**Case Report Form for Coccidioidomycosis (Valley Fever) Enhanced Surveillance**

**CASE AND INTERVIEW INFORMATION** *(This section is for interviewer use only – do not read)*

1. Date case was reported to the state health department (MM/DD/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Interview date (MM/DD/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Interviewer initials:\_\_\_\_\_\_\_\_
4. Interview conducted with:

□ Case

□ Other, specify relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If interview was not conducted with case, why not?

□ Case unavailable

□ Case is < 18 years old

□ Case deceased

How did Valley Fever contribute to the case’s death?

□ Valley Fever was the primary cause of death

□ Valley Fever was a related cause of death

□ Death was unrelated to Valley Fever

□ Unknown

□ Other reason, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEMOGRAPHICS**

First, I’m going to ask you some questions about yourself (*Or name of case, if interview not conducted with case*).

1. What is your (*or name of case, if not interviewing case*) date of birth? (MM/DD/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your gender: □ Male □ Female □ Refused

**DIAGNOSIS, CLINICAL PRESENTATION, AND HEALTHCARE UTILIZATION**

1. Before this phone call did you know about your positive test result for Valley Fever, which is also called coccidioidomycosis or “cocci”?

□ Yes □ No □ Don’t know

1. Was the test for Valley Fever part of routine blood work or a medical screening prior to a procedure?

□ Yes, describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No □ Don’t know

I’m going to be asking you some questions about dates. Do you have a calendar available that you could look at?

1. Did you have symptoms of Valley Fever? *(if needed, you can prompt using the list in question 10)*

□ Yes □ No *(Skip to question 16)* □ Don’t know

*(If yes)* On what date did your Valley Fever symptoms start?

MM/DD/YY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Don’t know

1. Which of the following symptoms did you have? I’m going to read a list. *(Check all that apply)*

□ Fever □ Cough

□ Sore throat □ Coughing up blood

□ Chills □ Shortness of breath

□ Night sweats □ Wheezing

□ Chest pain □ Rash or other skin problem

□ Extreme tiredness □ Stiff neck

□ Headache □ Joint pain

□ Weight loss without trying □ Muscle pain

□ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. On what date did you first seek medical care for your symptoms?

MM/DD/YY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Don’t know

1. Where did you first get medical care for your symptoms?

□ Primary care doctor

□ Urgent care clinic

□ Emergency room

□ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What city and state was the doctor in that you went to when you first got care for your symptoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did you ever go to the emergency room for your Valley Fever symptoms?

□ Yes □ No □ Don’t know

14a. *(If yes)* In what city and state? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many times total did you see a doctor for your symptoms before you were tested for Valley Fever?

\_\_\_\_\_\_\_ times □ Don’t know

1. Did you ask a doctor to test you for Valley Fever? □ Yes □ No □ Don’t know
2. Which type of doctor first tested you for Valley Fever? I’m going to read a list.

□ Primary care doctor or nurse

□ Urgent care doctor

□ Emergency room doctor

□ Infectious disease doctor

□ Pulmonologist (lung specialist)

□ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Unknown

1. What date did your doctor tell you that you had a positive test result for Valley Fever?

MM/DD/YY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Don’t know □ Didn’t tell me I had Valley Fever; he/she told me I had:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did your doctor first diagnose you with something else before he/she tested you for Valley Fever?

□ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No □ Don’t know

19a. *(If yes)* Did your doctor prescribe you antibiotics? By “antibiotics,” I mean medication to treat a bacterial infection, which doesn’t work for Valley Fever. □ Yes □ No □ Don’t know

1. Were you ever hospitalized overnight for your Valley Fever symptoms?

□ Yes □ No □ Don’t know

20a. *(If yes)* In what city and state? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20b. *(If yes)* How long were you hospitalized? *(#)*\_\_\_\_\_\_\_days

1. Did your doctor perform a chest x-ray when diagnosing your illness?

□ Yes □ No □ Don’t know

1. When your doctor told you that you had Valley Fever, which parts of the body did he or she say were involved? I’m going to read a list. *(Check all that apply)*

