

Case ID: _____

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)*.

5. What is your *(or name of case, if not interviewing case)* date of birth? (MM/DD/YYYY): _____
6. What is your gender: Male Female Refused

DIAGNOSIS, CLINICAL PRESENTATION, AND HEALTHCARE UTILIZATION

7. 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
8. 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?

9. 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

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

- | | |
|---|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Coughing up blood |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Night sweats | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Rash or other skin problem |
| <input type="checkbox"/> Extreme tiredness | <input type="checkbox"/> Stiff neck |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Weight loss without trying | <input type="checkbox"/> Muscle pain |
| <input type="checkbox"/> Other, specify: _____ | |

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

MM/DD/YY: _____ Don't know

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

- Primary care doctor
- Urgent care clinic
- Emergency room
- Other, specify: _____

13. What city and state was the doctor in that you went to when you first got care for your symptoms?

14. 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? _____

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

_____ times Don't know

16. Did you ask a doctor to test you for Valley Fever? Yes No Don't know

17. 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

18. 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: _____

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

Yes, specify: _____ No Don't know

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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

20. 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

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

Yes No Don't know

22. 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

23. How many times total did you see a doctor for Valley Fever, including times you were admitted to the hospital? (#)_____times

TREATMENT AND OUTCOMES

24. 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

25. 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

Case ID: _____

- Chest pain
- Fatigue (extreme tiredness)
- Headache
- Weight loss without trying
- Other, specify: _____
- Rash or other skin problem
- Stiff neck
- Joint pain
- Muscle pain

26. 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

27. 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.

28. Have you ever smoked cigarettes? Yes, currently Yes, in the past No Unknown

29. 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

30. 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): _____

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From _____(MM/YY) to _____(MM/YY) or still taking

31. 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.

32. 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

33. 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: _____	

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		Or (#) _____ days (#) _____ weeks (#) _____ months	
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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)

34. 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? _____

35. 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: _____

36. 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: _____

37. How and where do you think that you got Valley Fever? _____

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

38. Are you Hispanic or Latino? Yes No Refused

39. 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.

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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.

40. 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

41. 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

42. 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)

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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: _____

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

43. 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

44. Which laboratory(ies) performed the test(s) used to diagnose coccidioidomycosis? _____

45. (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: _____

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