Influenza Antiviral 2 Route: □ PO □ IN □ IV
   Influenza Antiviral 2 Date administered: __ __/ __ __ / __ __ __ __ (mm/dd/yyyy)
   Influenza Antiviral 2 Time administered (24-hour clock): __ __ : __ __ (hh:mm)

9. Did the subject have a final diagnosis of

9a. Influenza?	□ No	□ Yes	□ Unknown
9b. Viral Syndrome or Infection?	□ No	□ Yes	□ Unknown
9c. Pneumonia?	□ No	□ Yes	□ Unknown
9d. Myocardial Infarction?	□ No	□ Yes	□ Unknown
9e. Stroke?	□ No	□ Yes	□ Unknown

10. How many final inpatient hospitalization diagnoses did the subject have?
    □ 1 □ 2 □ 3 □ more than three
    List the ICD-9 codes for up to the first few final inpatient hospitalization diagnoses, up to the first three:
    (*Do not use any E or V codes*)
    10a. Final Inpatient Diagnosis Code 1: _____
    10b. Final Inpatient Diagnosis Code 2: _____
    10c. Final Inpatient Diagnosis Code 3: _____