□ Lungs

□ Brain or spinal cord

□ Bones or joints

□ Whole body

□ Other *(Specify)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ The test was positive, but no specific body part was involved

□ The doctor didn’t tell me / I don’t know

1. How many times total did you see a doctor for Valley Fever, including times you were admitted to the hospital? *(#)*\_\_\_\_\_\_\_times

**TREATMENT AND OUTCOMES**

1. Did your doctor prescribe you antifungal medication to treat Valley Fever?

□ Yes □ No □ Don’t know

24a. *(If yes)* What was the name of the medication or medications? I’m going to read a list. *(Check all that apply)*

□ Amphotericin B □ Voriconazole (VFEND)

□ Fluconazole (Diflucan) □ Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Itraconazole (Sporanox) □ Don’t know

□ Posaconazole

24b.How long were you taking antifungal medication(s) to treat Valley Fever?

*(#)*\_\_\_\_\_\_\_days *(#)*\_\_\_\_\_\_\_weeks *(#)*\_\_\_\_\_\_\_months □ Still on medication

1. In total, how long did your symptoms last?

*(#)*\_\_\_\_\_\_\_days *(#)*\_\_\_\_\_\_\_weeks *(#)*\_\_\_\_\_\_\_months

□ Not yet recovered *(see below)* □ Don’t know □ Not applicable; no symptoms

25a. *(If not yet recovered)* Which symptoms do you still have?

□ Fever □ Cough

□ Sore throat □ Coughing up blood

□ Chills □ Shortness of breath

□ Night sweats □ Wheezing

□ Chest pain □ Rash or other skin problem

□ Fatigue (extreme tiredness) □ Stiff neck

□ Headache □ Joint pain

□ Weight loss without trying □ Muscle pain

□ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you have a job or were you in school when you were diagnosed with Valley Fever (or during your illness, if it was not determined to be Valley Fever)?

□ Yes, a job , specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Yes, in school □ No

26a. Did you miss any time from your job or school due to Valley Fever?

□ Yes, (*#)*\_\_\_\_\_\_\_days □ No □ Don’t know

1. Did Valley Fever interfere with your ability to perform your usual daily activities?

□ Yes □ No □ Don’t know

27a. *(If yes)* For how long? *(#)*\_\_\_\_\_\_\_days *(#)*\_\_\_\_\_\_\_weeks *(#)*\_\_\_\_\_\_\_months □ Don’t know

**MEDICAL HISTORY**

Now I’m going to ask you some questions about your overall health and any past medical problems you may have had.

1. Have you ever smoked cigarettes? □ Yes, currently □ Yes, in the past □ No □ Unknown
2. Did you have any of the following medical conditions when you were diagnosed with Valley Fever (*or had a positive test for Valley Fever, if not diagnosed*)? I’m going to read a list.

□ Asthma requiring an inhaler

□ COPD or emphysema

□ Other lung disease, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Diabetes

□ HIV / AIDS

□ Heart disease, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Cancer, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Organ transplant or bone marrow transplant, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Liver disease

□ Kidney disease

□ Pregnancy, specify trimester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other major illnesses, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Unknown

1. Before you were diagnosed with (*or had a positive test for*) Valley Fever, were you taking any medications that affect your immune system? Examples are steroids such as prednisone or dexamethasone, interferon, chemotherapy medications, methotrexate, medications to prevent organ transplant rejection, or any TNF inhibitor such as Remicade, Enbrel, or Humira.

□ Yes □ No □ Don’t know

30a. *(If yes)* What medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/YY) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(MM/YY) or □ still taking

1. Before this diagnosis of Valley Fever, had a doctor ever told you that you had Valley Fever in the past?

□ Yes □ No □ Don’t know

31a. *(If yes)* When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(approximate date)*

**RESIDENCE, TRAVEL, AND RISK FACTORS**

My next set of questions is about where you live, places you may have traveled before you got Valley Fever, and your outdoor activities.

1. What city and state did you live in when you tested positive for Valley Fever? By lived in, I mean what city and state you were spending most of your time in when you were tested for Valley Fever, not places you may have been visiting.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

32a. How long had you lived in *(state named above)* before you tested positive for Valley Fever?

*(#)*\_\_\_\_\_\_\_months *(#)*\_\_\_\_\_\_\_years

1. In the 4 months before you developed symptoms of Valley Fever *(or tested positive, if asymptomatic)*, did you travel to any of the following places: Arizona, California, New Mexico, Nevada, Utah, Texas, Washington State, Mexico, or Central or South America?

□ Yes □ No □ Don’t know

33a. *(If yes)* Where did you go? *(Fill in location)* On what date did you leave and what day did you return? *(Fill in departure and return dates. If not known, ask “How long were you there?” and fill in duration).* What was the purpose of the trip, for example, vacation or work? *(Fill in purpose of trip)* Did travel to any other of the places I mentioned in the 4 months before you tested positive for Valley Fever? *(If yes, fill out the next line in the table; if no, continue to question 33b.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Location (city and state or country)** | **Dates or duration of trip** | **Purpose of trip** |
| 1 |  | Departure date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Return date: \_\_\_\_\_\_\_\_\_\_\_\_  **Or** *(#)*\_\_\_\_\_\_days *(#)*\_\_\_\_\_\_\_weeks *(#)*\_\_\_\_\_\_\_months |  |
| 2 |  | Departure date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Return date: \_\_\_\_\_\_\_\_\_\_\_\_  **Or** *(#)*\_\_\_\_\_\_days *(#)*\_\_\_\_\_\_\_weeks *(#)*\_\_\_\_\_\_\_months |  |
| 3 |  | Departure date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Return date: \_\_\_\_\_\_\_\_\_\_\_\_  **Or** *(#)*\_\_\_\_\_\_days *(#)*\_\_\_\_\_\_\_weeks *(#)*\_\_\_\_\_\_\_months |  |
| 4 |  | Departure date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Return date: \_\_\_\_\_\_\_\_\_\_\_\_  **Or** *(#)*\_\_\_\_\_\_days *(#)*\_\_\_\_\_\_\_weeks *(#)*\_\_\_\_\_\_\_months |  |
| 5 |  | Departure date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Return date: \_\_\_\_\_\_\_\_\_\_\_\_  **Or** *(#)*\_\_\_\_\_\_days *(#)*\_\_\_\_\_\_\_weeks *(#)*\_\_\_\_\_\_\_months |  |
| 6 |  | Departure date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Return date: \_\_\_\_\_\_\_\_\_\_\_\_  **Or** *(#)*\_\_\_\_\_\_days *(#)*\_\_\_\_\_\_\_weeks *(#)*\_\_\_\_\_\_\_months |  |

33b. On any of these trips, did someone else go with you who also got Valley Fever?

□ Yes □ No □ Don’t know

33b1. *(If yes)* Who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(relationship)* Which trip?\_\_\_\_\_*(fill in trip # from table)*

1. Have you EVER been to any of the places I mentioned? That’s Arizona, California, New Mexico, Nevada, Utah, Texas, Washington State, Mexico, or Central or South America.

□ Yes □ No □ Don’t know

34a. (*If yes*) Where and approximately when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. In the 4 months before you developed symptoms of Valley Fever *(or tested positive, if asymptomatic)*, did your job expose you to dirt or dust, or did you participate in any activities for fun that exposed you to dirt or dust? *(Examples include construction, gardening, four-wheeling, horseback riding, etc.)*

□ Yes □ No □ Don’t know

35a. (*If yes*)Specify activity(ies) and location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Did you know about Valley Fever before you were diagnosed with it *(or tested positive* *for it*)?

□ Yes □ No □ Don’t know

36a. (*If yes*)Where did you first hear about it? *(Check one)*

□ Doctor □ Internet □ Family member, friend, or co-worker

□ Radio □ Television

□ Don’t know □ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How and where do you think that you got Valley Fever? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I have a few more questions about yourself (*or name of case, if not interviewing case*):

1. Are you Hispanic or Latino? □ Yes □ No □ Refused
2. Which of the following best describes your race? I’m going to read a list, and you can pick more than one. *(Check all that apply)*

□ White

□ Black or African American

□ Asian

□ American Indian or Alaska Native

□ Native Hawaiian or Other Pacific Islander

□ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Refused

*NOTE: Questions 40, 41, and 42 are recommended, but optional – states may choose whether they would like their interviewers to ask these questions.*

**INSURANCE, EDUCATION, AND INCOME**

We’re almost done. Thanks for your patience. I just have a few more questions for you, which are about your health insurance and education.

1. When you got Valley Fever, did you have any form of medical or health insurance?

□ Yes □ No □ Don’t know

40a. *If yes,* What type of insurance did you have? *Check all that apply.*

□ Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO)

□ Other private insurance

□ Medicare

□ Medicaid

□ Military

□ Don’t know

□ Refused

1. How far did you go in school? I’m going to read a list of choices.

□ No high school

□ Some high school

□ High school graduate / GED

□ Technical school

□ Some college / associate degree

□ College graduate

□ Post-graduate / professional

□ Don’t know

□ Refused

1. Because income can affect a person’s ability to receive healthcare, I’d like to ask you about your total yearly household income from all sources. Which income group best represents the total income for your household in the year that you had Valley Fever? I’m going to start reading a list, and you can stop me when I get to the right category.

□ Less than $15,000

□ Between $15,001 and $25,000

□ Between $25,001 and $35,000

□ Between $35,001 and $50,000

□ Over $50,000

□ Refused

That’s all the questions I have for you. Thank you very much for your time. Do you have any questions for me?

*(See list of common questions and answers in interview manual; record any questions below)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions later, please give us a call back. I can give you a phone number if you’d like it: xxx-xxx-xxxx. Thank you.

Interviewer notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DIAGNOSIS OF COCCIDIOIDOMYCOSIS** *(This section is to be completed after the interview. Please record all coccidioidomycosis laboratory test results below.)*

1. Which laboratory test(s) was ordered to diagnose coccidioidomycosis? (EIA = enzyme immunoassay, ID = immunodiffusion, CF = complement fixation, LA=latex agglutination. Indicate brand of serologic test, if known: IMMY, Meridian Biosciences, Gibson Biosciences, or other)

|  |  |  |  |
| --- | --- | --- | --- |
| **Serology – serum** | | | |
| □ EIA – IgM | Result: □pos. □neg. □unk. | Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ EIA – IgG | Result: □pos. □neg. □unk. | Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ ID – IDTP | Result: □pos. □neg. □unk. | Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ ID – IDCF | Result: □pos. □neg. □unk. | Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ CF – IgG | Result: □pos. □neg. □unk. | Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ LA – IgM | Result: □pos. □neg. □unk. | Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Serology – cerebrospinal fluid (CSF)** | | | |
| □ EIA – IgM | Result: □pos. □neg. □unk. | Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ EIA – IgG | Result: □pos. □neg. □unk. | Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ ID – IDTP | Result: □pos. □neg. □unk. | Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ ID – IDCF | Result: □pos. □neg. □unk. | Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ CF – IgG | Result: □pos. □neg. □unk. | Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ LA – IgM | Result: □pos. □neg. □unk. | Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Other laboratory test types**

□ Histopathologic evidence of *Coccidioides* Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Molecular evidence of *Coccidioides* Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify test type (e.g., PCR):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Culture evidence of *Coccidioides* Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Collection date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of culture confirmation (e.g., AccuProbe, visual confirmation):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species: □*C. immitis* □*C. posadasii* □unknown

1. Which laboratory(ies) performed the test(s) used to diagnose coccidioidomycosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. (*Optional*) Did the case have any other possible etiologies of illness identified?

□ Yes □ No □ Don’t know

45a. If yes, describe laboratory tests (e.g., fungal panel) and results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_